

Union Calendar No. 444

110TH CONGRESS
2D SESSION

H. R. 1328

[Report No. 110-564, Part I]

To amend the Indian Health Care Improvement Act to revise and extend that Act.

IN THE HOUSE OF REPRESENTATIVES

MARCH 6, 2007

Mr. PALLONE (for himself, Mr. RAHALL, Mr. YOUNG of Alaska, Mr. KILDEE, Mr. GEORGE MILLER of California, Mr. FALEOMAVAEGA, Mrs. CHRISTENSEN, Mr. GRIJALVA, Mr. BOREN, Mr. HINCHEY, Mr. KENNEDY, Mr. KIND, Mr. INSLEE, Mr. BACA, Mr. UDALL of New Mexico, Mr. RENZI, Mr. WU, Mr. CONYERS, Mr. OBERSTAR, Mr. THOMPSON of California, Mr. WAXMAN, Mr. COLE of Oklahoma, Mr. BOSWELL, Ms. HERSETH, Mr. ENGEL, Mr. KAGEN, Ms. BORDALLO, Mrs. BONO, Mr. MORAN of Virginia, Mr. MCDERMOTT, Mr. HONDA, Mr. FILNER, Mr. MCKEON, and Ms. SOLIS) introduced the following bill; which was referred to the Committee on Natural Resources, and in addition to the Committees on Energy and Commerce and Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

APRIL 4, 2008

Reported from the Committee on Natural Resources with an amendment

[Strike out all after the enacting clause and insert the part printed in *italic*]

APRIL 4, 2008

Referral to the Committees on Energy and Commerce and Ways and Means extended for a period ending not later than June 6, 2008

JUNE 6, 2008

Additional sponsors: Mr. UDALL of Colorado, Mr. ALLEN, Mr. WALDEN of Oregon, Mr. BERMAN, Ms. ZOE LOFGREN of California, Ms. LINDA T. SÁNCHEZ of California, Mr. LARSON of Connecticut, Mrs. CAPPS, Mrs. WILSON of New Mexico, Mr. MCCOTTER, Mr. MITCHELL, Mr. HINOJOSA,

Mr. MICHAUD, Mr. GORDON of Tennessee, Ms. DEGETTE, Ms. CARSON, Mr. CAPUANO, Mr. BLUMENAUER, Mr. MATHESON, Mr. PETERSON of Minnesota, Ms. BALDWIN, Mr. WALZ of Minnesota, Mr. PEARCE, Mr. MEEKS of New York, and Mr. SALAZAR

JUNE 6, 2008

Committees on Energy and Commerce and Ways and Means discharged; committed to the Committee of the Whole House on the State of the Union and ordered to be printed

[For text of introduced bill, see copy of bill as introduced on March 6, 2007]

A BILL

To amend the Indian Health Care Improvement Act to revise and extend that Act.

1 *Be it enacted by the Senate and House of Representa-*
 2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

4 (a) *SHORT TITLE.*—*This Act may be cited as the “In-*
 5 *dian Health Care Improvement Act Amendments of 2007”.*

6 (b) *TABLE OF CONTENTS.*—*The table of contents of this*
 7 *Act is as follows:*

Sec. 1. Short title; table of contents.

TITLE I—AMENDMENTS TO INDIAN LAWS

Sec. 101. Indian Health Care Improvement Act amended.

Sec. 102. Soboba sanitation facilities.

Sec. 103. Native American Health and Wellness Foundation.

TITLE II—IMPROVEMENT OF INDIAN HEALTH CARE PROVIDED UNDER THE SOCIAL SECURITY ACT

Sec. 201. Expansion of payments under Medicare, Medicaid, and SCHIP for all covered services furnished by Indian Health Programs.

Sec. 202. Increased outreach to Indians under Medicaid and SCHIP and improved cooperation in the provision of items and services to Indians under Social Security Act health benefit programs.

Sec. 203. Additional provisions to increase outreach to, and enrollment of, Indians in SCHIP and Medicaid.

- Sec. 204. Premiums and cost sharing protections under Medicaid, eligibility determinations under Medicaid and SCHIP, and protection of certain Indian property from Medicaid estate recovery.*
- Sec. 205. Nondiscrimination in qualifications for payment for services under Federal health care programs.*
- Sec. 206. Consultation on Medicaid, SCHIP, and other health care programs funded under the Social Security Act involving Indian Health Programs and Urban Indian Organizations.*
- Sec. 207. Exclusion waiver authority for affected Indian Health Programs and safe harbor transactions under the Social Security Act.*
- Sec. 208. Rules applicable under Medicaid and SCHIP to managed care entities with respect to Indian enrollees and Indian health care providers and Indian managed care entities.*
- Sec. 209. Annual report on Indians served by Social Security Act health benefit programs.*

1 **SEC. 2. REPORT ON THIRD-PARTY PAYMENT COLLECTIONS.**

2 (a) *STUDY.*—*The Secretary of Health and Human*
 3 *Services shall conduct a thorough study of the system of*
 4 *third-party payment collections for items and services fur-*
 5 *nished through the Indian Health Service.*

6 (b) *REPORT.*—*Not later than 6 months after the date*
 7 *of the enactment of this Act, the Secretary shall submit to*
 8 *each House of Congress a report on such study. Such report*
 9 *shall include such recommendations on how to improve such*
 10 *third-party payment collections as the Secretary determines*
 11 *appropriate.*

12 **TITLE I—AMENDMENTS TO**
 13 **INDIAN LAWS**

14 **SEC. 101. INDIAN HEALTH CARE IMPROVEMENT ACT**
 15 **AMENDED.**

16 (a) *IN GENERAL.*—*The Indian Health Care Improve-*
 17 *ment Act (25 U.S.C. 1601 et seq.) is amended to read as*
 18 *follows:*

1 **“SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

2 “(a) *SHORT TITLE.*—*This Act may be cited as the ‘In-*
 3 *dian Health Care Improvement Act’.*

4 “(b) *TABLE OF CONTENTS.*—*The table of contents for*
 5 *this Act is as follows:*

“Sec. 1. *Short title; table of contents.*

“Sec. 2. *Findings.*

“Sec. 3. *Declaration of national Indian health policy.*

“Sec. 4. *Definitions.*

*“TITLE I—INDIAN HEALTH, HUMAN RESOURCES, AND
 DEVELOPMENT*

“Sec. 101. *Purpose.*

“Sec. 102. *Health professions recruitment program for Indians.*

“Sec. 103. *Health professions preparatory scholarship program for Indians.*

“Sec. 104. *Indian health professions scholarships.*

“Sec. 105. *American Indians Into Psychology Program.*

“Sec. 106. *Scholarship programs for Indian Tribes.*

“Sec. 107. *Indian Health Service extern programs.*

“Sec. 108. *Continuing education allowances.*

“Sec. 109. *Community Health Representative Program.*

“Sec. 110. *Indian Health Service Loan Repayment Program.*

“Sec. 111. *Scholarship and Loan Repayment Recovery Fund.*

“Sec. 112. *Recruitment activities.*

“Sec. 113. *Indian recruitment and retention program.*

“Sec. 114. *Advanced training and research.*

“Sec. 115. *Quentin N. Burdick American Indians Into Nursing Program.*

“Sec. 116. *Tribal cultural orientation.*

“Sec. 117. *INMED Program.*

“Sec. 118. *Health training programs of community colleges.*

“Sec. 119. *Retention bonus.*

“Sec. 120. *Nursing residency program.*

“Sec. 121. *Community Health Aide Program.*

“Sec. 122. *Tribal Health Program administration.*

“Sec. 123. *Health professional chronic shortage demonstration programs.*

“Sec. 124. *National Health Service Corps.*

“Sec. 125. *Substance abuse counselor educational curricula demonstration pro-*
grams.

“Sec. 126. *Behavioral health training and community education programs.*

“Sec. 127. *Authorization of appropriations.*

“TITLE II—HEALTH SERVICES

“Sec. 201. *Indian Health Care Improvement Fund.*

“Sec. 202. *Catastrophic Health Emergency Fund.*

“Sec. 203. *Health promotion and disease prevention services.*

“Sec. 204. *Diabetes prevention, treatment, and control.*

“Sec. 205. *Shared services for long-term care.*

“Sec. 206. *Health services research.*

- “Sec. 207. *Mammography and other cancer screening.*
- “Sec. 208. *Patient travel costs.*
- “Sec. 209. *Epidemiology centers.*
- “Sec. 210. *Comprehensive school health education programs.*
- “Sec. 211. *Indian youth program.*
- “Sec. 212. *Prevention, control, and elimination of communicable and infectious diseases.*
- “Sec. 213. *Authority for provision of other services.*
- “Sec. 214. *Indian women’s health care.*
- “Sec. 215. *Environmental and nuclear health hazards.*
- “Sec. 216. *Arizona as a contract health service delivery area.*
- “Sec. 217. *North Dakota and South Dakota as contract health service delivery area.*
- “Sec. 218. *California contract health services program.*
- “Sec. 219. *California as a contract health service delivery area.*
- “Sec. 220. *Contract health services for the Trenton Service Area.*
- “Sec. 221. *Programs operated by Indian Tribes and Tribal Organizations.*
- “Sec. 222. *Licensing.*
- “Sec. 223. *Notification of provision of emergency contract health services.*
- “Sec. 224. *Prompt action on payment of claims.*
- “Sec. 225. *Liability for payment.*
- “Sec. 226. *Office of Indian Men’s Health.*
- “Sec. 227. *Authorization of appropriations.*

“TITLE III—FACILITIES

- “Sec. 301. *Consultation; construction and renovation of facilities; reports.*
- “Sec. 302. *Sanitation facilities.*
- “Sec. 303. *Preference to Indians and Indian firms.*
- “Sec. 304. *Expenditure of non-Service funds for renovation.*
- “Sec. 305. *Funding for the construction, expansion, and modernization of small ambulatory care facilities.*
- “Sec. 306. *Indian health care delivery demonstration project.*
- “Sec. 307. *Land transfer.*
- “Sec. 308. *Leases, contracts, and other agreements.*
- “Sec. 309. *Study on loans, loan guarantees, and loan repayment.*
- “Sec. 310. *Tribal leasing.*
- “Sec. 311. *Indian Health Service/tribal facilities joint venture program.*
- “Sec. 312. *Location of facilities.*
- “Sec. 313. *Maintenance and improvement of health care facilities.*
- “Sec. 314. *Tribal management of federally-owned quarters.*
- “Sec. 315. *Applicability of Buy American Act requirement.*
- “Sec. 316. *Other funding for facilities.*
- “Sec. 317. *Authorization of appropriations.*

“TITLE IV—ACCESS TO HEALTH SERVICES

- “Sec. 401. *Treatment of payments under Social Security Act health benefits programs.*
- “Sec. 402. *Grants to and contracts with the Service, Indian Tribes, Tribal Organizations, and Urban Indian Organizations to facilitate outreach, enrollment, and coverage of Indians under Social Security Act health benefit programs and other health benefits programs.*
- “Sec. 403. *Reimbursement from certain third parties of costs of health services.*
- “Sec. 404. *Crediting of reimbursements.*
- “Sec. 405. *Purchasing health care coverage.*

- “Sec. 406. *Sharing arrangements with Federal agencies.*
- “Sec. 407. *Payor of last resort.*
- “Sec. 408. *Nondiscrimination under Federal health care programs in qualifications for reimbursement for services.*
- “Sec. 409. *Consultation.*
- “Sec. 410. *State Children’s Health Insurance Program (SCHIP).*
- “Sec. 411. *Exclusion waiver authority for affected Indian Health Programs and safe harbor transactions under the Social Security Act.*
- “Sec. 412. *Premium and cost sharing protections and eligibility determinations under Medicaid and SCHIP and protection of certain Indian property from Medicaid estate recovery.*
- “Sec. 413. *Treatment under Medicaid and SCHIP managed care.*
- “Sec. 414. *Navajo Nation Medicaid Agency feasibility study.*
- “Sec. 415. *General exceptions.*
- “Sec. 416. *Authorization of appropriations.*

“TITLE V—HEALTH SERVICES FOR URBAN INDIANS

- “Sec. 501. *Purpose.*
- “Sec. 502. *Contracts with, and grants to, Urban Indian Organizations.*
- “Sec. 503. *Contracts and grants for the provision of health care and referral services.*
- “Sec. 504. *Contracts and grants for the determination of unmet health care needs.*
- “Sec. 505. *Evaluations; renewals.*
- “Sec. 506. *Other contract and grant requirements.*
- “Sec. 507. *Reports and records.*
- “Sec. 508. *Limitation on contract authority.*
- “Sec. 509. *Facilities.*
- “Sec. 510. *Division of Urban Indian Health.*
- “Sec. 511. *Grants for alcohol and substance abuse-related services.*
- “Sec. 512. *Treatment of certain demonstration projects.*
- “Sec. 513. *Urban NIAAA transferred programs.*
- “Sec. 514. *Consultation with Urban Indian Organizations.*
- “Sec. 515. *Urban youth treatment center demonstration.*
- “Sec. 516. *Grants for diabetes prevention, treatment, and control.*
- “Sec. 517. *Community health representatives.*
- “Sec. 518. *Effective date.*
- “Sec. 519. *Eligibility for services.*
- “Sec. 520. *Authorization of appropriations.*

“TITLE VI—ORGANIZATIONAL IMPROVEMENTS

- “Sec. 601. *Establishment of the Indian Health Service as an agency of the Public Health Service.*
- “Sec. 602. *Automated management information system.*
- “Sec. 603. *Authorization of appropriations.*

“TITLE VII—BEHAVIORAL HEALTH PROGRAMS

- “Sec. 701. *Behavioral health prevention and treatment services.*
- “Sec. 702. *Memoranda of agreement with the Department of the Interior.*
- “Sec. 703. *Comprehensive behavioral health prevention and treatment program.*
- “Sec. 704. *Mental health technician program.*
- “Sec. 705. *Licensing requirement for mental health care workers.*
- “Sec. 706. *Indian women treatment programs.*
- “Sec. 707. *Indian youth program.*

- “Sec. 708. *Indian youth telemental health demonstration project.*
 “Sec. 709. *Inpatient and community-based mental health facilities design, construction, and staffing.*
 “Sec. 710. *Training and community education.*
 “Sec. 711. *Behavioral health program.*
 “Sec. 712. *Fetal alcohol disorder programs.*
 “Sec. 713. *Child sexual abuse and prevention treatment programs.*
 “Sec. 714. *Behavioral health research.*
 “Sec. 715. *Definitions.*
 “Sec. 716. *Authorization of appropriations.*

“TITLE VIII—MISCELLANEOUS

- “Sec. 801. *Reports.*
 “Sec. 802. *Regulations.*
 “Sec. 803. *Plan of implementation.*
 “Sec. 804. *Availability of funds.*
 “Sec. 805. *Limitation on use of funds appropriated to Indian Health Service.*
 “Sec. 806. *Eligibility of California Indians.*
 “Sec. 807. *Health services for ineligible persons.*
 “Sec. 808. *Reallocation of base resources.*
 “Sec. 809. *Results of demonstration projects.*
 “Sec. 810. *Provision of services in Montana.*
 “Sec. 811. *Moratorium.*
 “Sec. 812. *Severability provisions.*
 “Sec. 813. *Establishment of National Bipartisan Commission on Indian Health Care.*
 “Sec. 814. *Confidentiality of medical quality assurance records; qualified immunity for participants.*
 “Sec. 815. *Appropriations; availability.*
 “Sec. 816. *Authorization of appropriations.*

1 **“SEC. 2. FINDINGS.**

2 “Congress makes the following findings:

3 “(1) *Federal health services to maintain and im-*
 4 *prove the health of the Indians are consonant with*
 5 *and required by the Federal Government’s historical*
 6 *and unique legal relationship with, and resulting re-*
 7 *sponsibility to, the American Indian people.*

8 “(2) *A major national goal of the United States*
 9 *is to provide the quantity and quality of health serv-*
 10 *ices which will permit the health status of Indians to*
 11 *be raised to the highest possible level and to encourage*

1 *the maximum participation of Indians in the plan-*
2 *ning and management of those services.*

3 *“(3) Federal health services to Indians have re-*
4 *sulted in a reduction in the prevalence and incidence*
5 *of preventable illnesses among, and unnecessary and*
6 *premature deaths of, Indians.*

7 *“(4) Despite such services, the unmet health*
8 *needs of the American Indian people are severe and*
9 *the health status of the Indians is far below that of*
10 *the general population of the United States.*

11 **“SEC. 3. DECLARATION OF NATIONAL INDIAN HEALTH POL-**
12 **ICY.**

13 *“Congress declares that it is the policy of this Nation,*
14 *in fulfillment of its special trust responsibilities and legal*
15 *obligations to Indians—*

16 *“(1) to assure the highest possible health status*
17 *for Indians and Urban Indians and to provide all re-*
18 *sources necessary to effect that policy;*

19 *“(2) to raise the health status of Indians and*
20 *Urban Indians to at least the levels set forth in the*
21 *goals contained within the Healthy People 2010 or*
22 *successor objectives;*

23 *“(3) to the greatest extent possible, to allow Indi-*
24 *ans to set their own health care priorities and estab-*
25 *lish goals that reflect their unmet needs;*

1 “(4) to increase the proportion of all degrees in
2 the health professions and allied and associated health
3 professions awarded to Indians so that the proportion
4 of Indian health professionals in each Service Area is
5 raised to at least the level of that of the general popu-
6 lation;

7 “(5) to require meaningful consultation with In-
8 dian Tribes, Tribal Organizations, and Urban Indian
9 Organizations to implement this Act and the national
10 policy of Indian self-determination; and

11 “(6) to provide funding for programs and facili-
12 ties operated by Indian Tribes and Tribal Organiza-
13 tions in amounts that are not less than the amounts
14 provided to programs and facilities operated directly
15 by the Service.

16 **“SEC. 4. DEFINITIONS.**

17 “For purposes of this Act:

18 “(1) The term ‘accredited and accessible’ means
19 on or near a reservation and accredited by a national
20 or regional organization with accrediting authority.

21 “(2) The term ‘Area Office’ means an adminis-
22 trative entity, including a program office, within the
23 Service through which services and funds are pro-
24 vided to the Service Units within a defined geo-
25 graphic area.

1 “(3) *The term ‘Assistant Secretary’ means the*
2 *Assistant Secretary of Indian Health.*

3 “(4)(A) *The term ‘behavioral health’ means the*
4 *blending of substance (alcohol, drugs, inhalants, and*
5 *tobacco) abuse and mental health prevention and*
6 *treatment, for the purpose of providing comprehensive*
7 *services.*

8 “(B) *The term ‘behavioral health’ includes the*
9 *joint development of substance abuse and mental*
10 *health treatment planning and coordinated case man-*
11 *agement using a multidisciplinary approach.*

12 “(5) *The term ‘California Indians’ means those*
13 *Indians who are eligible for health services of the*
14 *Service pursuant to section 806.*

15 “(6) *The term ‘community college’ means—*

16 “(A) *a tribal college or university, or*

17 “(B) *a junior or community college.*

18 “(7) *The term ‘contract health service’ means*
19 *health services provided at the expense of the Service*
20 *or a Tribal Health Program by public or private*
21 *medical providers or hospitals, other than the Service*
22 *Unit or the Tribal Health Program at whose expense*
23 *the services are provided.*

1 “(8) *The term ‘Department’ means, unless other-*
2 *wise designated, the Department of Health and*
3 *Human Services.*

4 “(9) *The term ‘disease prevention’ means the re-*
5 *duction, limitation, and prevention of disease and its*
6 *complications and reduction in the consequences of*
7 *disease, including—*

8 “(A) *controlling—*

9 “(i) *the development of diabetes;*

10 “(ii) *high blood pressure;*

11 “(iii) *infectious agents;*

12 “(iv) *injuries;*

13 “(v) *occupational hazards and disabil-*
14 *ities;*

15 “(vi) *sexually transmittable diseases;*

16 *and*

17 “(vii) *toxic agents; and*

18 “(B) *providing—*

19 “(i) *fluoridation of water; and*

20 “(ii) *immunizations.*

21 “(10) *The term ‘health profession’ means*
22 *allopathic medicine, family medicine, internal medi-*
23 *cine, pediatrics, geriatric medicine, obstetrics and*
24 *gynecology, podiatric medicine, nursing, public health*
25 *nursing, dentistry, psychiatry, osteopathy, optometry,*

1 *pharmacy, psychology, public health, social work,*
2 *marriage and family therapy, chiropractic medicine,*
3 *environmental health and engineering, allied health*
4 *professions, naturopathic medicine, and any other*
5 *health profession.*

6 “(11) The term ‘health promotion’ means—

7 “(A) fostering social, economic, environ-
8 mental, and personal factors conducive to health,
9 including raising public awareness about health
10 matters and enabling the people to cope with
11 health problems by increasing their knowledge
12 and providing them with valid information;

13 “(B) encouraging adequate and appropriate
14 diet, exercise, and sleep;

15 “(C) promoting education and work in con-
16 formity with physical and mental capacity;

17 “(D) making available safe water and sani-
18 tary facilities;

19 “(E) improving the physical, economic, cul-
20 tural, psychological, and social environment;

21 “(F) promoting culturally competent care;
22 and

23 “(G) providing adequate and appropriate
24 programs, which may include—

- 1 “(i) abuse prevention (mental and
2 *physical*);
- 3 “(ii) community health;
- 4 “(iii) community safety;
- 5 “(iv) consumer health education;
- 6 “(v) diet and nutrition;
- 7 “(vi) immunization and other preven-
8 *tion of communicable diseases, including*
9 *HIV/AIDS*;
- 10 “(vii) environmental health;
- 11 “(viii) exercise and physical fitness;
- 12 “(ix) avoidance of fetal alcohol dis-
13 *orders*;
- 14 “(x) first aid and CPR education;
- 15 “(xi) human growth and development;
- 16 “(xii) injury prevention and personal
17 *safety*;
- 18 “(xiii) behavioral health;
- 19 “(xiv) monitoring of disease indicators
20 *between health care provider visits, through*
21 *appropriate means, including Internet-*
22 *based health care management systems*;
- 23 “(xv) personal health and wellness
24 *practices*;
- 25 “(xvi) personal capacity building;

1 “(xvii) prenatal, pregnancy, and in-
2 *fant care;*
3 “(xviii) psychological well-being;
4 “(xix) reproductive health and family
5 *planning;*
6 “(xx) safe and adequate water;
7 “(xxi) healthy work environments;
8 “(xxii) elimination, reduction, and
9 *prevention of contaminants that create*
10 *unhealthy household conditions (including*
11 *mold and other allergens);*
12 “(xxiii) stress control;
13 “(xxiv) substance abuse;
14 “(xxv) sanitary facilities;
15 “(xxvi) sudden infant death syndrome
16 *prevention;*
17 “(xxvii) tobacco use cessation and re-
18 *duction;*
19 “(xxviii) violence prevention; and
20 “(xxix) such other activities identified
21 *by the Service, a Tribal Health Program, or*
22 *an Urban Indian Organization, to promote*
23 *achievement of any of the objectives de-*
24 *scribed in section 3(2).*

1 “(12) *The term ‘Indian’, unless otherwise des-*
2 *ignated, means any person who is a member of an In-*
3 *Indian Tribe or is eligible for health services under sec-*
4 *tion 806, except that, for the purpose of sections 102*
5 *and 103, the term also means any individual who—*

6 “(A)(i) *irrespective of whether the indi-*
7 *vidual lives on or near a reservation, is a mem-*
8 *ber of a tribe, band, or other organized group of*
9 *Indians, including those tribes, bands, or groups*
10 *terminated since 1940 and those recognized now*
11 *or in the future by the State in which they re-*
12 *side; or*

13 “(ii) *is a descendant, in the first or second*
14 *degree, of any such member;*

15 “(B) *is an Eskimo or Aleut or other Alaska*
16 *Native;*

17 “(C) *is considered by the Secretary of the*
18 *Interior to be an Indian for any purpose; or*

19 “(D) *is determined to be an Indian under*
20 *regulations promulgated by the Secretary.*

21 “(13) *The term ‘Indian Health Program’*
22 *means—*

23 “(A) *any health program administered di-*
24 *rectly by the Service;*

25 “(B) *any Tribal Health Program; or*

1 “(C) *any Indian Tribe or Tribal Organiza-*
2 *tion to which the Secretary provides funding*
3 *pursuant to section 23 of the Act of June 25,*
4 *1910 (25 U.S.C. 47) (commonly known as the*
5 *‘Buy Indian Act’).*

6 “(14) *The term ‘Indian Tribe’ has the meaning*
7 *given the term in the Indian Self-Determination and*
8 *Education Assistance Act (25 U.S.C. 450 et seq.).*

9 “(15) *The term ‘junior or community college’ has*
10 *the meaning given the term by section 312(e) of the*
11 *Higher Education Act of 1965 (20 U.S.C. 1058(e)).*

12 “(16) *The term ‘reservation’ means any federally*
13 *recognized Indian Tribe’s reservation, Pueblo, or col-*
14 *ony, including former reservations in Oklahoma, In-*
15 *Indian allotments, and Alaska Native Regions estab-*
16 *lished pursuant to the Alaska Native Claims Settle-*
17 *ment Act (43 U.S.C. 1601 et seq.).*

18 “(17) *The term ‘Secretary’, unless otherwise des-*
19 *ignated, means the Secretary of Health and Human*
20 *Services.*

21 “(18) *The term ‘Service’ means the Indian*
22 *Health Service.*

23 “(19) *The term ‘Service Area’ means the geo-*
24 *graphical area served by each Area Office.*

1 “(20) *The term ‘Service Unit’ means an admin-*
2 *istrative entity of the Service, or a Tribal Health Pro-*
3 *gram through which services are provided, directly or*
4 *by contract, to eligible Indians within a defined geo-*
5 *graphic area.*

6 “(21) *The term ‘telehealth’ has the meaning*
7 *given the term in section 330K(a) of the Public*
8 *Health Service Act (42 U.S.C. 254c–16(a)).*

9 “(22) *The term ‘telemedicine’ means a tele-*
10 *communications link to an end user through the use*
11 *of eligible equipment that electronically links health*
12 *professionals or patients and health professionals at*
13 *separate sites in order to exchange health care infor-*
14 *mation in audio, video, graphic, or other format for*
15 *the purpose of providing improved health care serv-*
16 *ices.*

17 “(23) *The term ‘tribal college or university’ has*
18 *the meaning given the term in section 316(b)(3) of the*
19 *Higher Education Act (20 U.S.C. 1059c(b)(3)).*

20 “(24) *The term ‘Tribal Health Program’ means*
21 *an Indian Tribe or Tribal Organization that operates*
22 *any health program, service, function, activity, or fa-*
23 *cility funded, in whole or part, by the Service*
24 *through, or provided for in, a contract or compact*

1 *with the Service under the Indian Self-Determination*
2 *and Education Assistance Act (25 U.S.C. 450 et seq.).*

3 “(25) *The term ‘Tribal Organization’ has the*
4 *meaning given the term in the Indian Self-Deter-*
5 *mination and Education Assistance Act (25 U.S.C.*
6 *450 et seq.).*

7 “(26) *The term ‘Urban Center’ means any com-*
8 *munity which has a sufficient Urban Indian popu-*
9 *lation with unmet health needs to warrant assistance*
10 *under title V of this Act, as determined by the Sec-*
11 *retary.*

12 “(27) *The term ‘Urban Indian’ means any indi-*
13 *vidual who resides in an Urban Center and who*
14 *meets 1 or more of the following criteria:*

15 “(A) *Irrespective of whether the individual*
16 *lives on or near a reservation, the individual is*
17 *a member of a tribe, band, or other organized*
18 *group of Indians, including those tribes, bands,*
19 *or groups terminated since 1940 and those tribes,*
20 *bands, or groups that are recognized by the*
21 *States in which they reside, or who is a descend-*
22 *ant in the first or second degree of any such*
23 *member.*

24 “(B) *The individual is an Eskimo, Aleut, or*
25 *other Alaska Native.*

1 “(C) *The individual is considered by the*
2 *Secretary of the Interior to be an Indian for any*
3 *purpose.*

4 “(D) *The individual is determined to be an*
5 *Indian under regulations promulgated by the*
6 *Secretary.*

7 “(28) *The term ‘Urban Indian Organization’*
8 *means a nonprofit corporate body that (A) is situated*
9 *in an Urban Center; (B) is governed by an Urban In-*
10 *Indian-controlled board of directors; (C) provides for the*
11 *participation of all interested Indian groups and in-*
12 *dividuals; and (D) is capable of legally cooperating*
13 *with other public and private entities for the purpose*
14 *of performing the activities described in section*
15 *503(a).*

16 **“TITLE I—INDIAN HEALTH,**
17 **HUMAN RESOURCES, AND DE-**
18 **VELOPMENT**

19 **“SEC. 101. PURPOSE.**

20 *“The purpose of this title is to increase, to the max-*
21 *imum extent feasible, the number of Indians entering the*
22 *health professions and providing health services, and to as-*
23 *sure an optimum supply of health professionals to the In-*
24 *dian Health Programs and Urban Indian Organizations*
25 *involved in the provision of health services to Indians.*

1 **“SEC. 102. HEALTH PROFESSIONS RECRUITMENT PROGRAM**
2 **FOR INDIANS.**

3 *“(a) IN GENERAL.—The Secretary, acting through the*
4 *Service, shall make grants to public or nonprofit private*
5 *health or educational entities, Tribal Health Programs, or*
6 *Urban Indian Organizations to assist such entities in meet-*
7 *ing the costs of—*

8 *“(1) identifying Indians with a potential for*
9 *education or training in the health professions and*
10 *encouraging and assisting them—*

11 *“(A) to enroll in courses of study in such*
12 *health professions; or*

13 *“(B) if they are not qualified to enroll in*
14 *any such courses of study, to undertake such*
15 *postsecondary education or training as may be*
16 *required to qualify them for enrollment;*

17 *“(2) publicizing existing sources of financial aid*
18 *available to Indians enrolled in any course of study*
19 *referred to in paragraph (1) or who are undertaking*
20 *training necessary to qualify them to enroll in any*
21 *such course of study; or*

22 *“(3) establishing other programs which the Sec-*
23 *retary determines will enhance and facilitate the en-*
24 *rollment of Indians in, and the subsequent pursuit*
25 *and completion by them of, courses of study referred*
26 *to in paragraph (1).*

1 “(1) *have successfully completed their high school*
2 *education or high school equivalency; and*

3 “(2) *have demonstrated the potential to success-*
4 *fully complete courses of study in the health profes-*
5 *sions.*

6 “(b) *PURPOSES.—Scholarship grants provided pursu-*
7 *ant to this section shall be for the following purposes:*

8 “(1) *Compensatory preprofessional education of*
9 *any recipient, such scholarship not to exceed 2 years*
10 *on a full-time basis (or the part-time equivalent there-*
11 *of, as determined by the Secretary pursuant to regu-*
12 *lations issued under this Act).*

13 “(2) *Pregraduate education of any recipient*
14 *leading to a baccalaureate degree in an approved*
15 *course of study preparatory to a field of study in a*
16 *health profession, such scholarship not to exceed 4*
17 *years. An extension of up to 2 years (or the part-time*
18 *equivalent thereof, as determined by the Secretary*
19 *pursuant to regulations issued pursuant to this Act)*
20 *may be approved.*

21 “(c) *OTHER CONDITIONS.—Scholarships under this*
22 *section—*

23 “(1) *may cover costs of tuition, books, transpor-*
24 *tation, board, and other necessary related expenses of*
25 *a recipient while attending school;*

1 “(2) shall not be denied solely on the basis of the
2 applicant’s scholastic achievement if such applicant
3 has been admitted to, or maintained good standing
4 at, an accredited institution; and

5 “(3) shall not be denied solely by reason of such
6 applicant’s eligibility for assistance or benefits under
7 any other Federal program.

8 **“SEC. 104. INDIAN HEALTH PROFESSIONS SCHOLARSHIPS.**

9 “(a) *IN GENERAL.*—

10 “(1) *AUTHORITY.*—The Secretary, acting through
11 the Service, shall make scholarship grants to Indians
12 who are enrolled full or part time in accredited
13 schools pursuing courses of study in the health profes-
14 sions. Such scholarships shall be designated Indian
15 Health Scholarships and shall be made in accordance
16 with section 338A of the Public Health Services Act
17 (42 U.S.C. 254l), except as provided in subsection (b)
18 of this section.

19 “(2) *DETERMINATIONS BY SECRETARY.*—The
20 Secretary, acting through the Service, shall deter-
21 mine—

22 “(A) who shall receive scholarship grants
23 under subsection (a); and

24 “(B) the distribution of the scholarships
25 among health professions on the basis of the rel-

1 *ative needs of Indians for additional service in*
2 *the health professions.*

3 “(3) *CERTAIN DELEGATION NOT ALLOWED.—The*
4 *administration of this section shall be a responsibility*
5 *of the Assistant Secretary and shall not be delegated*
6 *in a contract or compact under the Indian Self-Deter-*
7 *mination and Education Assistance Act (25 U.S.C.*
8 *450 et seq.).*

9 “(b) *ACTIVE DUTY SERVICE OBLIGATION.—*

10 “(1) *OBLIGATION MET.—The active duty service*
11 *obligation under a written contract with the Sec-*
12 *retary under this section that an Indian has entered*
13 *into shall, if that individual is a recipient of an In-*
14 *Indian Health Scholarship, be met in full-time practice*
15 *equal to 1 year for each school year for which the par-*
16 *ticipant receives a scholarship award under this part,*
17 *or 2 years, whichever is greater, by service in 1 or*
18 *more of the following:*

19 “(A) *In an Indian Health Program.*

20 “(B) *In a program assisted under title V of*
21 *this Act.*

22 “(C) *In the private practice of the applica-*
23 *ble profession if, as determined by the Secretary,*
24 *in accordance with guidelines promulgated by*
25 *the Secretary, such practice is situated in a phy-*

1 sician or other health professional shortage area
2 and addresses the health care needs of a substan-
3 tial number of Indians.

4 “(D) In a teaching capacity in a tribal col-
5 lege or university nursing program (or a related
6 health profession program) if, as determined by
7 the Secretary, the health service provided to In-
8 dians would not decrease.

9 “(2) *OBLIGATION DEFERRED.*—At the request of
10 any individual who has entered into a contract re-
11 ferred to in paragraph (1) and who receives a degree
12 in medicine (including osteopathic or allopathic med-
13 icine), dentistry, optometry, podiatry, or pharmacy,
14 the Secretary shall defer the active duty service obli-
15 gation of that individual under that contract, in
16 order that such individual may complete any intern-
17 ship, residency, or other advanced clinical training
18 that is required for the practice of that health profes-
19 sion, for an appropriate period (in years, as deter-
20 mined by the Secretary), subject to the following con-
21 ditions:

22 “(A) No period of internship, residency, or
23 other advanced clinical training shall be counted
24 as satisfying any period of obligated service
25 under this subsection.

1 “(B) *The active duty service obligation of*
2 *that individual shall commence not later than 90*
3 *days after the completion of that advanced clin-*
4 *ical training (or by a date specified by the Sec-*
5 *retary).*

6 “(C) *The active duty service obligation will*
7 *be served in the health profession of that indi-*
8 *vidual in a manner consistent with paragraph*
9 *(1).*

10 “(D) *A recipient of a scholarship under this*
11 *section may, at the election of the recipient, meet*
12 *the active duty service obligation described in*
13 *paragraph (1) by service in a program specified*
14 *under that paragraph that—*

15 “(i) *is located on the reservation of the*
16 *Indian Tribe in which the recipient is en-*
17 *rolled; or*

18 “(ii) *serves the Indian Tribe in which*
19 *the recipient is enrolled.*

20 “(3) *PRIORITY WHEN MAKING ASSIGNMENTS.—*
21 *Subject to paragraph (2), the Secretary, in making*
22 *assignments of Indian Health Scholarship recipients*
23 *required to meet the active duty service obligation de-*
24 *scribed in paragraph (1), shall give priority to as-*
25 *signing individuals to service in those programs spec-*

1 *ified in paragraph (1) that have a need for health*
2 *professionals to provide health care services as a re-*
3 *sult of individuals having breached contracts entered*
4 *into under this section.*

5 *“(c) PART-TIME STUDENTS.—In the case of an indi-*
6 *vidual receiving a scholarship under this section who is en-*
7 *rolled part time in an approved course of study—*

8 *“(1) such scholarship shall be for a period of*
9 *years not to exceed the part-time equivalent of 4*
10 *years, as determined by the Secretary;*

11 *“(2) the period of obligated service described in*
12 *subsection (b)(1) shall be equal to the greater of—*

13 *“(A) the part-time equivalent of 1 year for*
14 *each year for which the individual was provided*
15 *a scholarship (as determined by the Secretary);*
16 *or*

17 *“(B) 2 years; and*

18 *“(3) the amount of the monthly stipend specified*
19 *in section 338A(g)(1)(B) of the Public Health Service*
20 *Act (42 U.S.C. 254l(g)(1)(B)) shall be reduced pro*
21 *rata (as determined by the Secretary) based on the*
22 *number of hours such student is enrolled.*

23 *“(d) BREACH OF CONTRACT.—*

24 *“(1) SPECIFIED BREACHES.—An individual*
25 *shall be liable to the United States for the amount*

1 *which has been paid to the individual, or on behalf*
2 *of the individual, under a contract entered into with*
3 *the Secretary under this section on or after the date*
4 *of enactment of the Indian Health Care Improvement*
5 *Act Amendments of 2007 if that individual—*

6 *“(A) fails to maintain an acceptable level of*
7 *academic standing in the educational institution*
8 *in which he or she is enrolled (such level deter-*
9 *mined by the educational institution under regu-*
10 *lations of the Secretary);*

11 *“(B) is dismissed from such educational in-*
12 *stitution for disciplinary reasons;*

13 *“(C) voluntarily terminates the training in*
14 *such an educational institution for which he or*
15 *she is provided a scholarship under such contract*
16 *before the completion of such training; or*

17 *“(D) fails to accept payment, or instructs*
18 *the educational institution in which he or she is*
19 *enrolled not to accept payment, in whole or in*
20 *part, of a scholarship under such contract, in*
21 *lieu of any service obligation arising under such*
22 *contract.*

23 *“(2) OTHER BREACHES.—If for any reason not*
24 *specified in paragraph (1) an individual breaches a*
25 *written contract by failing either to begin such indi-*

1 *vidual’s service obligation required under such con-*
2 *tract or to complete such service obligation, the*
3 *United States shall be entitled to recover from the in-*
4 *dividual an amount determined in accordance with*
5 *the formula specified in subsection (l) of section 110*
6 *in the manner provided for in such subsection.*

7 *“(3) CANCELLATION UPON DEATH OF RECIPI-*
8 *ENT.—Upon the death of an individual who receives*
9 *an Indian Health Scholarship, any outstanding obli-*
10 *gation of that individual for service or payment that*
11 *relates to that scholarship shall be canceled.*

12 *“(4) WAIVERS AND SUSPENSIONS.—*

13 *“(A) IN GENERAL.—The Secretary shall*
14 *provide for the partial or total waiver or suspen-*
15 *sion of any obligation of service or payment of*
16 *a recipient of an Indian Health Scholarship if*
17 *the Secretary determines that—*

18 *“(i) it is not possible for the recipient*
19 *to meet that obligation or make that pay-*
20 *ment;*

21 *“(ii) requiring that recipient to meet*
22 *that obligation or make that payment would*
23 *result in extreme hardship to the recipient;*
24 *or*

1 “(iii) the enforcement of the require-
2 ment to meet the obligation or make the
3 payment would be unconscionable.

4 “(B) *FACTORS FOR CONSIDERATION.*—Be-
5 fore waiving or suspending an obligation of serv-
6 ice or payment under subparagraph (A), the Sec-
7 retary shall consult with the affected Area Office,
8 Indian Tribes, Tribal Organizations, or Urban
9 Indian Organizations, and may take into con-
10 sideration whether the obligation may be satis-
11 fied in a teaching capacity at a tribal college or
12 university nursing program under subsection
13 (b)(1)(D).

14 “(5) *EXTREME HARDSHIP.*—Notwithstanding
15 any other provision of law, in any case of extreme
16 hardship or for other good cause shown, the Secretary
17 may waive, in whole or in part, the right of the
18 United States to recover funds made available under
19 this section.

20 “(6) *BANKRUPTCY.*—Notwithstanding any other
21 provision of law, with respect to a recipient of an In-
22 dian Health Scholarship, no obligation for payment
23 may be released by a discharge in bankruptcy under
24 title 11, United States Code, unless that discharge is
25 granted after the expiration of the 5-year period be-

1 *tion 115(e), and existing university research and commu-*
2 *nications networks.*

3 “(c) *REGULATIONS.—The Secretary shall issue regula-*
4 *tions pursuant to this Act for the competitive awarding of*
5 *grants provided under this section.*

6 “(d) *CONDITIONS OF GRANT.—Applicants under this*
7 *section shall agree to provide a program which, at a min-*
8 *imum—*

9 “(1) *provides outreach and recruitment for*
10 *health professions to Indian communities including*
11 *elementary, secondary, and accredited and accessible*
12 *community colleges that will be served by the pro-*
13 *gram;*

14 “(2) *incorporates a program advisory board*
15 *comprised of representatives from the tribes and com-*
16 *munities that will be served by the program;*

17 “(3) *provides summer enrichment programs to*
18 *expose Indian students to the various fields of psy-*
19 *chology through research, clinical, and experimental*
20 *activities;*

21 “(4) *provides stipends to undergraduate and*
22 *graduate students to pursue a career in psychology;*

23 “(5) *develops affiliation agreements with tribal*
24 *colleges and universities, the Service, university affili-*
25 *ated programs, and other appropriate accredited and*

1 *accessible entities to enhance the education of Indian*
2 *students;*

3 *“(6) to the maximum extent feasible, uses exist-*
4 *ing university tutoring, counseling, and student sup-*
5 *port services; and*

6 *“(7) to the maximum extent feasible, employs*
7 *qualified Indians in the program.*

8 *“(e) ACTIVE DUTY SERVICE REQUIREMENT.—The ac-*
9 *tive duty service obligation prescribed under section 338C*
10 *of the Public Health Service Act (42 U.S.C. 254m) shall*
11 *be met by each graduate who receives a stipend described*
12 *in subsection (d)(4) that is funded under this section. Such*
13 *obligation shall be met by service—*

14 *“(1) in an Indian Health Program;*

15 *“(2) in a program assisted under title V of this*
16 *Act; or*

17 *“(3) in the private practice of psychology if, as*
18 *determined by the Secretary, in accordance with*
19 *guidelines promulgated by the Secretary, such prac-*
20 *tice is situated in a physician or other health profes-*
21 *sional shortage area and addresses the health care*
22 *needs of a substantial number of Indians.*

23 *“(f) AUTHORIZATION OF APPROPRIATIONS.—There is*
24 *authorized to be appropriated to carry out this section*
25 *\$2,700,000 for each of fiscal years 2008 through 2017.*

1 **“SEC. 106. SCHOLARSHIP PROGRAMS FOR INDIAN TRIBES.**

2 “(a) *IN GENERAL.*—

3 “(1) *GRANTS AUTHORIZED.*—*The Secretary, act-*
4 *ing through the Service, shall make grants to Tribal*
5 *Health Programs for the purpose of providing schol-*
6 *arships for Indians to serve as health professionals in*
7 *Indian communities.*

8 “(2) *AMOUNT.*—*Amounts available under para-*
9 *graph (1) for any fiscal year shall not exceed 5 per-*
10 *cent of the amounts available for each fiscal year for*
11 *Indian Health Scholarships under section 104.*

12 “(3) *APPLICATION.*—*An application for a grant*
13 *under paragraph (1) shall be in such form and con-*
14 *tain such agreements, assurances, and information as*
15 *consistent with this section.*

16 “(b) *REQUIREMENTS.*—

17 “(1) *IN GENERAL.*—*A Tribal Health Program*
18 *receiving a grant under subsection (a) shall provide*
19 *scholarships to Indians in accordance with the re-*
20 *quirements of this section.*

21 “(2) *COSTS.*—*With respect to costs of providing*
22 *any scholarship pursuant to subsection (a)—*

23 “(A) *80 percent of the costs of the scholar-*
24 *ship shall be paid from the funds made available*
25 *pursuant to subsection (a)(1) provided to the*
26 *Tribal Health Program; and*

1 “(B) 20 percent of such costs may be paid
2 from any other source of funds.

3 “(c) *COURSE OF STUDY.*—A Tribal Health Program
4 shall provide scholarships under this section only to Indians
5 enrolled or accepted for enrollment in a course of study (ap-
6 proved by the Secretary) in 1 of the health professions con-
7 templated by this Act.

8 “(d) *CONTRACT.*—

9 “(1) *IN GENERAL.*—In providing scholarships
10 under subsection (b), the Secretary and the Tribal
11 Health Program shall enter into a written contract
12 with each recipient of such scholarship.

13 “(2) *REQUIREMENTS.*—Such contract shall—

14 “(A) obligate such recipient to provide serv-
15 ice in an Indian Health Program or Urban In-
16 dian Organization, in the same Service Area
17 where the Tribal Health Program providing the
18 scholarship is located, for—

19 “(i) a number of years for which the
20 scholarship is provided (or the part-time
21 equivalent thereof, as determined by the Sec-
22 retary), or for a period of 2 years, which-
23 ever period is greater; or

1 “(ii) such greater period of time as the
2 recipient and the Tribal Health Program
3 may agree;

4 “(B) provide that the amount of the scholar-
5 ship—

6 “(i) may only be expended for—

7 “(I) tuition expenses, other rea-
8 sonable educational expenses, and rea-
9 sonable living expenses incurred in at-
10 tendance at the educational institution;
11 and

12 “(II) payment to the recipient of
13 a monthly stipend of not more than the
14 amount authorized by section
15 338(g)(1)(B) of the Public Health
16 Service Act (42 U.S.C. 254m(g)(1)(B)),
17 with such amount to be reduced pro
18 rata (as determined by the Secretary)
19 based on the number of hours such stu-
20 dent is enrolled, and not to exceed, for
21 any year of attendance for which the
22 scholarship is provided, the total
23 amount required for the year for the
24 purposes authorized in this clause; and

1 “(ii) may not exceed, for any year of
2 attendance for which the scholarship is pro-
3 vided, the total amount required for the
4 year for the purposes authorized in clause
5 (i);

6 “(C) require the recipient of such scholar-
7 ship to maintain an acceptable level of academic
8 standing as determined by the educational insti-
9 tution in accordance with regulations issued
10 pursuant to this Act; and

11 “(D) require the recipient of such scholar-
12 ship to meet the educational and licensure re-
13 quirements appropriate to each health profession.

14 “(3) SERVICE IN OTHER SERVICE AREAS.—The
15 contract may allow the recipient to serve in another
16 Service Area, provided the Tribal Health Program
17 and Secretary approve and services are not dimin-
18 ished to Indians in the Service Area where the Tribal
19 Health Program providing the scholarship is located.

20 “(e) BREACH OF CONTRACT.—

21 “(1) SPECIFIC BREACHES.—An individual who
22 has entered into a written contract with the Secretary
23 and a Tribal Health Program under subsection (d)
24 shall be liable to the United States for the Federal
25 share of the amount which has been paid to him or

1 *her, or on his or her behalf, under the contract if that*
2 *individual—*

3 *“(A) fails to maintain an acceptable level of*
4 *academic standing in the educational institution*
5 *in which he or she is enrolled (such level as de-*
6 *termined by the educational institution under*
7 *regulations of the Secretary);*

8 *“(B) is dismissed from such educational in-*
9 *stitution for disciplinary reasons;*

10 *“(C) voluntarily terminates the training in*
11 *such an educational institution for which he or*
12 *she is provided a scholarship under such contract*
13 *before the completion of such training; or*

14 *“(D) fails to accept payment, or instructs*
15 *the educational institution in which he or she is*
16 *enrolled not to accept payment, in whole or in*
17 *part, of a scholarship under such contract, in*
18 *lieu of any service obligation arising under such*
19 *contract.*

20 *“(2) OTHER BREACHES.—If for any reason not*
21 *specified in paragraph (1), an individual breaches a*
22 *written contract by failing to either begin such indi-*
23 *vidual’s service obligation required under such con-*
24 *tract or to complete such service obligation, the*
25 *United States shall be entitled to recover from the in-*

1 *dividual an amount determined in accordance with*
2 *the formula specified in subsection (l) of section 110*
3 *in the manner provided for in such subsection.*

4 “(3) *CANCELLATION UPON DEATH OF RECIPI-*
5 *ENT.—Upon the death of an individual who receives*
6 *an Indian Health Scholarship, any outstanding obli-*
7 *gation of that individual for service or payment that*
8 *relates to that scholarship shall be canceled.*

9 “(4) *INFORMATION.—The Secretary may carry*
10 *out this subsection on the basis of information re-*
11 *ceived from Tribal Health Programs involved or on*
12 *the basis of information collected through such other*
13 *means as the Secretary deems appropriate.*

14 “(f) *RELATION TO SOCIAL SECURITY ACT.—The re-*
15 *cipient of a scholarship under this section shall agree, in*
16 *providing health care pursuant to the requirements here-*
17 *in—*

18 “(1) *not to discriminate against an individual*
19 *seeking care on the basis of the ability of the indi-*
20 *vidual to pay for such care or on the basis that pay-*
21 *ment for such care will be made pursuant to a pro-*
22 *gram established in title XVIII of the Social Security*
23 *Act or pursuant to the programs established in title*
24 *XIX or title XXI of such Act; and*

1 “(2) to accept assignment under section
2 1842(b)(3)(B)(ii) of the Social Security Act for all
3 services for which payment may be made under part
4 B of title XVIII of such Act, and to enter into an ap-
5 propriate agreement with the State agency that ad-
6 ministers the State plan for medical assistance under
7 title XIX, or the State child health plan under title
8 XXI, of such Act to provide service to individuals en-
9 titled to medical assistance or child health assistance,
10 respectively, under the plan.

11 “(g) CONTINUANCE OF FUNDING.—The Secretary shall
12 make payments under this section to a Tribal Health Pro-
13 gram for any fiscal year subsequent to the first fiscal year
14 of such payments unless the Secretary determines that, for
15 the immediately preceding fiscal year, the Tribal Health
16 Program has not complied with the requirements of this sec-
17 tion.

18 **“SEC. 107. INDIAN HEALTH SERVICE EXTERN PROGRAMS.**

19 “(a) EMPLOYMENT PREFERENCE.—Any individual
20 who receives a scholarship pursuant to section 104 or 106
21 shall be given preference for employment in the Service, or
22 may be employed by a Tribal Health Program or an Urban
23 Indian Organization, or other agencies of the Department
24 as available, during any nonacademic period of the year.

1 “(b) *NOT COUNTED TOWARD ACTIVE DUTY SERVICE*
2 *OBLIGATION.*—*Periods of employment pursuant to this sub-*
3 *section shall not be counted in determining fulfillment of*
4 *the service obligation incurred as a condition of the scholar-*
5 *ship.*

6 “(c) *TIMING; LENGTH OF EMPLOYMENT.*—*Any indi-*
7 *vidual enrolled in a program, including a high school pro-*
8 *gram, authorized under section 102(a) may be employed by*
9 *the Service or by a Tribal Health Program or an Urban*
10 *Indian Organization during any nonacademic period of the*
11 *year. Any such employment shall not exceed 120 days dur-*
12 *ing any calendar year.*

13 “(d) *NONAPPLICABILITY OF COMPETITIVE PERSONNEL*
14 *SYSTEM.*—*Any employment pursuant to this section shall*
15 *be made without regard to any competitive personnel sys-*
16 *tem or agency personnel limitation and to a position which*
17 *will enable the individual so employed to receive practical*
18 *experience in the health profession in which he or she is*
19 *engaged in study. Any individual so employed shall receive*
20 *payment for his or her services comparable to the salary*
21 *he or she would receive if he or she were employed in the*
22 *competitive system. Any individual so employed shall not*
23 *be counted against any employment ceiling affecting the*
24 *Service or the Department.*

1 **“SEC. 108. CONTINUING EDUCATION ALLOWANCES.**

2 *“In order to encourage scholarship and stipend recipi-*
3 *ents under sections 104, 105, 106, and 115 and health pro-*
4 *essionals, including community health representatives and*
5 *emergency medical technicians, to join or continue in an*
6 *Indian Health Program and to provide their services in the*
7 *rural and remote areas where a significant portion of Indi-*
8 *ans reside, the Secretary, acting through the Service, may—*

9 *“(1) provide programs or allowances to transi-*
10 *tion into an Indian Health Program, including li-*
11 *censing, board or certification examination assist-*
12 *ance, and technical assistance in fulfilling service ob-*
13 *ligations under sections 104, 105, 106, and 115; and*

14 *“(2) provide programs or allowances to health*
15 *professionals employed in an Indian Health Program*
16 *to enable them for a period of time each year pre-*
17 *scribed by regulation of the Secretary to take leave of*
18 *their duty stations for professional consultation, man-*
19 *agement, leadership, and refresher training courses.*

20 **“SEC. 109. COMMUNITY HEALTH REPRESENTATIVE PRO-**
21 **GRAM.**

22 *“(a) IN GENERAL.—Under the authority of the Act of*
23 *November 2, 1921 (25 U.S.C. 13) (commonly known as the*
24 *‘Snyder Act’), the Secretary, acting through the Service,*
25 *shall maintain a Community Health Representative Pro-*
26 *gram under which Indian Health Programs—*

1 “(1) provide for the training of Indians as com-
2 munity health representatives; and

3 “(2) use such community health representatives
4 in the provision of health care, health promotion, and
5 disease prevention services to Indian communities.

6 “(b) DUTIES.—The Community Health Representative
7 Program of the Service, shall—

8 “(1) provide a high standard of training for
9 community health representatives to ensure that the
10 community health representatives provide quality
11 health care, health promotion, and disease prevention
12 services to the Indian communities served by the Pro-
13 gram;

14 “(2) in order to provide such training, develop
15 and maintain a curriculum that—

16 “(A) combines education in the theory of
17 health care with supervised practical experience
18 in the provision of health care; and

19 “(B) provides instruction and practical ex-
20 perience in health promotion and disease preven-
21 tion activities, with appropriate consideration
22 given to lifestyle factors that have an impact on
23 Indian health status, such as alcoholism, family
24 dysfunction, and poverty;

1 “(3) maintain a system which identifies the
2 needs of community health representatives for con-
3 tinuing education in health care, health promotion,
4 and disease prevention and develop programs that
5 meet the needs for continuing education;

6 “(4) maintain a system that provides close su-
7 pervision of Community Health Representatives;

8 “(5) maintain a system under which the work of
9 Community Health Representatives is reviewed and
10 evaluated; and

11 “(6) promote traditional health care practices of
12 the Indian Tribes served consistent with the Service
13 standards for the provision of health care, health pro-
14 motion, and disease prevention.

15 **“SEC. 110. INDIAN HEALTH SERVICE LOAN REPAYMENT**
16 **PROGRAM.**

17 “(a) *ESTABLISHMENT.*—*The Secretary, acting through*
18 *the Service, shall establish and administer a program to*
19 *be known as the Service Loan Repayment Program (herein-*
20 *after referred to as the ‘Loan Repayment Program’) in*
21 *order to ensure an adequate supply of trained health profes-*
22 *sionals necessary to maintain accreditation of, and provide*
23 *health care services to Indians through, Indian Health Pro-*
24 *grams and Urban Indian Organizations.*

1 “(b) *ELIGIBLE INDIVIDUALS.*—*To be eligible to par-*
2 *ticipate in the Loan Repayment Program, an individual*
3 *must—*

4 “(1)(A) *be enrolled—*

5 “(i) *in a course of study or program in an*
6 *accredited educational institution (as determined*
7 *by the Secretary under section 338B(b)(1)(c)(i)*
8 *of the Public Health Service Act (42 U.S.C.*
9 *254l–1(b)(1)(c)(i))) and be scheduled to complete*
10 *such course of study in the same year such indi-*
11 *vidual applies to participate in such program;*
12 *or*

13 “(ii) *in an approved graduate training pro-*
14 *gram in a health profession; or*

15 “(B) *have—*

16 “(i) *a degree in a health profession; and*

17 “(ii) *a license to practice a health profes-*
18 *sion;*

19 “(2)(A) *be eligible for, or hold, an appointment*
20 *as a commissioned officer in the Regular or Reserve*
21 *Corps of the Public Health Service;*

22 “(B) *be eligible for selection for civilian service*
23 *in the Regular or Reserve Corps of the Public Health*
24 *Service;*

1 “(C) meet the professional standards for civil
2 service employment in the Service; or

3 “(D) be employed in an Indian Health Program
4 or Urban Indian Organization without a service obli-
5 gation; and

6 “(3) submit to the Secretary an application for
7 a contract described in subsection (e).

8 “(c) APPLICATION.—

9 “(1) INFORMATION TO BE INCLUDED WITH
10 FORMS.—In disseminating application forms and
11 contract forms to individuals desiring to participate
12 in the Loan Repayment Program, the Secretary shall
13 include with such forms a fair summary of the rights
14 and liabilities of an individual whose application is
15 approved (and whose contract is accepted) by the Sec-
16 retary, including in the summary a clear explanation
17 of the damages to which the United States is entitled
18 under subsection (l) in the case of the individual’s
19 breach of contract. The Secretary shall provide such
20 individuals with sufficient information regarding the
21 advantages and disadvantages of service as a commis-
22 sioned officer in the Regular or Reserve Corps of the
23 Public Health Service or a civilian employee of the
24 Service to enable the individual to make a decision on
25 an informed basis.

1 “(2) *CLEAR LANGUAGE.*—*The application form,*
2 *contract form, and all other information furnished by*
3 *the Secretary under this section shall be written in a*
4 *manner calculated to be understood by the average in-*
5 *dividual applying to participate in the Loan Repay-*
6 *ment Program.*

7 “(3) *TIMELY AVAILABILITY OF FORMS.*—*The Sec-*
8 *retary shall make such application forms, contract*
9 *forms, and other information available to individuals*
10 *desiring to participate in the Loan Repayment Pro-*
11 *gram on a date sufficiently early to ensure that such*
12 *individuals have adequate time to carefully review*
13 *and evaluate such forms and information.*

14 “(d) *PRIORITIES.*—

15 “(1) *LIST.*—*Consistent with subsection (k), the*
16 *Secretary shall annually—*

17 “(A) *identify the positions in each Indian*
18 *Health Program or Urban Indian Organization*
19 *for which there is a need or a vacancy; and*

20 “(B) *rank those positions in order of pri-*
21 *ority.*

22 “(2) *APPROVALS.*—*Notwithstanding the priority*
23 *determined under paragraph (1), the Secretary, in de-*
24 *termining which applications under the Loan Repay-*

1 *ment Program to approve (and which contracts to ac-*
2 *cept), shall—*

3 *“(A) give first priority to applications*
4 *made by individual Indians; and*

5 *“(B) after making determinations on all*
6 *applications submitted by individual Indians as*
7 *required under subparagraph (A), give priority*
8 *to—*

9 *“(i) individuals recruited through the*
10 *efforts of an Indian Health Program or*
11 *Urban Indian Organization; and*

12 *“(ii) other individuals based on the*
13 *priority rankings under paragraph (1).*

14 *“(e) RECIPIENT CONTRACTS.—*

15 *“(1) CONTRACT REQUIRED.—An individual be-*
16 *comes a participant in the Loan Repayment Program*
17 *only upon the Secretary and the individual entering*
18 *into a written contract described in paragraph (2).*

19 *“(2) CONTENTS OF CONTRACT.—The written con-*
20 *tract referred to in this section between the Secretary*
21 *and an individual shall contain—*

22 *“(A) an agreement under which—*

23 *“(i) subject to subparagraph (C), the*
24 *Secretary agrees—*

1 “(I) to pay loans on behalf of the
2 individual in accordance with the pro-
3 visions of this section; and

4 “(II) to accept (subject to the
5 availability of appropriated funds for
6 carrying out this section) the indi-
7 vidual into the Service or place the in-
8 dividual with a Tribal Health Pro-
9 gram or Urban Indian Organization
10 as provided in clause (ii)(III); and

11 “(ii) subject to subparagraph (C), the
12 individual agrees—

13 “(I) to accept loan payments on
14 behalf of the individual;

15 “(II) in the case of an individual
16 described in subsection (b)(1)—

17 “(aa) to maintain enrollment
18 in a course of study or training
19 described in subsection (b)(1)(A)
20 until the individual completes the
21 course of study or training; and

22 “(bb) while enrolled in such
23 course of study or training, to
24 maintain an acceptable level of
25 academic standing (as determined

1 *under regulations of the Secretary*
2 *by the educational institution of-*
3 *fering such course of study or*
4 *training); and*

5 *“(III) to serve for a time period*
6 *(hereinafter in this section referred to*
7 *as the ‘period of obligated service’)*
8 *equal to 2 years or such longer period*
9 *as the individual may agree to serve in*
10 *the full-time clinical practice of such*
11 *individual’s profession in an Indian*
12 *Health Program or Urban Indian Or-*
13 *ganization to which the individual*
14 *may be assigned by the Secretary;*

15 *“(B) a provision permitting the Secretary*
16 *to extend for such longer additional periods, as*
17 *the individual may agree to, the period of obli-*
18 *gated service agreed to by the individual under*
19 *subparagraph (A)(i)(III);*

20 *“(C) a provision that any financial obliga-*
21 *tion of the United States arising out of a con-*
22 *tract entered into under this section and any ob-*
23 *ligation of the individual which is conditioned*
24 *thereon is contingent upon funds being appro-*
25 *priated for loan repayments under this section;*

1 “(D) a statement of the damages to which
2 the United States is entitled under subsection (l)
3 for the individual’s breach of the contract; and

4 “(E) such other statements of the rights and
5 liabilities of the Secretary and of the individual,
6 not inconsistent with this section.

7 “(f) *DEADLINE FOR DECISION ON APPLICATION.*—The
8 Secretary shall provide written notice to an individual
9 within 21 days on—

10 “(1) the Secretary’s approving, under subsection
11 (e)(1), of the individual’s participation in the Loan
12 Repayment Program, including extensions resulting
13 in an aggregate period of obligated service in excess
14 of 4 years; or

15 “(2) the Secretary’s disapproving an individ-
16 ual’s participation in such Program.

17 “(g) *PAYMENTS.*—

18 “(1) *IN GENERAL.*—A loan repayment provided
19 for an individual under a written contract under the
20 Loan Repayment Program shall consist of payment,
21 in accordance with paragraph (2), on behalf of the in-
22 dividual of the principal, interest, and related ex-
23 penses on government and commercial loans received
24 by the individual regarding the undergraduate or

1 *graduate education of the individual (or both), which*
2 *loans were made for—*

3 “(A) *tuition expenses;*

4 “(B) *all other reasonable educational ex-*
5 *penses, including fees, books, and laboratory ex-*
6 *penses, incurred by the individual; and*

7 “(C) *reasonable living expenses as deter-*
8 *mined by the Secretary.*

9 “(2) *AMOUNT.—For each year of obligated serv-*
10 *ice that an individual contracts to serve under sub-*
11 *section (e), the Secretary may pay up to \$35,000 or*
12 *an amount equal to the amount specified in section*
13 *338B(g)(2)(A) of the Public Health Service Act,*
14 *whichever is more, on behalf of the individual for*
15 *loans described in paragraph (1). In making a deter-*
16 *mination of the amount to pay for a year of such*
17 *service by an individual, the Secretary shall consider*
18 *the extent to which each such determination—*

19 “(A) *affects the ability of the Secretary to*
20 *maximize the number of contracts that can be*
21 *provided under the Loan Repayment Program*
22 *from the amounts appropriated for such con-*
23 *tracts;*

24 “(B) *provides an incentive to serve in In-*
25 *dian Health Programs and Urban Indian Orga-*

1 nizations with the greatest shortages of health
2 professionals; and

3 “(C) provides an incentive with respect to
4 the health professional involved remaining in an
5 Indian Health Program or Urban Indian Orga-
6 nization with such a health professional short-
7 age, and continuing to provide primary health
8 services, after the completion of the period of ob-
9 ligated service under the Loan Repayment Pro-
10 gram.

11 “(3) *TIMING.*—Any arrangement made by the
12 Secretary for the making of loan repayments in ac-
13 cordance with this subsection shall provide that any
14 repayments for a year of obligated service shall be
15 made no later than the end of the fiscal year in which
16 the individual completes such year of service.

17 “(4) *REIMBURSEMENTS FOR TAX LIABILITY.*—
18 For the purpose of providing reimbursements for tax
19 liability resulting from a payment under paragraph
20 (2) on behalf of an individual, the Secretary—

21 “(A) in addition to such payments, may
22 make payments to the individual in an amount
23 equal to not less than 20 percent and not more
24 than 39 percent of the total amount of loan re-

1 *payments made for the taxable year involved;*
2 *and*

3 “(B) *may make such additional payments*
4 *as the Secretary determines to be appropriate*
5 *with respect to such purpose.*

6 “(5) *PAYMENT SCHEDULE.—The Secretary may*
7 *enter into an agreement with the holder of any loan*
8 *for which payments are made under the Loan Repay-*
9 *ment Program to establish a schedule for the making*
10 *of such payments.*

11 “(h) *EMPLOYMENT CEILING.—Notwithstanding any*
12 *other provision of law, individuals who have entered into*
13 *written contracts with the Secretary under this section shall*
14 *not be counted against any employment ceiling affecting the*
15 *Department while those individuals are undergoing aca-*
16 *demic training.*

17 “(i) *RECRUITMENT.—The Secretary shall conduct re-*
18 *cruiting programs for the Loan Repayment Program and*
19 *other manpower programs of the Service at educational in-*
20 *stitutions training health professionals or specialists identi-*
21 *fied in subsection (a).*

22 “(j) *APPLICABILITY OF LAW.—Section 214 of the Pub-*
23 *lic Health Service Act (42 U.S.C. 215) shall not apply to*
24 *individuals during their period of obligated service under*
25 *the Loan Repayment Program.*

1 “(k) *ASSIGNMENT OF INDIVIDUALS.*—*The Secretary,*
2 *in assigning individuals to serve in Indian Health Pro-*
3 *grams or Urban Indian Organizations pursuant to con-*
4 *tracts entered into under this section, shall—*

5 “(1) *ensure that the staffing needs of Tribal*
6 *Health Programs and Urban Indian Organizations*
7 *receive consideration on an equal basis with programs*
8 *that are administered directly by the Service; and*

9 “(2) *give priority to assigning individuals to In-*
10 *dian Health Programs and Urban Indian Organiza-*
11 *tions that have a need for health professionals to pro-*
12 *vide health care services as a result of individuals*
13 *having breached contracts entered into under this sec-*
14 *tion.*

15 “(l) *BREACH OF CONTRACT.*—

16 “(1) *SPECIFIC BREACHES.*—*An individual who*
17 *has entered into a written contract with the Secretary*
18 *under this section and has not received a waiver*
19 *under subsection (m) shall be liable, in lieu of any*
20 *service obligation arising under such contract, to the*
21 *United States for the amount which has been paid on*
22 *such individual’s behalf under the contract if that in-*
23 *dividual—*

24 “(A) *is enrolled in the final year of a course*
25 *of study and—*

1 “(i) fails to maintain an acceptable
2 level of academic standing in the edu-
3 cational institution in which he or she is
4 enrolled (such level determined by the edu-
5 cational institution under regulations of the
6 Secretary);

7 “(ii) voluntarily terminates such en-
8 rollment; or

9 “(iii) is dismissed from such edu-
10 cational institution before completion of
11 such course of study; or

12 “(B) is enrolled in a graduate training pro-
13 gram and fails to complete such training pro-
14 gram.

15 “(2) OTHER BREACHES; FORMULA FOR AMOUNT
16 OWED.—If, for any reason not specified in paragraph
17 (1), an individual breaches his or her written con-
18 tract under this section by failing either to begin, or
19 complete, such individual’s period of obligated service
20 in accordance with subsection (e)(2), the United
21 States shall be entitled to recover from such indi-
22 vidual an amount to be determined in accordance
23 with the following formula: $A=3Z(t-s/t)$ in which—

24 “(A) ‘A’ is the amount the United States is
25 entitled to recover;

1 “(B) ‘Z’ is the sum of the amounts paid
2 under this section to, or on behalf of, the indi-
3 vidual and the interest on such amounts which
4 would be payable if, at the time the amounts
5 were paid, they were loans bearing interest at
6 the maximum legal prevailing rate, as deter-
7 mined by the Secretary of the Treasury;

8 “(C) ‘t’ is the total number of months in the
9 individual’s period of obligated service in accord-
10 ance with subsection (f); and

11 “(D) ‘s’ is the number of months of such pe-
12 riod served by such individual in accordance
13 with this section.

14 “(3) DEDUCTIONS IN MEDICARE PAYMENTS.—
15 Amounts not paid within such period shall be subject
16 to collection through deductions in Medicare pay-
17 ments pursuant to section 1892 of the Social Security
18 Act.

19 “(4) TIME PERIOD FOR REPAYMENT.—Any
20 amount of damages which the United States is enti-
21 tled to recover under this subsection shall be paid to
22 the United States within the 1-year period beginning
23 on the date of the breach or such longer period begin-
24 ning on such date as shall be specified by the Sec-
25 retary.

1 “(5) *RECOVERY OF DELINQUENCY.*—

2 “(A) *IN GENERAL.*—*If damages described in*
3 *paragraph (4) are delinquent for 3 months, the*
4 *Secretary shall, for the purpose of recovering*
5 *such damages—*

6 “(i) *use collection agencies contracted*
7 *with by the Administrator of General Serv-*
8 *ices; or*

9 “(ii) *enter into contracts for the recov-*
10 *ery of such damages with collection agencies*
11 *selected by the Secretary.*

12 “(B) *REPORT.*—*Each contract for recov-*
13 *ering damages pursuant to this subsection shall*
14 *provide that the contractor will, not less than*
15 *once each 6 months, submit to the Secretary a*
16 *status report on the success of the contractor in*
17 *collecting such damages. Section 3718 of title 31,*
18 *United States Code, shall apply to any such con-*
19 *tract to the extent not inconsistent with this sub-*
20 *section.*

21 “(m) *WAIVER OR SUSPENSION OF OBLIGATION.*—

22 “(1) *IN GENERAL.*—*The Secretary shall by regu-*
23 *lation provide for the partial or total waiver or sus-*
24 *pension of any obligation of service or payment by an*
25 *individual under the Loan Repayment Program*

1 *whenever compliance by the individual is impossible*
2 *or would involve extreme hardship to the individual*
3 *and if enforcement of such obligation with respect to*
4 *any individual would be unconscionable.*

5 “(2) *CANCELED UPON DEATH.*—*Any obligation*
6 *of an individual under the Loan Repayment Program*
7 *for service or payment of damages shall be canceled*
8 *upon the death of the individual.*

9 “(3) *HARDSHIP WAIVER.*—*The Secretary may*
10 *waive, in whole or in part, the rights of the United*
11 *States to recover amounts under this section in any*
12 *case of extreme hardship or other good cause shown,*
13 *as determined by the Secretary.*

14 “(4) *BANKRUPTCY.*—*Any obligation of an indi-*
15 *vidual under the Loan Repayment Program for pay-*
16 *ment of damages may be released by a discharge in*
17 *bankruptcy under title 11 of the United States Code*
18 *only if such discharge is granted after the expiration*
19 *of the 5-year period beginning on the first date that*
20 *payment of such damages is required, and only if the*
21 *bankruptcy court finds that nondischarge of the obli-*
22 *gation would be unconscionable.*

23 “(n) *REPORT.*—*The Secretary shall submit to the*
24 *President, for inclusion in the report required to be sub-*
25 *mitted to Congress under section 801, a report concerning*

1 *the previous fiscal year which sets forth by Service Area*
2 *the following:*

3 “(1) *A list of the health professional positions*
4 *maintained by Indian Health Programs and Urban*
5 *Indian Organizations for which recruitment or reten-*
6 *tion is difficult.*

7 “(2) *The number of Loan Repayment Program*
8 *applications filed with respect to each type of health*
9 *profession.*

10 “(3) *The number of contracts described in sub-*
11 *section (e) that are entered into with respect to each*
12 *health profession.*

13 “(4) *The amount of loan payments made under*
14 *this section, in total and by health profession.*

15 “(5) *The number of scholarships that are pro-*
16 *vided under sections 104 and 106 with respect to each*
17 *health profession.*

18 “(6) *The amount of scholarship grants provided*
19 *under section 104 and 106, in total and by health*
20 *profession.*

21 “(7) *The number of providers of health care that*
22 *will be needed by Indian Health Programs and*
23 *Urban Indian Organizations, by location and profes-*
24 *sion, during the 3 fiscal years beginning after the*
25 *date the report is filed.*

1 “(8) *The measures the Secretary plans to take to*
2 *fill the health professional positions maintained by*
3 *Indian Health Programs or Urban Indian Organiza-*
4 *tions for which recruitment or retention is difficult.*

5 **“SEC. 111. SCHOLARSHIP AND LOAN REPAYMENT RECOV-**
6 **ERY FUND.**

7 “(a) *ESTABLISHMENT.—There is established in the*
8 *Treasury of the United States a fund to be known as the*
9 *Indian Health Scholarship and Loan Repayment Recovery*
10 *Fund (hereafter in this section referred to as the ‘LRRF’).*
11 *The LRRF shall consist of such amounts as may be collected*
12 *from individuals under section 104(d), section 106(e), and*
13 *section 110(l) for breach of contract, such funds as may be*
14 *appropriated to the LRRF, and interest earned on amounts*
15 *in the LRRF. All amounts collected, appropriated, or*
16 *earned relative to the LRRF shall remain available until*
17 *expended.*

18 “(b) *USE OF FUNDS.—*

19 “(1) *BY SECRETARY.—Amounts in the LRRF*
20 *may be expended by the Secretary, acting through the*
21 *Service, to make payments to an Indian Health Pro-*
22 *gram—*

23 “(A) *to which a scholarship recipient under*
24 *section 104 and 106 or a loan repayment pro-*
25 *gram participant under section 110 has been as-*

1 *signed to meet the obligated service requirements*
2 *pursuant to such sections; and*

3 “(B) *that has a need for a health profes-*
4 *sional to provide health care services as a result*
5 *of such recipient or participant having breached*
6 *the contract entered into under section 104, 106,*
7 *or section 110.*

8 “(2) *BY TRIBAL HEALTH PROGRAMS.—A Tribal*
9 *Health Program receiving payments pursuant to*
10 *paragraph (1) may expend the payments to provide*
11 *scholarships or recruit and employ, directly or by*
12 *contract, health professionals to provide health care*
13 *services.*

14 “(c) *INVESTMENT OF FUNDS.—The Secretary of the*
15 *Treasury shall invest such amounts of the LRRF as the Sec-*
16 *retary of Health and Human Services determines are not*
17 *required to meet current withdrawals from the LRRF. Such*
18 *investments may be made only in interest bearing obliga-*
19 *tions of the United States. For such purpose, such obliga-*
20 *tions may be acquired on original issue at the issue price,*
21 *or by purchase of outstanding obligations at the market*
22 *price.*

23 “(d) *SALE OF OBLIGATIONS.—Any obligation acquired*
24 *by the LRRF may be sold by the Secretary of the Treasury*
25 *at the market price.*

1 **“SEC. 112. RECRUITMENT ACTIVITIES.**

2 “(a) *REIMBURSEMENT FOR TRAVEL.*—*The Secretary,*
3 *acting through the Service, may reimburse health profes-*
4 *sionals seeking positions with Indian Health Programs or*
5 *Urban Indian Organizations, including individuals consid-*
6 *ering entering into a contract under section 110 and their*
7 *spouses, for actual and reasonable expenses incurred in*
8 *traveling to and from their places of residence to an area*
9 *in which they may be assigned for the purpose of evaluating*
10 *such area with respect to such assignment.*

11 “(b) *RECRUITMENT PERSONNEL.*—*The Secretary, act-*
12 *ing through the Service, shall assign 1 individual in each*
13 *Area Office to be responsible on a full-time basis for recruit-*
14 *ment activities.*

15 **“SEC. 113. INDIAN RECRUITMENT AND RETENTION PRO-**
16 **GRAM.**

17 “(a) *IN GENERAL.*—*The Secretary, acting through the*
18 *Service, shall fund, on a competitive basis, innovative dem-*
19 *onstration projects for a period not to exceed 3 years to*
20 *enable Tribal Health Programs and Urban Indian Organi-*
21 *zations to recruit, place, and retain health professionals to*
22 *meet their staffing needs.*

23 “(b) *ELIGIBLE ENTITIES; APPLICATION.*—*Any Tribal*
24 *Health Program or Urban Indian Organization may sub-*
25 *mit an application for funding of a project pursuant to*
26 *this section.*

1 **“SEC. 114. ADVANCED TRAINING AND RESEARCH.**

2 “(a) *DEMONSTRATION PROGRAM.*—*The Secretary, act-*
3 *ing through the Service, shall establish a demonstration*
4 *project to enable health professionals who have worked in*
5 *an Indian Health Program or Urban Indian Organization*
6 *for a substantial period of time to pursue advanced train-*
7 *ing or research areas of study for which the Secretary deter-*
8 *mines a need exists.*

9 “(b) *SERVICE OBLIGATION.*—*An individual who par-*
10 *ticipates in a program under subsection (a), where the edu-*
11 *cational costs are borne by the Service, shall incur an obli-*
12 *gation to serve in an Indian Health Program or Urban*
13 *Indian Organization for a period of obligated service equal*
14 *to at least the period of time during which the individual*
15 *participates in such program. In the event that the indi-*
16 *vidual fails to complete such obligated service, the indi-*
17 *vidual shall be liable to the United States for the period*
18 *of service remaining. In such event, with respect to individ-*
19 *uals entering the program after the date of enactment of*
20 *the Indian Health Care Improvement Act Amendments of*
21 *2007, the United States shall be entitled to recover from*
22 *such individual an amount to be determined in accordance*
23 *with the formula specified in subsection (l) of section 110*
24 *in the manner provided for in such subsection.*

25 “(c) *EQUAL OPPORTUNITY FOR PARTICIPATION.*—
26 *Health professionals from Tribal Health Programs and*

1 *Urban Indian Organizations shall be given an equal oppor-*
2 *tunity to participate in the program under subsection (a).*

3 **“SEC. 115. QUENTIN N. BURDICK AMERICAN INDIANS INTO**
4 **NURSING PROGRAM.**

5 *“(a) GRANTS AUTHORIZED.—For the purpose of in-*
6 *creasing the number of nurses, nurse midwives, and nurse*
7 *practitioners who deliver health care services to Indians,*
8 *the Secretary, acting through the Service, shall provide*
9 *grants to the following:*

10 *“(1) Public or private schools of nursing.*

11 *“(2) Tribal colleges or universities.*

12 *“(3) Nurse midwife programs and advanced*
13 *practice nurse programs that are provided by any*
14 *tribal college or university accredited nursing pro-*
15 *gram, or in the absence of such, any other public or*
16 *private institutions.*

17 *“(b) USE OF GRANTS.—Grants provided under sub-*
18 *section (a) may be used for 1 or more of the following:*

19 *“(1) To recruit individuals for programs which*
20 *train individuals to be nurses, nurse midwives, or ad-*
21 *vanced practice nurses.*

22 *“(2) To provide scholarships to Indians enrolled*
23 *in such programs that may pay the tuition charged*
24 *for such program and other expenses incurred in con-*

1 *nection with such program, including books, fees,*
2 *room and board, and stipends for living expenses.*

3 *“(3) To provide a program that encourages*
4 *nurses, nurse midwives, and advanced practice nurses*
5 *to provide, or continue to provide, health care services*
6 *to Indians.*

7 *“(4) To provide a program that increases the*
8 *skills of, and provides continuing education to,*
9 *nurses, nurse midwives, and advanced practice*
10 *nurses.*

11 *“(5) To provide any program that is designed to*
12 *achieve the purpose described in subsection (a).*

13 *“(c) APPLICATIONS.—Each application for a grant*
14 *under subsection (a) shall include such information as the*
15 *Secretary may require to establish the connection between*
16 *the program of the applicant and a health care facility that*
17 *primarily serves Indians.*

18 *“(d) PREFERENCES FOR GRANT RECIPIENTS.—In pro-*
19 *viding grants under subsection (a), the Secretary shall ex-*
20 *tend a preference to the following:*

21 *“(1) Programs that provide a preference to Indi-*
22 *ans.*

23 *“(2) Programs that train nurse midwives or ad-*
24 *vanced practice nurses.*

25 *“(3) Programs that are interdisciplinary.*

1 “(4) *Programs that are conducted in cooperation*
2 *with a program for gifted and talented Indian stu-*
3 *dents.*

4 “(5) *Programs conducted by tribal colleges and*
5 *universities.*

6 “(e) *QUENTIN N. BURDICK PROGRAM GRANT.—The*
7 *Secretary shall provide 1 of the grants authorized under*
8 *subsection (a) to establish and maintain a program at the*
9 *University of North Dakota to be known as the ‘Quentin*
10 *N. Burdick American Indians Into Nursing Program’.*
11 *Such program shall, to the maximum extent feasible, coordi-*
12 *nate with the Quentin N. Burdick Indian Health Programs*
13 *established under section 117(b) and the Quentin N. Bur-*
14 *dick American Indians Into Psychology Program estab-*
15 *lished under section 105(b).*

16 “(f) *ACTIVE DUTY SERVICE OBLIGATION.—The active*
17 *duty service obligation prescribed under section 338C of the*
18 *Public Health Service Act (42 U.S.C. 254m) shall be met*
19 *by each individual who receives training or assistance de-*
20 *scribed in paragraph (1) or (2) of subsection (b) that is*
21 *funded by a grant provided under subsection (a). Such obli-*
22 *gation shall be met by service—*

23 “(1) *in the Service;*

24 “(2) *in a program of an Indian Tribe or Tribal*
25 *Organization conducted under the Indian Self-Deter-*

1 *mination and Education Assistance Act (25 U.S.C.*
2 *450 et seq.) (including programs under agreements*
3 *with the Bureau of Indian Affairs);*

4 *“(3) in a program assisted under title V of this*
5 *Act;*

6 *“(4) in the private practice of nursing if, as de-*
7 *termined by the Secretary, in accordance with guide-*
8 *lines promulgated by the Secretary, such practice is*
9 *situated in a physician or other health shortage area*
10 *and addresses the health care needs of a substantial*
11 *number of Indians; or*

12 *“(5) in a teaching capacity in a tribal college or*
13 *university nursing program (or a related health pro-*
14 *fession program) if, as determined by the Secretary,*
15 *health services provided to Indians would not de-*
16 *crease.*

17 **“SEC. 116. TRIBAL CULTURAL ORIENTATION.**

18 *“(a) CULTURAL EDUCATION OF EMPLOYEES.—The*
19 *Secretary, acting through the Service, shall require that ap-*
20 *propriate employees of the Service who serve Indian Tribes*
21 *in each Service Area receive educational instruction in the*
22 *history and culture of such Indian Tribes and their rela-*
23 *tionship to the Service.*

1 “(b) *PROGRAM.*—*In carrying out subsection (a), the*
2 *Secretary shall establish a program which shall, to the ex-*
3 *tent feasible—*

4 “(1) *be developed in consultation with the af-*
5 *ected Indian Tribes, Tribal Organizations, and*
6 *Urban Indian Organizations;*

7 “(2) *be carried out through tribal colleges or uni-*
8 *versities;*

9 “(3) *include instruction in American Indian*
10 *studies; and*

11 “(4) *describe the use and place of traditional*
12 *health care practices of the Indian Tribes in the Serv-*
13 *ice Area.*

14 **“SEC. 117. INMED PROGRAM.**

15 “(a) *GRANTS AUTHORIZED.*—*The Secretary, acting*
16 *through the Service, is authorized to provide grants to col-*
17 *leges and universities for the purpose of maintaining and*
18 *expanding the Indian health careers recruitment program*
19 *known as the ‘Indians Into Medicine Program’ (hereinafter*
20 *in this section referred to as ‘INMED’) as a means of en-*
21 *couraging Indians to enter the health professions.*

22 “(b) *QUENTIN N. BURDICK GRANT.*—*The Secretary*
23 *shall provide 1 of the grants authorized under subsection*
24 *(a) to maintain the INMED program at the University of*
25 *North Dakota, to be known as the ‘Quentin N. Burdick In-*

1 *dian Health Programs’, unless the Secretary makes a deter-*
2 *mination, based upon program reviews, that the program*
3 *is not meeting the purposes of this section. Such program*
4 *shall, to the maximum extent feasible, coordinate with the*
5 *Quentin N. Burdick American Indians Into Psychology*
6 *Program established under section 105(b) and the Quentin*
7 *N. Burdick American Indians Into Nursing Program estab-*
8 *lished under section 115.*

9 “(c) *REGULATIONS.—The Secretary, pursuant to this*
10 *Act, shall develop regulations to govern grants pursuant to*
11 *this section.*

12 “(d) *REQUIREMENTS.—Applicants for grants provided*
13 *under this section shall agree to provide a program which—*

14 “(1) *provides outreach and recruitment for*
15 *health professions to Indian communities including*
16 *elementary and secondary schools and community col-*
17 *leges located on reservations which will be served by*
18 *the program;*

19 “(2) *incorporates a program advisory board*
20 *comprised of representatives from the Indian Tribes*
21 *and Indian communities which will be served by the*
22 *program;*

23 “(3) *provides summer preparatory programs for*
24 *Indian students who need enrichment in the subjects*

1 *of math and science in order to pursue training in*
2 *the health professions;*

3 “(4) *provides tutoring, counseling, and support*
4 *to students who are enrolled in a health career pro-*
5 *gram of study at the respective college or university;*
6 *and*

7 “(5) *to the maximum extent feasible, employs*
8 *qualified Indians in the program.*

9 **“SEC. 118. HEALTH TRAINING PROGRAMS OF COMMUNITY**
10 **COLLEGES.**

11 “(a) *GRANTS TO ESTABLISH PROGRAMS.—*

12 “(1) *IN GENERAL.—The Secretary, acting*
13 *through the Service, shall award grants to accredited*
14 *and accessible community colleges for the purpose of*
15 *assisting such community colleges in the establish-*
16 *ment of programs which provide education in a*
17 *health profession leading to a degree or diploma in a*
18 *health profession for individuals who desire to prac-*
19 *tice such profession on or near a reservation or in an*
20 *Indian Health Program.*

21 “(2) *AMOUNT OF GRANTS.—The amount of any*
22 *grant awarded to a community college under para-*
23 *graph (1) for the first year in which such a grant is*
24 *provided to the community college shall not exceed*
25 *\$250,000.*

1 “(b) *GRANTS FOR MAINTENANCE AND RECRUITING.*—

2 “(1) *IN GENERAL.*—*The Secretary, acting*
3 *through the Service, shall award grants to accredited*
4 *and accessible community colleges that have estab-*
5 *lished a program described in subsection (a)(1) for the*
6 *purpose of maintaining the program and recruiting*
7 *students for the program.*

8 “(2) *REQUIREMENTS.*—*Grants may only be*
9 *made under this section to a community college*
10 *which—*

11 “(A) *is accredited;*

12 “(B) *has a relationship with a hospital fa-*
13 *cility, Service facility, or hospital that could*
14 *provide training of nurses or health profes-*
15 *sionals;*

16 “(C) *has entered into an agreement with an*
17 *accredited college or university medical school,*
18 *the terms of which—*

19 “(i) *provide a program that enhances*
20 *the transition and recruitment of students*
21 *into advanced baccalaureate or graduate*
22 *programs that train health professionals;*
23 *and*

1 “(ii) stipulate certifications necessary
2 to approve internship and field placement
3 opportunities at Indian Health Programs;

4 “(D) has a qualified staff which has the ap-
5 propriate certifications;

6 “(E) is capable of obtaining State or re-
7 gional accreditation of the program described in
8 subsection (a)(1); and

9 “(F) agrees to provide for Indian preference
10 for applicants for programs under this section.

11 “(c) *TECHNICAL ASSISTANCE.*—The Secretary shall
12 encourage community colleges described in subsection (b)(2)
13 to establish and maintain programs described in subsection
14 (a)(1) by—

15 “(1) entering into agreements with such colleges
16 for the provision of qualified personnel of the Service
17 to teach courses of study in such programs; and

18 “(2) providing technical assistance and support
19 to such colleges.

20 “(d) *ADVANCED TRAINING.*—

21 “(1) *REQUIRED.*—Any program receiving assist-
22 ance under this section that is conducted with respect
23 to a health profession shall also offer courses of study
24 which provide advanced training for any health pro-
25 fessional who—

1 “(A) has already received a degree or di-
2 ploma in such health profession; and

3 “(B) provides clinical services on or near a
4 reservation or for an Indian Health Program.

5 “(2) *MAY BE OFFERED AT ALTERNATE SITE.*—
6 Such courses of study may be offered in conjunction
7 with the college or university with which the commu-
8 nity college has entered into the agreement required
9 under subsection (b)(2)(C).

10 “(e) *PRIORITY.*—Where the requirements of subsection
11 (b) are met, grant award priority shall be provided to tribal
12 colleges and universities in Service Areas where they exist.

13 **“SEC. 119. RETENTION BONUS.**

14 “(a) *BONUS AUTHORIZED.*—The Secretary may pay
15 a retention bonus to any health professional employed by,
16 or assigned to, and serving in, an Indian Health Program
17 or Urban Indian Organization either as a civilian em-
18 ployee or as a commissioned officer in the Regular or Re-
19 serve Corps of the Public Health Service who—

20 “(1) is assigned to, and serving in, a position for
21 which recruitment or retention of personnel is dif-
22 ficult;

23 “(2) the Secretary determines is needed by In-
24 dian Health Programs and Urban Indian Organiza-
25 tions;

1 “(3) has—

2 “(A) completed 2 years of employment with
3 an Indian Health Program or Urban Indian Or-
4 ganization; or

5 “(B) completed any service obligations in-
6 curred as a requirement of—

7 “(i) any Federal scholarship program;
8 or

9 “(ii) any Federal education loan re-
10 payment program; and

11 “(4) enters into an agreement with an Indian
12 Health Program or Urban Indian Organization for
13 continued employment for a period of not less than 1
14 year.

15 “(b) *RATES.*—The Secretary may establish rates for
16 the retention bonus which shall provide for a higher annual
17 rate for multiyear agreements than for single year agree-
18 ments referred to in subsection (a)(4), but in no event shall
19 the annual rate be more than \$25,000 per annum.

20 “(c) *DEFAULT OF RETENTION AGREEMENT.*—Any
21 health professional failing to complete the agreed upon term
22 of service, except where such failure is through no fault of
23 the individual, shall be obligated to refund to the Govern-
24 ment the full amount of the retention bonus for the period

1 covered by the agreement, plus interest as determined by
2 the Secretary in accordance with section 110(l)(2)(B).

3 “(d) *OTHER RETENTION BONUS.*—The Secretary may
4 pay a retention bonus to any health professional employed
5 by a Tribal Health Program if such health professional is
6 serving in a position which the Secretary determines is—

7 “(1) a position for which recruitment or reten-
8 tion is difficult; and

9 “(2) necessary for providing health care services
10 to Indians.

11 **“SEC. 120. NURSING RESIDENCY PROGRAM.**

12 “(a) *ESTABLISHMENT OF PROGRAM.*—The Secretary,
13 acting through the Service, shall establish a program to en-
14 able Indians who are licensed practical nurses, licensed vo-
15 cational nurses, and registered nurses who are working in
16 an Indian Health Program or Urban Indian Organization,
17 and have done so for a period of not less than 1 year, to
18 pursue advanced training. Such program shall include a
19 combination of education and work study in an Indian
20 Health Program or Urban Indian Organization leading to
21 an associate or bachelor’s degree (in the case of a licensed
22 practical nurse or licensed vocational nurse), a bachelor’s
23 degree (in the case of a registered nurse), or advanced de-
24 grees or certifications in nursing and public health.

1 “(b) *SERVICE OBLIGATION.*—An individual who par-
2 ticipates in a program under subsection (a), where the edu-
3 cational costs are paid by the Service, shall incur an obliga-
4 tion to serve in an Indian Health Program or Urban In-
5 dian Organization for a period of obligated service equal
6 to 1 year for every year that nonprofessional employee (li-
7 censed practical nurses, licensed vocational nurses, nursing
8 assistants, and various health care technicals), or 2 years
9 for every year that professional nurse (associate degree and
10 bachelor-prepared registered nurses), participates in such
11 program. In the event that the individual fails to complete
12 such obligated service, the United States shall be entitled
13 to recover from such individual an amount determined in
14 accordance with the formula specified in subsection (l) of
15 section 110 in the manner provided for in such subsection.

16 **“SEC. 121. COMMUNITY HEALTH AIDE PROGRAM.**

17 “(a) *GENERAL PURPOSES OF PROGRAM.*—Under the
18 authority of the Act of November 2, 1921 (25 U.S.C. 13)
19 (commonly known as the ‘Snyder Act’), the Secretary, act-
20 ing through the Service, shall develop and operate a Com-
21 munity Health Aide Program in Alaska under which the
22 Service—

23 “(1) provides for the training of Alaska Natives
24 as health aides or community health practitioners;

1 “(2) uses such aides or practitioners in the pro-
2 vision of health care, health promotion, and disease
3 prevention services to Alaska Natives living in vil-
4 lages in rural Alaska; and

5 “(3) provides for the establishment of teleconfer-
6 encing capacity in health clinics located in or near
7 such villages for use by community health aides or
8 community health practitioners.

9 “(b) *SPECIFIC PROGRAM REQUIREMENTS.*—The Sec-
10 retary, acting through the Community Health Aide Pro-
11 gram of the Service, shall—

12 “(1) using trainers accredited by the Program,
13 provide a high standard of training to community
14 health aides and community health practitioners to
15 ensure that such aides and practitioners provide qual-
16 ity health care, health promotion, and disease preven-
17 tion services to the villages served by the Program;

18 “(2) in order to provide such training, develop
19 a curriculum that—

20 “(A) combines education in the theory of
21 health care with supervised practical experience
22 in the provision of health care;

23 “(B) provides instruction and practical ex-
24 perience in the provision of acute care, emer-
25 gency care, health promotion, disease prevention,

1 *and the efficient and effective management of*
2 *clinic pharmacies, supplies, equipment, and fa-*
3 *cilities; and*

4 *“(C) promotes the achievement of the health*
5 *status objectives specified in section 3(2);*

6 *“(3) establish and maintain a Community*
7 *Health Aide Certification Board to certify as commu-*
8 *nity health aides or community health practitioners*
9 *individuals who have successfully completed the train-*
10 *ing described in paragraph (1) or can demonstrate*
11 *equivalent experience;*

12 *“(4) develop and maintain a system which iden-*
13 *tifies the needs of community health aides and com-*
14 *munity health practitioners for continuing education*
15 *in the provision of health care, including the areas*
16 *described in paragraph (2)(B), and develop programs*
17 *that meet the needs for such continuing education;*

18 *“(5) develop and maintain a system that pro-*
19 *vides close supervision of community health aides and*
20 *community health practitioners;*

21 *“(6) develop a system under which the work of*
22 *community health aides and community health prac-*
23 *titioners is reviewed and evaluated to assure the pro-*
24 *vision of quality health care, health promotion, and*
25 *disease prevention services; and*

1 “(7) ensure that pulpal therapy (not including
2 pulpotomies on deciduous teeth) or extraction of adult
3 teeth can be performed by a dental health aide thera-
4 pist only after consultation with a licensed dentist
5 who determines that the procedure is a medical emer-
6 gency that cannot be resolved with palliative treat-
7 ment, and further that dental health aide therapists
8 are strictly prohibited from performing all other oral
9 or jaw surgeries, provided that uncomplicated extrac-
10 tions shall not be considered oral surgery under this
11 section.

12 “(c) PROGRAM REVIEW.—

13 “(1) NEUTRAL PANEL.—

14 “(A) ESTABLISHMENT.—The Secretary, act-
15 ing through the Service, shall establish a neutral
16 panel to carry out the study under paragraph
17 (2).

18 “(B) MEMBERSHIP.—Members of the neu-
19 tral panel shall be appointed by the Secretary
20 from among clinicians, economists, community
21 practitioners, oral epidemiologists, and Alaska
22 Natives.

23 “(2) STUDY.—

24 “(A) IN GENERAL.—The neutral panel es-
25 tablished under paragraph (1) shall conduct a

1 *study of the dental health aide therapist services*
2 *provided by the Community Health Aide Pro-*
3 *gram under this section to ensure that the qual-*
4 *ity of care provided through those services is ade-*
5 *quate and appropriate.*

6 “(B) *PARAMETERS OF STUDY.*—*The Sec-*
7 *retary, in consultation with interested parties,*
8 *including professional dental organizations, shall*
9 *develop the parameters of the study.*

10 “(C) *INCLUSIONS.*—*The study shall include*
11 *a determination by the neutral panel with re-*
12 *spect to—*

13 “(i) *the ability of the dental health*
14 *aide therapist services under this section to*
15 *address the dental care needs of Alaska Na-*
16 *tives;*

17 “(ii) *the quality of care provided*
18 *through those services, including any train-*
19 *ing, improvement, or additional oversight*
20 *required to improve the quality of care; and*

21 “(iii) *whether safer and less costly al-*
22 *ternatives to the dental health aide therapist*
23 *services exist.*

24 “(D) *CONSULTATION.*—*In carrying out the*
25 *study under this paragraph, the neutral panel*

1 *shall consult with Alaska Tribal Organizations*
2 *with respect to the adequacy and accuracy of the*
3 *study.*

4 “(3) *REPORT.—The neutral panel shall submit*
5 *to the Secretary, the Committee on Indian Affairs of*
6 *the Senate, and the Committee on Natural Resources*
7 *of the House of Representatives a report describing*
8 *the results of the study under paragraph (2), includ-*
9 *ing a description of—*

10 “(A) *any determination of the neutral panel*
11 *under paragraph (2)(C); and*

12 “(B) *any comments received from an Alaska*
13 *Tribal Organization under paragraph (2)(D).*

14 “(d) *NATIONALIZATION OF PROGRAM.—*

15 “(1) *IN GENERAL.—Except as provided in para-*
16 *graph (2), the Secretary, acting through the Service,*
17 *may establish a national Community Health Aide*
18 *Program in accordance with the program under this*
19 *section, as the Secretary determines to be appropriate.*

20 “(2) *EXCEPTION.—The national Community*
21 *Health Aide Program under paragraph (1) shall not*
22 *include dental health aide therapist services.*

23 “(3) *REQUIREMENT.—In establishing a national*
24 *program under paragraph (1), the Secretary shall not*
25 *reduce the amount of funds provided for the Commu-*

1 “(c) *ADVISORY BOARD.*—*The demonstration programs*
2 *established pursuant to subsection (a) shall incorporate a*
3 *program advisory board composed of representatives from*
4 *the Indian Tribes and Indian communities in the area*
5 *which will be served by the program.*

6 “**SEC. 124. NATIONAL HEALTH SERVICE CORPS.**

7 “(a) *NO REDUCTION IN SERVICES.*—*The Secretary*
8 *shall not—*

9 “(1) *remove a member of the National Health*
10 *Service Corps from an Indian Health Program or*
11 *Urban Indian Organization; or*

12 “(2) *withdraw funding used to support such*
13 *member, unless the Secretary, acting through the*
14 *Service, has ensured that the Indians receiving serv-*
15 *ices from such member will experience no reduction in*
16 *services.*

17 “(b) *EXEMPTION FROM LIMITATIONS.*—*National*
18 *Health Service Corps scholars qualifying for the Commis-*
19 *sioned Corps in the Public Health Service shall be exempt*
20 *from the full-time equivalent limitations of the National*
21 *Health Service Corps and the Service when serving as a*
22 *commissioned corps officer in a Tribal Health Program or*
23 *an Urban Indian Organization.*

1 **“SEC. 125. SUBSTANCE ABUSE COUNSELOR EDUCATIONAL**
2 **CURRICULA DEMONSTRATION PROGRAMS.**

3 “(a) *CONTRACTS AND GRANTS.*—*The Secretary, acting*
4 *through the Service, may enter into contracts with, or make*
5 *grants to, accredited tribal colleges and universities and eli-*
6 *gible accredited and accessible community colleges to estab-*
7 *lish demonstration programs to develop educational cur-*
8 *ricula for substance abuse counseling.*

9 “(b) *USE OF FUNDS.*—*Funds provided under this sec-*
10 *tion shall be used only for developing and providing edu-*
11 *cational curriculum for substance abuse counseling (includ-*
12 *ing paying salaries for instructors). Such curricula may*
13 *be provided through satellite campus programs.*

14 “(c) *TIME PERIOD OF ASSISTANCE; RENEWAL.*—*A*
15 *contract entered into or a grant provided under this section*
16 *shall be for a period of 3 years. Such contract or grant may*
17 *be renewed for an additional 2-year period upon the ap-*
18 *proval of the Secretary.*

19 “(d) *CRITERIA FOR REVIEW AND APPROVAL OF APPLI-*
20 *CATIONS.*—*Not later than 180 days after the date of enact-*
21 *ment of the Indian Health Care Improvement Act Amend-*
22 *ments of 2007, the Secretary, after consultation with Indian*
23 *Tribes and administrators of tribal colleges and universities*
24 *and eligible accredited and accessible community colleges,*
25 *shall develop and issue criteria for the review and approval*
26 *of applications for funding (including applications for re-*

1 newals of funding) under this section. Such criteria shall
2 ensure that demonstration programs established under this
3 section promote the development of the capacity of such en-
4 tities to educate substance abuse counselors.

5 “(e) ASSISTANCE.—The Secretary shall provide such
6 technical and other assistance as may be necessary to enable
7 grant recipients to comply with the provisions of this sec-
8 tion.

9 “(f) REPORT.—Each fiscal year, the Secretary shall
10 submit to the President, for inclusion in the report which
11 is required to be submitted under section 801 for that fiscal
12 year, a report on the findings and conclusions derived from
13 the demonstration programs conducted under this section
14 during that fiscal year.

15 “(g) DEFINITION.—For the purposes of this section, the
16 term ‘educational curriculum’ means 1 or more of the fol-
17 lowing:

18 “(1) Classroom education.

19 “(2) Clinical work experience.

20 “(3) Continuing education workshops.

21 **“SEC. 126. BEHAVIORAL HEALTH TRAINING AND COMMU-
22 NITY EDUCATION PROGRAMS.**

23 “(a) STUDY; LIST.—The Secretary, acting through the
24 Service, and the Secretary of the Interior, in consultation
25 with Indian Tribes and Tribal Organizations, shall conduct

1 *a study and compile a list of the types of staff positions*
2 *specified in subsection (b) whose qualifications include, or*
3 *should include, training in the identification, prevention,*
4 *education, referral, or treatment of mental illness, or dys-*
5 *functional and self destructive behavior.*

6 “(b) *POSITIONS.*—*The positions referred to in sub-*
7 *section (a) are—*

8 “(1) *staff positions within the Bureau of Indian*
9 *Affairs, including existing positions, in the fields of—*

10 “(A) *elementary and secondary education;*

11 “(B) *social services and family and child*
12 *welfare;*

13 “(C) *law enforcement and judicial services;*
14 *and*

15 “(D) *alcohol and substance abuse;*

16 “(2) *staff positions within the Service; and*

17 “(3) *staff positions similar to those identified in*
18 *paragraphs (1) and (2) established and maintained*
19 *by Indian Tribes, Tribal Organizations (without re-*
20 *gard to the funding source), and Urban Indian Orga-*
21 *nizations.*

22 “(c) *TRAINING CRITERIA.*—

23 “(1) *IN GENERAL.*—*The appropriate Secretary*
24 *shall provide training criteria appropriate to each*
25 *type of position identified in subsection (b)(1) and*

1 **(b)(2)** and ensure that appropriate training has been,
2 or shall be provided to any individual in any such
3 position. With respect to any such individual in a po-
4 sition identified pursuant to subsection **(b)(3)**, the re-
5 spective Secretaries shall provide appropriate train-
6 ing to, or provide funds to, an Indian Tribe, Tribal
7 Organization, or Urban Indian Organization for
8 training of appropriate individuals. In the case of po-
9 sitions funded under a contract or compact under the
10 Indian Self-Determination and Education Assistance
11 Act (25 U.S.C. 450 *et seq.*), the appropriate Secretary
12 shall ensure that such training costs are included in
13 the contract or compact, as the Secretary determines
14 necessary.

15 “(2) **POSITION SPECIFIC TRAINING CRITERIA.**—
16 Position specific training criteria shall be culturally
17 relevant to Indians and Indian Tribes and shall en-
18 sure that appropriate information regarding tradi-
19 tional health care practices is provided.

20 “(d) **COMMUNITY EDUCATION ON MENTAL ILLNESS.**—
21 The Service shall develop and implement, on request of an
22 Indian Tribe, Tribal Organization, or Urban Indian Orga-
23 nization, or assist the Indian Tribe, Tribal Organization,
24 or Urban Indian Organization to develop and implement,
25 a program of community education on mental illness. In

1 *carrying out this subsection, the Service shall, upon request*
2 *of an Indian Tribe, Tribal Organization, or Urban Indian*
3 *Organization, provide technical assistance to the Indian*
4 *Tribe, Tribal Organization, or Urban Indian Organization*
5 *to obtain and develop community educational materials on*
6 *the identification, prevention, referral, and treatment of*
7 *mental illness and dysfunctional and self-destructive behav-*
8 *ior.*

9 “(e) *PLAN.—Not later than 90 days after the date of*
10 *enactment of the Indian Health Care Improvement Act*
11 *Amendments of 2007, the Secretary shall develop a plan*
12 *under which the Service will increase the health care staff*
13 *providing behavioral health services by at least 500 posi-*
14 *tions within 5 years after the date of enactment of this sec-*
15 *tion, with at least 200 of such positions devoted to child,*
16 *adolescent, and family services. The plan developed under*
17 *this subsection shall be implemented under the Act of No-*
18 *vember 2, 1921 (25 U.S.C. 13) (commonly known as the*
19 *‘Snyder Act’).*

20 **“SEC. 127. AUTHORIZATION OF APPROPRIATIONS.**

21 *“There are authorized to be appropriated such sums*
22 *as may be necessary for each fiscal year through fiscal year*
23 *2017 to carry out this title.*

1 **“TITLE II—HEALTH SERVICES**

2 **“SEC. 201. INDIAN HEALTH CARE IMPROVEMENT FUND.**

3 “(a) *USE OF FUNDS.*—*The Secretary, acting through*
4 *the Service, is authorized to expend funds, directly or under*
5 *the authority of the Indian Self-Determination and Edu-*
6 *cation Assistance Act (25 U.S.C. 450 et seq.), which are*
7 *appropriated under the authority of this section, for the*
8 *purposes of—*

9 “(1) *eliminating the deficiencies in health status*
10 *and health resources of all Indian Tribes;*

11 “(2) *eliminating backlogs in the provision of*
12 *health care services to Indians;*

13 “(3) *meeting the health needs of Indians in an*
14 *efficient and equitable manner, including the use of*
15 *telehealth and telemedicine when appropriate;*

16 “(4) *eliminating inequities in funding for both*
17 *direct care and contract health service programs; and*

18 “(5) *augmenting the ability of the Service to*
19 *meet the following health service responsibilities with*
20 *respect to those Indian Tribes with the highest levels*
21 *of health status deficiencies and resource deficiencies:*

22 “(A) *Clinical care, including inpatient*
23 *care, outpatient care (including audiology, clin-*
24 *ical eye, and vision care), primary care, sec-*
25 *ondary and tertiary care, and long-term care.*

1 “(B) *Preventive health, including mammog-*
2 *raphy and other cancer screening in accordance*
3 *with section 207.*

4 “(C) *Dental care.*

5 “(D) *Mental health, including community*
6 *mental health services, inpatient mental health*
7 *services, dormitory mental health services, thera-*
8 *peutic and residential treatment centers, and*
9 *training of traditional health care practitioners.*

10 “(E) *Emergency medical services.*

11 “(F) *Treatment and control of, and reha-*
12 *ilitative care related to, alcoholism and drug*
13 *abuse (including fetal alcohol syndrome) among*
14 *Indians.*

15 “(G) *Injury prevention programs, including*
16 *data collection and evaluation, demonstration*
17 *projects, training, and capacity building.*

18 “(H) *Home health care.*

19 “(I) *Community health representatives.*

20 “(J) *Maintenance and improvement.*

21 “(b) *NO OFFSET OR LIMITATION.—Any funds appro-*
22 *priated under the authority of this section shall not be used*
23 *to offset or limit any other appropriations made to the*
24 *Service under this Act or the Act of November 2, 1921 (25*

1 *U.S.C. 13) (commonly known as the ‘Snyder Act’), or any*
2 *other provision of law.*

3 “(c) *ALLOCATION; USE.—*

4 “(1) *IN GENERAL.—Funds appropriated under*
5 *the authority of this section shall be allocated to Serv-*
6 *ice Units, Indian Tribes, or Tribal Organizations.*
7 *The funds allocated to each Indian Tribe, Tribal Or-*
8 *ganization, or Service Unit under this paragraph*
9 *shall be used by the Indian Tribe, Tribal Organiza-*
10 *tion, or Service Unit under this paragraph to im-*
11 *prove the health status and reduce the resource defi-*
12 *ciency of each Indian Tribe served by such Service*
13 *Unit, Indian Tribe, or Tribal Organization.*

14 “(2) *APPORTIONMENT OF ALLOCATED FUNDS.—*
15 *The apportionment of funds allocated to a Service*
16 *Unit, Indian Tribe, or Tribal Organization under*
17 *paragraph (1) among the health service responsibil-*
18 *ities described in subsection (a)(5) shall be determined*
19 *by the Service in consultation with, and with the ac-*
20 *tive participation of, the affected Indian Tribes and*
21 *Tribal Organizations.*

22 “(d) *PROVISIONS RELATING TO HEALTH STATUS AND*
23 *RESOURCE DEFICIENCIES.—For the purposes of this sec-*
24 *tion, the following definitions apply:*

1 “(1) *DEFINITION.*—*The term ‘health status and*
2 *resource deficiency’ means the extent to which—*

3 “(A) *the health status objectives set forth in*
4 *section 3(2) are not being achieved; and*

5 “(B) *the Indian Tribe or Tribal Organiza-*
6 *tion does not have available to it the health re-*
7 *sources it needs, taking into account the actual*
8 *cost of providing health care services given local*
9 *geographic, climatic, rural, or other cir-*
10 *cumstances.*

11 “(2) *AVAILABLE RESOURCES.*—*The health re-*
12 *sources available to an Indian Tribe or Tribal Orga-*
13 *nization include health resources provided by the*
14 *Service as well as health resources used by the Indian*
15 *Tribe or Tribal Organization, including services and*
16 *financing systems provided by any Federal programs,*
17 *private insurance, and programs of State or local*
18 *governments.*

19 “(3) *PROCESS FOR REVIEW OF DETERMINA-*
20 *TIONS.*—*The Secretary shall establish procedures*
21 *which allow any Indian Tribe or Tribal Organization*
22 *to petition the Secretary for a review of any deter-*
23 *mination of the extent of the health status and re-*
24 *source deficiency of such Indian Tribe or Tribal Or-*
25 *ganization.*

1 “(e) *ELIGIBILITY FOR FUNDS.*—*Tribal Health Pro-*
2 *grams shall be eligible for funds appropriated under the au-*
3 *thority of this section on an equal basis with programs that*
4 *are administered directly by the Service.*

5 “(f) *REPORT.*—*By no later than the date that is 3*
6 *years after the date of enactment of the Indian Health Care*
7 *Improvement Act Amendments of 2007, the Secretary shall*
8 *submit to Congress the current health status and resource*
9 *deficiency report of the Service for each Service Unit, in-*
10 *cluding newly recognized or acknowledged Indian Tribes.*
11 *Such report shall set out—*

12 “(1) *the methodology then in use by the Service*
13 *for determining Tribal health status and resource de-*
14 *ficiencies, as well as the most recent application of*
15 *that methodology;*

16 “(2) *the extent of the health status and resource*
17 *deficiency of each Indian Tribe served by the Service*
18 *or a Tribal Health Program;*

19 “(3) *the amount of funds necessary to eliminate*
20 *the health status and resource deficiencies of all In-*
21 *Indian Tribes served by the Service or a Tribal Health*
22 *Program; and*

23 “(4) *an estimate of—*

24 “(A) *the amount of health service funds ap-*
25 *propriated under the authority of this Act, or*

1 *any other Act, including the amount of any*
2 *funds transferred to the Service for the preceding*
3 *fiscal year which is allocated to each Service*
4 *Unit, Indian Tribe, or Tribal Organization;*

5 “(B) *the number of Indians eligible for*
6 *health services in each Service Unit or Indian*
7 *Tribe or Tribal Organization; and*

8 “(C) *the number of Indians using the Serv-*
9 *ice resources made available to each Service*
10 *Unit, Indian Tribe or Tribal Organization, and,*
11 *to the extent available, information on the wait-*
12 *ing lists and number of Indians turned away for*
13 *services due to lack of resources.*

14 “(g) *INCLUSION IN BASE BUDGET.—Funds appro-*
15 *priated under this section for any fiscal year shall be in-*
16 *cluded in the base budget of the Service for the purpose of*
17 *determining appropriations under this section in subse-*
18 *quent fiscal years.*

19 “(h) *CLARIFICATION.—Nothing in this section is in-*
20 *tended to diminish the primary responsibility of the Service*
21 *to eliminate existing backlogs in unmet health care needs,*
22 *nor are the provisions of this section intended to discourage*
23 *the Service from undertaking additional efforts to achieve*
24 *equity among Indian Tribes and Tribal Organizations.*

1 “(i) *FUNDING DESIGNATION.*—Any funds appro-
2 priated under the authority of this section shall be des-
3 ignated as the ‘Indian Health Care Improvement Fund’.

4 **“SEC. 202. CATASTROPHIC HEALTH EMERGENCY FUND.**

5 “(a) *ESTABLISHMENT.*—There is established an In-
6 dian Catastrophic Health Emergency Fund (hereafter in
7 this section referred to as the ‘CHEF’) consisting of—

8 “(1) the amounts deposited under subsection (f);
9 and

10 “(2) the amounts appropriated to CHEF under
11 this section.

12 “(b) *ADMINISTRATION.*—CHEF shall be administered
13 by the Secretary, acting through the headquarters of the
14 Service, solely for the purpose of meeting the extraordinary
15 medical costs associated with the treatment of victims of
16 disasters or catastrophic illnesses who are within the re-
17 sponsibility of the Service.

18 “(c) *CONDITIONS ON USE OF FUND.*—No part of
19 CHEF or its administration shall be subject to contract or
20 grant under any law, including the Indian Self-Determina-
21 tion and Education Assistance Act (25 U.S.C. 450 et seq.),
22 nor shall CHEF funds be allocated, apportioned, or dele-
23 gated on an Area Office, Service Unit, or other similar
24 basis.

1 “(d) *REGULATIONS.*—*The Secretary shall promulgate*
2 *regulations consistent with the provisions of this section*
3 *to—*

4 “(1) *establish a definition of disasters and cata-*
5 *strophic illnesses for which the cost of the treatment*
6 *provided under contract would qualify for payment*
7 *from CHEF;*

8 “(2) *provide that a Service Unit shall not be eli-*
9 *gible for reimbursement for the cost of treatment from*
10 *CHEF until its cost of treating any victim of such*
11 *catastrophic illness or disaster has reached a certain*
12 *threshold cost which the Secretary shall establish at—*

13 “(A) *the 2000 level of \$19,000; and*

14 “(B) *for any subsequent year, not less than*
15 *the threshold cost of the previous year increased*
16 *by the percentage increase in the medical care*
17 *expenditure category of the consumer price index*
18 *for all urban consumers (United States city av-*
19 *erage) for the 12-month period ending with De-*
20 *cember of the previous year;*

21 “(3) *establish a procedure for the reimbursement*
22 *of the portion of the costs that exceeds such threshold*
23 *cost incurred by—*

24 “(A) *Service Units; or*

1 “(B) whenever otherwise authorized by the
2 Service, non-Service facilities or providers;

3 “(4) establish a procedure for payment from
4 CHEF in cases in which the exigencies of the medical
5 circumstances warrant treatment prior to the author-
6 ization of such treatment by the Service; and

7 “(5) establish a procedure that will ensure that
8 no payment shall be made from CHEF to any pro-
9 vider of treatment to the extent that such provider is
10 eligible to receive payment for the treatment from any
11 other Federal, State, local, or private source of reim-
12 bursement for which the patient is eligible.

13 “(e) NO OFFSET OR LIMITATION.—Amounts appro-
14 priated to CHEF under this section shall not be used to
15 offset or limit appropriations made to the Service under
16 the authority of the Act of November 2, 1921 (25 U.S.C.
17 13) (commonly known as the ‘Snyder Act’), or any other
18 law.

19 “(f) DEPOSIT OF REIMBURSEMENT FUNDS.—There
20 shall be deposited into CHEF all reimbursements to which
21 the Service is entitled from any Federal, State, local, or
22 private source (including third party insurance) by reason
23 of treatment rendered to any victim of a disaster or cata-
24 strophic illness the cost of which was paid from CHEF.

1 **“SEC. 203. HEALTH PROMOTION AND DISEASE PREVENTION**
2 **SERVICES.**

3 “(a) *FINDINGS.*—Congress finds that health promotion
4 and disease prevention activities—

5 “(1) *improve the health and well-being of Indi-*
6 *ans; and*

7 “(2) *reduce the expenses for health care of Indi-*
8 *ans.*

9 “(b) *PROVISION OF SERVICES.*—The Secretary, acting
10 through the Service and Tribal Health Programs, shall pro-
11 vide health promotion and disease prevention services to In-
12 dians to achieve the health status objectives set forth in sec-
13 tion 3(2).

14 “(c) *EVALUATION.*—The Secretary, after obtaining
15 input from the affected Tribal Health Programs, shall sub-
16 mit to the President for inclusion in the report which is
17 required to be submitted to Congress under section 801 an
18 evaluation of—

19 “(1) *the health promotion and disease prevention*
20 *needs of Indians;*

21 “(2) *the health promotion and disease prevention*
22 *activities which would best meet such needs;*

23 “(3) *the internal capacity of the Service and*
24 *Tribal Health Programs to meet such needs; and*

25 “(4) *the resources which would be required to en-*
26 *able the Service and Tribal Health Programs to un-*

1 ducted by a Tribal Health Program and may be conducted
2 through appropriate Internet-based health care manage-
3 ment programs.

4 “(c) *DIABETES PROJECTS.*—The Secretary shall con-
5 tinue to maintain each model diabetes project in existence
6 on the date of enactment of the Indian Health Care Im-
7 provement Act Amendments of 2007, any such other diabe-
8 tes programs operated by the Service or Tribal Health Pro-
9 grams, and any additional diabetes projects, such as the
10 Medical Vanguard program provided for in title IV of Pub-
11 lic Law 108–87, as implemented to serve Indian Tribes.
12 Tribal Health Programs shall receive recurring funding for
13 the diabetes projects that they operate pursuant to this sec-
14 tion, both at the date of enactment of the Indian Health
15 Care Improvement Act Amendments of 2007 and for
16 projects which are added and funded thereafter.

17 “(d) *DIALYSIS PROGRAMS.*—The Secretary is author-
18 ized to provide, through the Service, Indian Tribes, and
19 Tribal Organizations, dialysis programs, including the
20 purchase of dialysis equipment and the provision of nec-
21 essary staffing.

22 “(e) *OTHER DUTIES OF THE SECRETARY.*—

23 “(1) *IN GENERAL.*—The Secretary shall, to the
24 extent funding is available—

1 “(A) in each Area Office, consult with In-
2 dian Tribes and Tribal Organizations regarding
3 programs for the prevention, treatment, and con-
4 trol of diabetes;

5 “(B) establish in each Area Office a registry
6 of patients with diabetes to track the incidence
7 of diabetes and the complications from diabetes
8 in that area; and

9 “(C) ensure that data collected in each Area
10 Office regarding diabetes and related complica-
11 tions among Indians are disseminated to all
12 other Area Offices, subject to applicable patient
13 privacy laws.

14 “(2) *DIABETES CONTROL OFFICERS.*—

15 “(A) *IN GENERAL.*—The Secretary may es-
16 tablish and maintain in each Area Office a posi-
17 tion of diabetes control officer to coordinate and
18 manage any activity of that Area Office relating
19 to the prevention, treatment, or control of diabe-
20 tes to assist the Secretary in carrying out a pro-
21 gram under this section or section 330C of the
22 Public Health Service Act (42 U.S.C. 254c-3).

23 “(B) *CERTAIN ACTIVITIES.*—Any activity
24 carried out by a diabetes control officer under
25 subparagraph (A) that is the subject of a con-

1 *tract or compact under the Indian Self-Deter-*
2 *mination and Education Assistance Act (25*
3 *U.S.C. 450 et seq.), and any funds made avail-*
4 *able to carry out such an activity, shall not be*
5 *divisible for purposes of that Act.*

6 **“SEC. 205. SHARED SERVICES FOR LONG-TERM CARE.**

7 “(a) *LONG-TERM CARE.*—*Notwithstanding any other*
8 *provision of law, the Secretary, acting through the Service,*
9 *is authorized to provide directly, or enter into contracts or*
10 *compacts under the Indian Self-Determination and Edu-*
11 *cation Assistance Act (25 U.S.C. 450 et seq.) with Indian*
12 *Tribes or Tribal Organizations for, the delivery of long-term*
13 *care (including health care services associated with long-*
14 *term care) provided in a facility to Indians. Such agree-*
15 *ments shall provide for the sharing of staff or other services*
16 *between the Service or a Tribal Health Program and a long-*
17 *term care or related facility owned and operated (directly*
18 *or through a contract or compact under the Indian Self-*
19 *Determination and Education Assistance Act (25 U.S.C.*
20 *450 et seq.)) by such Indian Tribe or Tribal Organization.*

21 “(b) *CONTENTS OF AGREEMENTS.*—*An agreement en-*
22 *tered into pursuant to subsection (a)—*

23 “(1) *may, at the request of the Indian Tribe or*
24 *Tribal Organization, delegate to such Indian Tribe or*
25 *Tribal Organization such powers of supervision and*

1 *control over Service employees as the Secretary deems*
2 *necessary to carry out the purposes of this section;*

3 “(2) shall provide that expenses (including sala-
4 *ries) relating to services that are shared between the*
5 *Service and the Tribal Health Program be allocated*
6 *proportionately between the Service and the Indian*
7 *Tribe or Tribal Organization; and*

8 “(3) may authorize such Indian Tribe or Tribal
9 *Organization to construct, renovate, or expand a*
10 *long-term care or other similar facility (including the*
11 *construction of a facility attached to a Service facil-*
12 *ity).*

13 “(c) *MINIMUM REQUIREMENT.*—*Any nursing facility*
14 *provided for under this section shall meet the requirements*
15 *for nursing facilities under section 1919 of the Social Secu-*
16 *riety Act.*

17 “(d) *OTHER ASSISTANCE.*—*The Secretary shall pro-*
18 *vide such technical and other assistance as may be nec-*
19 *essary to enable applicants to comply with the provisions*
20 *of this section.*

21 “(e) *USE OF EXISTING OR UNDERUSED FACILITIES.*—
22 *The Secretary shall encourage the use of existing facilities*
23 *that are underused or allow the use of swing beds for long-*
24 *term or similar care.*

1 **“SEC. 206. HEALTH SERVICES RESEARCH.**

2 “(a) *IN GENERAL.*—*The Secretary, acting through the*
3 *Service, shall make funding available for research to further*
4 *the performance of the health service responsibilities of In-*
5 *dian Health Programs.*

6 “(b) *COORDINATION OF RESOURCES AND ACTIVI-*
7 *TIES.*—*The Secretary shall also, to the maximum extent*
8 *practicable, coordinate departmental research resources and*
9 *activities to address relevant Indian Health Program re-*
10 *search needs.*

11 “(c) *AVAILABILITY.*—*Tribal Health Programs shall be*
12 *given an equal opportunity to compete for, and receive, re-*
13 *search funds under this section.*

14 “(d) *USE OF FUNDS.*—*This funding may be used for*
15 *both clinical and nonclinical research.*

16 “(e) *EVALUATION AND DISSEMINATION.*—*The Sec-*
17 *retary shall periodically—*

18 “(1) *evaluate the impact of research conducted*
19 *under this section; and*

20 “(2) *disseminate to Tribal Health Programs in-*
21 *formation regarding that research as the Secretary*
22 *determines to be appropriate.*

23 **“SEC. 207. MAMMOGRAPHY AND OTHER CANCER SCREEN-**
24 **ING.**

25 “*The Secretary, acting through the Service or Tribal*
26 *Health Programs, shall provide for screening as follows:*

1 “(1) Screening mammography (as defined in sec-
2 tion 1861(jj) of the Social Security Act) for Indian
3 women at a frequency appropriate to such women
4 under accepted and appropriate national standards,
5 and under such terms and conditions as are con-
6 sistent with standards established by the Secretary to
7 ensure the safety and accuracy of screening mammog-
8 raphy under part B of title XVIII of such Act.

9 “(2) Other cancer screening that receives an A or
10 B rating as recommended by the United States Pre-
11 ventive Services Task Force established under section
12 915(a)(1) of the Public Health Service Act (42 U.S.C.
13 299b-4(a)(1)). The Secretary shall ensure that screen-
14 ing provided for under this paragraph complies with
15 the recommendations of the Task Force with respect
16 to—

17 “(A) frequency;

18 “(B) the population to be served;

19 “(C) the procedure or technology to be used;

20 “(D) evidence of effectiveness; and

21 “(E) other matters that the Secretary deter-
22 mines appropriate.

23 **“SEC. 208. PATIENT TRAVEL COSTS.**

24 “(a) **DEFINITION OF QUALIFIED ESCORT.**—In this sec-
25 tion, the term ‘qualified escort’ means—

1 “(1) *an adult escort (including a parent, guard-*
2 *ian, or other family member) who is required because*
3 *of the physical or mental condition, or age, of the ap-*
4 *plicable patient;*

5 “(2) *a health professional for the purpose of pro-*
6 *viding necessary medical care during travel by the*
7 *applicable patient; or*

8 “(3) *other escorts, as the Secretary or applicable*
9 *Indian Health Program determines to be appropriate.*

10 “(b) *PROVISION OF FUNDS.—The Secretary, acting*
11 *through the Service and Tribal Health Programs, is author-*
12 *ized to provide funds for the following patient travel costs,*
13 *including qualified escorts, associated with receiving health*
14 *care services provided (either through direct or contract care*
15 *or through a contract or compact under the Indian Self-*
16 *Determination and Education Assistance Act (25 U.S.C.*
17 *450 et seq.)) under this Act—*

18 “(1) *emergency air transportation and non-*
19 *emergency air transportation where ground transpor-*
20 *tation is infeasible;*

21 “(2) *transportation by private vehicle (where no*
22 *other means of transportation is available), specially*
23 *equipped vehicle, and ambulance; and*

1 “(3) transportation by such other means as may
2 be available and required when air or motor vehicle
3 transportation is not available.

4 **“SEC. 209. EPIDEMIOLOGY CENTERS.**

5 “(a) *ESTABLISHMENT OF CENTERS.*—The Secretary
6 shall establish an epidemiology center in each Service Area
7 to carry out the functions described in subsection (b). Any
8 new center established after the date of the enactment of
9 the Indian Health Care Improvement Act Amendments of
10 2007 may be operated under a grant authorized by sub-
11 section (d), but funding under such a grant shall not be
12 divisible.

13 “(b) *FUNCTIONS OF CENTERS.*—In consultation with
14 and upon the request of Indian Tribes, Tribal Organiza-
15 tions, and Urban Indian Organizations, each Service Area
16 epidemiology center established under this subsection shall,
17 with respect to such Service Area—

18 “(1) collect data relating to, and monitor
19 progress made toward meeting, each of the health sta-
20 tus objectives of the Service, the Indian Tribes, Tribal
21 Organizations, and Urban Indian Organizations in
22 the Service Area;

23 “(2) evaluate existing delivery systems, data sys-
24 tems, and other systems that impact the improvement
25 of Indian health;

1 “(3) assist Indian Tribes, Tribal Organizations,
2 and Urban Indian Organizations in identifying their
3 highest priority health status objectives and the serv-
4 ices needed to achieve such objectives, based on epide-
5 miological data;

6 “(4) make recommendations for the targeting of
7 services needed by the populations served;

8 “(5) make recommendations to improve health
9 care delivery systems for Indians and Urban Indians;

10 “(6) provide requested technical assistance to In-
11 dian Tribes, Tribal Organizations, and Urban Indian
12 Organizations in the development of local health serv-
13 ice priorities and incidence and prevalence rates of
14 disease and other illness in the community; and

15 “(7) provide disease surveillance and assist In-
16 dian Tribes, Tribal Organizations, and Urban Indian
17 Organizations to promote public health.

18 “(c) TECHNICAL ASSISTANCE.—The Director of the
19 Centers for Disease Control and Prevention shall provide
20 technical assistance to the centers in carrying out the re-
21 quirements of this subsection.

22 “(d) GRANTS FOR STUDIES.—

23 “(1) IN GENERAL.—The Secretary may make
24 grants to Indian Tribes, Tribal Organizations, Urban
25 Indian Organizations, and eligible intertribal con-

1 *sortia to conduct epidemiological studies of Indian*
2 *communities.*

3 “(2) *ELIGIBLE INTERTRIBAL CONSORTIA.*—*An*
4 *intertribal consortium is eligible to receive a grant*
5 *under this subsection if—*

6 “(A) *the intertribal consortium is incor-*
7 *porated for the primary purpose of improving*
8 *Indian health; and*

9 “(B) *the intertribal consortium is represent-*
10 *ative of the Indian Tribes or urban Indian com-*
11 *munities in which the intertribal consortium is*
12 *located.*

13 “(3) *APPLICATIONS.*—*An application for a grant*
14 *under this subsection shall be submitted in such man-*
15 *ner and at such time as the Secretary shall prescribe.*

16 “(4) *REQUIREMENTS.*—*An applicant for a grant*
17 *under this subsection shall—*

18 “(A) *demonstrate the technical, administra-*
19 *tive, and financial expertise necessary to carry*
20 *out the functions described in paragraph (5);*

21 “(B) *consult and cooperate with providers*
22 *of related health and social services in order to*
23 *avoid duplication of existing services; and*

1 “(C) demonstrate cooperation from Indian
2 tribes or Urban Indian Organizations in the
3 area to be served.

4 “(5) *USE OF FUNDS.*—A grant awarded under
5 paragraph (1) may be used—

6 “(A) to carry out the functions described in
7 subsection (b);

8 “(B) to provide information to and consult
9 with tribal leaders, urban Indian community
10 leaders, and related health staff on health care
11 and health service management issues; and

12 “(C) in collaboration with Indian Tribes,
13 Tribal Organizations, and urban Indian com-
14 munities, to provide the Service with informa-
15 tion regarding ways to improve the health status
16 of Indians.

17 “(e) *ACCESS TO INFORMATION.*—An epidemiology cen-
18 ter operated by a grantee pursuant to a grant awarded
19 under subsection (d) shall be treated as a public health au-
20 thority for purposes of the Health Insurance Portability
21 and Accountability Act of 1996 (Public Law 104–191; 110
22 Stat. 2033), as such entities are defined in part 164.501
23 of title 45, Code of Federal Regulations (or a successor regu-
24 lation). The Secretary shall grant such grantees access to
25 and use of data, data sets, monitoring systems, delivery sys-

1 *tems, and other protected health information in the posses-*
2 *sion of the Secretary.*

3 **“SEC. 210. COMPREHENSIVE SCHOOL HEALTH EDUCATION**
4 **PROGRAMS.**

5 *“(a) FUNDING FOR DEVELOPMENT OF PROGRAMS.—*
6 *In addition to carrying out any other program for health*
7 *promotion or disease prevention, the Secretary, acting*
8 *through the Service, is authorized to award grants to In-*
9 *dian Tribes, Tribal Organizations, and Urban Indian Or-*
10 *ganizations to develop comprehensive school health edu-*
11 *cation programs for children from pre-school through grade*
12 *12 in schools for the benefit of Indian and Urban Indian*
13 *children.*

14 *“(b) USE OF GRANT FUNDS.—A grant awarded under*
15 *this section may be used for purposes which may include,*
16 *but are not limited to, the following:*

17 *“(1) Developing health education materials both*
18 *for regular school programs and afterschool programs.*

19 *“(2) Training teachers in comprehensive school*
20 *health education materials.*

21 *“(3) Integrating school-based, community-based,*
22 *and other public and private health promotion efforts.*

23 *“(4) Encouraging healthy, tobacco-free school en-*
24 *vironments.*

1 “(5) *Coordinating school-based health programs*
2 *with existing services and programs available in the*
3 *community.*

4 “(6) *Developing school programs on nutrition*
5 *education, personal health, oral health, and fitness.*

6 “(7) *Developing behavioral health wellness pro-*
7 *grams.*

8 “(8) *Developing chronic disease prevention pro-*
9 *grams.*

10 “(9) *Developing substance abuse prevention pro-*
11 *grams.*

12 “(10) *Developing injury prevention and safety*
13 *education programs.*

14 “(11) *Developing activities for the prevention*
15 *and control of communicable diseases.*

16 “(12) *Developing community and environmental*
17 *health education programs that include traditional*
18 *health care practitioners.*

19 “(13) *Violence prevention.*

20 “(14) *Such other health issues as are appro-*
21 *priate.*

22 “(c) *TECHNICAL ASSISTANCE.*—*Upon request, the Sec-*
23 *retary, acting through the Service, shall provide technical*
24 *assistance to Indian Tribes, Tribal Organizations, and*
25 *Urban Indian Organizations in the development of com-*

1 *prehensive health education plans and the dissemination of*
2 *comprehensive health education materials and information*
3 *on existing health programs and resources.*

4 “(d) *CRITERIA FOR REVIEW AND APPROVAL OF APPLI-*
5 *CATIONS.—The Secretary, acting through the Service, and*
6 *in consultation with Indian Tribes, Tribal Organizations,*
7 *and Urban Indian Organizations, shall establish criteria*
8 *for the review and approval of applications for grants*
9 *awarded under this section.*

10 “(e) *DEVELOPMENT OF PROGRAM FOR BIA-FUNDED*
11 *SCHOOLS.—*

12 “(1) *IN GENERAL.—The Secretary of the Inte-*
13 *rior, acting through the Bureau of Indian Affairs and*
14 *in cooperation with the Secretary, acting through the*
15 *Service, and affected Indian Tribes and Tribal Orga-*
16 *nizations, shall develop a comprehensive school health*
17 *education program for children from preschool*
18 *through grade 12 in schools for which support is pro-*
19 *vided by the Bureau of Indian Affairs.*

20 “(2) *REQUIREMENTS FOR PROGRAMS.—Such*
21 *programs shall include—*

22 “(A) *school programs on nutrition edu-*
23 *cation, personal health, oral health, and fitness;*

24 “(B) *behavioral health wellness programs;*

25 “(C) *chronic disease prevention programs;*

1 “(D) substance abuse prevention programs;

2 “(E) injury prevention and safety education

3 programs; and

4 “(F) activities for the prevention and con-
5 trol of communicable diseases.

6 “(3) DUTIES OF THE SECRETARY.—The Sec-
7 retary of the Interior shall—

8 “(A) provide training to teachers in com-
9 prehensive school health education materials;

10 “(B) ensure the integration and coordina-
11 tion of school-based programs with existing serv-
12 ices and health programs available in the com-
13 munity; and

14 “(C) encourage healthy, tobacco-free school
15 environments.

16 **“SEC. 211. INDIAN YOUTH PROGRAM.**

17 “(a) PROGRAM AUTHORIZED.—The Secretary, acting
18 through the Service, is authorized to establish and admin-
19 ister a program to provide grants to Indian Tribes, Tribal
20 Organizations, and Urban Indian Organizations for inno-
21 vative mental and physical disease prevention and health
22 promotion and treatment programs for Indian and Urban
23 Indian preadolescent and adolescent youths.

24 “(b) USE OF FUNDS.—

1 “(1) *ALLOWABLE USES.*—*Funds made available*
2 *under this section may be used to—*

3 “(A) *develop prevention and treatment pro-*
4 *grams for Indian youth which promote mental*
5 *and physical health and incorporate cultural*
6 *values, community and family involvement, and*
7 *traditional health care practitioners; and*

8 “(B) *develop and provide community train-*
9 *ing and education.*

10 “(2) *PROHIBITED USE.*—*Funds made available*
11 *under this section may not be used to provide services*
12 *described in section 707(c).*

13 “(c) *DUTIES OF THE SECRETARY.*—*The Secretary*
14 *shall—*

15 “(1) *disseminate to Indian Tribes, Tribal Orga-*
16 *nizations, and Urban Indian Organizations informa-*
17 *tion regarding models for the delivery of comprehen-*
18 *sive health care services to Indian and Urban Indian*
19 *adolescents;*

20 “(2) *encourage the implementation of such mod-*
21 *els; and*

22 “(3) *at the request of an Indian Tribe, Tribal*
23 *Organization, or Urban Indian Organization, provide*
24 *technical assistance in the implementation of such*
25 *models.*

1 “(d) *CRITERIA FOR REVIEW AND APPROVAL OF APPLI-*
2 *CATIONS.—The Secretary, in consultation with Indian*
3 *Tribes, Tribal Organizations, and Urban Indian Organiza-*
4 *tions, shall establish criteria for the review and approval*
5 *of applications or proposals under this section.*

6 “**SEC. 212. PREVENTION, CONTROL, AND ELIMINATION OF**
7 **COMMUNICABLE AND INFECTIOUS DISEASES.**

8 “(a) *GRANTS AUTHORIZED.—The Secretary, acting*
9 *through the Service, and after consultation with the Centers*
10 *for Disease Control and Prevention, may make grants*
11 *available to Indian Tribes, Tribal Organizations, and*
12 *Urban Indian Organizations for the following:*

13 “(1) *Projects for the prevention, control, and*
14 *elimination of communicable and infectious diseases,*
15 *including tuberculosis, hepatitis, HIV, respiratory*
16 *syncytial virus, hanta virus, sexually transmitted dis-*
17 *eases, and H. Pylori.*

18 “(2) *Public information and education programs*
19 *for the prevention, control, and elimination of com-*
20 *municable and infectious diseases.*

21 “(3) *Education, training, and clinical skills im-*
22 *provement activities in the prevention, control, and*
23 *elimination of communicable and infectious diseases*
24 *for health professionals, including allied health profes-*
25 *sionals.*

1 “(4) *Demonstration projects for the screening,*
2 *treatment, and prevention of hepatitis C virus (HCV).*

3 “(b) *APPLICATION REQUIRED.—The Secretary may*
4 *provide funding under subsection (a) only if an application*
5 *or proposal for funding is submitted to the Secretary.*

6 “(c) *COORDINATION WITH HEALTH AGENCIES.—In-*
7 *dian Tribes, Tribal Organizations, and Urban Indian Or-*
8 *ganizations receiving funding under this section are encour-*
9 *aged to coordinate their activities with the Centers for Dis-*
10 *ease Control and Prevention and State and local health*
11 *agencies.*

12 “(d) *TECHNICAL ASSISTANCE; REPORT.—In carrying*
13 *out this section, the Secretary—*

14 “(1) *may, at the request of an Indian Tribe,*
15 *Tribal Organization, or Urban Indian Organization,*
16 *provide technical assistance; and*

17 “(2) *shall prepare and submit a report to Con-*
18 *gress biennially on the use of funds under this section*
19 *and on the progress made toward the prevention, con-*
20 *trol, and elimination of communicable and infectious*
21 *diseases among Indians and Urban Indians.*

22 **“SEC. 213. AUTHORITY FOR PROVISION OF OTHER SERV-**
23 **ICES.**

24 “(a) *FUNDING AUTHORIZED.—The Secretary, acting*
25 *through the Service, Indian Tribes, and Tribal Organiza-*

1 *tions, may provide funding under this Act to meet the objec-*
2 *tives set forth in section 3 through health care-related serv-*
3 *ices and programs not otherwise described in this Act, in-*
4 *cluding—*

5 “(1) *hospice care;*

6 “(2) *assisted living;*

7 “(3) *long-term care; and*

8 “(4) *home- and community-based services.*

9 “(b) *TERMS AND CONDITIONS.—*

10 “(1) *IN GENERAL.—Any service provided under*
11 *this section shall be in accordance with such terms*
12 *and conditions as are consistent with accepted and*
13 *appropriate standards relating to the service, includ-*
14 *ing any licensing term or condition under this Act.*

15 “(2) *STANDARDS.—*

16 “(A) *IN GENERAL.—The Secretary may es-*
17 *tablish, by regulation, the standards for a service*
18 *provided under this section, provided that such*
19 *standards shall not be more stringent than the*
20 *standards required by the State in which the*
21 *service is provided.*

22 “(B) *USE OF STATE STANDARDS.—If the*
23 *Secretary does not, by regulation, establish*
24 *standards for a service provided under this sec-*
25 *tion, the standards required by the State in*

1 *which the service is or will be provided shall*
2 *apply to such service.*

3 “(C) *INDIAN TRIBES.*—*If a service under*
4 *this section is provided by an Indian Tribe or*
5 *Tribal Organization pursuant to the Indian*
6 *Self-Determination and Education Assistance*
7 *Act (25 U.S.C. 450 et seq.), the verification by*
8 *the Secretary that the service meets any stand-*
9 *ards required by the State in which the service*
10 *is or will be provided shall be considered to meet*
11 *the terms and conditions required under this*
12 *subsection.*

13 “(3) *ELIGIBILITY.*—*The following individuals*
14 *shall be eligible to receive long-term care under this*
15 *section:*

16 “(A) *Individuals who are unable to perform*
17 *a certain number of activities of daily living*
18 *without assistance.*

19 “(B) *Individuals with a mental impair-*
20 *ment, such as dementia, Alzheimer’s disease, or*
21 *another disabling mental illness, who may be*
22 *able to perform activities of daily living under*
23 *supervision.*

1 “(C) *Such other individuals as an applica-*
2 *ble Indian Health Program determines to be ap-*
3 *propriate.*

4 “(c) *DEFINITIONS.—For the purposes of this section,*
5 *the following definitions shall apply:*

6 “(1) *The term ‘home- and community-based serv-*
7 *ices’ means 1 or more of the services specified in*
8 *paragraphs (1) through (9) of section 1929(a) of the*
9 *Social Security Act (42 U.S.C. 1396t(a)) (whether*
10 *provided by the Service or by an Indian Tribe or*
11 *Tribal Organization pursuant to the Indian Self-De-*
12 *termination and Education Assistance Act (25 U.S.C.*
13 *450 et seq.)) that are or will be provided in accord-*
14 *ance with the standards described in subsection (b).*

15 “(2) *The term ‘hospice care’ means the items and*
16 *services specified in subparagraphs (A) through (H)*
17 *of section 1861(dd)(1) of the Social Security Act (42*
18 *U.S.C. 1395x(dd)(1)), and such other services which*
19 *an Indian Tribe or Tribal Organization determines*
20 *are necessary and appropriate to provide in further-*
21 *ance of this care.*

22 **“SEC. 214. INDIAN WOMEN’S HEALTH CARE.**

23 *“The Secretary, acting through the Service and Indian*
24 *Tribes, Tribal Organizations, and Urban Indian Organiza-*
25 *tions, shall monitor and improve the quality of health care*

1 *for Indian women of all ages through the planning and de-*
2 *livery of programs administered by the Service, in order*
3 *to improve and enhance the treatment models of care for*
4 *Indian women.*

5 **“SEC. 215. ENVIRONMENTAL AND NUCLEAR HEALTH HAZ-**
6 **ARDS.**

7 “(a) *STUDIES AND MONITORING.*—*The Secretary and*
8 *the Service shall conduct, in conjunction with other appro-*
9 *priate Federal agencies and in consultation with concerned*
10 *Indian Tribes and Tribal Organizations, studies and ongo-*
11 *ing monitoring programs to determine trends in the health*
12 *hazards to Indian miners and to Indians on or near res-*
13 *ervations and Indian communities as a result of environ-*
14 *mental hazards which may result in chronic or life threat-*
15 *ening health problems, such as nuclear resource develop-*
16 *ment, petroleum contamination, and contamination of*
17 *water source and of the food chain. Such studies shall in-*
18 *clude—*

19 “(1) *an evaluation of the nature and extent of*
20 *health problems caused by environmental hazards cur-*
21 *rently exhibited among Indians and the causes of such*
22 *health problems;*

23 “(2) *an analysis of the potential effect of ongoing*
24 *and future environmental resource development on or*

1 *near reservations and Indian communities, including*
2 *the cumulative effect over time on health;*

3 “(3) *an evaluation of the types and nature of ac-*
4 *tivities, practices, and conditions causing or affecting*
5 *such health problems, including uranium mining and*
6 *milling, uranium mine tailing deposits, nuclear*
7 *power plant operation and construction, and nuclear*
8 *waste disposal; oil and gas production or transpor-*
9 *tation on or near reservations or Indian commu-*
10 *nities; and other development that could affect the*
11 *health of Indians and their water supply and food*
12 *chain;*

13 “(4) *a summary of any findings and rec-*
14 *ommendations provided in Federal and State studies,*
15 *reports, investigations, and inspections during the 5*
16 *years prior to the date of enactment of the Indian*
17 *Health Care Improvement Act Amendments of 2007*
18 *that directly or indirectly relate to the activities,*
19 *practices, and conditions affecting the health or safety*
20 *of such Indians; and*

21 “(5) *the efforts that have been made by Federal*
22 *and State agencies and resource and economic devel-*
23 *opment companies to effectively carry out an edu-*
24 *cation program for such Indians regarding the health*
25 *and safety hazards of such development.*

1 “(b) *HEALTH CARE PLANS.*—Upon completion of such
2 *studies, the Secretary and the Service shall take into ac-*
3 *count the results of such studies and develop health care*
4 *plans to address the health problems studied under sub-*
5 *section (a). The plans shall include—*

6 “(1) *methods for diagnosing and treating Indi-*
7 *ans currently exhibiting such health problems;*

8 “(2) *preventive care and testing for Indians who*
9 *may be exposed to such health hazards, including the*
10 *monitoring of the health of individuals who have or*
11 *may have been exposed to excessive amounts of radi-*
12 *ation or affected by other activities that have had or*
13 *could have a serious impact upon the health of such*
14 *individuals; and*

15 “(3) *a program of education for Indians who, by*
16 *reason of their work or geographic proximity to such*
17 *nuclear or other development activities, may experi-*
18 *ence health problems.*

19 “(c) *SUBMISSION OF REPORT AND PLAN TO CON-*
20 *GRESS.*—*The Secretary and the Service shall submit to*
21 *Congress the study prepared under subsection (a) no later*
22 *than 18 months after the date of enactment of the Indian*
23 *Health Care Improvement Act Amendments of 2007. The*
24 *health care plan prepared under subsection (b) shall be sub-*
25 *mitted in a report no later than 1 year after the study pre-*

1 *pared under subsection (a) is submitted to Congress. Such*
2 *report shall include recommended activities for the imple-*
3 *mentation of the plan, as well as an evaluation of any ac-*
4 *tivities previously undertaken by the Service to address such*
5 *health problems.*

6 “(d) *INTERGOVERNMENTAL TASK FORCE.*—

7 “(1) *ESTABLISHMENT; MEMBERS.*—*There is es-*
8 *tablished an Intergovernmental Task Force to be com-*
9 *posed of the following individuals (or their designees):*

10 “(A) *The Secretary of Energy.*

11 “(B) *The Secretary of the Environmental*
12 *Protection Agency.*

13 “(C) *The Director of the Bureau of Mines.*

14 “(D) *The Assistant Secretary for Occupa-*
15 *tional Safety and Health.*

16 “(E) *The Secretary of the Interior.*

17 “(F) *The Secretary of Health and Human*
18 *Services.*

19 “(G) *The Director of the Indian Health*
20 *Service.*

21 “(2) *DUTIES.*—*The Task Force shall—*

22 “(A) *identify existing and potential oper-*
23 *ations related to nuclear resource development or*
24 *other environmental hazards that affect or may*

1 *affect the health of Indians on or near a reserva-*
2 *tion or in an Indian community; and*

3 “(B) *enter into activities to correct existing*
4 *health hazards and ensure that current and fu-*
5 *ture health problems resulting from nuclear re-*
6 *source or other development activities are mini-*
7 *mized or reduced.*

8 “(3) *CHAIRMAN; MEETINGS.—The Secretary of*
9 *Health and Human Services shall be the Chairman*
10 *of the Task Force. The Task Force shall meet at least*
11 *twice each year.*

12 “(e) *HEALTH SERVICES TO CERTAIN EMPLOYEES.—*
13 *In the case of any Indian who—*

14 “(1) *as a result of employment in or near a ura-*
15 *nium mine or mill or near any other environmental*
16 *hazard, suffers from a work-related illness or condi-*
17 *tion;*

18 “(2) *is eligible to receive diagnosis and treatment*
19 *services from an Indian Health Program; and*

20 “(3) *by reason of such Indian’s employment, is*
21 *entitled to medical care at the expense of such mine*
22 *or mill operator or entity responsible for the environ-*
23 *mental hazard, the Indian Health Program shall, at*
24 *the request of such Indian, render appropriate med-*
25 *ical care to such Indian for such illness or condition*

1 **“SEC. 217. NORTH DAKOTA AND SOUTH DAKOTA AS CON-**
2 **TRACT HEALTH SERVICE DELIVERY AREA.**

3 “(a) *IN GENERAL.*—Beginning in fiscal year 2003, the
4 *States of North Dakota and South Dakota shall be des-*
5 *ignated as a contract health service delivery area by the*
6 *Service for the purpose of providing contract health care*
7 *services to members of federally recognized Indian Tribes*
8 *of North Dakota and South Dakota.*

9 “(b) *LIMITATION.*—The Service shall not curtail any
10 *health care services provided to Indians residing on any*
11 *reservation, or in any county that has a common boundary*
12 *with any reservation, in the State of North Dakota or South*
13 *Dakota if such curtailment is due to the provision of con-*
14 *tract services in such States pursuant to the designation*
15 *of such States as a contract health service delivery area pur-*
16 *suant to subsection (a).*

17 **“SEC. 218. CALIFORNIA CONTRACT HEALTH SERVICES PRO-**
18 **GRAM.**

19 “(a) *FUNDING AUTHORIZED.*—The Secretary is au-
20 *thorized to fund a program using the California Rural In-*
21 *dian Health Board (hereafter in this section referred to as*
22 *the ‘CRIHB’) as a contract care intermediary to improve*
23 *the accessibility of health services to California Indians.*

24 “(b) *REIMBURSEMENT CONTRACT.*—The Secretary
25 *shall enter into an agreement with the CRIHB to reimburse*
26 *the CRIHB for costs (including reasonable administrative*

1 costs) incurred pursuant to this section, in providing med-
2 ical treatment under contract to California Indians de-
3 scribed in section 806(a) throughout the California contract
4 health services delivery area described in section 218 with
5 respect to high cost contract care cases.

6 “(c) *ADMINISTRATIVE EXPENSES.*—Not more than 5
7 percent of the amounts provided to the CRIHB under this
8 section for any fiscal year may be for reimbursement for
9 administrative expenses incurred by the CRIHB during
10 such fiscal year.

11 “(d) *LIMITATION ON PAYMENT.*—No payment may be
12 made for treatment provided hereunder to the extent pay-
13 ment may be made for such treatment under the Indian
14 Catastrophic Health Emergency Fund described in section
15 202 or from amounts appropriated or otherwise made
16 available to the California contract health service delivery
17 area for a fiscal year.

18 “(e) *ADVISORY BOARD.*—There is established an advi-
19 sory board which shall advise the CRIHB in carrying out
20 this section. The advisory board shall be composed of rep-
21 resentatives, selected by the CRIHB, from not less than 8
22 Tribal Health Programs serving California Indians covered
23 under this section at least $\frac{1}{2}$ of whom of whom are not
24 affiliated with the CRIHB.

1 **“SEC. 219. CALIFORNIA AS A CONTRACT HEALTH SERVICE**
2 **DELIVERY AREA.**

3 *“The State of California, excluding the counties of Ala-*
4 *meda, Contra Costa, Los Angeles, Marin, Orange, Sac-*
5 *ramento, San Francisco, San Mateo, Santa Clara, Kern,*
6 *Merced, Monterey, Napa, San Benito, San Joaquin, San*
7 *Luis Obispo, Santa Cruz, Solano, Stanislaus, and Ventura,*
8 *shall be designated as a contract health service delivery area*
9 *by the Service for the purpose of providing contract health*
10 *services to California Indians. However, any of the counties*
11 *listed herein may only be included in the contract health*
12 *services delivery area if funding is specifically provided by*
13 *the Service for such services in those counties.*

14 **“SEC. 220. CONTRACT HEALTH SERVICES FOR THE TREN-**
15 **TON SERVICE AREA.**

16 *“(a) AUTHORIZATION FOR SERVICES.—The Secretary,*
17 *acting through the Service, is directed to provide contract*
18 *health services to members of the Turtle Mountain Band*
19 *of Chippewa Indians that reside in the Trenton Service*
20 *Area of Divide, McKenzie, and Williams counties in the*
21 *State of North Dakota and the adjoining counties of Rich-*
22 *land, Roosevelt, and Sheridan in the State of Montana.*

23 *“(b) NO EXPANSION OF ELIGIBILITY.—Nothing in this*
24 *section may be construed as expanding the eligibility of*
25 *members of the Turtle Mountain Band of Chippewa Indians*
26 *for health services provided by the Service beyond the scope*

1 *of eligibility for such health services that applied on May*
2 *1, 1986.*

3 **“SEC. 221. PROGRAMS OPERATED BY INDIAN TRIBES AND**
4 **TRIBAL ORGANIZATIONS.**

5 *“The Service shall provide funds for health care pro-*
6 *grams and facilities operated by Tribal Health Programs*
7 *on the same basis as such funds are provided to programs*
8 *and facilities operated directly by the Service.*

9 **“SEC. 222. LICENSING.**

10 *“Health care professionals employed by a Tribal*
11 *Health Program shall, if licensed in any State, be exempt*
12 *from the licensing requirements of the State in which the*
13 *Tribal Health Program performs the services described in*
14 *its contract or compact under the Indian Self-Determina-*
15 *tion and Education Assistance Act (25 U.S.C. 450 et seq.).*

16 **“SEC. 223. NOTIFICATION OF PROVISION OF EMERGENCY**
17 **CONTRACT HEALTH SERVICES.**

18 *“With respect to an elderly Indian or an Indian with*
19 *a disability receiving emergency medical care or services*
20 *from a non-Service provider or in a non-Service facility*
21 *under the authority of this Act, the time limitation (as a*
22 *condition of payment) for notifying the Service of such*
23 *treatment or admission shall be 30 days.*

1 **“SEC. 224. PROMPT ACTION ON PAYMENT OF CLAIMS.**

2 “(a) *DEADLINE FOR RESPONSE.*—*The Service shall re-*
3 *spond to a notification of a claim by a provider of a con-*
4 *tract care service with either an individual purchase order*
5 *or a denial of the claim within 5 working days after the*
6 *receipt of such notification.*

7 “(b) *EFFECT OF UNTIMELY RESPONSE.*—*If the Service*
8 *fails to respond to a notification of a claim in accordance*
9 *with subsection (a), the Service shall accept as valid the*
10 *claim submitted by the provider of a contract care service.*

11 “(c) *DEADLINE FOR PAYMENT OF VALID CLAIM.*—*The*
12 *Service shall pay a valid contract care service claim within*
13 *30 days after the completion of the claim.*

14 **“SEC. 225. LIABILITY FOR PAYMENT.**

15 “(a) *NO PATIENT LIABILITY.*—*A patient who receives*
16 *contract health care services that are authorized by the*
17 *Service shall not be liable for the payment of any charges*
18 *or costs associated with the provision of such services.*

19 “(b) *NOTIFICATION.*—*The Secretary shall notify a con-*
20 *tract care provider and any patient who receives contract*
21 *health care services authorized by the Service that such pa-*
22 *tient is not liable for the payment of any charges or costs*
23 *associated with the provision of such services not later than*
24 *5 business days after receipt of a notification of a claim*
25 *by a provider of contract care services.*

1 “(c) *NO RECOURSE.*—*Following receipt of the notice*
2 *provided under subsection (b), or, if a claim has been*
3 *deemed accepted under section 223(b), the provider shall*
4 *have no further recourse against the patient who received*
5 *the services.*

6 “**SEC. 226. OFFICE OF INDIAN MEN’S HEALTH.**

7 “(a) *ESTABLISHMENT.*—*The Secretary may establish*
8 *within the Service an office to be known as the ‘Office of*
9 *Indian Men’s Health’ (referred to in this section as the ‘Of-*
10 *fice’).*

11 “(b) *DIRECTOR.*—

12 “(1) *IN GENERAL.*—*The Office shall be headed by*
13 *a director, to be appointed by the Secretary.*

14 “(2) *DUTIES.*—*The director shall coordinate and*
15 *promote the status of the health of Indian men in the*
16 *United States.*

17 “(c) *REPORT.*—*Not later than 2 years after the date*
18 *of enactment of the Indian Health Care Improvement Act*
19 *Amendments of 2007, the Secretary, acting through the di-*
20 *rector of the Office, shall submit to Congress a report de-*
21 *scribing—*

22 “(1) *any activity carried out by the director as*
23 *of the date on which the report is prepared; and*

24 “(2) *any finding of the director with respect to*
25 *the health of Indian men.*

1 **“SEC. 227. AUTHORIZATION OF APPROPRIATIONS.**

2 *“There are authorized to be appropriated such sums*
3 *as may be necessary for each fiscal year through fiscal year*
4 *2017 to carry out this title.*

5 **“TITLE III—FACILITIES**

6 **“SEC. 301. CONSULTATION; CONSTRUCTION AND RENOVA-**
7 **TION OF FACILITIES; REPORTS.**

8 *“(a) PREREQUISITES FOR EXPENDITURE OF*
9 *FUNDS.—Prior to the expenditure of, or the making of any*
10 *binding commitment to expend, any funds appropriated for*
11 *the planning, design, construction, or renovation of facili-*
12 *ties pursuant to the Act of November 2, 1921 (25 U.S.C.*
13 *13) (commonly known as the ‘Snyder Act’), the Secretary,*
14 *acting through the Service, shall—*

15 *“(1) consult with any Indian Tribe that would*
16 *be significantly affected by such expenditure for the*
17 *purpose of determining and, whenever practicable,*
18 *honoring tribal preferences concerning size, location,*
19 *type, and other characteristics of any facility on*
20 *which such expenditure is to be made; and*

21 *“(2) ensure, whenever practicable and applicable,*
22 *that such facility meets the construction standards of*
23 *any accrediting body recognized by the Secretary for*
24 *the purposes of the Medicare, Medicaid, and SCHIP*
25 *programs under titles XVIII, XIX, and XXI of the*
26 *Social Security Act by not later than 1 year after the*

1 *date on which the construction or renovation of such*
2 *facility is completed.*

3 “(b) *CLOSURES.*—

4 “(1) *EVALUATION REQUIRED.*—*Notwithstanding*
5 *any other provision of law, no facility operated by the*
6 *Service, or any portion of such facility, may be closed*
7 *if the Secretary has not submitted to Congress, not*
8 *less than 1 year and not more than 2 years before the*
9 *date of the proposed closure, an evaluation, completed*
10 *not more than 2 years before such submission, of the*
11 *impact of the proposed closure that specifies, in addi-*
12 *tion to other considerations—*

13 “(A) *the accessibility of alternative health*
14 *care resources for the population served by such*
15 *facility;*

16 “(B) *the cost-effectiveness of such closure;*

17 “(C) *the quality of health care to be pro-*
18 *vided to the population served by such facility*
19 *after such closure;*

20 “(D) *the availability of contract health care*
21 *funds to maintain existing levels of service;*

22 “(E) *the views of the Indian Tribes served*
23 *by such facility concerning such closure;*

24 “(F) *the level of use of such facility by all*
25 *eligible Indians; and*

1 “(G) *the distance between such facility and*
2 *the nearest operating Service hospital.*

3 “(2) *EXCEPTION FOR CERTAIN TEMPORARY CLOSURES.—Paragraph (1) shall not apply to any temporary closure of a facility or any portion of a facility if such closure is necessary for medical, environmental, or construction safety reasons.*

8 “(c) *HEALTH CARE FACILITY PRIORITY SYSTEM.—*

9 “(1) *IN GENERAL.—*

10 “(A) *PRIORITY SYSTEM.—The Secretary,*
11 *acting through the Service, shall maintain a*
12 *health care facility priority system, which—*

13 “(i) *shall be developed in consultation*
14 *with Indian Tribes and Tribal Organizations;*
15

16 “(ii) *shall give Indian Tribes’ needs*
17 *the highest priority;*

18 “(iii)(I) *may include the lists required*
19 *in paragraph (2)(B)(ii); and*

20 “(II) *shall include the methodology re-*
21 *quired in paragraph (2)(B)(v); and*

22 “(III) *may include such other facilities,*
23 *and such renovation or expansion*
24 *needs of any health care facility, as the*

1 *Service, Indian Tribes, and Tribal Organi-*
2 *zations may identify; and*

3 “(iv) shall provide an opportunity for
4 the nomination of planning, design, and
5 construction projects by the Service, Indian
6 Tribes, and Tribal Organizations for con-
7 sideration under the priority system at least
8 once every 3 years, or more frequently as
9 the Secretary determines to be appropriate.

10 “(B) *NEEDS OF FACILITIES UNDER ISDEAA*
11 *AGREEMENTS.*—*The Secretary shall ensure that*
12 *the planning, design, construction, renovation,*
13 *and expansion needs of Service and non-Service*
14 *facilities operated under contracts or compacts*
15 *in accordance with the Indian Self-Determina-*
16 *tion and Education Assistance Act (25 U.S.C.*
17 *450 et seq.) are fully and equitably integrated*
18 *into the health care facility priority system.*

19 “(C) *CRITERIA FOR EVALUATING NEEDS.*—
20 *For purposes of this subsection, the Secretary, in*
21 *evaluating the needs of facilities operated under*
22 *a contract or compact under the Indian Self-De-*
23 *termination and Education Assistance Act (25*
24 *U.S.C. 450 et seq.), shall use the criteria used by*

1 *the Secretary in evaluating the needs of facilities*
2 *operated directly by the Service.*

3 “(D) *PRIORITY OF CERTAIN PROJECTS PRO-*
4 *TECTED.—The priority of any project established*
5 *under the construction priority system in effect*
6 *on the date of enactment of the Indian Health*
7 *Care Improvement Act Amendments of 2007*
8 *shall not be affected by any change in the con-*
9 *struction priority system taking place after that*
10 *date if the project—*

11 *“(i) was identified in the fiscal year*
12 *2008 Service budget justification as—*

13 *“(I) 1 of the 10 top-priority inpa-*
14 *tient projects;*

15 *“(II) 1 of the 10 top-priority out-*
16 *patient projects;*

17 *“(III) 1 of the 10 top-priority*
18 *staff quarters developments; or*

19 *“(IV) 1 of the 10 top-priority*
20 *Youth Regional Treatment Centers;*

21 *“(ii) had completed both Phase I and*
22 *Phase II of the construction priority system*
23 *in effect on the date of enactment of such*
24 *Act; or*

1 “(iii) is not included in clause (i) or
2 (ii) and is selected, as determined by the
3 Secretary—

4 “(I) on the initiative of the Sec-
5 retary; or

6 “(II) pursuant to a request of an
7 Indian Tribe or Tribal Organization.

8 “(2) REPORT; CONTENTS.—

9 “(A) INITIAL COMPREHENSIVE REPORT.—

10 “(i) DEFINITIONS.—In this subpara-
11 graph:

12 “(I) FACILITIES APPROPRIATION
13 ADVISORY BOARD.—The term ‘Facili-
14 ties Appropriation Advisory Board’
15 means the advisory board, comprised of
16 12 members representing Indian tribes
17 and 2 members representing the Serv-
18 ice, established at the discretion of the
19 Assistant Secretary—

20 “(aa) to provide advice and
21 recommendations for policies and
22 procedures of the programs funded
23 pursuant to facilities appropria-
24 tions; and

1 “(bb) to address other facili-
2 ties issues.

3 “(II) *FACILITIES NEEDS ASSESS-*
4 *MENT WORKGROUP.*—*The term ‘Facili-*
5 *ties Needs Assessment Workgroup’*
6 *means the workgroup established at the*
7 *discretion of the Assistant Secretary—*

8 “(aa) to review the health
9 care facilities construction pri-
10 ority system; and

11 “(bb) to make recommenda-
12 tions to the Facilities Appropria-
13 tion Advisory Board for revising
14 the priority system.

15 “(ii) *INITIAL REPORT.*—

16 “(I) *IN GENERAL.*—*Not later than*
17 *1 year after the date of enactment of*
18 *the Indian Health Care Improvement*
19 *Act Amendments of 2007, the Secretary*
20 *shall submit to the Committee on In-*
21 *dian Affairs of the Senate and the*
22 *Committee on Natural Resources of the*
23 *House of Representatives a report that*
24 *describes the comprehensive, national,*
25 *ranked list of all health care facilities*

1 *needs for the Service, Indian Tribes,*
2 *and Tribal Organizations (including*
3 *inpatient health care facilities, out-*
4 *patient health care facilities, special-*
5 *ized health care facilities (such as for*
6 *long-term care and alcohol and drug*
7 *abuse treatment), wellness centers, staff*
8 *quarters and hostels associated with*
9 *health care facilities, and the renova-*
10 *tion and expansion needs, if any, of*
11 *such facilities) developed by the Serv-*
12 *ice, Indian Tribes, and Tribal Organi-*
13 *zations for the Facilities Needs Assess-*
14 *ment Workgroup and the Facilities Ap-*
15 *propriation Advisory Board.*

16 “(II) INCLUSIONS.—*The initial*
17 *report shall include—*

18 “(aa) *the methodology and*
19 *criteria used by the Service in de-*
20 *termining the needs and estab-*
21 *lishing the ranking of the facili-*
22 *ties needs; and*

23 “(bb) *such other information*
24 *as the Secretary determines to be*
25 *appropriate.*

1 “(iii) *UPDATES OF REPORT.*—*Begin-*
2 *ning in calendar year 2011, the Secretary*
3 *shall—*

4 “(I) *update the report under*
5 *clause (ii) not less frequently than once*
6 *every 5 years; and*

7 “(II) *include the updated report*
8 *in the appropriate annual report*
9 *under subparagraph (B) for submis-*
10 *sion to Congress under section 801.*

11 “(B) *ANNUAL REPORTS.*—*The Secretary*
12 *shall submit to the President, for inclusion in the*
13 *report required to be transmitted to Congress*
14 *under section 801, a report which sets forth the*
15 *following:*

16 “(i) *A description of the health care fa-*
17 *cility priority system of the Service estab-*
18 *lished under paragraph (1).*

19 “(ii) *Health care facilities lists, which*
20 *may include—*

21 “(I) *the 10 top-priority inpatient*
22 *health care facilities;*

23 “(II) *the 10 top-priority out-*
24 *patient health care facilities;*

1 “(III) the 10 top-priority special-
2 ized health care facilities (such as long-
3 term care and alcohol and drug abuse
4 treatment);

5 “(IV) the 10 top-priority staff
6 quarters developments associated with
7 health care facilities; and

8 “(V) the 10 top-priority hostels
9 associated with health care facilities.

10 “(iii) The justification for such order
11 of priority.

12 “(iv) The projected cost of such
13 projects.

14 “(v) The methodology adopted by the
15 Service in establishing priorities under its
16 health care facility priority system.

17 “(3) REQUIREMENTS FOR PREPARATION OF RE-
18 PORTS.—In preparing the report required under
19 paragraph (2), the Secretary shall—

20 “(A) consult with and obtain information
21 on all health care facilities needs from Indian
22 Tribes, Tribal Organizations, and Urban Indian
23 Organizations; and

24 “(B) review the total unmet needs of all In-
25 dian Tribes, Tribal Organizations, and Urban

1 *Indian Organizations for health care facilities*
2 *(including hostels and staff quarters), including*
3 *needs for renovation and expansion of existing*
4 *facilities.*

5 “(d) *REVIEW OF METHODOLOGY USED FOR HEALTH*
6 *FACILITIES CONSTRUCTION PRIORITY SYSTEM.—*

7 “(1) *IN GENERAL.—Not later than 1 year after*
8 *the establishment of the priority system under sub-*
9 *section (c)(1)(A), the Comptroller General of the*
10 *United States shall prepare and finalize a report re-*
11 *viewing the methodologies applied, and the processes*
12 *followed, by the Service in making each assessment of*
13 *needs for the list under subsection (c)(2)(A)(ii) and*
14 *developing the priority system under subsection*
15 *(c)(1), including a review of—*

16 “(A) *the recommendations of the Facilities*
17 *Appropriation Advisory Board and the Facili-*
18 *ties Needs Assessment Workgroup (as those terms*
19 *are defined in subsection (c)(2)(A)(i)); and*

20 “(B) *the relevant criteria used in ranking*
21 *or prioritizing facilities other than hospitals or*
22 *clinics.*

23 “(2) *SUBMISSION TO CONGRESS.—The Comp-*
24 *troller General of the United States shall submit the*
25 *report under paragraph (1) to—*

1 “(A) *the Committees on Indian Affairs and*
2 *Appropriations of the Senate;*

3 “(B) *the Committees on Natural Resources*
4 *and Appropriations of the House of Representa-*
5 *tives; and*

6 “(C) *the Secretary.*

7 “(e) *FUNDING CONDITION.—All funds appropriated*
8 *under the Act of November 2, 1921 (25 U.S.C. 13) (com-*
9 *monly known as the ‘Snyder Act’), for the planning, design,*
10 *construction, or renovation of health facilities for the benefit*
11 *of 1 or more Indian Tribes shall be subject to the provisions*
12 *of the Indian Self-Determination and Education Assistance*
13 *Act (25 U.S.C. 450 et seq.).*

14 “(f) *DEVELOPMENT OF INNOVATIVE APPROACHES.—*
15 *The Secretary shall consult and cooperate with Indian*
16 *Tribes, Tribal Organizations, and Urban Indian Organiza-*
17 *tions in developing innovative approaches to address all or*
18 *part of the total unmet need for construction of health facili-*
19 *ties, including those provided for in other sections of this*
20 *title and other approaches.*

21 “**SEC. 302. SANITATION FACILITIES.**

22 “(a) *FINDINGS.—Congress finds the following:*

23 “(1) *The provision of sanitation facilities is pri-*
24 *marily a health consideration and function.*

1 “(2) *Indian people suffer an inordinately high*
2 *incidence of disease, injury, and illness directly at-*
3 *tributable to the absence or inadequacy of sanitation*
4 *facilities.*

5 “(3) *The long-term cost to the United States of*
6 *treating and curing such disease, injury, and illness*
7 *is substantially greater than the short-term cost of*
8 *providing sanitation facilities and other preventive*
9 *health measures.*

10 “(4) *Many Indian homes and Indian commu-*
11 *nities still lack sanitation facilities.*

12 “(5) *It is in the interest of the United States,*
13 *and it is the policy of the United States, that all In-*
14 *Indian communities and Indian homes, new and exist-*
15 *ing, be provided with sanitation facilities.*

16 “(b) *FACILITIES AND SERVICES.—In furtherance of the*
17 *findings made in subsection (a), Congress reaffirms the pri-*
18 *mary responsibility and authority of the Service to provide*
19 *the necessary sanitation facilities and services as provided*
20 *in section 7 of the Act of August 5, 1954 (42 U.S.C. 2004a).*
21 *Under such authority, the Secretary, acting through the*
22 *Service, is authorized to provide the following:*

23 “(1) *Financial and technical assistance to In-*
24 *Indian Tribes, Tribal Organizations, and Indian com-*
25 *munities in the establishment, training, and equip-*

1 *ping of utility organizations to operate and maintain*
2 *sanitation facilities, including the provision of exist-*
3 *ing plans, standard details, and specifications avail-*
4 *able in the Department, to be used at the option of*
5 *the Indian Tribe, Tribal Organization, or Indian*
6 *community.*

7 *“(2) Ongoing technical assistance and training*
8 *to Indian Tribes, Tribal Organizations, and Indian*
9 *communities in the management of utility organiza-*
10 *tions which operate and maintain sanitation facili-*
11 *ties.*

12 *“(3) Priority funding for operation and mainte-*
13 *nance assistance for, and emergency repairs to, sani-*
14 *tation facilities operated by an Indian Tribe, Tribal*
15 *Organization or Indian community when necessary*
16 *to avoid an imminent health threat or to protect the*
17 *investment in sanitation facilities and the investment*
18 *in the health benefits gained through the provision of*
19 *sanitation facilities.*

20 *“(c) FUNDING.—Notwithstanding any other provision*
21 *of law—*

22 *“(1) the Secretary of Housing and Urban Devel-*
23 *opment is authorized to transfer funds appropriated*
24 *under the Native American Housing Assistance and*

1 *Self-Determination Act of 1996 (25 U.S.C. 4101 et*
2 *seq.) to the Secretary of Health and Human Services;*

3 “(2) *the Secretary of Health and Human Serv-*
4 *ices is authorized to accept and use such funds for the*
5 *purpose of providing sanitation facilities and services*
6 *for Indians under section 7 of the Act of August 5,*
7 *1954 (42 U.S.C. 2004a);*

8 “(3) *unless specifically authorized when funds*
9 *are appropriated, the Secretary shall not use funds*
10 *appropriated under section 7 of the Act of August 5,*
11 *1954 (42 U.S.C. 2004a), to provide sanitation facili-*
12 *ties to new homes constructed using funds provided by*
13 *the Department of Housing and Urban Development;*

14 “(4) *the Secretary of Health and Human Serv-*
15 *ices is authorized to accept from any source, includ-*
16 *ing Federal and State agencies, funds for the purpose*
17 *of providing sanitation facilities and services and*
18 *place these funds into contracts or compacts under the*
19 *Indian Self-Determination and Education Assistance*
20 *Act (25 U.S.C. 450 et seq.);*

21 “(5) *except as otherwise prohibited by this sec-*
22 *tion, the Secretary may use funds appropriated under*
23 *the authority of section 7 of the Act of August 5, 1954*
24 *(42 U.S.C. 2004a), to fund up to 100 percent of the*
25 *amount of an Indian Tribe’s loan obtained under any*

1 *Federal program for new projects to construct eligible*
2 *sanitation facilities to serve Indian homes;*

3 *“(6) except as otherwise prohibited by this sec-*
4 *tion, the Secretary may use funds appropriated under*
5 *the authority of section 7 of the Act of August 5, 1954*
6 *(42 U.S.C. 2004a) to meet matching or cost partici-*
7 *ipation requirements under other Federal and non-*
8 *Federal programs for new projects to construct eligible*
9 *sanitation facilities;*

10 *“(7) all Federal agencies are authorized to trans-*
11 *fer to the Secretary funds identified, granted, loaned,*
12 *or appropriated whereby the Department’s applicable*
13 *policies, rules, and regulations shall apply in the im-*
14 *plementation of such projects;*

15 *“(8) the Secretary of Health and Human Serv-*
16 *ices shall enter into interagency agreements with Fed-*
17 *eral and State agencies for the purpose of providing*
18 *financial assistance for sanitation facilities and serv-*
19 *ices under this Act;*

20 *“(9) the Secretary of Health and Human Serv-*
21 *ices shall, by regulation, establish standards applica-*
22 *ble to the planning, design, and construction of sani-*
23 *tation facilities funded under this Act; and*

24 *“(10) the Secretary of Health and Human Serv-*
25 *ices is authorized to accept payments for goods and*

1 *services furnished by the Service from appropriate*
2 *public authorities, nonprofit organizations or agen-*
3 *cies, or Indian Tribes, as contributions by that au-*
4 *thority, organization, agency, or tribe to agreements*
5 *made under section 7 of the Act of August 5, 1954 (42*
6 *U.S.C. 2004a), and such payments shall be credited*
7 *to the same or subsequent appropriation account as*
8 *funds appropriated under the authority of section 7*
9 *of the Act of August 5, 1954 (42 U.S.C. 2004a).*

10 *“(d) CERTAIN CAPABILITIES NOT PREREQUISITE.—*
11 *The financial and technical capability of an Indian Tribe,*
12 *Tribal Organization, or Indian community to safely oper-*
13 *ate, manage, and maintain a sanitation facility shall not*
14 *be a prerequisite to the provision or construction of sanita-*
15 *tion facilities by the Secretary.*

16 *“(e) FINANCIAL ASSISTANCE.—The Secretary is au-*
17 *thorized to provide financial assistance to Indian Tribes,*
18 *Tribal Organizations, and Indian communities for oper-*
19 *ation, management, and maintenance of their sanitation*
20 *facilities.*

21 *“(f) OPERATION, MANAGEMENT, AND MAINTENANCE OF*
22 *FACILITIES.—The Indian Tribe has the primary responsi-*
23 *bility to establish, collect, and use reasonable user fees, or*
24 *otherwise set aside funding, for the purpose of operating,*
25 *managing, and maintaining sanitation facilities. If a sani-*

1 *tation facility serving a community that is operated by an*
2 *Indian Tribe or Tribal Organization is threatened with im-*
3 *minent failure and such operator lacks capacity to main-*
4 *tain the integrity or the health benefits of the sanitation*
5 *facility, then the Secretary is authorized to assist the In-*
6 *dian Tribe, Tribal Organization, or Indian community in*
7 *the resolution of the problem on a short-term basis through*
8 *cooperation with the emergency coordinator or by providing*
9 *operation, management, and maintenance service.*

10 “(g) *ISDEAA PROGRAM FUNDED ON EQUAL BASIS.—*
11 *Tribal Health Programs shall be eligible (on an equal basis*
12 *with programs that are administered directly by the Serv-*
13 *ice) for—*

14 “(1) *any funds appropriated pursuant to this*
15 *section; and*

16 “(2) *any funds appropriated for the purpose of*
17 *providing sanitation facilities.*

18 “(h) *REPORT.—*

19 “(1) *REQUIRED; CONTENTS.—The Secretary, in*
20 *consultation with the Secretary of Housing and*
21 *Urban Development, Indian Tribes, Tribal Organiza-*
22 *tions, and tribally designated housing entities (as de-*
23 *finied in section 4 of the Native American Housing*
24 *Assistance and Self-Determination Act of 1996 (25*
25 *U.S.C. 4103)) shall submit to the President, for inclu-*

1 *sion in the report required to be transmitted to Con-*
2 *gress under section 801, a report which sets forth—*

3 *“(A) the current Indian sanitation facility*
4 *priority system of the Service;*

5 *“(B) the methodology for determining sani-*
6 *tation deficiencies and needs;*

7 *“(C) the criteria on which the deficiencies*
8 *and needs will be evaluated;*

9 *“(D) the level of initial and final sanitation*
10 *deficiency for each type of sanitation facility for*
11 *each project of each Indian Tribe or Indian com-*
12 *munity;*

13 *“(E) the amount and most effective use of*
14 *funds, derived from whatever source, necessary to*
15 *accommodate the sanitation facilities needs of*
16 *new homes assisted with funds under the Native*
17 *American Housing Assistance and Self-Deter-*
18 *mination Act (25 U.S.C. 4101 et seq.), and to re-*
19 *duce the identified sanitation deficiency levels of*
20 *all Indian Tribes and Indian communities to*
21 *level I sanitation deficiency as defined in para-*
22 *graph (3)(A); and*

23 *“(F) a 10-year plan to provide sanitation*
24 *facilities to serve existing Indian homes and In-*

1 *dian communities and new and renovated In-*
2 *dian homes.*

3 “(2) *UNIFORM METHODOLOGY.*—*The method-*
4 *ology used by the Secretary in determining, pre-*
5 *paring cost estimates for, and reporting sanitation*
6 *deficiencies for purposes of paragraph (1) shall be ap-*
7 *plied uniformly to all Indian Tribes and Indian com-*
8 *munities.*

9 “(3) *SANITATION DEFICIENCY LEVELS.*—*For*
10 *purposes of this subsection, the sanitation deficiency*
11 *levels for an individual, Indian Tribe, or Indian com-*
12 *munity sanitation facility to serve Indian homes are*
13 *determined as follows:*

14 “(A) *A level I deficiency exists if a sanita-*
15 *tion facility serving an individual, Indian*
16 *Tribe, or Indian community—*

17 “(i) *complies with all applicable water*
18 *supply, pollution control, and solid waste*
19 *disposal laws; and*

20 “(ii) *deficiencies relate to routine re-*
21 *placement, repair, or maintenance needs.*

22 “(B) *A level II deficiency exists if a sanita-*
23 *tion facility serving an individual, Indian*
24 *Tribe, or Indian community substantially or re-*
25 *cently complied with all applicable water sup-*

1 *ply, pollution control, and solid waste laws and*
2 *any deficiencies relate to—*

3 *“(i) small or minor capital improve-*
4 *ments needed to bring the facility back into*
5 *compliance;*

6 *“(ii) capital improvements that are*
7 *necessary to enlarge or improve the facili-*
8 *ties in order to meet the current needs for*
9 *domestic sanitation facilities; or*

10 *“(iii) the lack of equipment or training*
11 *by an Indian Tribe, Tribal Organization,*
12 *or an Indian community to properly oper-*
13 *ate and maintain the sanitation facilities.*

14 *“(C) A level III deficiency exists if a sani-*
15 *tation facility serving an individual, Indian*
16 *Tribe or Indian community meets 1 or more of*
17 *the following conditions—*

18 *“(i) water or sewer service in the home*
19 *is provided by a haul system with holding*
20 *tanks and interior plumbing;*

21 *“(ii) major significant interruptions to*
22 *water supply or sewage disposal occur fre-*
23 *quently, requiring major capital improve-*
24 *ments to correct the deficiencies; or*

1 “(iii) there is no access to or no ap-
2 proved or permitted solid waste facility
3 available.

4 “(D) A level IV deficiency exists—

5 “(i) if a sanitation facility for an in-
6 dividual home, an Indian Tribe, or an In-
7 dian community exists but—

8 “(I) lacks—

9 “(aa) a safe water supply
10 system; or

11 “(bb) a waste disposal sys-
12 tem;

13 “(II) contains no piped water or
14 sewer facilities; or

15 “(III) has become inoperable due
16 to a major component failure; or

17 “(ii) if only a washeteria or central fa-
18 cility exists in the community.

19 “(E) A level V deficiency exists in the ab-
20 sence of a sanitation facility, where individual
21 homes do not have access to safe drinking water
22 or adequate wastewater (including sewage) dis-
23 posal.

24 “(i) DEFINITIONS.—For purposes of this section, the
25 following terms apply:

1 “(1) *INDIAN COMMUNITY.*—*The term ‘Indian*
2 *community’ means a geographic area, a significant*
3 *proportion of whose inhabitants are Indians and*
4 *which is served by or capable of being served by a fa-*
5 *cility described in this section.*

6 “(2) *SANITATION FACILITIES.*—*The terms ‘sani-*
7 *tation facility’ and ‘sanitation facilities’ mean safe*
8 *and adequate water supply systems, sanitary sewage*
9 *disposal systems, and sanitary solid waste systems*
10 *(and all related equipment and support infrastruc-*
11 *ture).*

12 **“SEC. 303. PREFERENCE TO INDIANS AND INDIAN FIRMS.**

13 “(a) *BUY INDIAN ACT.*—*The Secretary, acting through*
14 *the Service, may use the negotiating authority of section*
15 *23 of the Act of June 25, 1910 (25 U.S.C. 47, commonly*
16 *known as the ‘Buy Indian Act’), to give preference to any*
17 *Indian or any enterprise, partnership, corporation, or other*
18 *type of business organization owned and controlled by an*
19 *Indian or Indians including former or currently federally*
20 *recognized Indian Tribes in the State of New York (herein-*
21 *after referred to as an ‘Indian firm’)* *in the construction*
22 *and renovation of Service facilities pursuant to section 301*
23 *and in the construction of sanitation facilities pursuant to*
24 *section 302. Such preference may be accorded by the Sec-*
25 *retary unless the Secretary finds, pursuant to regulations,*

1 *that the project or function to be contracted for will not*
2 *be satisfactory or such project or function cannot be prop-*
3 *erly completed or maintained under the proposed contract.*
4 *The Secretary, in arriving at such a finding, shall consider*
5 *whether the Indian or Indian firm will be deficient with*
6 *respect to—*

7 “(1) *ownership and control by Indians;*

8 “(2) *equipment;*

9 “(3) *bookkeeping and accounting procedures;*

10 “(4) *substantive knowledge of the project or func-*
11 *tion to be contracted for;*

12 “(5) *adequately trained personnel; or*

13 “(6) *other necessary components of contract per-*
14 *formance.*

15 “(b) *LABOR STANDARDS.—For the purposes of imple-*
16 *menting the provisions of this title, contracts for the con-*
17 *struction or renovation of health care facilities, staff quar-*
18 *ters, and sanitation facilities, and related support infra-*
19 *structure, funded in whole or in part with funds made*
20 *available pursuant to this title, shall contain a provision*
21 *requiring compliance with subchapter IV of chapter 31 of*
22 *title 40, United States Code (commonly known as the*
23 *‘Davis-Bacon Act’).*

1 **“SEC. 304. EXPENDITURE OF NON-SERVICE FUNDS FOR**
2 **RENOVATION.**

3 “(a) *IN GENERAL.*—Notwithstanding any other provi-
4 sion of law, if the requirements of subsection (c) are met,
5 the Secretary, acting through the Service, is authorized to
6 accept any major expansion, renovation, or modernization
7 by any Indian Tribe or Tribal Organization of any Service
8 facility or of any other Indian health facility operated pur-
9 suant to a contract or compact under the Indian Self-Deter-
10 mination and Education Assistance Act (25 U.S.C. 450 et
11 seq.), including—

12 “(1) any plans or designs for such expansion,
13 renovation, or modernization; and

14 “(2) any expansion, renovation, or moderniza-
15 tion for which funds appropriated under any Federal
16 law were lawfully expended.

17 “(b) *PRIORITY LIST.*—

18 “(1) *IN GENERAL.*—The Secretary shall main-
19 tain a separate priority list to address the needs for
20 increased operating expenses, personnel, or equipment
21 for such facilities. The methodology for establishing
22 priorities shall be developed through regulations. The
23 list of priority facilities will be revised annually in
24 consultation with Indian Tribes and Tribal Organi-
25 zations.

1 “(2) *REPORT.*—*The Secretary shall submit to the*
2 *President, for inclusion in the report required to be*
3 *transmitted to Congress under section 801, the pri-*
4 *ority list maintained pursuant to paragraph (1).*

5 “(c) *REQUIREMENTS.*—*The requirements of this sub-*
6 *section are met with respect to any expansion, renovation,*
7 *or modernization if—*

8 “(1) *the Indian Tribe or Tribal Organization—*

9 “(A) *provides notice to the Secretary of its*
10 *intent to expand, renovate, or modernize; and*

11 “(B) *applies to the Secretary to be placed*
12 *on a separate priority list to address the needs*
13 *of such new facilities for increased operating ex-*
14 *penses, personnel, or equipment; and*

15 “(2) *the expansion, renovation, or moderniza-*
16 *tion—*

17 “(A) *is approved by the appropriate area*
18 *director of the Service for Federal facilities; and*

19 “(B) *is administered by the Indian Tribe or*
20 *Tribal Organization in accordance with any ap-*
21 *plicable regulations prescribed by the Secretary*
22 *with respect to construction or renovation of*
23 *Service facilities.*

24 “(d) *ADDITIONAL REQUIREMENT FOR EXPANSION.*—
25 *In addition to the requirements under subsection (c), for*

1 “(1) *IN GENERAL.*—*The Secretary, acting*
2 *through the Service, shall make grants to Indian*
3 *Tribes and Tribal Organizations for the construction,*
4 *expansion, or modernization of facilities for the provi-*
5 *sion of ambulatory care services to eligible Indians*
6 *(and noneligible persons pursuant to subsections*
7 *(b)(2) and (c)(1)(C)). A grant made under this sec-*
8 *tion may cover up to 100 percent of the costs of such*
9 *construction, expansion, or modernization. For the*
10 *purposes of this section, the term ‘construction’ in-*
11 *cludes the replacement of an existing facility.*

12 “(2) *GRANT AGREEMENT REQUIRED.*—*A grant*
13 *under paragraph (1) may only be made available to*
14 *a Tribal Health Program operating an Indian health*
15 *facility (other than a facility owned or constructed by*
16 *the Service, including a facility originally owned or*
17 *constructed by the Service and transferred to an In-*
18 *Indian Tribe or Tribal Organization).*

19 “(b) *USE OF GRANT FUNDS.*—

20 “(1) *ALLOWABLE USES.*—*A grant awarded*
21 *under this section may be used for the construction,*
22 *expansion, or modernization (including the planning*
23 *and design of such construction, expansion, or mod-*
24 *ernization) of an ambulatory care facility—*

25 “(A) *located apart from a hospital;*

1 “(B) not funded under section 301 or sec-
2 tion 306; and

3 “(C) which, upon completion of such con-
4 struction or modernization will—

5 “(i) have a total capacity appropriate
6 to its projected service population;

7 “(ii) provide annually no fewer than
8 150 patient visits by eligible Indians and
9 other users who are eligible for services in
10 such facility in accordance with section
11 807(c)(2); and

12 “(iii) provide ambulatory care in a
13 Service Area (specified in the contract or
14 compact under the Indian Self-Determina-
15 tion and Education Assistance Act (25
16 U.S.C. 450 et seq.)) with a population of no
17 fewer than 1,500 eligible Indians and other
18 users who are eligible for services in such
19 facility in accordance with section
20 807(c)(2).

21 “(2) *ADDITIONAL ALLOWABLE USE.*—The Sec-
22 retary may also reserve a portion of the funding pro-
23 vided under this section and use those reserved funds
24 to reduce an outstanding debt incurred by Indian
25 Tribes or Tribal Organizations for the construction,

1 *expansion, or modernization of an ambulatory care*
2 *facility that meets the requirements under paragraph*
3 *(1). The provisions of this section shall apply, except*
4 *that such applications for funding under this para-*
5 *graph shall be considered separately from applica-*
6 *tions for funding under paragraph (1).*

7 *“(3) USE ONLY FOR CERTAIN PORTION OF*
8 *COSTS.—A grant provided under this section may be*
9 *used only for the cost of that portion of a construc-*
10 *tion, expansion, or modernization project that benefits*
11 *the Service population identified above in subsection*
12 *(b)(1)(C) (ii) and (iii). The requirements of clauses*
13 *(ii) and (iii) of paragraph (1)(C) shall not apply to*
14 *an Indian Tribe or Tribal Organization applying for*
15 *a grant under this section for a health care facility*
16 *located or to be constructed on an island or when such*
17 *facility is not located on a road system providing di-*
18 *rect access to an inpatient hospital where care is*
19 *available to the Service population.*

20 *“(c) GRANTS.—*

21 *“(1) APPLICATION.—No grant may be made*
22 *under this section unless an application or proposal*
23 *for the grant has been approved by the Secretary in*
24 *accordance with applicable regulations and has set*
25 *forth reasonable assurance by the applicant that, at*

1 *all times after the construction, expansion, or mod-*
2 *ernization of a facility carried out using a grant re-*
3 *ceived under this section—*

4 *“(A) adequate financial support will be*
5 *available for the provision of services at such fa-*
6 *ility;*

7 *“(B) such facility will be available to eligi-*
8 *ble Indians without regard to ability to pay or*
9 *source of payment; and*

10 *“(C) such facility will, as feasible without*
11 *diminishing the quality or quantity of services*
12 *provided to eligible Indians, serve noneligible*
13 *persons on a cost basis.*

14 *“(2) PRIORITY.—In awarding grants under this*
15 *section, the Secretary shall give priority to Indian*
16 *Tribes and Tribal Organizations that demonstrate—*

17 *“(A) a need for increased ambulatory care*
18 *services; and*

19 *“(B) insufficient capacity to deliver such*
20 *services.*

21 *“(3) PEER REVIEW PANELS.—The Secretary may*
22 *provide for the establishment of peer review panels, as*
23 *necessary, to review and evaluate applications and*
24 *proposals and to advise the Secretary regarding such*

1 *applications using the criteria developed pursuant to*
2 *subsection (a)(1).*

3 “(d) *REVERSION OF FACILITIES.—If any facility (or*
4 *portion thereof) with respect to which funds have been paid*
5 *under this section, ceases, at any time after completion of*
6 *the construction, expansion, or modernization carried out*
7 *with such funds, to be used for the purposes of providing*
8 *health care services to eligible Indians, all of the right, title,*
9 *and interest in and to such facility (or portion thereof) shall*
10 *transfer to the United States unless otherwise negotiated by*
11 *the Service and the Indian Tribe or Tribal Organization.*

12 “(e) *FUNDING NONRECURRING.—Funding provided*
13 *under this section shall be nonrecurring and shall not be*
14 *available for inclusion in any individual Indian Tribe’s*
15 *tribal share for an award under the Indian Self-Determina-*
16 *tion and Education Assistance Act (25 U.S.C. 450 et seq.)*
17 *or for reallocation or redesign thereunder.*

18 **“SEC. 306. INDIAN HEALTH CARE DELIVERY DEMONSTRATION PROJECT.**

19 **“(a) HEALTH CARE DEMONSTRATION PROJECTS.—**
20 **The Secretary, acting through the Service, is authorized to**
21 **enter into contracts under the Indian Self-Determination**
22 **and Education Assistance Act (25 U.S.C. 450 et seq.) with**
23 **Indian Tribes or Tribal Organizations for the purpose of**
24 **carrying out a health care delivery demonstration project**
25

1 *to test alternative means of delivering health care and serv-*
2 *ices to Indians through facilities.*

3 “(b) *USE OF FUNDS.—The Secretary, in approving*
4 *projects pursuant to this section, may authorize such con-*
5 *tracts for the construction and renovation of hospitals,*
6 *health centers, health stations, and other facilities to deliver*
7 *health care services and is authorized to—*

8 “(1) *wave any leasing prohibition;*

9 “(2) *permit carryover of funds appropriated for*
10 *the provision of health care services;*

11 “(3) *permit the use of other available funds;*

12 “(4) *permit the use of funds or property donated*
13 *from any source for project purposes;*

14 “(5) *provide for the reversion of donated real or*
15 *personal property to the donor; and*

16 “(6) *permit the use of Service funds to match*
17 *other funds, including Federal funds.*

18 “(c) *REGULATIONS.—The Secretary shall develop and*
19 *promulgate regulations, not later than 1 year after the date*
20 *of enactment of the Indian Health Care Improvement Act*
21 *Amendments of 2007, for the review and approval of appli-*
22 *cations submitted under this section.*

23 “(d) *CRITERIA.—The Secretary may approve projects*
24 *that meet the following criteria:*

1 “(1) *There is a need for a new facility or pro-*
2 *gram or the reorientation of an existing facility or*
3 *program.*

4 “(2) *A significant number of Indians, including*
5 *those with low health status, will be served by the*
6 *project.*

7 “(3) *The project has the potential to deliver serv-*
8 *ices in an efficient and effective manner.*

9 “(4) *The project is economically viable.*

10 “(5) *The Indian Tribe or Tribal Organization*
11 *has the administrative and financial capability to*
12 *administer the project.*

13 “(6) *The project is integrated with providers of*
14 *related health and social services and is coordinated*
15 *with, and avoids duplication of, existing services.*

16 “(e) *PEER REVIEW PANELS.—The Secretary may pro-*
17 *vide for the establishment of peer review panels, as nec-*
18 *essary, to review and evaluate applications using the cri-*
19 *teria developed pursuant to subsection (d).*

20 “(f) *PRIORITY.—The Secretary shall give priority to*
21 *applications for demonstration projects in each of the fol-*
22 *lowing Service Units to the extent that such applications*
23 *are timely filed and meet the criteria specified in subsection*
24 *(d):*

25 “(1) *Cass Lake, Minnesota.*

1 “(2) *Mescalero, New Mexico.*

2 “(3) *Owyhee, Nevada.*

3 “(4) *Schurz, Nevada.*

4 “(5) *Ft. Yuma, California.*

5 “(g) *TECHNICAL ASSISTANCE.—The Secretary shall*
6 *provide such technical and other assistance as may be nec-*
7 *essary to enable applicants to comply with the provisions*
8 *of this section.*

9 “(h) *SERVICE TO INELIGIBLE PERSONS.—Subject to*
10 *section 807, the authority to provide services to persons oth-*
11 *erwise ineligible for the health care benefits of the Service*
12 *and the authority to extend hospital privileges in Service*
13 *facilities to non-Service health practitioners as provided in*
14 *section 807 may be included, subject to the terms of such*
15 *section, in any demonstration project approved pursuant*
16 *to this section.*

17 “(i) *EQUITABLE TREATMENT.—For purposes of sub-*
18 *section (d)(1), the Secretary shall, in evaluating facilities*
19 *operated under any contract or compact under the Indian*
20 *Self-Determination and Education Assistance Act (25*
21 *U.S.C. 450 et seq.), use the same criteria that the Secretary*
22 *uses in evaluating facilities operated directly by the Service.*

23 “(j) *EQUITABLE INTEGRATION OF FACILITIES.—The*
24 *Secretary shall ensure that the planning, design, construc-*
25 *tion, renovation, and expansion needs of Service and non-*

1 *Service facilities which are the subject of a contract or com-*
2 *pact under the Indian Self-Determination and Education*
3 *Assistance Act (25 U.S.C. 450 et seq.) for health services*
4 *are fully and equitably integrated into the implementation*
5 *of the health care delivery demonstration projects under this*
6 *section.*

7 **“SEC. 307. LAND TRANSFER.**

8 *“Notwithstanding any other provision of law, the Bu-*
9 *reau of Indian Affairs and all other agencies and depart-*
10 *ments of the United States are authorized to transfer, at*
11 *no cost, land and improvements to the Service for the provi-*
12 *sion of health care services. The Secretary is authorized to*
13 *accept such land and improvements for such purposes.*

14 **“SEC. 308. LEASES, CONTRACTS, AND OTHER AGREEMENTS.**

15 *“The Secretary, acting through the Service, may enter*
16 *into leases, contracts, and other agreements with Indian*
17 *Tribes and Tribal Organizations which hold (1) title to, (2)*
18 *a leasehold interest in, or (3) a beneficial interest in (when*
19 *title is held by the United States in trust for the benefit*
20 *of an Indian Tribe) facilities used or to be used for the ad-*
21 *ministration and delivery of health services by an Indian*
22 *Health Program. Such leases, contracts, or agreements may*
23 *include provisions for construction or renovation and pro-*
24 *vide for compensation to the Indian Tribe or Tribal Orga-*
25 *nization of rental and other costs consistent with section*

1 105(l) of the Indian Self-Determination and Education As-
2 sistance Act (25 U.S.C. 450j(l)) and regulations thereunder.

3 **“SEC. 309. STUDY ON LOANS, LOAN GUARANTEES, AND**
4 **LOAN REPAYMENT.**

5 “(a) *IN GENERAL.*—The Secretary, in consultation
6 with the Secretary of the Treasury, Indian Tribes, and
7 Tribal Organizations, shall carry out a study to determine
8 the feasibility of establishing a loan fund to provide to In-
9 dian Tribes and Tribal Organizations direct loans or guar-
10 antees for loans for the construction of health care facilities,
11 including—

12 “(1) *inpatient facilities;*

13 “(2) *outpatient facilities;*

14 “(3) *staff quarters;*

15 “(4) *hostels; and*

16 “(5) *specialized care facilities, such as behavioral*
17 *health and elder care facilities.*

18 “(b) *DETERMINATIONS.*—In carrying out the study
19 under subsection (a), the Secretary shall determine—

20 “(1) *the maximum principal amount of a loan*
21 *or loan guarantee that should be offered to a recipient*
22 *from the loan fund;*

23 “(2) *the percentage of eligible costs, not to exceed*
24 *100 percent, that may be covered by a loan or loan*
25 *guarantee from the loan fund (including costs relating*

1 to planning, design, financing, site land development,
2 construction, rehabilitation, renovation, conversion,
3 improvements, medical equipment and furnishings,
4 and other facility-related costs and capital purchase
5 *(but excluding staffing)*);

6 “(3) the cumulative total of the principal of di-
7 rect loans and loan guarantees, respectively, that may
8 be outstanding at any 1 time;

9 “(4) the maximum term of a loan or loan guar-
10 antee that may be made for a facility from the loan
11 fund;

12 “(5) the maximum percentage of funds from the
13 loan fund that should be allocated for payment of
14 costs associated with planning and applying for a
15 loan or loan guarantee;

16 “(6) whether acceptance by the Secretary of an
17 assignment of the revenue of an Indian Tribe or Trib-
18 al Organization as security for any direct loan or
19 loan guarantee from the loan fund would be appro-
20 priate;

21 “(7) whether, in the planning and design of
22 health facilities under this section, users eligible
23 under section 807(c) may be included in any projec-
24 tion of patient population;

1 “(8) *whether funds of the Service provided*
2 *through loans or loan guarantees from the loan fund*
3 *should be eligible for use in matching other Federal*
4 *funds under other programs;*

5 “(9) *the appropriateness of, and best methods*
6 *for, coordinating the loan fund with the health care*
7 *priority system of the Service under section 301; and*

8 “(10) *any legislative or regulatory changes re-*
9 *quired to implement recommendations of the Sec-*
10 *retary based on results of the study.*

11 “(c) *REPORT.—Not later than September 30, 2009, the*
12 *Secretary shall submit to the Committee on Indian Affairs*
13 *of the Senate and the Committee on Natural Resources and*
14 *the Committee on Energy and Commerce of the House of*
15 *Representatives a report that describes—*

16 “(1) *the manner of consultation made as re-*
17 *quired by subsection (a); and*

18 “(2) *the results of the study, including any rec-*
19 *ommendations of the Secretary based on results of the*
20 *study.*

21 **“SEC. 310. TRIBAL LEASING.**

22 “A Tribal Health Program may lease permanent
23 structures for the purpose of providing health care services
24 without obtaining advance approval in appropriation Acts.

1 **“SEC. 311. INDIAN HEALTH SERVICE/TRIBAL FACILITIES**
2 **JOINT VENTURE PROGRAM.**

3 “(a) *IN GENERAL.*—*The Secretary, acting through the*
4 *Service, shall make arrangements with Indian Tribes and*
5 *Tribal Organizations to establish joint venture demonstra-*
6 *tion projects under which an Indian Tribe or Tribal Orga-*
7 *nization shall expend tribal, private, or other available*
8 *funds, for the acquisition or construction of a health facility*
9 *for a minimum of 10 years, under a no-cost lease, in ex-*
10 *change for agreement by the Service to provide the equip-*
11 *ment, supplies, and staffing for the operation and mainte-*
12 *nance of such a health facility. An Indian Tribe or Tribal*
13 *Organization may use tribal funds, private sector, or other*
14 *available resources, including loan guarantees, to fulfill its*
15 *commitment under a joint venture entered into under this*
16 *subsection. An Indian Tribe or Tribal Organization shall*
17 *be eligible to establish a joint venture project if, when it*
18 *submits a letter of intent, it—*

19 “(1) *has begun but not completed the process of*
20 *acquisition or construction of a health facility to be*
21 *used in the joint venture project; or*

22 “(2) *has not begun the process of acquisition or*
23 *construction of a health facility for use in the joint*
24 *venture project.*

1 “(b) *REQUIREMENTS.*—*The Secretary shall make such*
2 *an arrangement with an Indian Tribe or Tribal Organiza-*
3 *tion only if—*

4 “(1) *the Secretary first determines that the In-*
5 *Indian Tribe or Tribal Organization has the adminis-*
6 *trative and financial capabilities necessary to com-*
7 *plete the timely acquisition or construction of the rel-*
8 *evant health facility; and*

9 “(2) *the Indian Tribe or Tribal Organization*
10 *meets the need criteria determined using the criteria*
11 *developed under the health care facility priority sys-*
12 *tem under section 301, unless the Secretary deter-*
13 *mines, pursuant to regulations, that other criteria*
14 *will result in a more cost-effective and efficient meth-*
15 *od of facilitating and completing construction of*
16 *health care facilities.*

17 “(c) *CONTINUED OPERATION.*—*The Secretary shall ne-*
18 *gotiate an agreement with the Indian Tribe or Tribal Orga-*
19 *nization regarding the continued operation of the facility*
20 *at the end of the initial 10 year no-cost lease period.*

21 “(d) *BREACH OF AGREEMENT.*—*An Indian Tribe or*
22 *Tribal Organization that has entered into a written agree-*
23 *ment with the Secretary under this section, and that*
24 *breaches or terminates without cause such agreement, shall*
25 *be liable to the United States for the amount that has been*

1 *paid to the Indian Tribe or Tribal Organization, or paid*
2 *to a third party on the Indian Tribe's or Tribal Organiza-*
3 *tion's behalf, under the agreement. The Secretary has the*
4 *right to recover tangible property (including supplies) and*
5 *equipment, less depreciation, and any funds expended for*
6 *operations and maintenance under this section. The pre-*
7 *ceding sentence does not apply to any funds expended for*
8 *the delivery of health care services, personnel, or staffing.*

9 “(e) *RECOVERY FOR NONUSE.—An Indian Tribe or*
10 *Tribal Organization that has entered into a written agree-*
11 *ment with the Secretary under this subsection shall be enti-*
12 *tled to recover from the United States an amount that is*
13 *proportional to the value of such facility if, at any time*
14 *within the 10-year term of the agreement, the Service ceases*
15 *to use the facility or otherwise breaches the agreement.*

16 “(f) *DEFINITION.—For the purposes of this section, the*
17 *term ‘health facility’ or ‘health facilities’ includes quarters*
18 *needed to provide housing for staff of the relevant Tribal*
19 *Health Program.*

20 “**SEC. 312. LOCATION OF FACILITIES.**

21 “(a) *IN GENERAL.—In all matters involving the reor-*
22 *ganization or development of Service facilities or in the es-*
23 *tablishment of related employment projects to address un-*
24 *employment conditions in economically depressed areas, the*
25 *Bureau of Indian Affairs and the Service shall give priority*

1 *to locating such facilities and projects on Indian lands, or*
2 *lands in Alaska owned by any Alaska Native village, or*
3 *village or regional corporation under the Alaska Native*
4 *Claims Settlement Act (43 U.S.C. 1601 et seq.), or any land*
5 *allotted to any Alaska Native, if requested by the Indian*
6 *owner and the Indian Tribe with jurisdiction over such*
7 *lands or other lands owned or leased by the Indian Tribe*
8 *or Tribal Organization. Top priority shall be given to In-*
9 *dian land owned by 1 or more Indian Tribes.*

10 “(b) *DEFINITION.*—*For purposes of this section, the*
11 *term ‘Indian lands’ means—*

12 “(1) *all lands within the exterior boundaries of*
13 *any reservation; and*

14 “(2) *any lands title to which is held in trust by*
15 *the United States for the benefit of any Indian Tribe*
16 *or individual Indian or held by any Indian Tribe or*
17 *individual Indian subject to restriction by the United*
18 *States against alienation.*

19 “**SEC. 313. MAINTENANCE AND IMPROVEMENT OF HEALTH**
20 **CARE FACILITIES.**

21 “(a) *REPORT.*—*The Secretary shall submit to the*
22 *President, for inclusion in the report required to be trans-*
23 *mitted to Congress under section 801, a report which identi-*
24 *fies the backlog of maintenance and repair work required*
25 *at both Service and tribal health care facilities, including*

1 *new health care facilities expected to be in operation in the*
2 *next fiscal year. The report shall also identify the need for*
3 *renovation and expansion of existing facilities to support*
4 *the growth of health care programs.*

5 “(b) *MAINTENANCE OF NEWLY CONSTRUCTED*
6 *SPACE.—The Secretary, acting through the Service, is au-*
7 *thorized to expend maintenance and improvement funds to*
8 *support maintenance of newly constructed space only if*
9 *such space falls within the approved supportable space allo-*
10 *cation for the Indian Tribe or Tribal Organization. Sup-*
11 *portable space allocation shall be defined through the health*
12 *care facility priority system under section 301(c).*

13 “(c) *REPLACEMENT FACILITIES.—In addition to using*
14 *maintenance and improvement funds for renovation, mod-*
15 *ernization, and expansion of facilities, an Indian Tribe or*
16 *Tribal Organization may use maintenance and improve-*
17 *ment funds for construction of a replacement facility if the*
18 *costs of renovation of such facility would exceed a maximum*
19 *renovation cost threshold. The maximum renovation cost*
20 *threshold shall be determined through the negotiated rule-*
21 *making process provided for under section 802.*

22 **“SEC. 314. TRIBAL MANAGEMENT OF FEDERALLY-OWNED**
23 **QUARTERS.**

24 “(a) *RENTAL RATES.—*

1 “(1) *ESTABLISHMENT.*—Notwithstanding any
2 other provision of law, a Tribal Health Program
3 which operates a hospital or other health facility and
4 the federally-owned quarters associated therewith pur-
5 suant to a contract or compact under the Indian Self-
6 Determination and Education Assistance Act (25
7 U.S.C. 450 et seq.) shall have the authority to estab-
8 lish the rental rates charged to the occupants of such
9 quarters by providing notice to the Secretary of its
10 election to exercise such authority.

11 “(2) *OBJECTIVES.*—In establishing rental rates
12 pursuant to authority of this subsection, a Tribal
13 Health Program shall endeavor to achieve the fol-
14 lowing objectives:

15 “(A) To base such rental rates on the rea-
16 sonable value of the quarters to the occupants
17 thereof.

18 “(B) To generate sufficient funds to pru-
19 dently provide for the operation and mainte-
20 nance of the quarters, and subject to the discre-
21 tion of the Tribal Health Program, to supply re-
22 serve funds for capital repairs and replacement
23 of the quarters.

24 “(3) *EQUITABLE FUNDING.*—Any quarters whose
25 rental rates are established by a Tribal Health Pro-

1 *gram pursuant to this subsection shall remain eligible*
2 *for quarters improvement and repair funds to the*
3 *same extent as all federally-owned quarters used to*
4 *house personnel in Services-supported programs.*

5 *“(4) NOTICE OF RATE CHANGE.—A Tribal*
6 *Health Program which exercises the authority pro-*
7 *vided under this subsection shall provide occupants*
8 *with no less than 60 days notice of any change in*
9 *rental rates.*

10 *“(b) DIRECT COLLECTION OF RENT.—*

11 *“(1) IN GENERAL.—Notwithstanding any other*
12 *provision of law, and subject to paragraph (2), a*
13 *Tribal Health Program shall have the authority to*
14 *collect rents directly from Federal employees who oc-*
15 *cupy such quarters in accordance with the following:*

16 *“(A) The Tribal Health Program shall no-*
17 *tify the Secretary and the subject Federal em-*
18 *ployees of its election to exercise its authority to*
19 *collect rents directly from such Federal employ-*
20 *ees.*

21 *“(B) Upon receipt of a notice described in*
22 *subparagraph (A), the Federal employees shall*
23 *pay rents for occupancy of such quarters directly*
24 *to the Tribal Health Program and the Secretary*
25 *shall have no further authority to collect rents*

1 *from such employees through payroll deduction*
2 *or otherwise.*

3 “(C) *Such rent payments shall be retained*
4 *by the Tribal Health Program and shall not be*
5 *made payable to or otherwise be deposited with*
6 *the United States.*

7 “(D) *Such rent payments shall be deposited*
8 *into a separate account which shall be used by*
9 *the Tribal Health Program for the maintenance*
10 *(including capital repairs and replacement) and*
11 *operation of the quarters and facilities as the*
12 *Tribal Health Program shall determine.*

13 “(2) *RETROCESSION OF AUTHORITY.—If a Trib-*
14 *al Health Program which has made an election under*
15 *paragraph (1) requests retrocession of its authority to*
16 *directly collect rents from Federal employees occu-*
17 *pying federally-owned quarters, such retrocession*
18 *shall become effective on the earlier of—*

19 “(A) *the first day of the month that begins*
20 *no less than 180 days after the Tribal Health*
21 *Program notifies the Secretary of its desire to*
22 *retrocede; or*

23 “(B) *such other date as may be mutually*
24 *agreed by the Secretary and the Tribal Health*
25 *Program.*

1 “(c) *RATES IN ALASKA.*—*To the extent that a Tribal*
2 *Health Program, pursuant to authority granted in sub-*
3 *section (a), establishes rental rates for federally-owned quar-*
4 *ters provided to a Federal employee in Alaska, such rents*
5 *may be based on the cost of comparable private rental hous-*
6 *ing in the nearest established community with a year-round*
7 *population of 1,500 or more individuals.*

8 “**SEC. 315. APPLICABILITY OF BUY AMERICAN ACT REQUIRE-**
9 **MENT.**

10 “(a) *APPLICABILITY.*—*The Secretary shall ensure that*
11 *the requirements of the Buy American Act apply to all pro-*
12 *curements made with funds provided pursuant to section*
13 *317. Indian Tribes and Tribal Organizations shall be ex-*
14 *empt from these requirements.*

15 “(b) *EFFECT OF VIOLATION.*—*If it has been finally de-*
16 *termined by a court or Federal agency that any person in-*
17 *tentionally affixed a label bearing a ‘Made in America’ in-*
18 *scription or any inscription with the same meaning, to any*
19 *product sold in or shipped to the United States that is not*
20 *made in the United States, such person shall be ineligible*
21 *to receive any contract or subcontract made with funds pro-*
22 *vided pursuant to section 317, pursuant to the debarment,*
23 *suspension, and ineligibility procedures described in sec-*
24 *tions 9.400 through 9.409 of title 48, Code of Federal Regu-*
25 *lations.*

1 “(c) *DEFINITIONS.*—For purposes of this section, the
2 term ‘Buy American Act’ means title III of the Act entitled
3 ‘An Act making appropriations for the Treasury and Post
4 Office Departments for the fiscal year ending June 30,
5 1934, and for other purposes’, approved March 3, 1933 (41
6 U.S.C. 10a et seq.).

7 “**SEC. 316. OTHER FUNDING FOR FACILITIES.**

8 “(a) *AUTHORITY TO ACCEPT FUNDS.*—The Secretary
9 is authorized to accept from any source, including Federal
10 and State agencies, funds that are available for the con-
11 struction of health care facilities and use such funds to
12 plan, design, and construct health care facilities for Indians
13 and to place such funds into a contract or compact under
14 the Indian Self-Determination and Education Assistance
15 Act (25 U.S.C. 450 et seq.). Receipt of such funds shall have
16 no effect on the priorities established pursuant to section
17 301.

18 “(b) *INTERAGENCY AGREEMENTS.*—The Secretary is
19 authorized to enter into interagency agreements with other
20 Federal agencies or State agencies and other entities and
21 to accept funds from such Federal or State agencies or other
22 sources to provide for the planning, design, and construc-
23 tion of health care facilities to be administered by Indian
24 Health Programs in order to carry out the purposes of this

1 *Act and the purposes for which the funds were appropriated*
 2 *or for which the funds were otherwise provided.*

3 “(c) *ESTABLISHMENT OF STANDARDS.—The Sec-*
 4 *retary, through the Service, shall establish standards by reg-*
 5 *ulation for the planning, design, and construction of health*
 6 *care facilities serving Indians under this Act.*

7 **“SEC. 317. AUTHORIZATION OF APPROPRIATIONS.**

8 “*There are authorized to be appropriated such sums*
 9 *as may be necessary for each fiscal year through fiscal year*
 10 *2017 to carry out this title.*

11 **“TITLE IV—ACCESS TO HEALTH**
 12 **SERVICES**

13 **“SEC. 401. TREATMENT OF PAYMENTS UNDER SOCIAL SECU-**
 14 **RITY ACT HEALTH BENEFITS PROGRAMS.**

15 “(a) *DISREGARD OF MEDICARE, MEDICAID, AND*
 16 *SCHIP PAYMENTS IN DETERMINING APPROPRIATIONS.—*
 17 *Any payments received by an Indian Health Program or*
 18 *by an Urban Indian Organization under title XVIII, XIX,*
 19 *or XXI of the Social Security Act for services provided to*
 20 *Indians eligible for benefits under such respective titles shall*
 21 *not be considered in determining appropriations for the*
 22 *provision of health care and services to Indians.*

23 “(b) *NONPREFERENTIAL TREATMENT.—Nothing in*
 24 *this Act authorizes the Secretary to provide services to an*
 25 *Indian with coverage under title XVIII, XIX, or XXI of*

1 *the Social Security Act in preference to an Indian without*
2 *such coverage.*

3 “(c) *USE OF FUNDS.*—

4 “(1) *SPECIAL FUND.*—

5 “(A) *100 PERCENT PASS-THROUGH OF PAY-*
6 *MENTS DUE TO FACILITIES.*—*Notwithstanding*
7 *any other provision of law, but subject to para-*
8 *graph (2), payments to which a facility of the*
9 *Service is entitled by reason of a provision of the*
10 *Social Security Act shall be placed in a special*
11 *fund to be held by the Secretary. In making pay-*
12 *ments from such fund, the Secretary shall ensure*
13 *that each Service Unit of the Service receives 100*
14 *percent of the amount to which the facilities of*
15 *the Service, for which such Service Unit makes*
16 *collections, are entitled by reason of a provision*
17 *of the Social Security Act.*

18 “(B) *USE OF FUNDS.*—*Amounts received by*
19 *a facility of the Service under subparagraph (A)*
20 *shall first be used (to such extent or in such*
21 *amounts as are provided in appropriation Acts)*
22 *for the purpose of making any improvements in*
23 *the programs of the Service operated by or*
24 *through such facility which may be necessary to*
25 *achieve or maintain compliance with the appli-*

1 *cable conditions and requirements of titles XVIII*
2 *and XIX of the Social Security Act. Any*
3 *amounts so received that are in excess of the*
4 *amount necessary to achieve or maintain such*
5 *conditions and requirements shall, subject to con-*
6 *sultation with the Indian Tribes being served by*
7 *the Service Unit, be used for reducing the health*
8 *resource deficiencies (as determined under sec-*
9 *tion 201(d)) of such Indian Tribes.*

10 “(2) *DIRECT PAYMENT OPTION.*—*Paragraph (1)*
11 *shall not apply to a Tribal Health Program upon the*
12 *election of such Program under subsection (d) to re-*
13 *ceive payments directly. No payment may be made*
14 *out of the special fund described in such paragraph*
15 *with respect to reimbursement made for services pro-*
16 *vided by such Program during the period of such elec-*
17 *tion.*

18 “(d) *DIRECT BILLING.*—

19 “(1) *IN GENERAL.*—*Subject to complying with*
20 *the requirements of paragraph (2), a Tribal Health*
21 *Program may elect to directly bill for, and receive*
22 *payment for, health care items and services provided*
23 *by such Program for which payment is made under*
24 *title XVIII or XIX of the Social Security Act or from*
25 *any other third party payor.*

1 “(2) *DIRECT REIMBURSEMENT.*—

2 “(A) *USE OF FUNDS.*—*Each Tribal Health*
3 *Program making the election described in para-*
4 *graph (1) with respect to a program under a*
5 *title of the Social Security Act shall be reim-*
6 *bursed directly by that program for items and*
7 *services furnished without regard to subsection*
8 *(c)(1), but all amounts so reimbursed shall be*
9 *used by the Tribal Health Program for the pur-*
10 *pose of making any improvements in facilities of*
11 *the Tribal Health Program that may be nec-*
12 *essary to achieve or maintain compliance with*
13 *the conditions and requirements applicable gen-*
14 *erally to such items and services under the pro-*
15 *gram under such title and to provide additional*
16 *health care services, improvements in health care*
17 *facilities and Tribal Health Programs, any*
18 *health care related purpose, or otherwise to*
19 *achieve the objectives provided in section 3 of*
20 *this Act.*

21 “(B) *AUDITS.*—*The amounts paid to a*
22 *Tribal Health Program making the election de-*
23 *scribed in paragraph (1) with respect to a pro-*
24 *gram under a title of the Social Security Act*
25 *shall be subject to all auditing requirements ap-*

1 *plicable to the program under such title, as well*
2 *as all auditing requirements applicable to pro-*
3 *grams administered by an Indian Health Pro-*
4 *gram. Nothing in the preceding sentence shall be*
5 *construed as limiting the application of auditing*
6 *requirements applicable to amounts paid under*
7 *title XVIII, XIX, or XXI of the Social Security*
8 *Act.*

9 “(C) *IDENTIFICATION OF SOURCE OF PAY-*
10 *MENTS.—Any Tribal Health Program that re-*
11 *ceives reimbursements or payments under title*
12 *XVIII, XIX, or XXI of the Social Security Act,*
13 *shall provide to the Service a list of each pro-*
14 *vider enrollment number (or other identifier)*
15 *under which such Program receives such reim-*
16 *bursements or payments.*

17 “(3) *EXAMINATION AND IMPLEMENTATION OF*
18 *CHANGES.—*

19 “(A) *IN GENERAL.—The Secretary, acting*
20 *through the Service and with the assistance of*
21 *the Administrator of the Centers for Medicare &*
22 *Medicaid Services, shall examine on an ongoing*
23 *basis and implement any administrative changes*
24 *that may be necessary to facilitate direct billing*
25 *and reimbursement under the program estab-*

1 *lished under this subsection, including any*
2 *agreements with States that may be necessary to*
3 *provide for direct billing under a program under*
4 *a title of the Social Security Act.*

5 *“(B) COORDINATION OF INFORMATION.—*

6 *The Service shall provide the Administrator of*
7 *the Centers for Medicare & Medicaid Services*
8 *with copies of the lists submitted to the Service*
9 *under paragraph (2)(C), enrollment data regard-*
10 *ing patients served by the Service (and by Tribal*
11 *Health Programs, to the extent such data is*
12 *available to the Service), and such other infor-*
13 *mation as the Administrator may require for*
14 *purposes of administering title XVIII, XIX, or*
15 *XXI of the Social Security Act.*

16 *“(4) WITHDRAWAL FROM PROGRAM.—A Tribal*

17 *Health Program that bills directly under the program*
18 *established under this subsection may withdraw from*
19 *participation in the same manner and under the*
20 *same conditions that an Indian Tribe or Tribal Orga-*
21 *nization may retrocede a contracted program to the*
22 *Secretary under the authority of the Indian Self-De-*
23 *termination and Education Assistance Act (25 U.S.C.*
24 *450 et seq.). All cost accounting and billing authority*
25 *under the program established under this subsection*

1 *shall be returned to the Secretary upon the Sec-*
2 *retary's acceptance of the withdrawal of participation*
3 *in this program.*

4 “(5) *TERMINATION FOR FAILURE TO COMPLY*
5 *WITH REQUIREMENTS.—The Secretary may terminate*
6 *the participation of a Tribal Health Program or in*
7 *the direct billing program established under this sub-*
8 *section if the Secretary determines that the Program*
9 *has failed to comply with the requirements of para-*
10 *graph (2). The Secretary shall provide a Tribal*
11 *Health Program with notice of a determination that*
12 *the Program has failed to comply with any such re-*
13 *quirement and a reasonable opportunity to correct*
14 *such noncompliance prior to terminating the Pro-*
15 *gram's participation in the direct billing program es-*
16 *tablished under this subsection.*

17 “(e) *RELATED PROVISIONS UNDER THE SOCIAL SECU-*
18 *RITY ACT.—For provisions related to subsections (c) and*
19 *(d), see sections 1880, 1911, and 2107(e)(1)(D) of the Social*
20 *Security Act.*

1 **“SEC. 402. GRANTS TO AND CONTRACTS WITH THE SERV-**
2 **ICE, INDIAN TRIBES, TRIBAL ORGANIZA-**
3 **TIONS, AND URBAN INDIAN ORGANIZATIONS**
4 **TO FACILITATE OUTREACH, ENROLLMENT,**
5 **AND COVERAGE OF INDIANS UNDER SOCIAL**
6 **SECURITY ACT HEALTH BENEFIT PROGRAMS**
7 **AND OTHER HEALTH BENEFITS PROGRAMS.**

8 *“(a) INDIAN TRIBES AND TRIBAL ORGANIZATIONS.—*
9 *From funds appropriated to carry out this title in accord-*
10 *ance with section 416, the Secretary, acting through the*
11 *Service, shall make grants to or enter into contracts with*
12 *Indian Tribes and Tribal Organizations to assist such*
13 *Tribes and Tribal Organizations in establishing and ad-*
14 *ministering programs on or near reservations and trust*
15 *lands to assist individual Indians—*

16 *“(1) to enroll for benefits under a program estab-*
17 *lished under title XVIII, XIX, or XXI of the Social*
18 *Security Act and other health benefits programs; and*

19 *“(2) with respect to such programs for which the*
20 *charging of premiums and cost sharing is not prohib-*
21 *ited under such programs, to pay premiums or cost*
22 *sharing for coverage for such benefits, which may be*
23 *based on financial need (as determined by the Indian*
24 *Tribe or Tribes or Tribal Organizations being served*
25 *based on a schedule of income levels developed or im-*

1 *plemented by such Tribe, Tribes, or Tribal Organiza-*
2 *tions).*

3 “(b) *CONDITIONS.—The Secretary, acting through the*
4 *Service, shall place conditions as deemed necessary to effect*
5 *the purpose of this section in any grant or contract which*
6 *the Secretary makes with any Indian Tribe or Tribal Orga-*
7 *nization pursuant to this section. Such conditions shall in-*
8 *clude requirements that the Indian Tribe or Tribal Organi-*
9 *zation successfully undertake—*

10 *“(1) to determine the population of Indians eli-*
11 *gible for the benefits described in subsection (a);*

12 *“(2) to educate Indians with respect to the bene-*
13 *fits available under the respective programs;*

14 *“(3) to provide transportation for such indi-*
15 *vidual Indians to the appropriate offices for enroll-*
16 *ment or applications for such benefits; and*

17 *“(4) to develop and implement methods of im-*
18 *proving the participation of Indians in receiving ben-*
19 *efits under such programs.*

20 “(c) *APPLICATION TO URBAN INDIAN ORGANIZA-*
21 *TIONS.—*

22 *“(1) IN GENERAL.—The provisions of subsection*
23 *(a) shall apply with respect to grants and other fund-*
24 *ing to Urban Indian Organizations with respect to*
25 *populations served by such organizations in the same*

1 *manner they apply to grants and contracts with In-*
2 *dian Tribes and Tribal Organizations with respect to*
3 *programs on or near reservations.*

4 “(2) *REQUIREMENTS.—The Secretary shall in-*
5 *clude in the grants or contracts made or provided*
6 *under paragraph (1) requirements that are—*

7 “(A) *consistent with the requirements im-*
8 *posed by the Secretary under subsection (b);*

9 “(B) *appropriate to Urban Indian Organi-*
10 *zations and Urban Indians; and*

11 “(C) *necessary to effect the purposes of this*
12 *section.*

13 “(d) *FACILITATING COOPERATION.—The Secretary,*
14 *acting through the Centers for Medicare & Medicaid Serv-*
15 *ices, shall take such steps as are necessary to facilitate co-*
16 *operation with, and agreements between, States and the*
17 *Service, Indian Tribes, Tribal Organizations, or Urban In-*
18 *dian Organizations with respect to the provision of health*
19 *care items and services to Indians under the programs es-*
20 *tablished under title XVIII, XIX, or XXI of the Social Secu-*
21 *rity Act.*

22 “(e) *AGREEMENTS RELATING TO IMPROVING ENROLL-*
23 *MENT OF INDIANS UNDER SOCIAL SECURITY ACT HEALTH*
24 *BENEFITS PROGRAMS.—For provisions relating to agree-*
25 *ments between the Secretary, acting through the Service,*

1 *and Indian Tribes, Tribal Organizations, and Urban In-*
2 *dian Organizations for the collection, preparation, and sub-*
3 *mission of applications by Indians for assistance under the*
4 *Medicaid and State children's health insurance programs*
5 *established under titles XIX and XXI of the Social Security*
6 *Act, and benefits under the Medicare program established*
7 *under title XVIII of such Act, see subsections (a) and (b)*
8 *of section 1139 of the Social Security Act.*

9 “(f) *DEFINITION OF PREMIUMS AND COST SHARING.*—
10 *In this section:*

11 “(1) *PREMIUM.*—*The term ‘premium’ includes*
12 *any enrollment fee or similar charge.*

13 “(2) *COST SHARING.*—*The term ‘cost sharing’*
14 *includes any deduction, deductible, copayment, coin-*
15 *surance, or similar charge.*

16 **“SEC. 403. REIMBURSEMENT FROM CERTAIN THIRD PAR-**
17 ***TIES OF COSTS OF HEALTH SERVICES.***

18 “(a) *RIGHT OF RECOVERY.*—*Except as provided in*
19 *subsection (f), the United States, an Indian Tribe, or Tribal*
20 *Organization shall have the right to recover from an insur-*
21 *ance company, health maintenance organization, employee*
22 *benefit plan, third-party tortfeasor, or any other responsible*
23 *or liable third party (including a political subdivision or*
24 *local governmental entity of a State) the reasonable charges*
25 *billed by the Secretary, an Indian Tribe, or Tribal Organi-*

1 zation in providing health services through the Service, an
2 Indian Tribe, or Tribal Organization to any individual to
3 the same extent that such individual, or any nongovern-
4 mental provider of such services, would be eligible to receive
5 damages, reimbursement, or indemnification for such
6 charges or expenses if—

7 “(1) such services had been provided by a non-
8 governmental provider; and

9 “(2) such individual had been required to pay
10 such charges or expenses and did pay such charges or
11 expenses.

12 “(b) *LIMITATIONS ON RECOVERIES FROM STATES.*—
13 Subsection (a) shall provide a right of recovery against any
14 State, only if the injury, illness, or disability for which
15 health services were provided is covered under—

16 “(1) workers’ compensation laws; or

17 “(2) a no-fault automobile accident insurance
18 plan or program.

19 “(c) *NONAPPLICATION OF OTHER LAWS.*—No law of
20 any State, or of any political subdivision of a State and
21 no provision of any contract, insurance or health mainte-
22 nance organization policy, employee benefit plan, self-in-
23 surance plan, managed care plan, or other health care plan
24 or program entered into or renewed after the date of the
25 enactment of the Indian Health Care Amendments of 1988,

1 *shall prevent or hinder the right of recovery of the United*
2 *States, an Indian Tribe, or Tribal Organization under sub-*
3 *section (a).*

4 “(d) *NO EFFECT ON PRIVATE RIGHTS OF ACTION.—*
5 *No action taken by the United States, an Indian Tribe, or*
6 *Tribal Organization to enforce the right of recovery pro-*
7 *vided under this section shall operate to deny to the injured*
8 *person the recovery for that portion of the person’s damage*
9 *not covered hereunder.*

10 “(e) *ENFORCEMENT.—*

11 “(1) *IN GENERAL.—The United States, an In-*
12 *Indian Tribe, or Tribal Organization may enforce the*
13 *right of recovery provided under subsection (a) by—*

14 “(A) *intervening or joining in any civil ac-*
15 *tion or proceeding brought—*

16 “(i) *by the individual for whom health*
17 *services were provided by the Secretary, an*
18 *Indian Tribe, or Tribal Organization; or*

19 “(ii) *by any representative or heirs of*
20 *such individual, or*

21 “(B) *instituting a civil action, including a*
22 *civil action for injunctive relief and other relief*
23 *and including, with respect to a political sub-*
24 *division or local governmental entity of a State,*
25 *such an action against an official thereof.*

1 “(2) *NOTICE.*—All reasonable efforts shall be
2 made to provide notice of action instituted under
3 paragraph (1)(B) to the individual to whom health
4 services were provided, either before or during the
5 pendency of such action.

6 “(3) *RECOVERY FROM TORTFEASORS.*—

7 “(A) *IN GENERAL.*—In any case in which
8 an Indian Tribe or Tribal Organization that is
9 authorized or required under a compact or con-
10 tract issued pursuant to the Indian Self-Deter-
11 mination and Education Assistance Act (25
12 U.S.C. 450 et seq.) to furnish or pay for health
13 services to a person who is injured or suffers a
14 disease on or after the date of enactment of the
15 Indian Health Care Improvement Act Amend-
16 ments of 2007 under circumstances that establish
17 grounds for a claim of liability against the
18 tortfeasor with respect to the injury or disease,
19 the Indian Tribe or Tribal Organization shall
20 have a right to recover from the tortfeasor (or an
21 insurer of the tortfeasor) the reasonable value of
22 the health services so furnished, paid for, or to
23 be paid for, in accordance with the Federal Med-
24 ical Care Recovery Act (42 U.S.C. 2651 et seq.),
25 to the same extent and under the same cir-

1 *cumstances as the United States may recover*
2 *under that Act.*

3 “(B) *TREATMENT.*—*The right of an Indian*
4 *Tribe or Tribal Organization to recover under*
5 *subparagraph (A) shall be independent of the*
6 *rights of the injured or diseased person served by*
7 *the Indian Tribe or Tribal Organization.*

8 “(f) *LIMITATION.*—*Absent specific written authoriza-*
9 *tion by the governing body of an Indian Tribe for the period*
10 *of such authorization (which may not be for a period of*
11 *more than 1 year and which may be revoked at any time*
12 *upon written notice by the governing body to the Service),*
13 *the United States shall not have a right of recovery under*
14 *this section if the injury, illness, or disability for which*
15 *health services were provided is covered under a self-insur-*
16 *ance plan funded by an Indian Tribe, Tribal Organization,*
17 *or Urban Indian Organization. Where such authorization*
18 *is provided, the Service may receive and expend such*
19 *amounts for the provision of additional health services con-*
20 *sistent with such authorization.*

21 “(g) *COSTS AND ATTORNEYS’ FEES.*—*In any action*
22 *brought to enforce the provisions of this section, a prevailing*
23 *plaintiff shall be awarded its reasonable attorneys’ fees and*
24 *costs of litigation.*

1 “(h) *NONAPPLICATION OF CLAIMS FILING REQUIRE-*
2 *MENTS.—An insurance company, health maintenance orga-*
3 *nization, self-insurance plan, managed care plan, or other*
4 *health care plan or program (under the Social Security Act*
5 *or otherwise) may not deny a claim for benefits submitted*
6 *by the Service or by an Indian Tribe or Tribal Organiza-*
7 *tion based on the format in which the claim is submitted*
8 *if such format complies with the format required for sub-*
9 *mission of claims under title XVIII of the Social Security*
10 *Act or recognized under section 1175 of such Act.*

11 “(i) *APPLICATION TO URBAN INDIAN ORGANIZA-*
12 *TIONS.—The previous provisions of this section shall apply*
13 *to Urban Indian Organizations with respect to populations*
14 *served by such Organizations in the same manner they*
15 *apply to Indian Tribes and Tribal Organizations with re-*
16 *spect to populations served by such Indian Tribes and Trib-*
17 *al Organizations.*

18 “(j) *STATUTE OF LIMITATIONS.—The provisions of sec-*
19 *tion 2415 of title 28, United States Code, shall apply to*
20 *all actions commenced under this section, and the references*
21 *therein to the United States are deemed to include Indian*
22 *Tribes, Tribal Organizations, and Urban Indian Organiza-*
23 *tions.*

24 “(k) *SAVINGS.—Nothing in this section shall be con-*
25 *strued to limit any right of recovery available to the United*

1 *States, an Indian Tribe, or Tribal Organization under the*
2 *provisions of any applicable, Federal, State, or Tribal law,*
3 *including medical lien laws.*

4 **“SEC. 404. CREDITING OF REIMBURSEMENTS.**

5 “(a) *USE OF AMOUNTS.—*

6 “(1) *RETENTION BY PROGRAM.—Except as pro-*
7 *vided in section 202(f) (relating to the Catastrophic*
8 *Health Emergency Fund) and section 807 (relating to*
9 *health services for ineligible persons), all reimburse-*
10 *ments received or recovered under any of the pro-*
11 *grams described in paragraph (2), including under*
12 *section 807, by reason of the provision of health serv-*
13 *ices by the Service, by an Indian Tribe or Tribal Or-*
14 *ganization, or by an Urban Indian Organization,*
15 *shall be credited to the Service, such Indian Tribe or*
16 *Tribal Organization, or such Urban Indian Organi-*
17 *zation, respectively, and may be used as provided in*
18 *section 401. In the case of such a service provided by*
19 *or through a Service Unit, such amounts shall be*
20 *credited to such unit and used for such purposes.*

21 “(2) *PROGRAMS COVERED.—The programs re-*
22 *ferred to in paragraph (1) are the following:*

23 “(A) *Titles XVIII, XIX, and XXI of the So-*
24 *cial Security Act.*

25 “(B) *This Act, including section 807.*

1 “(C) *Public Law 87–693.*

2 “(D) *Any other provision of law.*

3 “(b) *NO OFFSET OF AMOUNTS.—The Service may not*
4 *offset or limit any amount obligated to any Service Unit*
5 *or entity receiving funding from the Service because of the*
6 *receipt of reimbursements under subsection (a).*

7 **“SEC. 405. PURCHASING HEALTH CARE COVERAGE.**

8 “(a) *IN GENERAL.—Insofar as amounts are made*
9 *available under law (including a provision of the Social*
10 *Security Act, the Indian Self-Determination and Education*
11 *Assistance Act (25 U.S.C. 450 et seq.), or other law, other*
12 *than under section 402) to Indian Tribes, Tribal Organiza-*
13 *tions, and Urban Indian Organizations for health benefits*
14 *for Service beneficiaries, Indian Tribes, Tribal Organiza-*
15 *tions, and Urban Indian Organizations may use such*
16 *amounts to purchase health benefits coverage for such bene-*
17 *ficiaries in any manner, including through—*

18 “(1) *a tribally owned and operated health care*
19 *plan;*

20 “(2) *a State or locally authorized or licensed*
21 *health care plan;*

22 “(3) *a health insurance provider or managed*
23 *care organization; or*

24 “(4) *a self-insured plan.*

1 *rangement between the Service and a Department de-*
2 *scribed in paragraph (1) without first consulting with*
3 *the Indian Tribes which will be significantly affected*
4 *by the arrangement.*

5 “(b) *LIMITATIONS.*—*The Secretary shall not take any*
6 *action under this section or under subchapter IV of chapter*
7 *81 of title 38, United States Code, which would impair—*

8 *“(1) the priority access of any Indian to health*
9 *care services provided through the Service and the eli-*
10 *gibility of any Indian to receive health services*
11 *through the Service;*

12 *“(2) the quality of health care services provided*
13 *to any Indian through the Service;*

14 *“(3) the priority access of any veteran to health*
15 *care services provided by the Department of Veterans*
16 *Affairs;*

17 *“(4) the quality of health care services provided*
18 *by the Department of Veterans Affairs or the Depart-*
19 *ment of Defense; or*

20 *“(5) the eligibility of any Indian who is a vet-*
21 *eran to receive health services through the Department*
22 *of Veterans Affairs.*

23 “(c) *REIMBURSEMENT.*—*The Service, Indian Tribe, or*
24 *Tribal Organization shall be reimbursed by the Department*
25 *of Veterans Affairs or the Department of Defense (as the*

1 case may be) where services are provided through the Serv-
2 ice, an Indian Tribe, or a Tribal Organization to bene-
3 ficiaries eligible for services from either such Department,
4 notwithstanding any other provision of law.

5 “(d) CONSTRUCTION.—Nothing in this section may be
6 construed as creating any right of a non-Indian veteran
7 to obtain health services from the Service.

8 **“SEC. 407. PAYOR OF LAST RESORT.**

9 “Indian Health Programs and health care programs
10 operated by Urban Indian Organizations shall be the payor
11 of last resort for services provided to persons eligible for
12 services from Indian Health Programs and Urban Indian
13 Organizations, notwithstanding any Federal, State, or local
14 law to the contrary.

15 **“SEC. 408. NONDISCRIMINATION UNDER FEDERAL HEALTH**
16 **CARE PROGRAMS IN QUALIFICATIONS FOR**
17 **REIMBURSEMENT FOR SERVICES.**

18 “(a) REQUIREMENT TO SATISFY GENERALLY APPLI-
19 CABLE PARTICIPATION REQUIREMENTS.—

20 “(1) IN GENERAL.—A Federal health care pro-
21 gram must accept an entity that is operated by the
22 Service, an Indian Tribe, Tribal Organization, or
23 Urban Indian Organization as a provider eligible to
24 receive payment under the program for health care
25 services furnished to an Indian on the same basis as

1 *any other provider qualified to participate as a pro-*
2 *vider of health care services under the program if the*
3 *entity meets generally applicable State or other re-*
4 *quirements for participation as a provider of health*
5 *care services under the program.*

6 “(2) *SATISFACTION OF STATE OR LOCAL LICEN-*
7 *SURE OR RECOGNITION REQUIREMENTS.—Any re-*
8 *quirement for participation as a provider of health*
9 *care services under a Federal health care program*
10 *that an entity be licensed or recognized under the*
11 *State or local law where the entity is located to fur-*
12 *nish health care services shall be deemed to have been*
13 *met in the case of an entity operated by the Service,*
14 *an Indian Tribe, Tribal Organization, or Urban In-*
15 *Indian Organization if the entity meets all the applica-*
16 *ble standards for such licensure or recognition, re-*
17 *gardless of whether the entity obtains a license or*
18 *other documentation under such State or local law. In*
19 *accordance with section 221, the absence of the licen-*
20 *sure of a health care professional employed by such*
21 *an entity under the State or local law where the enti-*
22 *ty is located shall not be taken into account for pur-*
23 *poses of determining whether the entity meets such*
24 *standards, if the professional is licensed in another*
25 *State.*

1 “(b) *APPLICATION OF EXCLUSION FROM PARTICIPA-*
2 *TION IN FEDERAL HEALTH CARE PROGRAMS.—*

3 “(1) *EXCLUDED ENTITIES.—No entity operated*
4 *by the Service, an Indian Tribe, Tribal Organization,*
5 *or Urban Indian Organization that has been excluded*
6 *from participation in any Federal health care pro-*
7 *gram or for which a license is under suspension or*
8 *has been revoked by the State where the entity is lo-*
9 *cated shall be eligible to receive payment or reim-*
10 *bursement under any such program for health care*
11 *services furnished to an Indian.*

12 “(2) *EXCLUDED INDIVIDUALS.—No individual*
13 *who has been excluded from participation in any*
14 *Federal health care program or whose State license is*
15 *under suspension shall be eligible to receive payment*
16 *or reimbursement under any such program for health*
17 *care services furnished by that individual, directly or*
18 *through an entity that is otherwise eligible to receive*
19 *payment for health care services, to an Indian.*

20 “(3) *FEDERAL HEALTH CARE PROGRAM DE-*
21 *FINED.—In this subsection, the term, ‘Federal health*
22 *care program’ has the meaning given that term in*
23 *section 1128B(f) of the Social Security Act (42 U.S.C.*
24 *1320a–7b(f)), except that, for purposes of this sub-*
25 *section, such term shall include the health insurance*

1 *program under chapter 89 of title 5, United States*
2 *Code.*

3 “(c) *RELATED PROVISIONS.*—*For provisions related to*
4 *nondiscrimination against providers operated by the Serv-*
5 *ice, an Indian Tribe, Tribal Organization, or Urban In-*
6 *dian Organization, see section 1139(c) of the Social Secu-*
7 *rity Act (42 U.S.C. 1320b–9(c)).*

8 “**SEC. 409. CONSULTATION.**

9 “*For provisions related to consultation with represent-*
10 *atives of Indian Health Programs and Urban Indian Orga-*
11 *nizations with respect to the health care programs estab-*
12 *lished under titles XVIII, XIX, and XXI of the Social Secu-*
13 *rity Act, see section 1139(d) of the Social Security Act (42*
14 *U.S.C. 1320b–9(d)).*

15 “**SEC. 410. STATE CHILDREN’S HEALTH INSURANCE PRO-**
16 **GRAM (SCHIP).**

17 “*For provisions relating to—*

18 “(1) *outreach to families of Indian children like-*
19 *ly to be eligible for child health assistance under the*
20 *State children’s health insurance program established*
21 *under title XXI of the Social Security Act, see sec-*
22 *tions 2105(c)(2)(C) and 1139(a) of such Act (42*
23 *U.S.C. 1397ee(c)(2), 1320b–9); and*

24 “(2) *ensuring that child health assistance is pro-*
25 *vided under such program to targeted low-income*

1 *children who are Indians and that payments are*
2 *made under such program to Indian Health Pro-*
3 *grams and Urban Indian Organizations operating in*
4 *the State that provide such assistance, see sections*
5 *2102(b)(3)(D) and 2105(c)(6)(B) of such Act (42*
6 *U.S.C. 1397bb(b)(3)(D), 1397ee(c)(6)(B)).*

7 **“SEC. 411. EXCLUSION WAIVER AUTHORITY FOR AFFECTED**
8 **INDIAN HEALTH PROGRAMS AND SAFE HAR-**
9 **BOR TRANSACTIONS UNDER THE SOCIAL SE-**
10 **CURITY ACT.**

11 *“For provisions relating to—*

12 *“(1) exclusion waiver authority for affected In-*
13 *dian Health Programs under the Social Security Act,*
14 *see section 1128(k) of the Social Security Act (42*
15 *U.S.C. 1320a–7(k)); and*

16 *“(2) certain transactions involving Indian*
17 *Health Programs deemed to be in safe harbors under*
18 *that Act, see section 1128B(b)(4) of the Social Secu-*
19 *rity Act (42 U.S.C. 1320a–7b(b)(4)).*

20 **“SEC. 412. PREMIUM AND COST SHARING PROTECTIONS**
21 **AND ELIGIBILITY DETERMINATIONS UNDER**
22 **MEDICAID AND SCHIP AND PROTECTION OF**
23 **CERTAIN INDIAN PROPERTY FROM MEDICAID**
24 **ESTATE RECOVERY.**

25 *“For provisions relating to—*

1 “(1) premiums or cost sharing protections for
2 Indians furnished items or services directly by Indian
3 Health Programs or through referral under the con-
4 tract health service under the Medicaid program es-
5 tablished under title XIX of the Social Security Act,
6 see sections 1916(j) and 1916A(a)(1) of the Social Se-
7 curity Act (42 U.S.C. 1396o(j), 1396o–1(a)(1));

8 “(2) rules regarding the treatment of certain
9 property for purposes of determining eligibility under
10 such programs, see sections 1902(e)(13) and
11 2107(e)(1)(B) of such Act (42 U.S.C. 1396a(e)(13),
12 1397gg(e)(1)(B)); and

13 “(3) the protection of certain property from es-
14 tate recovery provisions under the Medicaid program,
15 see section 1917(b)(3)(B) of such Act (42 U.S.C.
16 1396p(b)(3)(B)).

17 **“SEC. 413. TREATMENT UNDER MEDICAID AND SCHIP MAN-**
18 **AGED CARE.**

19 “*For provisions relating to the treatment of Indians*
20 *enrolled in a managed care entity under the Medicaid pro-*
21 *gram under title XIX of the Social Security Act and Indian*
22 *Health Programs and Urban Indian Organizations that*
23 *are providers of items or services to such Indian enrollees,*
24 *see sections 1932(h) and 2107(e)(1)(H) of the Social Secu-*
25 *rity Act (42 U.S.C. 1396u–2(h), 1397gg(e)(1)(H)).*

1 **“SEC. 414. NAVAJO NATION MEDICAID AGENCY FEASIBILITY**
2 **STUDY.**

3 “(a) *STUDY.*—*The Secretary shall conduct a study to*
4 *determine the feasibility of treating the Navajo Nation as*
5 *a State for the purposes of title XIX of the Social Security*
6 *Act, to provide services to Indians living within the bound-*
7 *aries of the Navajo Nation through an entity established*
8 *having the same authority and performing the same func-*
9 *tions as single-State medicaid agencies responsible for the*
10 *administration of the State plan under title XIX of the So-*
11 *cial Security Act.*

12 “(b) *CONSIDERATIONS.*—*In conducting the study, the*
13 *Secretary shall consider the feasibility of—*

14 “(1) *assigning and paying all expenditures for*
15 *the provision of services and related administration*
16 *funds, under title XIX of the Social Security Act, to*
17 *Indians living within the boundaries of the Navajo*
18 *Nation that are currently paid to or would otherwise*
19 *be paid to the State of Arizona, New Mexico, or Utah;*

20 “(2) *providing assistance to the Navajo Nation*
21 *in the development and implementation of such entity*
22 *for the administration, eligibility, payment, and de-*
23 *livery of medical assistance under title XIX of the So-*
24 *cial Security Act;*

25 “(3) *providing an appropriate level of matching*
26 *funds for Federal medical assistance with respect to*

1 *amounts such entity expends for medical assistance*
2 *for services and related administrative costs; and*

3 *“(4) authorizing the Secretary, at the option of*
4 *the Navajo Nation, to treat the Navajo Nation as a*
5 *State for the purposes of title XIX of the Social Secu-*
6 *rity Act (relating to the State children’s health insur-*
7 *ance program) under terms equivalent to those de-*
8 *scribed in paragraphs (2) through (4).*

9 *“(c) REPORT.—Not later than 3 years after the date*
10 *of enactment of the Indian Health Care Improvement Act*
11 *Amendments of 2007, the Secretary shall submit to the*
12 *Committee on Indian Affairs and Committee on Finance*
13 *of the Senate and the Committee on Natural Resources and*
14 *Committee on Energy and Commerce of the House of Rep-*
15 *resentatives a report that includes—*

16 *“(1) the results of the study under this section;*

17 *“(2) a summary of any consultation that oc-*
18 *curred between the Secretary and the Navajo Nation,*
19 *other Indian Tribes, the States of Arizona, New Mex-*
20 *ico, and Utah, counties which include Navajo Lands,*
21 *and other interested parties, in conducting this study;*

22 *“(3) projected costs or savings associated with es-*
23 *tablishment of such entity, and any estimated impact*
24 *on services provided as described in this section in re-*
25 *lation to probable costs or savings; and*

1 “(4) legislative actions that would be required to
2 authorize the establishment of such entity if such enti-
3 ty is determined by the Secretary to be feasible.

4 **“SEC. 415. GENERAL EXCEPTIONS.**

5 “The requirements of this title shall not apply to any
6 excepted benefits described in paragraph (1)(A) or (3) of
7 section 2791(c) of the Public Health Service Act (42 U.S.C.
8 300gg–91).

9 **“SEC. 416. AUTHORIZATION OF APPROPRIATIONS.**

10 “There are authorized to be appropriated such sums
11 as may be necessary for each fiscal year through fiscal year
12 2017 to carry out this title.

13 **“TITLE V—HEALTH SERVICES**
14 **FOR URBAN INDIANS**

15 **“SEC. 501. PURPOSE.**

16 “The purpose of this title is to establish and maintain
17 programs in Urban Centers to make health services more
18 accessible and available to Urban Indians.

19 **“SEC. 502. CONTRACTS WITH, AND GRANTS TO, URBAN IN-**
20 **DIAN ORGANIZATIONS.**

21 “Under authority of the Act of November 2, 1921 (25
22 U.S.C. 13) (commonly known as the ‘Snyder Act’), the Sec-
23 retary, acting through the Service, shall enter into contracts
24 with, or make grants to, Urban Indian Organizations to
25 assist such organizations in the establishment and adminis-

1 *tration, within Urban Centers, of programs which meet the*
2 *requirements set forth in this title. Subject to section 506,*
3 *the Secretary, acting through the Service, shall include such*
4 *conditions as the Secretary considers necessary to effect the*
5 *purpose of this title in any contract into which the Sec-*
6 *retary enters with, or in any grant the Secretary makes*
7 *to, any Urban Indian Organization pursuant to this title.*

8 **“SEC. 503. CONTRACTS AND GRANTS FOR THE PROVISION**
9 **OF HEALTH CARE AND REFERRAL SERVICES.**

10 *“(a) REQUIREMENTS FOR GRANTS AND CONTRACTS.—*
11 *Under authority of the Act of November 2, 1921 (25 U.S.C.*
12 *13) (commonly known as the ‘Snyder Act’), the Secretary,*
13 *acting through the Service, shall enter into contracts with,*
14 *and make grants to, Urban Indian Organizations for the*
15 *provision of health care and referral services for Urban In-*
16 *dians. Any such contract or grant shall include require-*
17 *ments that the Urban Indian Organization successfully un-*
18 *dertake to—*

19 *“(1) estimate the population of Urban Indians*
20 *residing in the Urban Center or centers that the orga-*
21 *nization proposes to serve who are or could be recipi-*
22 *ents of health care or referral services;*

23 *“(2) estimate the current health status of Urban*
24 *Indians residing in such Urban Center or centers;*

1 “(3) estimate the current health care needs of
2 Urban Indians residing in such Urban Center or cen-
3 ters;

4 “(4) provide basic health education, including
5 health promotion and disease prevention education, to
6 Urban Indians;

7 “(5) make recommendations to the Secretary and
8 Federal, State, local, and other resource agencies on
9 methods of improving health service programs to meet
10 the needs of Urban Indians; and

11 “(6) where necessary, provide, or enter into con-
12 tracts for the provision of, health care services for
13 Urban Indians.

14 “(b) CRITERIA.—The Secretary, acting through the
15 Service, shall, by regulation, prescribe the criteria for select-
16 ing Urban Indian Organizations to enter into contracts or
17 receive grants under this section. Such criteria shall, among
18 other factors, include—

19 “(1) the extent of unmet health care needs of
20 Urban Indians in the Urban Center or centers in-
21 volved;

22 “(2) the size of the Urban Indian population in
23 the Urban Center or centers involved;

24 “(3) the extent, if any, to which the activities set
25 forth in subsection (a) would duplicate any project

1 *funded under this title, or under any current public*
2 *health service project funded in a manner other than*
3 *pursuant to this title;*

4 “(4) *the capability of an Urban Indian Organi-*
5 *zation to perform the activities set forth in subsection*
6 *(a) and to enter into a contract with the Secretary*
7 *or to meet the requirements for receiving a grant*
8 *under this section;*

9 “(5) *the satisfactory performance and successful*
10 *completion by an Urban Indian Organization of*
11 *other contracts with the Secretary under this title;*

12 “(6) *the appropriateness and likely effectiveness*
13 *of conducting the activities set forth in subsection (a)*
14 *in an Urban Center or centers; and*

15 “(7) *the extent of existing or likely future par-*
16 *ticipation in the activities set forth in subsection (a)*
17 *by appropriate health and health-related Federal,*
18 *State, local, and other agencies.*

19 “(c) *ACCESS TO HEALTH PROMOTION AND DISEASE*
20 *PREVENTION PROGRAMS.—The Secretary, acting through*
21 *the Service, shall facilitate access to or provide health pro-*
22 *motion and disease prevention services for Urban Indians*
23 *through grants made to Urban Indian Organizations ad-*
24 *ministering contracts entered into or receiving grants under*
25 *subsection (a).*

1 “(d) *IMMUNIZATION SERVICES.*—

2 “(1) *ACCESS OR SERVICES PROVIDED.*—*The Sec-*
3 *retary, acting through the Service, shall facilitate ac-*
4 *cess to, or provide, immunization services for Urban*
5 *Indians through grants made to Urban Indian Orga-*
6 *nizations administering contracts entered into or re-*
7 *ceiving grants under this section.*

8 “(2) *DEFINITION.*—*For purposes of this sub-*
9 *section, the term ‘immunization services’ means serv-*
10 *ices to provide without charge immunizations against*
11 *vaccine-preventable diseases.*

12 “(e) *BEHAVIORAL HEALTH SERVICES.*—

13 “(1) *ACCESS OR SERVICES PROVIDED.*—*The Sec-*
14 *retary, acting through the Service, shall facilitate ac-*
15 *cess to, or provide, behavioral health services for*
16 *Urban Indians through grants made to Urban Indian*
17 *Organizations administering contracts entered into or*
18 *receiving grants under subsection (a).*

19 “(2) *ASSESSMENT REQUIRED.*—*Except as pro-*
20 *vided by paragraph (3)(A), a grant may not be made*
21 *under this subsection to an Urban Indian Organiza-*
22 *tion until that organization has prepared, and the*
23 *Service has approved, an assessment of the following:*

24 “(A) *The behavioral health needs of the*
25 *Urban Indian population concerned.*

1 “(B) *The behavioral health services and*
2 *other related resources available to that popu-*
3 *lation.*

4 “(C) *The barriers to obtaining those services*
5 *and resources.*

6 “(D) *The needs that are unmet by such*
7 *services and resources.*

8 “(3) *PURPOSES OF GRANTS.—Grants may be*
9 *made under this subsection for the following:*

10 “(A) *To prepare assessments required under*
11 *paragraph (2).*

12 “(B) *To provide outreach, educational, and*
13 *referral services to Urban Indians regarding the*
14 *availability of direct behavioral health services,*
15 *to educate Urban Indians about behavioral*
16 *health issues and services, and effect coordina-*
17 *tion with existing behavioral health providers in*
18 *order to improve services to Urban Indians.*

19 “(C) *To provide outpatient behavioral*
20 *health services to Urban Indians, including the*
21 *identification and assessment of illness, thera-*
22 *peutic treatments, case management, support*
23 *groups, family treatment, and other treatment.*

1 “(D) To develop innovative behavioral
2 health service delivery models which incorporate
3 Indian cultural support systems and resources.

4 “(f) PREVENTION OF CHILD ABUSE.—

5 “(1) ACCESS OR SERVICES PROVIDED.—The Sec-
6 retary, acting through the Service, shall facilitate ac-
7 cess to or provide services for Urban Indians through
8 grants to Urban Indian Organizations administering
9 contracts entered into or receiving grants under sub-
10 section (a) to prevent and treat child abuse (including
11 sexual abuse) among Urban Indians.

12 “(2) EVALUATION REQUIRED.—Except as pro-
13 vided by paragraph (3)(A), a grant may not be made
14 under this subsection to an Urban Indian Organiza-
15 tion until that organization has prepared, and the
16 Service has approved, an assessment that documents
17 the prevalence of child abuse in the Urban Indian
18 population concerned and specifies the services and
19 programs (which may not duplicate existing services
20 and programs) for which the grant is requested.

21 “(3) PURPOSES OF GRANTS.—Grants may be
22 made under this subsection for the following:

23 “(A) To prepare assessments required under
24 paragraph (2).

1 “(B) For the development of prevention,
2 training, and education programs for Urban In-
3 dians, including child education, parent edu-
4 cation, provider training on identification and
5 intervention, education on reporting require-
6 ments, prevention campaigns, and establishing
7 service networks of all those involved in Indian
8 child protection.

9 “(C) To provide direct outpatient treatment
10 services (including individual treatment, family
11 treatment, group therapy, and support groups)
12 to Urban Indians who are child victims of abuse
13 (including sexual abuse) or adult survivors of
14 child sexual abuse, to the families of such child
15 victims, and to Urban Indian perpetrators of
16 child abuse (including sexual abuse).

17 “(4) CONSIDERATIONS WHEN MAKING GRANTS.—

18 *In making grants to carry out this subsection, the*
19 *Secretary shall take into consideration—*

20 “(A) the support for the Urban Indian Or-
21 ganization demonstrated by the child protection
22 authorities in the area, including committees or
23 other services funded under the Indian Child
24 Welfare Act of 1978 (25 U.S.C. 1901 et seq.), if
25 any;

1 “(B) *the capability and expertise dem-*
 2 *onstrated by the Urban Indian Organization to*
 3 *address the complex problem of child sexual*
 4 *abuse in the community; and*

5 “(C) *the assessment required under para-*
 6 *graph (2).*

7 “(g) *OTHER GRANTS.—The Secretary, acting through*
 8 *the Service, may enter into a contract with or make grants*
 9 *to an Urban Indian Organization that provides or arranges*
 10 *for the provision of health care services (through satellite*
 11 *facilities, provider networks, or otherwise) to Urban Indi-*
 12 *ans in more than 1 Urban Center.*

13 “**SEC. 504. CONTRACTS AND GRANTS FOR THE DETERMINA-**
 14 **TION OF UNMET HEALTH CARE NEEDS.**

15 “(a) *GRANTS AND CONTRACTS AUTHORIZED.—Under*
 16 *authority of the Act of November 2, 1921 (25 U.S.C. 13)*
 17 *(commonly known as the ‘Snyder Act’), the Secretary, act-*
 18 *ing through the Service, may enter into contracts with or*
 19 *make grants to Urban Indian Organizations situated in*
 20 *Urban Centers for which contracts have not been entered*
 21 *into or grants have not been made under section 503.*

22 “(b) *PURPOSE.—The purpose of a contract or grant*
 23 *made under this section shall be the determination of the*
 24 *matters described in subsection (c)(1) in order to assist the*
 25 *Secretary in assessing the health status and health care*

1 *needs of Urban Indians in the Urban Center involved and*
2 *determining whether the Secretary should enter into a con-*
3 *tract or make a grant under section 503 with respect to*
4 *the Urban Indian Organization which the Secretary has en-*
5 *tered into a contract with, or made a grant to, under this*
6 *section.*

7 “(c) *GRANT AND CONTRACT REQUIREMENTS.—Any*
8 *contract entered into, or grant made, by the Secretary*
9 *under this section shall include requirements that—*

10 “(1) *the Urban Indian Organization successfully*
11 *undertakes to—*

12 “(A) *document the health care status and*
13 *unmet health care needs of Urban Indians in the*
14 *Urban Center involved; and*

15 “(B) *with respect to Urban Indians in the*
16 *Urban Center involved, determine the matters*
17 *described in paragraphs (2), (3), (4), and (7) of*
18 *section 503(b); and*

19 “(2) *the Urban Indian Organization complete*
20 *performance of the contract, or carry out the require-*
21 *ments of the grant, within 1 year after the date on*
22 *which the Secretary and such organization enter into*
23 *such contract, or within 1 year after such organiza-*
24 *tion receives such grant, whichever is applicable.*

1 “(d) *NO RENEWALS.*—*The Secretary may not renew*
2 *any contract entered into or grant made under this section.*

3 “**SEC. 505. EVALUATIONS; RENEWALS.**

4 “(a) *PROCEDURES FOR EVALUATIONS.*—*The Sec-*
5 *retary, acting through the Service, shall develop procedures*
6 *to evaluate compliance with grant requirements and com-*
7 *pliance with and performance of contracts entered into by*
8 *Urban Indian Organizations under this title. Such proce-*
9 *dures shall include provisions for carrying out the require-*
10 *ments of this section.*

11 “(b) *EVALUATIONS.*—*The Secretary, acting through*
12 *the Service, shall evaluate the compliance of each Urban*
13 *Indian Organization which has entered into a contract or*
14 *received a grant under section 503 with the terms of such*
15 *contract or grant. For purposes of this evaluation, the Sec-*
16 *retary shall—*

17 “(1) *acting through the Service, conduct an an-*
18 *nuual onsite evaluation of the organization; or*

19 “(2) *accept in lieu of such onsite evaluation evi-*
20 *dence of the organization’s provisional or full accredi-*
21 *tation by a private independent entity recognized by*
22 *the Secretary for purposes of conducting quality re-*
23 *views of providers participating in the Medicare pro-*
24 *gram under title XVIII of the Social Security Act.*

1 “(c) *NONCOMPLIANCE; UNSATISFACTORY PERFORM-*
2 *ANCE.—If, as a result of the evaluations conducted under*
3 *this section, the Secretary determines that an Urban Indian*
4 *Organization has not complied with the requirements of a*
5 *grant or complied with or satisfactorily performed a con-*
6 *tract under section 503, the Secretary shall, prior to renew-*
7 *ing such contract or grant, attempt to resolve with the orga-*
8 *nization the areas of noncompliance or unsatisfactory per-*
9 *formance and modify the contract or grant to prevent future*
10 *occurrences of noncompliance or unsatisfactory perform-*
11 *ance. If the Secretary determines that the noncompliance*
12 *or unsatisfactory performance cannot be resolved and pre-*
13 *vented in the future, the Secretary shall not renew the con-*
14 *tract or grant with the organization and is authorized to*
15 *enter into a contract or make a grant under section 503*
16 *with another Urban Indian Organization which is situated*
17 *in the same Urban Center as the Urban Indian Organiza-*
18 *tion whose contract or grant is not renewed under this sec-*
19 *tion.*

20 “(d) *CONSIDERATIONS FOR RENEWALS.—In deter-*
21 *mining whether to renew a contract or grant with an Urban*
22 *Indian Organization under section 503 which has com-*
23 *pleted performance of a contract or grant under section 504,*
24 *the Secretary shall review the records of the Urban Indian*
25 *Organization, the reports submitted under section 507, and*

1 *shall consider the results of the onsite evaluations or accred-*
2 *itations under subsection (b).*

3 **“SEC. 506. OTHER CONTRACT AND GRANT REQUIREMENTS.**

4 “(a) *PROCUREMENT.—Contracts with Urban Indian*
5 *Organizations entered into pursuant to this title shall be*
6 *in accordance with all Federal contracting laws and regula-*
7 *tions relating to procurement except that in the discretion*
8 *of the Secretary, such contracts may be negotiated without*
9 *advertising and need not conform to the provisions of sec-*
10 *tions 1304 and 3131 through 3133 of title 40, United States*
11 *Code.*

12 “(b) *PAYMENTS UNDER CONTRACTS OR GRANTS.—*

13 “(1) *IN GENERAL.—Payments under any con-*
14 *tracts or grants pursuant to this title, notwith-*
15 *standing any term or condition of such contract or*
16 *grant—*

17 “(A) *may be made in a single advance pay-*
18 *ment by the Secretary to the Urban Indian Or-*
19 *ganization by no later than the end of the first*
20 *30 days of the funding period with respect to*
21 *which the payments apply, unless the Secretary*
22 *determines through an evaluation under section*
23 *505 that the organization is not capable of ad-*
24 *ministering such a single advance payment; and*

1 “(B) if any portion thereof is unexpended
2 by the Urban Indian Organization during the
3 funding period with respect to which the pay-
4 ments initially apply, shall be carried forward
5 for expenditure with respect to allowable or re-
6 imbursable costs incurred by the organization
7 during 1 or more subsequent funding periods
8 without additional justification or documenta-
9 tion by the organization as a condition of car-
10 rying forward the availability for expenditure of
11 such funds.

12 “(2) SEMIANNUAL AND QUARTERLY PAYMENTS
13 AND REIMBURSEMENTS.—If the Secretary determines
14 under paragraph (1)(A) that an Urban Indian Orga-
15 nization is not capable of administering an entire
16 single advance payment, on request of the Urban In-
17 dian Organization, the payments may be made—

18 “(A) in semiannual or quarterly payments
19 by not later than 30 days after the date on which
20 the funding period with respect to which the
21 payments apply begins; or

22 “(B) by way of reimbursement.

23 “(c) REVISION OR AMENDMENT OF CONTRACTS.—Not-
24 withstanding any provision of law to the contrary, the Sec-
25 retary may, at the request and consent of an Urban Indian

1 *Organization, revise or amend any contract entered into*
2 *by the Secretary with such organization under this title as*
3 *necessary to carry out the purposes of this title.*

4 “(d) *FAIR AND UNIFORM SERVICES AND ASSIST-*
5 *ANCE.—Contracts with or grants to Urban Indian Organi-*
6 *zations and regulations adopted pursuant to this title shall*
7 *include provisions to assure the fair and uniform provision*
8 *to Urban Indians of services and assistance under such con-*
9 *tracts or grants by such organizations.*

10 **“SEC. 507. REPORTS AND RECORDS.**

11 “(a) *REPORTS.—*

12 “(1) *IN GENERAL.—For each fiscal year during*
13 *which an Urban Indian Organization receives or ex-*
14 *pends funds pursuant to a contract entered into or a*
15 *grant received pursuant to this title, such Urban In-*
16 *dian Organization shall submit to the Secretary not*
17 *more frequently than every 6 months, a report that*
18 *includes the following:*

19 “(A) *In the case of a contract or grant*
20 *under section 503, recommendations pursuant to*
21 *section 503(a)(5).*

22 “(B) *Information on activities conducted by*
23 *the organization pursuant to the contract or*
24 *grant.*

1 “(C) *An accounting of the amounts and*
2 *purpose for which Federal funds were expended.*

3 “(D) *A minimum set of data, using uni-*
4 *formly defined elements, as specified by the Sec-*
5 *retary after consultation with Urban Indian Or-*
6 *ganizations.*

7 “(2) *HEALTH STATUS AND SERVICES.—*

8 “(A) *IN GENERAL.—Not later than 18*
9 *months after the date of enactment of the Indian*
10 *Health Care Improvement Act Amendments of*
11 *2007, the Secretary, acting through the Service,*
12 *shall submit to Congress a report evaluating—*

13 “(i) *the health status of Urban Indi-*
14 *ans;*

15 “(ii) *the services provided to Indians*
16 *pursuant to this title; and*

17 “(iii) *areas of unmet needs in the de-*
18 *livery of health services to Urban Indians.*

19 “(B) *CONSULTATION AND CONTRACTS.—In*
20 *preparing the report under paragraph (1), the*
21 *Secretary—*

22 “(i) *shall consult with Urban Indian*
23 *Organizations; and*

24 “(ii) *may enter into a contract with a*
25 *national organization representing Urban*

1 *Indian Organizations to conduct any aspect*
2 *of the report.*

3 “(b) *AUDIT.*—*The reports and records of the Urban In-*
4 *dian Organization with respect to a contract or grant under*
5 *this title shall be subject to audit by the Secretary and the*
6 *Comptroller General of the United States.*

7 “(c) *COSTS OF AUDITS.*—*The Secretary shall allow as*
8 *a cost of any contract or grant entered into or awarded*
9 *under section 502 or 503 the cost of an annual independent*
10 *financial audit conducted by—*

11 “(1) *a certified public accountant; or*

12 “(2) *a certified public accounting firm qualified*
13 *to conduct Federal compliance audits.*

14 **“SEC. 508. LIMITATION ON CONTRACT AUTHORITY.**

15 “*The authority of the Secretary to enter into contracts*
16 *or to award grants under this title shall be to the extent,*
17 *and in an amount, provided for in appropriation Acts.*

18 **“SEC. 509. FACILITIES.**

19 “(a) *GRANTS.*—*The Secretary, acting through the*
20 *Service, may make grants to contractors or grant recipients*
21 *under this title for the lease, purchase, renovation, construc-*
22 *tion, or expansion of facilities, including leased facilities,*
23 *in order to assist such contractors or grant recipients in*
24 *complying with applicable licensure or certification re-*
25 *quirements.*

1 “(b) *LOAN FUND STUDY.*—*The Secretary, acting*
2 *through the Service, may carry out a study to determine*
3 *the feasibility of establishing a loan fund to provide to*
4 *Urban Indian Organizations direct loans or guarantees for*
5 *loans for the construction of health care facilities in a man-*
6 *ner consistent with section 309, including by submitting a*
7 *report in accordance with subsection (c) of that section.*

8 “**SEC. 510. DIVISION OF URBAN INDIAN HEALTH.**

9 “*There is established within the Service a Division of*
10 *Urban Indian Health, which shall be responsible for—*

11 “(1) *carrying out the provisions of this title;*

12 “(2) *providing central oversight of the programs*
13 *and services authorized under this title; and*

14 “(3) *providing technical assistance to Urban In-*
15 *dian Organizations.*

16 “**SEC. 511. GRANTS FOR ALCOHOL AND SUBSTANCE ABUSE-**
17 **RELATED SERVICES.**

18 “(a) *GRANTS AUTHORIZED.*—*The Secretary, acting*
19 *through the Service, may make grants for the provision of*
20 *health-related services in prevention of, treatment of, reha-*
21 *bilitation of, or school- and community-based education re-*
22 *garding, alcohol and substance abuse in Urban Centers to*
23 *those Urban Indian Organizations with which the Sec-*
24 *retary has entered into a contract under this title or under*
25 *section 201.*

1 “(b) *GOALS.*—*Each grant made pursuant to subsection*
2 *(a) shall set forth the goals to be accomplished pursuant*
3 *to the grant. The goals shall be specific to each grant as*
4 *agreed to between the Secretary and the grantee.*

5 “(c) *CRITERIA.*—*The Secretary shall establish criteria*
6 *for the grants made under subsection (a), including criteria*
7 *relating to the following:*

8 “(1) *The size of the Urban Indian population.*

9 “(2) *Capability of the organization to adequately*
10 *perform the activities required under the grant.*

11 “(3) *Satisfactory performance standards for the*
12 *organization in meeting the goals set forth in such*
13 *grant. The standards shall be negotiated and agreed*
14 *to between the Secretary and the grantee on a grant-*
15 *by-grant basis.*

16 “(4) *Identification of the need for services.*

17 “(d) *ALLOCATION OF GRANTS.*—*The Secretary shall*
18 *develop a methodology for allocating grants made pursuant*
19 *to this section based on the criteria established pursuant*
20 *to subsection (c).*

21 “(e) *GRANTS SUBJECT TO CRITERIA.*—*Any grant re-*
22 *ceived by an Urban Indian Organization under this Act*
23 *for substance abuse prevention, treatment, and rehabilita-*
24 *tion shall be subject to the criteria set forth in subsection*
25 *(c).*

1 **“SEC. 512. TREATMENT OF CERTAIN DEMONSTRATION**
2 **PROJECTS.**

3 *“Notwithstanding any other provision of law, the*
4 *Tulsa Clinic and Oklahoma City Clinic demonstration*
5 *projects shall—*

6 *“(1) be permanent programs within the Service’s*
7 *direct care program;*

8 *“(2) continue to be treated as Service Units and*
9 *Operating Units in the allocation of resources and co-*
10 *ordination of care; and*

11 *“(3) continue to meet the requirements and defi-*
12 *nitions of an Urban Indian Organization in this Act,*
13 *and shall not be subject to the provisions of the In-*
14 *Indian Self-Determination and Education Assistance*
15 *Act (25 U.S.C. 450 et seq.).*

16 **“SEC. 513. URBAN NIAAA TRANSFERRED PROGRAMS.**

17 *“(a) GRANTS AND CONTRACTS.—The Secretary,*
18 *through the Division of Urban Indian Health, shall make*
19 *grants or enter into contracts with Urban Indian Organiza-*
20 *tions, to take effect not later than September 30, 2010, for*
21 *the administration of Urban Indian alcohol programs that*
22 *were originally established under the National Institute on*
23 *Alcoholism and Alcohol Abuse (hereafter in this section re-*
24 *ferred to as ‘NIAAA’) and transferred to the Service.*

25 *“(b) USE OF FUNDS.—Grants provided or contracts*
26 *entered into under this section shall be used to provide sup-*

1 port for the continuation of alcohol prevention and treat-
2 ment services for Urban Indian populations and such other
3 objectives as are agreed upon between the Service and a re-
4 cipient of a grant or contract under this section.

5 “(c) *ELIGIBILITY.*—Urban Indian Organizations that
6 operate Indian alcohol programs originally funded under
7 the NIAAA and subsequently transferred to the Service are
8 eligible for grants or contracts under this section.

9 “(d) *REPORT.*—The Secretary shall evaluate and re-
10 port to Congress on the activities of programs funded under
11 this section not less than every 5 years.

12 **“SEC. 514. CONSULTATION WITH URBAN INDIAN ORGANIZA-**
13 **TIONS.**

14 “(a) *IN GENERAL.*—The Secretary shall ensure that
15 the Service consults, to the greatest extent practicable, with
16 Urban Indian Organizations.

17 “(b) *DEFINITION OF CONSULTATION.*—For purposes of
18 subsection (a), consultation is the open and free exchange
19 of information and opinions which leads to mutual under-
20 standing and comprehension and which emphasizes trust,
21 respect, and shared responsibility.

22 **“SEC. 515. URBAN YOUTH TREATMENT CENTER DEM-**
23 **ONSTRATION.**

24 “(a) *CONSTRUCTION AND OPERATION.*—The Secretary,
25 acting through the Service, through grant or contract, is

1 *authorized to fund the construction and operation of at least*
2 *2 residential treatment centers in each State described in*
3 *subsection (b) to demonstrate the provision of alcohol and*
4 *substance abuse treatment services to Urban Indian youth*
5 *in a culturally competent residential setting.*

6 “(b) *DEFINITION OF STATE.*—*A State described in this*
7 *subsection is a State in which—*

8 “(1) *there resides Urban Indian youth with need*
9 *for alcohol and substance abuse treatment services in*
10 *a residential setting; and*

11 “(2) *there is a significant shortage of culturally*
12 *competent residential treatment services for Urban*
13 *Indian youth.*

14 **“SEC. 516. GRANTS FOR DIABETES PREVENTION, TREAT-**
15 **MENT, AND CONTROL.**

16 “(a) *GRANTS AUTHORIZED.*—*The Secretary may*
17 *make grants to those Urban Indian Organizations that have*
18 *entered into a contract or have received a grant under this*
19 *title for the provision of services for the prevention and*
20 *treatment of, and control of the complications resulting*
21 *from, diabetes among Urban Indians.*

22 “(b) *GOALS.*—*Each grant made pursuant to subsection*
23 *(a) shall set forth the goals to be accomplished under the*
24 *grant. The goals shall be specific to each grant as agreed*
25 *to between the Secretary and the grantee.*

1 “(c) *ESTABLISHMENT OF CRITERIA.*—*The Secretary*
2 *shall establish criteria for the grants made under subsection*
3 *(a) relating to—*

4 “(1) *the size and location of the Urban Indian*
5 *population to be served;*

6 “(2) *the need for prevention of and treatment of,*
7 *and control of the complications resulting from, dia-*
8 *betes among the Urban Indian population to be*
9 *served;*

10 “(3) *performance standards for the organization*
11 *in meeting the goals set forth in such grant that are*
12 *negotiated and agreed to by the Secretary and the*
13 *grantee;*

14 “(4) *the capability of the organization to ade-*
15 *quately perform the activities required under the*
16 *grant; and*

17 “(5) *the willingness of the organization to col-*
18 *laborate with the registry, if any, established by the*
19 *Secretary under section 204(e) in the Area Office of*
20 *the Service in which the organization is located.*

21 “(d) *FUNDS SUBJECT TO CRITERIA.*—*Any funds re-*
22 *ceived by an Urban Indian Organization under this Act*
23 *for the prevention, treatment, and control of diabetes among*
24 *Urban Indians shall be subject to the criteria developed by*
25 *the Secretary under subsection (c).*

1 **“SEC. 517. COMMUNITY HEALTH REPRESENTATIVES.**

2 *“The Secretary, acting through the Service, may enter*
3 *into contracts with, and make grants to, Urban Indian Or-*
4 *ganizations for the employment of Indians trained as health*
5 *service providers through the Community Health Represent-*
6 *atives Program under section 109 in the provision of health*
7 *care, health promotion, and disease prevention services to*
8 *Urban Indians.*

9 **“SEC. 518. EFFECTIVE DATE.**

10 *“The amendments made by the Indian Health Care*
11 *Improvement Act Amendments of 2007 to this title shall*
12 *take effect beginning on the date of enactment of that Act,*
13 *regardless of whether the Secretary has promulgated regula-*
14 *tions implementing such amendments.*

15 **“SEC. 519. ELIGIBILITY FOR SERVICES.**

16 *“Urban Indians shall be eligible for, and the ultimate*
17 *beneficiaries of, health care or referral services provided*
18 *pursuant to this title.*

19 **“SEC. 520. AUTHORIZATION OF APPROPRIATIONS.**

20 *“There are authorized to be appropriated such sums*
21 *as may be necessary for each fiscal year through fiscal year*
22 *2017 to carry out this title.*

1 **“TITLE VI—ORGANIZATIONAL**
2 **IMPROVEMENTS**

3 **“SEC. 601. ESTABLISHMENT OF THE INDIAN HEALTH SERV-**
4 **ICE AS AN AGENCY OF THE PUBLIC HEALTH**
5 **SERVICE.**

6 “(a) *ESTABLISHMENT.*—

7 “(1) *IN GENERAL.*—*In order to more effectively*
8 *and efficiently carry out the responsibilities, authori-*
9 *ties, and functions of the United States to provide*
10 *health care services to Indians and Indian Tribes, as*
11 *are or may be hereafter provided by Federal statute*
12 *or treaties, there is established within the Public*
13 *Health Service of the Department the Indian Health*
14 *Service.*

15 “(2) *ASSISTANT SECRETARY OF INDIAN*
16 *HEALTH.*—*The Service shall be administered by an*
17 *Assistant Secretary of Indian Health, who shall be*
18 *appointed by the President, by and with the advice*
19 *and consent of the Senate. The Assistant Secretary*
20 *shall report to the Secretary. Effective with respect to*
21 *an individual appointed by the President, by and*
22 *with the advice and consent of the Senate, after Janu-*
23 *ary 1, 2007, the term of service of the Assistant Sec-*
24 *retary shall be 4 years. An Assistant Secretary may*
25 *serve more than 1 term.*

1 “(3) *INCUMBENT.*—*The individual serving in the*
2 *position of Director of the Service on the day before*
3 *the date of enactment of the Indian Health Care Im-*
4 *provement Act Amendments of 2007 shall serve as As-*
5 *stant Secretary.*

6 “(4) *ADVOCACY AND CONSULTATION.*—*The posi-*
7 *tion of Assistant Secretary is established to, in a*
8 *manner consistent with the government-to-government*
9 *relationship between the United States and Indian*
10 *Tribes—*

11 “(A) *facilitate advocacy for the development*
12 *of appropriate Indian health policy; and*

13 “(B) *promote consultation on matters relat-*
14 *ing to Indian health.*

15 “(b) *AGENCY.*—*The Service shall be an agency within*
16 *the Public Health Service of the Department, and shall not*
17 *be an office, component, or unit of any other agency of the*
18 *Department.*

19 “(c) *DUTIES.*—*The Assistant Secretary shall—*

20 “(1) *perform all functions that were, on the day*
21 *before the date of enactment of the Indian Health*
22 *Care Improvement Act Amendments of 2007, carried*
23 *out by or under the direction of the individual serv-*
24 *ing as Director of the Service on that day;*

1 “(2) perform all functions of the Secretary relat-
2 ing to the maintenance and operation of hospital and
3 health facilities for Indians and the planning for, and
4 provision and utilization of, health services for Indi-
5 ans;

6 “(3) administer all health programs under which
7 health care is provided to Indians based upon their
8 status as Indians which are administered by the Sec-
9 retary, including programs under—

10 “(A) this Act;

11 “(B) the Act of November 2, 1921 (25
12 U.S.C. 13);

13 “(C) the Act of August 5, 1954 (42 U.S.C.
14 2001 et seq.);

15 “(D) the Act of August 16, 1957 (42 U.S.C.
16 2005 et seq.); and

17 “(E) the Indian Self-Determination and
18 Education Assistance Act (25 U.S.C. 450 et
19 seq.);

20 “(4) administer all scholarship and loan func-
21 tions carried out under title I;

22 “(5) report directly to the Secretary concerning
23 all policy- and budget-related matters affecting In-
24 dian health;

1 “(6) collaborate with the Assistant Secretary for
2 *Health concerning appropriate matters of Indian*
3 *health that affect the agencies of the Public Health*
4 *Service;*

5 “(7) advise each Assistant Secretary of the De-
6 *partment concerning matters of Indian health with*
7 *respect to which that Assistant Secretary has author-*
8 *ity and responsibility;*

9 “(8) advise the heads of other agencies and pro-
10 *grams of the Department concerning matters of In-*
11 *dian health with respect to which those heads have*
12 *authority and responsibility;*

13 “(9) coordinate the activities of the Department
14 *concerning matters of Indian health; and*

15 “(10) perform such other functions as the Sec-
16 *retary may designate.*

17 “(d) *AUTHORITY.—*

18 “(1) *IN GENERAL.—The Secretary, acting*
19 *through the Assistant Secretary, shall have the au-*
20 *thority—*

21 “(A) *except to the extent provided for in*
22 *paragraph (2), to appoint and compensate em-*
23 *ployees for the Service in accordance with title*
24 *5, United States Code;*

1 “(2) *REQUIREMENTS OF SYSTEM.*—*The informa-*
2 *tion system established under paragraph (1) shall in-*
3 *clude—*

4 “(A) *a financial management system;*

5 “(B) *a patient care information system for*
6 *each area served by the Service;*

7 “(C) *a privacy component that protects the*
8 *privacy of patient information held by, or on be-*
9 *half of, the Service;*

10 “(D) *a services-based cost accounting com-*
11 *ponent that provides estimates of the costs associ-*
12 *ated with the provision of specific medical treat-*
13 *ments or services in each Area office of the Serv-*
14 *ice;*

15 “(E) *an interface mechanism for patient*
16 *billing and accounts receivable system; and*

17 “(F) *a training component.*

18 “(b) *PROVISION OF SYSTEMS TO TRIBES AND ORGANI-*
19 *ZATIONS.*—*The Secretary shall provide each Tribal Health*
20 *Program automated management information systems*
21 *which—*

22 “(1) *meet the management information needs of*
23 *such Tribal Health Program with respect to the treat-*
24 *ment by the Tribal Health Program of patients of the*
25 *Service; and*

1 “(2) *meet the management information needs of*
2 *the Service.*

3 “(c) *ACCESS TO RECORDS.—Notwithstanding any*
4 *other provision of law, each patient shall have reasonable*
5 *access to the medical or health records of such patient which*
6 *are held by, or on behalf of, the Service.*

7 “(d) *AUTHORITY TO ENHANCE INFORMATION TECH-*
8 *NOLOGY.—The Secretary, acting through the Assistant Sec-*
9 *retary, shall have the authority to enter into contracts,*
10 *agreements, or joint ventures with other Federal agencies,*
11 *States, private and nonprofit organizations, for the purpose*
12 *of enhancing information technology in Indian Health Pro-*
13 *grams and facilities.*

14 **“SEC. 603. AUTHORIZATION OF APPROPRIATIONS.**

15 *“There is authorized to be appropriated such sums as*
16 *may be necessary for each fiscal year through fiscal year*
17 *2017 to carry out this title.*

18 **“TITLE VII—BEHAVIORAL**
19 **HEALTH PROGRAMS**

20 **“SEC. 701. BEHAVIORAL HEALTH PREVENTION AND TREAT-**
21 **MENT SERVICES.**

22 “(a) *PURPOSES.—The purposes of this section are as*
23 *follows:*

24 “(1) *To authorize and direct the Secretary, act-*
25 *ing through the Service, Indian Tribes, Tribal Orga-*

1 nizations, and Urban Indian Organizations, to de-
2 velop a comprehensive behavioral health prevention
3 and treatment program which emphasizes collabora-
4 tion among alcohol and substance abuse, social serv-
5 ices, and mental health programs.

6 “(2) To provide information, direction, and
7 guidance relating to mental illness and dysfunction
8 and self-destructive behavior, including child abuse
9 and family violence, to those Federal, tribal, State,
10 and local agencies responsible for programs in Indian
11 communities in areas of health care, education, social
12 services, child and family welfare, alcohol and sub-
13 stance abuse, law enforcement, and judicial services.

14 “(3) To assist Indian Tribes to identify services
15 and resources available to address mental illness and
16 dysfunctional and self-destructive behavior.

17 “(4) To provide authority and opportunities for
18 Indian Tribes and Tribal Organizations to develop,
19 implement, and coordinate with community-based
20 programs which include identification, prevention,
21 education, referral, and treatment services, including
22 through multidisciplinary resource teams.

23 “(5) To ensure that Indians, as citizens of the
24 United States and of the States in which they reside,

1 *have the same access to behavioral health services to*
2 *which all citizens have access.*

3 “(6) *To modify or supplement existing programs*
4 *and authorities in the areas identified in paragraph*
5 *(2).*

6 “(b) *PLANS.—*

7 “(1) *DEVELOPMENT.—The Secretary, acting*
8 *through the Service, Indian Tribes, Tribal Organiza-*
9 *tions, and Urban Indian Organizations, shall encour-*
10 *age Indian Tribes and Tribal Organizations to de-*
11 *velop tribal plans, and Urban Indian Organizations*
12 *to develop local plans, and for all such groups to par-*
13 *ticipate in developing areawide plans for Indian Be-*
14 *havioral Health Services. The plans shall include, to*
15 *the extent feasible, the following components:*

16 “(A) *An assessment of the scope of alcohol*
17 *or other substance abuse, mental illness, and dys-*
18 *functional and self-destructive behavior, includ-*
19 *ing suicide, child abuse, and family violence,*
20 *among Indians, including—*

21 “(i) *the number of Indians served who*
22 *are directly or indirectly affected by such*
23 *illness or behavior; or*

1 “(ii) an estimate of the financial and
2 human cost attributable to such illness or
3 behavior.

4 “(B) An assessment of the existing and ad-
5 ditional resources necessary for the prevention
6 and treatment of such illness and behavior, in-
7 cluding an assessment of the progress toward
8 achieving the availability of the full continuum
9 of care described in subsection (c).

10 “(C) An estimate of the additional funding
11 needed by the Service, Indian Tribes, Tribal Or-
12 ganizations, and Urban Indian Organizations to
13 meet their responsibilities under the plans.

14 “(2) NATIONAL CLEARINGHOUSE.—The Sec-
15 retary, acting through the Service, shall coordinate
16 with existing national clearinghouses and informa-
17 tion centers to include at the clearinghouses and cen-
18 ters plans and reports on the outcomes of such plans
19 developed by Indian Tribes, Tribal Organizations,
20 Urban Indian Organizations, and Service Areas re-
21 lating to behavioral health. The Secretary shall ensure
22 access to these plans and outcomes by any Indian
23 Tribe, Tribal Organization, Urban Indian Organiza-
24 tion, or the Service.

1 “(3) *TECHNICAL ASSISTANCE.*—*The Secretary*
2 *shall provide technical assistance to Indian Tribes,*
3 *Tribal Organizations, and Urban Indian Organiza-*
4 *tions in preparation of plans under this section and*
5 *in developing standards of care that may be used and*
6 *adopted locally.*

7 “(c) *PROGRAMS.*—*The Secretary, acting through the*
8 *Service, Indian Tribes, and Tribal Organizations, shall*
9 *provide, to the extent feasible and if funding is available,*
10 *programs including the following:*

11 “(1) *COMPREHENSIVE CARE.*—*A comprehensive*
12 *continuum of behavioral health care which provides—*

13 “(A) *community-based prevention, interven-*
14 *tion, outpatient, and behavioral health aftercare;*

15 “(B) *detoxification (social and medical);*

16 “(C) *acute hospitalization;*

17 “(D) *intensive outpatient/day treatment;*

18 “(E) *residential treatment;*

19 “(F) *transitional living for those needing a*
20 *temporary, stable living environment that is*
21 *supportive of treatment and recovery goals;*

22 “(G) *emergency shelter;*

23 “(H) *intensive case management; and*

24 “(I) *diagnostic services.*

1 “(2) *CHILD CARE.*—*Behavioral health services*
2 *for Indians from birth through age 17, including—*

3 “(A) *preschool and school age fetal alcohol*
4 *disorder services, including assessment and be-*
5 *havioral intervention;*

6 “(B) *mental health and substance abuse*
7 *services (emotional, organic, alcohol, drug, inhal-*
8 *ant, and tobacco);*

9 “(C) *identification and treatment of co-oc-*
10 *curring disorders and comorbidity;*

11 “(D) *prevention of alcohol, drug, inhalant,*
12 *and tobacco use;*

13 “(E) *early intervention, treatment, and*
14 *aftercare;*

15 “(F) *promotion of healthy approaches to*
16 *risk and safety issues; and*

17 “(G) *identification and treatment of neglect*
18 *and physical, mental, and sexual abuse.*

19 “(3) *ADULT CARE.*—*Behavioral health services*
20 *for Indians from age 18 through 55, including—*

21 “(A) *early intervention, treatment, and*
22 *aftercare;*

23 “(B) *mental health and substance abuse*
24 *services (emotional, alcohol, drug, inhalant, and*
25 *tobacco), including sex specific services;*

1 “(C) *identification and treatment of co-oc-*
2 *curing disorders (dual diagnosis) and comor-*
3 *bidity;*

4 “(D) *promotion of healthy approaches for*
5 *risk-related behavior;*

6 “(E) *treatment services for women at risk of*
7 *giving birth to a child with a fetal alcohol dis-*
8 *order; and*

9 “(F) *sex specific treatment for sexual as-*
10 *sault and domestic violence.*

11 “(4) *FAMILY CARE.—Behavioral health services*
12 *for families, including—*

13 “(A) *early intervention, treatment, and*
14 *aftercare for affected families;*

15 “(B) *treatment for sexual assault and do-*
16 *mestic violence; and*

17 “(C) *promotion of healthy approaches relat-*
18 *ing to parenting, domestic violence, and other*
19 *abuse issues.*

20 “(5) *ELDER CARE.—Behavioral health services*
21 *for Indians 56 years of age and older, including—*

22 “(A) *early intervention, treatment, and*
23 *aftercare;*

1 “(B) mental health and substance abuse
2 services (emotional, alcohol, drug, inhalant, and
3 tobacco), including sex specific services;

4 “(C) identification and treatment of co-oc-
5 curring disorders (dual diagnosis) and comor-
6 bidity;

7 “(D) promotion of healthy approaches to
8 managing conditions related to aging;

9 “(E) sex specific treatment for sexual as-
10 sault, domestic violence, neglect, physical and
11 mental abuse and exploitation; and

12 “(F) identification and treatment of demen-
13 tias regardless of cause.

14 “(d) *COMMUNITY BEHAVIORAL HEALTH PLAN.*—

15 “(1) *ESTABLISHMENT.*—The governing body of
16 any Indian Tribe, Tribal Organization, or Urban In-
17 dian Organization may adopt a resolution for the es-
18 tablishment of a community behavioral health plan
19 providing for the identification and coordination of
20 available resources and programs to identify, prevent,
21 or treat substance abuse, mental illness, or dysfunc-
22 tional and self-destructive behavior, including child
23 abuse and family violence, among its members or its
24 service population. This plan should include behav-

1 *ioral health services, social services, intensive out-*
2 *patient services, and continuing aftercare.*

3 “(2) *TECHNICAL ASSISTANCE.*—*At the request of*
4 *an Indian Tribe, Tribal Organization, or Urban In-*
5 *Indian Organization, the Bureau of Indian Affairs and*
6 *the Service shall cooperate with and provide technical*
7 *assistance to the Indian Tribe, Tribal Organization,*
8 *or Urban Indian Organization in the development*
9 *and implementation of such plan.*

10 “(3) *FUNDING.*—*The Secretary, acting through*
11 *the Service, may make funding available to Indian*
12 *Tribes and Tribal Organizations which adopt a reso-*
13 *lution pursuant to paragraph (1) to obtain technical*
14 *assistance for the development of a community behav-*
15 *ioral health plan and to provide administrative sup-*
16 *port in the implementation of such plan.*

17 “(e) *COORDINATION FOR AVAILABILITY OF SERV-*
18 *ICES.*—*The Secretary, acting through the Service, Indian*
19 *Tribes, Tribal Organizations, and Urban Indian Organiza-*
20 *tions, shall coordinate behavioral health planning, to the*
21 *extent feasible, with other Federal agencies and with State*
22 *agencies, to encourage comprehensive behavioral health serv-*
23 *ices for Indians regardless of their place of residence.*

24 “(f) *MENTAL HEALTH CARE NEED ASSESSMENT.*—
25 *Not later than 1 year after the date of enactment of the*

1 *Indian Health Care Improvement Act Amendments of 2007,*
2 *the Secretary, acting through the Service, shall make an as-*
3 *essment of the need for inpatient mental health care among*
4 *Indians and the availability and cost of inpatient mental*
5 *health facilities which can meet such need. In making such*
6 *assessment, the Secretary shall consider the possible conver-*
7 *sion of existing, underused Service hospital beds into psy-*
8 *chiatric units to meet such need.*

9 **“SEC. 702. MEMORANDA OF AGREEMENT WITH THE DEPART-**
10 **MENT OF THE INTERIOR.**

11 *“(a) CONTENTS.—Not later than 12 months after the*
12 *date of enactment of the Indian Health Care Improvement*
13 *Act Amendments of 2007, the Secretary, acting through the*
14 *Service, and the Secretary of the Interior shall develop and*
15 *enter into a memoranda of agreement, or review and update*
16 *any existing memoranda of agreement, as required by sec-*
17 *tion 4205 of the Indian Alcohol and Substance Abuse Pre-*
18 *vention and Treatment Act of 1986 (25 U.S.C. 2411) under*
19 *which the Secretaries address the following:*

20 *“(1) The scope and nature of mental illness and*
21 *dysfunctional and self-destructive behavior, including*
22 *child abuse and family violence, among Indians.*

23 *“(2) The existing Federal, tribal, State, local,*
24 *and private services, resources, and programs avail-*
25 *able to provide behavioral health services for Indians.*

1 “(3) *The unmet need for additional services, re-*
2 *sources, and programs necessary to meet the needs*
3 *identified pursuant to paragraph (1).*

4 “(4)(A) *The right of Indians, as citizens of the*
5 *United States and of the States in which they reside,*
6 *to have access to behavioral health services to which*
7 *all citizens have access.*

8 “(B) *The right of Indians to participate in, and*
9 *receive the benefit of, such services.*

10 “(C) *The actions necessary to protect the exercise*
11 *of such right.*

12 “(5) *The responsibilities of the Bureau of Indian*
13 *Affairs and the Service, including mental illness iden-*
14 *tification, prevention, education, referral, and treat-*
15 *ment services (including services through multidisci-*
16 *plinary resource teams), at the central, area, and*
17 *agency and Service Unit, Service Area, and head-*
18 *quarters levels to address the problems identified in*
19 *paragraph (1).*

20 “(6) *A strategy for the comprehensive coordina-*
21 *tion of the behavioral health services provided by the*
22 *Bureau of Indian Affairs and the Service to meet the*
23 *problems identified pursuant to paragraph (1), in-*
24 *cluding—*

1 “(A) the coordination of alcohol and sub-
2 stance abuse programs of the Service, the Bureau
3 of Indian Affairs, and Indian Tribes and Tribal
4 Organizations (developed under the Indian Alco-
5 hol and Substance Abuse Prevention and Treat-
6 ment Act of 1986 (25 U.S.C. 2401 et seq.)) with
7 behavioral health initiatives pursuant to this
8 Act, particularly with respect to the referral and
9 treatment of dually diagnosed individuals re-
10 quiring behavioral health and substance abuse
11 treatment; and

12 “(B) ensuring that the Bureau of Indian
13 Affairs and Service programs and services (in-
14 cluding multidisciplinary resource teams) ad-
15 dressing child abuse and family violence are co-
16 ordinated with such non-Federal programs and
17 services.

18 “(7) Directing appropriate officials of the Bu-
19 reau of Indian Affairs and the Service, particularly
20 at the agency and Service Unit levels, to cooperate
21 fully with tribal requests made pursuant to commu-
22 nity behavioral health plans adopted under section
23 701(c) and section 4206 of the Indian Alcohol and
24 Substance Abuse Prevention and Treatment Act of
25 1986 (25 U.S.C. 2412).

1 “(8) *Providing for an annual review of such*
2 *agreement by the Secretaries which shall be provided*
3 *to Congress and Indian Tribes and Tribal Organiza-*
4 *tions.*

5 “(b) *SPECIFIC PROVISIONS REQUIRED.—The memo-*
6 *randa of agreement updated or entered into pursuant to*
7 *subsection (a) shall include specific provisions pursuant to*
8 *which the Service shall assume responsibility for—*

9 “(1) *the determination of the scope of the prob-*
10 *lem of alcohol and substance abuse among Indians,*
11 *including the number of Indians within the jurisdic-*
12 *tion of the Service who are directly or indirectly af-*
13 *ected by alcohol and substance abuse and the finan-*
14 *cial and human cost;*

15 “(2) *an assessment of the existing and needed re-*
16 *sources necessary for the prevention of alcohol and*
17 *substance abuse and the treatment of Indians affected*
18 *by alcohol and substance abuse; and*

19 “(3) *an estimate of the funding necessary to ade-*
20 *quately support a program of prevention of alcohol*
21 *and substance abuse and treatment of Indians affected*
22 *by alcohol and substance abuse.*

23 “(c) *PUBLICATION.—Each memorandum of agreement*
24 *entered into or renewed (and amendments or modifications*
25 *thereto) under subsection (a) shall be published in the Fed-*

1 *eral Register. At the same time as publication in the Fed-*
2 *eral Register, the Secretary shall provide a copy of such*
3 *memoranda, amendment, or modification to each Indian*
4 *Tribe, Tribal Organization, and Urban Indian Organiza-*
5 *tion.*

6 **“SEC. 703. COMPREHENSIVE BEHAVIORAL HEALTH PREVEN-**
7 **TION AND TREATMENT PROGRAM.**

8 *“(a) ESTABLISHMENT.—*

9 *“(1) IN GENERAL.—The Secretary, acting*
10 *through the Service, Indian Tribes, and Tribal Orga-*
11 *nizations, shall provide a program of comprehensive*
12 *behavioral health, prevention, treatment, and*
13 *aftercare, which shall include—*

14 *“(A) prevention, through educational inter-*
15 *vention, in Indian communities;*

16 *“(B) acute detoxification, psychiatric hos-*
17 *pitalization, residential, and intensive out-*
18 *patient treatment;*

19 *“(C) community-based rehabilitation and*
20 *aftercare;*

21 *“(D) community education and involve-*
22 *ment, including extensive training of health care,*
23 *educational, and community-based personnel;*

24 *“(E) specialized residential treatment pro-*
25 *grams for high-risk populations, including preg-*

1 *nant and postpartum women and their children;*
2 *and*

3 “(F) *diagnostic services.*

4 “(2) *TARGET POPULATIONS.—The target popu-*
5 *lation of such programs shall be members of Indian*
6 *Tribes. Efforts to train and educate key members of*
7 *the Indian community shall also target employees of*
8 *health, education, judicial, law enforcement, legal,*
9 *and social service programs.*

10 “(b) *CONTRACT HEALTH SERVICES.—*

11 “(1) *IN GENERAL.—The Secretary, acting*
12 *through the Service, Indian Tribes, and Tribal Orga-*
13 *nizations, may enter into contracts with public or*
14 *private providers of behavioral health treatment serv-*
15 *ices for the purpose of carrying out the program re-*
16 *quired under subsection (a).*

17 “(2) *PROVISION OF ASSISTANCE.—In carrying*
18 *out this subsection, the Secretary shall provide assist-*
19 *ance to Indian Tribes and Tribal Organizations to*
20 *develop criteria for the certification of behavioral*
21 *health service providers and accreditation of service*
22 *facilities which meet minimum standards for such*
23 *services and facilities.*

1 **“SEC. 704. MENTAL HEALTH TECHNICIAN PROGRAM.**

2 “(a) *IN GENERAL.*—Under the authority of the Act of
3 November 2, 1921 (25 U.S.C. 13) (commonly known as the
4 ‘Snyder Act’), the Secretary shall establish and maintain
5 a mental health technician program within the Service
6 which—

7 “(1) provides for the training of Indians as men-
8 tal health technicians; and

9 “(2) employs such technicians in the provision of
10 community-based mental health care that includes
11 identification, prevention, education, referral, and
12 treatment services.

13 “(b) *PARAPROFESSIONAL TRAINING.*—In carrying out
14 subsection (a), the Secretary, acting through the Service, In-
15 dian Tribes, and Tribal Organizations, shall provide high-
16 standard paraprofessional training in mental health care
17 necessary to provide quality care to the Indian communities
18 to be served. Such training shall be based upon a cur-
19 riculum developed or approved by the Secretary which com-
20 bines education in the theory of mental health care with
21 supervised practical experience in the provision of such
22 care.

23 “(c) *SUPERVISION AND EVALUATION OF TECHNI-*
24 *CIANS.*—The Secretary, acting through the Service, Indian
25 Tribes, and Tribal Organizations, shall supervise and

1 *evaluate the mental health technicians in the training pro-*
2 *gram.*

3 “(d) *TRADITIONAL HEALTH CARE PRACTICES.*—*The*
4 *Secretary, acting through the Service, shall ensure that the*
5 *program established pursuant to this subsection involves the*
6 *use and promotion of the traditional health care practices*
7 *of the Indian Tribes to be served.*

8 “**SEC. 705. LICENSING REQUIREMENT FOR MENTAL HEALTH**
9 **CARE WORKERS.**

10 “(a) *IN GENERAL.*—*Subject to the provisions of section*
11 *221, and except as provided in subsection (b), any indi-*
12 *vidual employed as a psychologist, social worker, or mar-*
13 *riage and family therapist for the purpose of providing*
14 *mental health care services to Indians in a clinical setting*
15 *under this Act is required to be licensed as a psychologist,*
16 *social worker, or marriage and family therapist, respec-*
17 *tively.*

18 “(b) *TRAINEES.*—*An individual may be employed as*
19 *a trainee in psychology, social work, or marriage and fam-*
20 *ily therapy to provide mental health care services described*
21 *in subsection (a) if such individual—*

22 “(1) *works under the direct supervision of a li-*
23 *icensed psychologist, social worker, or marriage and*
24 *family therapist, respectively;*

1 “(2) is enrolled in or has completed at least 2
2 years of course work at a post-secondary, accredited
3 education program for psychology, social work, mar-
4 riage and family therapy, or counseling; and

5 “(3) meets such other training, supervision, and
6 quality review requirements as the Secretary may es-
7 tablish.

8 **“SEC. 706. INDIAN WOMEN TREATMENT PROGRAMS.**

9 “(a) GRANTS.—The Secretary, consistent with section
10 701, may make grants to Indian Tribes, Tribal Organiza-
11 tions, and Urban Indian Organizations to develop and im-
12 plement a comprehensive behavioral health program of pre-
13 vention, intervention, treatment, and relapse prevention
14 services that specifically addresses the cultural, historical,
15 social, and child care needs of Indian women, regardless
16 of age.

17 “(b) USE OF GRANT FUNDS.—A grant made pursuant
18 to this section may be used to—

19 “(1) develop and provide community training,
20 education, and prevention programs for Indian
21 women relating to behavioral health issues, including
22 fetal alcohol disorders;

23 “(2) identify and provide psychological services,
24 counseling, advocacy, support, and relapse prevention
25 to Indian women and their families; and

1 “(3) *develop prevention and intervention models*
2 *for Indian women which incorporate traditional*
3 *health care practices, cultural values, and community*
4 *and family involvement.*

5 “(c) *CRITERIA.—The Secretary, in consultation with*
6 *Indian Tribes and Tribal Organizations, shall establish cri-*
7 *teria for the review and approval of applications and pro-*
8 *posals for funding under this section.*

9 “(d) *EARMARK OF CERTAIN FUNDS.—Twenty percent*
10 *of the funds appropriated pursuant to this section shall be*
11 *used to make grants to Urban Indian Organizations.*

12 **“SEC. 707. INDIAN YOUTH PROGRAM.**

13 “(a) *DETOXIFICATION AND REHABILITATION.—The*
14 *Secretary, acting through the Service, consistent with sec-*
15 *tion 701, shall develop and implement a program for acute*
16 *detoxification and treatment for Indian youths, including*
17 *behavioral health services. The program shall include re-*
18 *gional treatment centers designed to include detoxification*
19 *and rehabilitation for both sexes on a referral basis and*
20 *programs developed and implemented by Indian Tribes or*
21 *Tribal Organizations at the local level under the Indian*
22 *Self-Determination and Education Assistance Act (25*
23 *U.S.C. 450 et seq.). Regional centers shall be integrated*
24 *with the intake and rehabilitation programs based in the*
25 *referring Indian community.*

1 “(b) *ALCOHOL AND SUBSTANCE ABUSE TREATMENT*
2 *CENTERS OR FACILITIES.*—

3 “(1) *ESTABLISHMENT.*—

4 “(A) *IN GENERAL.*—*The Secretary, acting*
5 *through the Service, Indian Tribes, and Tribal*
6 *Organizations, shall construct, renovate, or, as*
7 *necessary, purchase, and appropriately staff and*
8 *operate, at least 1 youth regional treatment cen-*
9 *ter or treatment network in each area under the*
10 *jurisdiction of an Area Office.*

11 “(B) *AREA OFFICE IN CALIFORNIA.*—*For*
12 *the purposes of this subsection, the Area Office in*
13 *California shall be considered to be 2 Area Of-*
14 *fices, 1 office whose jurisdiction shall be consid-*
15 *ered to encompass the northern area of the State*
16 *of California, and 1 office whose jurisdiction*
17 *shall be considered to encompass the remainder*
18 *of the State of California for the purpose of im-*
19 *plementing California treatment networks.*

20 “(2) *FUNDING.*—*For the purpose of staffing and*
21 *operating such centers or facilities, funding shall be*
22 *pursuant to the Act of November 2, 1921 (25 U.S.C.*
23 *13).*

24 “(3) *LOCATION.*—*A youth treatment center con-*
25 *structed or purchased under this subsection shall be*

1 *constructed or purchased at a location within the*
2 *area described in paragraph (1) agreed upon (by ap-*
3 *propriate tribal resolution) by a majority of the In-*
4 *Indian Tribes to be served by such center.*

5 “(4) *SPECIFIC PROVISION OF FUNDS.—*

6 “(A) *IN GENERAL.—Notwithstanding any*
7 *other provision of this title, the Secretary may,*
8 *from amounts authorized to be appropriated for*
9 *the purposes of carrying out this section, make*
10 *funds available to—*

11 “(i) *the Tanana Chiefs Conference, In-*
12 *corporated, for the purpose of leasing, con-*
13 *structing, renovating, operating, and main-*
14 *taining a residential youth treatment facil-*
15 *ity in Fairbanks, Alaska; and*

16 “(ii) *the Southeast Alaska Regional*
17 *Health Corporation to staff and operate a*
18 *residential youth treatment facility without*
19 *regard to the proviso set forth in section 4(l)*
20 *of the Indian Self-Determination and Edu-*
21 *cation Assistance Act (25 U.S.C. 450b(l)).*

22 “(B) *PROVISION OF SERVICES TO ELIGIBLE*
23 *YOUTHS.—Until additional residential youth*
24 *treatment facilities are established in Alaska*
25 *pursuant to this section, the facilities specified*

1 *in subparagraph (A) shall make every effort to*
2 *provide services to all eligible Indian youths re-*
3 *siding in Alaska.*

4 “(c) *INTERMEDIATE ADOLESCENT BEHAVIORAL*
5 *HEALTH SERVICES.—*

6 “(1) *IN GENERAL.—The Secretary, acting*
7 *through the Service, Indian Tribes, and Tribal Orga-*
8 *nizations, may provide intermediate behavioral health*
9 *services to Indian children and adolescents, includ-*
10 *ing—*

11 “(A) *pretreatment assistance;*

12 “(B) *inpatient, outpatient, and aftercare*
13 *services;*

14 “(C) *emergency care;*

15 “(D) *suicide prevention and crisis interven-*
16 *tion; and*

17 “(E) *prevention and treatment of mental*
18 *illness and dysfunctional and self-destructive be-*
19 *havior, including child abuse and family vio-*
20 *lence.*

21 “(2) *USE OF FUNDS.—Funds provided under*
22 *this subsection may be used—*

23 “(A) *to construct or renovate an existing*
24 *health facility to provide intermediate behavioral*
25 *health services;*

1 “(B) to hire behavioral health professionals;

2 “(C) to staff, operate, and maintain an in-
3 intermediate mental health facility, group home,
4 sober housing, transitional housing or similar fa-
5 cilities, or youth shelter where intermediate be-
6 havioral health services are being provided;

7 “(D) to make renovations and hire appro-
8 priate staff to convert existing hospital beds into
9 adolescent psychiatric units; and

10 “(E) for intensive home- and community-
11 based services.

12 “(3) CRITERIA.—The Secretary, acting through
13 the Service, shall, in consultation with Indian Tribes
14 and Tribal Organizations, establish criteria for the
15 review and approval of applications or proposals for
16 funding made available pursuant to this subsection.

17 “(d) FEDERALLY-OWNED STRUCTURES.—

18 “(1) IN GENERAL.—The Secretary, in consulta-
19 tion with Indian Tribes and Tribal Organizations,
20 shall—

21 “(A) identify and use, where appropriate,
22 federally-owned structures suitable for local resi-
23 dential or regional behavioral health treatment
24 for Indian youths; and

1 “(B) establish guidelines for determining
2 the suitability of any such federally-owned struc-
3 ture to be used for local residential or regional
4 behavioral health treatment for Indian youths.

5 “(2) *TERMS AND CONDITIONS FOR USE OF*
6 *STRUCTURE.*—Any structure described in paragraph
7 (1) may be used under such terms and conditions as
8 may be agreed upon by the Secretary and the agency
9 having responsibility for the structure and any In-
10 dian Tribe or Tribal Organization operating the pro-
11 gram.

12 “(e) *REHABILITATION AND AFTERCARE SERVICES.*—

13 “(1) *IN GENERAL.*—The Secretary, Indian
14 Tribes, or Tribal Organizations, in cooperation with
15 the Secretary of the Interior, shall develop and imple-
16 ment within each Service Unit, community-based re-
17 habilitation and follow-up services for Indian youths
18 who are having significant behavioral health prob-
19 lems, and require long-term treatment, community re-
20 integration, and monitoring to support the Indian
21 youths after their return to their home community.

22 “(2) *ADMINISTRATION.*—Services under para-
23 graph (1) shall be provided by trained staff within
24 the community who can assist the Indian youths in
25 their continuing development of self-image, positive

1 *problem-solving skills, and nonalcohol or substance*
2 *abusing behaviors. Such staff may include alcohol*
3 *and substance abuse counselors, mental health profes-*
4 *sionals, and other health professionals and para-*
5 *professionals, including community health representa-*
6 *tives.*

7 “(f) *INCLUSION OF FAMILY IN YOUTH TREATMENT*
8 *PROGRAM.—In providing the treatment and other services*
9 *to Indian youths authorized by this section, the Secretary,*
10 *acting through the Service, Indian Tribes, and Tribal Orga-*
11 *nizations, shall provide for the inclusion of family members*
12 *of such youths in the treatment programs or other services*
13 *as may be appropriate. Not less than 10 percent of the funds*
14 *appropriated for the purposes of carrying out subsection (e)*
15 *shall be used for outpatient care of adult family members*
16 *related to the treatment of an Indian youth under that sub-*
17 *section.*

18 “(g) *MULTIDRUG ABUSE PROGRAM.—The Secretary,*
19 *acting through the Service, Indian Tribes, Tribal Organiza-*
20 *tions, and Urban Indian Organizations, shall provide, con-*
21 *sistent with section 701, programs and services to prevent*
22 *and treat the abuse of multiple forms of substances, includ-*
23 *ing alcohol, drugs, inhalants, and tobacco, among Indian*
24 *youths residing in Indian communities, on or near reserva-*
25 *tions, and in urban areas and provide appropriate mental*

1 *health services to address the incidence of mental illness*
2 *among such youths.*

3 “(h) *INDIAN YOUTH MENTAL HEALTH.*—*The Sec-*
4 *retary, acting through the Service, shall collect data for the*
5 *report under section 801 with respect to—*

6 “(1) *the number of Indian youth who are being*
7 *provided mental health services through the Service*
8 *and Tribal Health Programs;*

9 “(2) *a description of, and costs associated with,*
10 *the mental health services provided for Indian youth*
11 *through the Service and Tribal Health Programs;*

12 “(3) *the number of youth referred to the Service*
13 *or Tribal Health Programs for mental health services;*

14 “(4) *the number of Indian youth provided resi-*
15 *dential treatment for mental health and behavioral*
16 *problems through the Service and Tribal Health Pro-*
17 *grams, reported separately for on- and off-reservation*
18 *facilities; and*

19 “(5) *the costs of the services described in para-*
20 *graph (4).*

21 **“SEC. 708. INDIAN YOUTH TELEMENTAL HEALTH DEM-**
22 **ONSTRATION PROJECT.**

23 “(a) *PURPOSE.*—*The purpose of this section is to au-*
24 *thorize the Secretary to carry out a demonstration project*
25 *to test the use of telemental health services in suicide pre-*

1 *vention, intervention and treatment of Indian youth, in-*
2 *cluding through—*

3 “(1) *the use of psychotherapy, psychiatric assess-*
4 *ments, diagnostic interviews, therapies for mental*
5 *health conditions predisposing to suicide, and alcohol*
6 *and substance abuse treatment;*

7 “(2) *the provision of clinical expertise to, con-*
8 *sultation services with, and medical advice and train-*
9 *ing for frontline health care providers working with*
10 *Indian youth;*

11 “(3) *training and related support for community*
12 *leaders, family members and health and education*
13 *workers who work with Indian youth;*

14 “(4) *the development of culturally-relevant edu-*
15 *cational materials on suicide; and*

16 “(5) *data collection and reporting.*

17 “(b) *DEFINITIONS.—For the purpose of this section,*
18 *the following definitions shall apply:*

19 “(1) *DEMONSTRATION PROJECT.—The term*
20 *‘demonstration project’ means the Indian youth tele-*
21 *mental health demonstration project authorized under*
22 *subsection (c).*

23 “(2) *TELEMENTAL HEALTH.—The term ‘tele-*
24 *mental health’ means the use of electronic information*
25 *and telecommunications technologies to support long*

1 *distance mental health care, patient and professional-*
2 *related education, public health, and health adminis-*
3 *tration.*

4 “(c) *AUTHORIZATION.—*

5 “(1) *IN GENERAL.—The Secretary is authorized*
6 *to award grants under the demonstration project for*
7 *the provision of telemental health services to Indian*
8 *youth who—*

9 “(A) *have expressed suicidal ideas;*

10 “(B) *have attempted suicide; or*

11 “(C) *have mental health conditions that in-*
12 *crease or could increase the risk of suicide.*

13 “(2) *ELIGIBILITY FOR GRANTS.—Such grants*
14 *shall be awarded to Indian Tribes and Tribal Organi-*
15 *zations that operate 1 or more facilities—*

16 “(A) *located in Alaska and part of the Alas-*
17 *ka Federal Health Care Access Network;*

18 “(B) *reporting active clinical telehealth ca-*
19 *pabilities; or*

20 “(C) *offering school-based telemental health*
21 *services relating to psychiatry to Indian youth.*

22 “(3) *GRANT PERIOD.—The Secretary shall*
23 *award grants under this section for a period of up to*
24 *4 years.*

1 “(4) *AWARDING OF GRANTS.*—*Not more than 5*
2 *grants shall be provided under paragraph (1), with*
3 *priority consideration given to Indian Tribes and*
4 *Tribal Organizations that—*

5 “(A) *serve a particular community or geo-*
6 *graphic area where there is a demonstrated need*
7 *to address Indian youth suicide;*

8 “(B) *enter in to collaborative partnerships*
9 *with Indian Health Service or Tribal Health*
10 *Programs or facilities to provide services under*
11 *this demonstration project;*

12 “(C) *serve an isolated community or geo-*
13 *graphic area which has limited or no access to*
14 *behavioral health services; or*

15 “(D) *operate a detention facility at which*
16 *Indian youth are detained.*

17 “(d) *USE OF FUNDS.*—

18 “(1) *IN GENERAL.*—*An Indian Tribe or Tribal*
19 *Organization shall use a grant received under sub-*
20 *section (c) for the following purposes:*

21 “(A) *To provide telemental health services*
22 *to Indian youth, including the provision of—*

23 “(i) *psychotherapy;*

24 “(ii) *psychiatric assessments and diag-*
25 *nostic interviews, therapies for mental*

1 *health conditions predisposing to suicide,*
2 *and treatment; and*

3 “(iii) *alcohol and substance abuse*
4 *treatment.*

5 “(B) *To provide clinician-interactive med-*
6 *ical advice, guidance and training, assistance in*
7 *diagnosis and interpretation, crisis counseling*
8 *and intervention, and related assistance to Serv-*
9 *ice, tribal, or urban clinicians and health serv-*
10 *ices providers working with youth being served*
11 *under this demonstration project.*

12 “(C) *To assist, educate and train commu-*
13 *nity leaders, health education professionals and*
14 *paraprofessionals, tribal outreach workers, and*
15 *family members who work with the youth receiv-*
16 *ing telemental health services under this dem-*
17 *onstration project, including with identification*
18 *of suicidal tendencies, crisis intervention and*
19 *suicide prevention, emergency skill development,*
20 *and building and expanding networks among*
21 *these individuals and with State and local health*
22 *services providers.*

23 “(D) *To develop and distribute culturally*
24 *appropriate community educational materials*
25 *on—*

1 “(i) suicide prevention;
2 “(ii) suicide education;
3 “(iii) suicide screening;
4 “(iv) suicide intervention; and
5 “(v) ways to mobilize communities
6 with respect to the identification of risk fac-
7 tors for suicide.

8 “(E) For data collection and reporting re-
9 lated to Indian youth suicide prevention efforts.

10 “(2) TRADITIONAL HEALTH CARE PRACTICES.—
11 In carrying out the purposes described in paragraph
12 (1), an Indian Tribe or Tribal Organization may use
13 and promote the traditional health care practices of
14 the Indian Tribes of the youth to be served.

15 “(e) APPLICATIONS.—To be eligible to receive a grant
16 under subsection (c), an Indian Tribe or Tribal Organiza-
17 tion shall prepare and submit to the Secretary an applica-
18 tion, at such time, in such manner, and containing such
19 information as the Secretary may require, including—

20 “(1) a description of the project that the Indian
21 Tribe or Tribal Organization will carry out using the
22 funds provided under the grant;

23 “(2) a description of the manner in which the
24 project funded under the grant would—

1 “(A) meet the telemental health care needs
2 of the Indian youth population to be served by
3 the project; or

4 “(B) improve the access of the Indian youth
5 population to be served to suicide prevention and
6 treatment services;

7 “(3) evidence of support for the project from the
8 local community to be served by the project;

9 “(4) a description of how the families and lead-
10 ership of the communities or populations to be served
11 by the project would be involved in the development
12 and ongoing operations of the project;

13 “(5) a plan to involve the tribal community of
14 the youth who are provided services by the project in
15 planning and evaluating the mental health care and
16 suicide prevention efforts provided, in order to ensure
17 the integration of community, clinical, environ-
18 mental, and cultural components of the treatment;
19 and

20 “(6) a plan for sustaining the project after Fed-
21 eral assistance for the demonstration project has ter-
22 minated.

23 “(f) COLLABORATION; REPORTING TO NATIONAL
24 CLEARINGHOUSE.—

1 “(1) *COLLABORATION.*—*The Secretary, acting*
2 *through the Service, shall encourage Indian Tribes*
3 *and Tribal Organizations receiving grants under this*
4 *section to collaborate to enable comparisons about best*
5 *practices across projects.*

6 “(2) *REPORTING TO NATIONAL CLEARING-*
7 *HOUSE.*—*The Secretary, acting through the Service,*
8 *shall also encourage Indian Tribes and Tribal Orga-*
9 *nizations receiving grants under this section to sub-*
10 *mit relevant, declassified project information to the*
11 *national clearinghouse authorized under section*
12 *701(b)(2) in order to better facilitate program per-*
13 *formance and improve suicide prevention, interven-*
14 *tion, and treatment services.*

15 “(g) *ANNUAL REPORT.*—*Each grant recipient shall*
16 *submit to the Secretary an annual report that—*

17 “(1) *describes the number of telemental health*
18 *services provided; and*

19 “(2) *includes any other information that the Sec-*
20 *retary may require.*

21 “(h) *REPORT TO CONGRESS.*—*Not later than 270 days*
22 *after the termination of the demonstration project, the Sec-*
23 *retary shall submit to the Committee on Indian Affairs of*
24 *the Senate and the Committee on Natural Resources and*
25 *Committee on Energy and Commerce of the House of Rep-*

1 representatives a final report, based on the annual reports pro-
2 vided by grant recipients under subsection (h), that—

3 “(1) describes the results of the projects funded
4 by grants awarded under this section, including any
5 data available which indicates the number of at-
6 tempted suicides;

7 “(2) evaluates the impact of the telemental health
8 services funded by the grants in reducing the number
9 of completed suicides among Indian youth;

10 “(3) evaluates whether the demonstration project
11 should be—

12 “(A) expanded to provide more than 5
13 grants; and

14 “(B) designated a permanent program; and

15 “(4) evaluates the benefits of expanding the dem-
16 onstration project to include Urban Indian Organiza-
17 tions.

18 “(i) *AUTHORIZATION OF APPROPRIATIONS.*—There is
19 authorized to be appropriated to carry out this section
20 \$1,500,000 for each of fiscal years 2008 through 2011.

21 **“SEC. 709. INPATIENT AND COMMUNITY-BASED MENTAL**
22 **HEALTH FACILITIES DESIGN, CONSTRUC-**
23 **TION, AND STAFFING.**

24 “Not later than 1 year after the date of enactment of
25 the Indian Health Care Improvement Act Amendments of

1 2007, the Secretary, acting through the Service, Indian
2 Tribes, and Tribal Organizations, may provide, in each
3 area of the Service, not less than 1 inpatient mental health
4 care facility, or the equivalent, for Indians with behavioral
5 health problems. For the purposes of this subsection, Cali-
6 fornia shall be considered to be 2 Area Offices, 1 office whose
7 location shall be considered to encompass the northern area
8 of the State of California and 1 office whose jurisdiction
9 shall be considered to encompass the remainder of the State
10 of California. The Secretary shall consider the possible con-
11 version of existing, underused Service hospital beds into
12 psychiatric units to meet such need.

13 **“SEC. 710. TRAINING AND COMMUNITY EDUCATION.**

14 “(a) PROGRAM.—The Secretary, in cooperation with
15 the Secretary of the Interior, shall develop and implement
16 or assist Indian Tribes and Tribal Organizations to develop
17 and implement, within each Service Unit or tribal pro-
18 gram, a program of community education and involvement
19 which shall be designed to provide concise and timely infor-
20 mation to the community leadership of each tribal commu-
21 nity. Such program shall include education about behav-
22 ioral health issues to political leaders, Tribal judges, law
23 enforcement personnel, members of tribal health and edu-
24 cation boards, health care providers including traditional
25 practitioners, and other critical members of each tribal

1 *community. Such program may also include community-*
2 *based training to develop local capacity and tribal commu-*
3 *nity provider training for prevention, intervention, treat-*
4 *ment, and aftercare.*

5 “(b) *INSTRUCTION.—The Secretary, acting through the*
6 *Service, shall, either directly or through Indian Tribes and*
7 *Tribal Organizations, provide instruction in the area of be-*
8 *havioral health issues, including instruction in crisis inter-*
9 *vention and family relations in the context of alcohol and*
10 *substance abuse, child sexual abuse, youth alcohol and sub-*
11 *stance abuse, and the causes and effects of fetal alcohol dis-*
12 *orders to appropriate employees of the Bureau of Indian*
13 *Affairs and the Service, and to personnel in schools or pro-*
14 *grams operated under any contract with the Bureau of In-*
15 *dian Affairs or the Service, including supervisors of emer-*
16 *gency shelters and halfway houses described in section 4213*
17 *of the Indian Alcohol and Substance Abuse Prevention and*
18 *Treatment Act of 1986 (25 U.S.C. 2433).*

19 “(c) *TRAINING MODELS.—In carrying out the edu-*
20 *cation and training programs required by this section, the*
21 *Secretary, in consultation with Indian Tribes, Tribal Orga-*
22 *nizations, Indian behavioral health experts, and Indian al-*
23 *cohol and substance abuse prevention experts, shall develop*
24 *and provide community-based training models. Such mod-*
25 *els shall address—*

1 “(1) the elevated risk of alcohol and behavioral
2 health problems faced by children of alcoholics;

3 “(2) the cultural, spiritual, and multigenera-
4 tional aspects of behavioral health problem prevention
5 and recovery; and

6 “(3) community-based and multidisciplinary
7 strategies for preventing and treating behavioral
8 health problems.

9 **“SEC. 711. BEHAVIORAL HEALTH PROGRAM.**

10 “(a) *INNOVATIVE PROGRAMS.*—The Secretary, acting
11 through the Service, Indian Tribes, and Tribal Organiza-
12 tions, consistent with section 701, may plan, develop, im-
13 plement, and carry out programs to deliver innovative com-
14 munity-based behavioral health services to Indians.

15 “(b) *AWARDS; CRITERIA.*—The Secretary may award
16 a grant for a project under subsection (a) to an Indian
17 Tribe or Tribal Organization and may consider the fol-
18 lowing criteria:

19 “(1) The project will address significant unmet
20 behavioral health needs among Indians.

21 “(2) The project will serve a significant number
22 of Indians.

23 “(3) The project has the potential to deliver serv-
24 ices in an efficient and effective manner.

1 “(4) *The Indian Tribe or Tribal Organization*
2 *has the administrative and financial capability to*
3 *administer the project.*

4 “(5) *The project may deliver services in a man-*
5 *ner consistent with traditional health care practices.*

6 “(6) *The project is coordinated with, and avoids*
7 *duplication of, existing services.*

8 “(c) *EQUITABLE TREATMENT.—For purposes of this*
9 *subsection, the Secretary shall, in evaluating project appli-*
10 *cations or proposals, use the same criteria that the Sec-*
11 *retary uses in evaluating any other application or proposal*
12 *for such funding.*

13 **“SEC. 712. FETAL ALCOHOL DISORDER PROGRAMS.**

14 “(a) *PROGRAMS.—*

15 “(1) *ESTABLISHMENT.—The Secretary, con-*
16 *sistent with section 701, acting through the Service,*
17 *Indian Tribes, and Tribal Organizations, is author-*
18 *ized to establish and operate fetal alcohol disorder*
19 *programs as provided in this section for the purposes*
20 *of meeting the health status objectives specified in sec-*
21 *tion 3.*

22 “(2) *USE OF FUNDS.—*

23 “(A) *IN GENERAL.—Funding provided pur-*
24 *suant to this section shall be used for the fol-*
25 *lowing:*

1 “(i) To develop and provide for Indi-
2 ans community and in-school training, edu-
3 cation, and prevention programs relating to
4 fetal alcohol disorders.

5 “(ii) To identify and provide behav-
6 ioral health treatment to high-risk Indian
7 women and high-risk women pregnant with
8 an Indian’s child.

9 “(iii) To identify and provide appro-
10 priate psychological services, educational
11 and vocational support, counseling, advo-
12 cacy, and information to fetal alcohol dis-
13 order affected Indians and their families or
14 caretakers.

15 “(iv) To develop and implement coun-
16 seling and support programs in schools for
17 fetal alcohol disorder affected Indian chil-
18 dren.

19 “(v) To develop prevention and inter-
20 vention models which incorporate practi-
21 tioners of traditional health care practices,
22 cultural values, and community involve-
23 ment.

1 “(vi) To develop, print, and dissemi-
2 nate education and prevention materials on
3 fetal alcohol disorder.

4 “(vii) To develop and implement, in
5 consultation with Indian Tribes, Tribal Or-
6 ganizations, and Urban Indian Organiza-
7 tions, culturally sensitive assessment and
8 diagnostic tools including dysmorphology
9 clinics and multidisciplinary fetal alcohol
10 disorder clinics for use in Indian commu-
11 nities and Urban Centers.

12 “(B) *ADDITIONAL USES.*—In addition to
13 any purpose under subparagraph (A), funding
14 provided pursuant to this section may be used
15 for 1 or more of the following:

16 “(i) Early childhood intervention
17 projects from birth on to mitigate the effects
18 of fetal alcohol disorder among Indians.

19 “(ii) Community-based support serv-
20 ices for Indians and women pregnant with
21 Indian children.

22 “(iii) Community-based housing for
23 adult Indians with fetal alcohol disorder.

1 “(3) *CRITERIA FOR APPLICATIONS.*—*The Sec-*
2 *retary shall establish criteria for the review and ap-*
3 *proval of applications for funding under this section.*

4 “(b) *SERVICES.*—*The Secretary, acting through the*
5 *Service and Indian Tribes, Tribal Organizations, and*
6 *Urban Indian Organizations, shall—*

7 “(1) *develop and provide services for the preven-*
8 *tion, intervention, treatment, and aftercare for those*
9 *affected by fetal alcohol disorder in Indian commu-*
10 *nities; and*

11 “(2) *provide supportive services, including serv-*
12 *ices to meet the special educational, vocational,*
13 *school-to-work transition, and independent living*
14 *needs of adolescent and adult Indians with fetal alco-*
15 *hol disorder.*

16 “(c) *TASK FORCE.*—*The Secretary shall establish a*
17 *task force to be known as the Fetal Alcohol Disorder Task*
18 *Force to advise the Secretary in carrying out subsection (b).*
19 *Such task force shall be composed of representatives from*
20 *the following:*

21 “(1) *The National Institute on Drug Abuse.*

22 “(2) *The National Institute on Alcohol and Alco-*
23 *holism.*

24 “(3) *The Office of Substance Abuse Prevention.*

25 “(4) *The National Institute of Mental Health.*

1 “(5) *The Service.*

2 “(6) *The Office of Minority Health of the De-*
3 *partment of Health and Human Services.*

4 “(7) *The Administration for Native Americans.*

5 “(8) *The National Institute of Child Health and*
6 *Human Development (NICHD).*

7 “(9) *The Centers for Disease Control and Pre-*
8 *vention.*

9 “(10) *The Bureau of Indian Affairs.*

10 “(11) *Indian Tribes.*

11 “(12) *Tribal Organizations.*

12 “(13) *Urban Indian Organizations.*

13 “(14) *Indian fetal alcohol disorder experts.*

14 “(d) *APPLIED RESEARCH PROJECTS.—The Secretary,*
15 *acting through the Substance Abuse and Mental Health*
16 *Services Administration, shall make grants to Indian*
17 *Tribes, Tribal Organizations, and Urban Indian Organiza-*
18 *tions for applied research projects which propose to elevate*
19 *the understanding of methods to prevent, intervene, treat,*
20 *or provide rehabilitation and behavioral health aftercare for*
21 *Indians and Urban Indians affected by fetal alcohol dis-*
22 *order.*

23 “(e) *FUNDING FOR URBAN INDIAN ORGANIZATIONS.—*
24 *Ten percent of the funds appropriated pursuant to this sec-*

1 *tion shall be used to make grants to Urban Indian Organi-*
2 *zations funded under title V.*

3 **“SEC. 713. CHILD SEXUAL ABUSE AND PREVENTION TREAT-**
4 **MENT PROGRAMS.**

5 *“(a) ESTABLISHMENT.—The Secretary, acting through*
6 *the Service, and the Secretary of the Interior, Indian*
7 *Tribes, and Tribal Organizations, shall establish, consistent*
8 *with section 701, in every Service Area, programs involving*
9 *treatment for—*

10 *“(1) victims of sexual abuse who are Indian chil-*
11 *dren or children in an Indian household; and*

12 *“(2) perpetrators of child sexual abuse who are*
13 *Indian or members of an Indian household.*

14 *“(b) USE OF FUNDS.—Funding provided pursuant to*
15 *this section shall be used for the following:*

16 *“(1) To develop and provide community edu-*
17 *cation and prevention programs related to sexual*
18 *abuse of Indian children or children in an Indian*
19 *household.*

20 *“(2) To identify and provide behavioral health*
21 *treatment to victims of sexual abuse who are Indian*
22 *children or children in an Indian household, and to*
23 *their family members who are affected by sexual*
24 *abuse.*

1 “(3) To develop prevention and intervention
2 models which incorporate traditional health care
3 practices, cultural values, and community involve-
4 ment.

5 “(4) To develop and implement culturally sen-
6 sitive assessment and diagnostic tools for use in In-
7 dian communities and Urban Centers.

8 “(5) To identify and provide behavioral health
9 treatment to Indian perpetrators and perpetrators
10 who are members of an Indian household—

11 “(A) making efforts to begin offender and
12 behavioral health treatment while the perpetrator
13 is incarcerated or at the earliest possible date if
14 the perpetrator is not incarcerated; and

15 “(B) providing treatment after the pepe-
16 rator is released, until it is determined that the
17 perpetrator is not a threat to children.

18 “(c) COORDINATION.—The programs established under
19 subsection (a) shall be carried out in coordination with pro-
20 grams and services authorized under the Indian Child Pro-
21 tection and Family Violence Prevention Act (25 U.S.C.
22 3201 et seq.).

23 **“SEC. 714. BEHAVIORAL HEALTH RESEARCH.**

24 “The Secretary, in consultation with appropriate Fed-
25 eral agencies, shall make grants to, or enter into contracts

1 *with, Indian Tribes, Tribal Organizations, and Urban In-*
2 *dian Organizations or enter into contracts with, or make*
3 *grants to appropriate institutions for, the conduct of re-*
4 *search on the incidence and prevalence of behavioral health*
5 *problems among Indians served by the Service, Indian*
6 *Tribes, or Tribal Organizations and among Indians in*
7 *urban areas. Research priorities under this section shall in-*
8 *clude—*

9 “(1) *the multifactorial causes of Indian youth*
10 *suicide, including—*

11 “(A) *protective and risk factors and sci-*
12 *entific data that identifies those factors; and*

13 “(B) *the effects of loss of cultural identity*
14 *and the development of scientific data on those*
15 *effects;*

16 “(2) *the interrelationship and interdependence of*
17 *behavioral health problems with alcoholism and other*
18 *substance abuse, suicide, homicides, other injuries,*
19 *and the incidence of family violence; and*

20 “(3) *the development of models of prevention*
21 *techniques.*

22 *The effect of the interrelationships and interdependencies*
23 *referred to in paragraph (2) on children, and the develop-*
24 *ment of prevention techniques under paragraph (3) appli-*
25 *cable to children, shall be emphasized.*

1 **“SEC. 715. DEFINITIONS.**

2 *“For the purpose of this title, the following definitions*
3 *shall apply:*

4 *“(1) ASSESSMENT.—The term ‘assessment’*
5 *means the systematic collection, analysis, and dis-*
6 *semination of information on health status, health*
7 *needs, and health problems.*

8 *“(2) ALCOHOL-RELATED NEURODEVELOPMENTAL*
9 *DISORDERS OR ARND.—The term ‘alcohol-related*
10 *neurodevelopmental disorders’ or ‘ARND’ means, with*
11 *a history of maternal alcohol consumption during*
12 *pregnancy, central nervous system involvement such*
13 *as developmental delay, intellectual deficit, or*
14 *neurologic abnormalities. Behaviorally, there can be*
15 *problems with irritability, and failure to thrive as in-*
16 *fant. As children become older there will likely be hy-*
17 *peractivity, attention deficit, language dysfunction,*
18 *and perceptual and judgment problems.*

19 *“(3) BEHAVIORAL HEALTH AFTERCARE.—The*
20 *term ‘behavioral health aftercare’ includes those ac-*
21 *tivities and resources used to support recovery fol-*
22 *lowing inpatient, residential, intensive substance*
23 *abuse, or mental health outpatient or outpatient*
24 *treatment. The purpose is to help prevent or deal with*
25 *relapse by ensuring that by the time a client or pa-*
26 *tient is discharged from a level of care, such as out-*

1 *patient treatment, an aftercare plan has been devel-*
2 *oped with the client. An aftercare plan may use such*
3 *resources as a community-based therapeutic group,*
4 *transitional living facilities, a 12-step sponsor, a*
5 *local 12-step or other related support group, and other*
6 *community-based providers.*

7 “(4) *DUAL DIAGNOSIS.*—*The term ‘dual diag-*
8 *nosis’ means coexisting substance abuse and mental*
9 *illness conditions or diagnosis. Such clients are some-*
10 *times referred to as mentally ill chemical abusers*
11 *(MICAs).*

12 “(5) *FETAL ALCOHOL DISORDERS.*—*The term*
13 *‘fetal alcohol disorders’ means fetal alcohol syndrome,*
14 *partial fetal alcohol syndrome and alcohol related*
15 *neurodevelopmental disorder (ARND).*

16 “(6) *FETAL ALCOHOL SYNDROME OR FAS.*—*The*
17 *term ‘fetal alcohol syndrome’ or ‘FAS’ means a syn-*
18 *drome in which, with a history of maternal alcohol*
19 *consumption during pregnancy, the following criteria*
20 *are met:*

21 “(A) *Central nervous system involvement*
22 *such as developmental delay, intellectual deficit,*
23 *microencephaly, or neurologic abnormalities.*

24 “(B) *Craniofacial abnormalities with at*
25 *least 2 of the following: microphthalmia, short*

1 *palpebral fissures, poorly developed philtrum,*
2 *thin upper lip, flat nasal bridge, and short*
3 *upturned nose.*

4 “(C) *Prenatal or postnatal growth delay.*

5 “(7) *PARTIAL FAS.—The term ‘partial FAS’*
6 *means, with a history of maternal alcohol consump-*
7 *tion during pregnancy, having most of the criteria of*
8 *FAS, though not meeting a minimum of at least 2 of*
9 *the following: microphthalmia, short palpebral fis-*
10 *tures, poorly developed philtrum, thin upper lip, flat*
11 *nasal bridge, and short upturned nose.*

12 “(8) *REHABILITATION.—The term ‘rehabilita-*
13 *tion’ means to restore the ability or capacity to en-*
14 *gage in usual and customary life activities through*
15 *education and therapy.*

16 “(9) *SUBSTANCE ABUSE.—The term ‘substance*
17 *abuse’ includes inhalant abuse.*

18 **“SEC. 716. AUTHORIZATION OF APPROPRIATIONS.**

19 *“There is authorized to be appropriated such sums as*
20 *may be necessary for each fiscal year through fiscal year*
21 *2017 to carry out the provisions of this title.*

22 **“TITLE VIII—MISCELLANEOUS**

23 **“SEC. 801. REPORTS.**

24 *“For each fiscal year following the date of enactment*
25 *of the Indian Health Care Improvement Act Amendments*

1 of 2007, the Secretary shall transmit to Congress a report
2 containing the following:

3 “(1) A report on the progress made in meeting
4 the objectives of this Act, including a review of pro-
5 grams established or assisted pursuant to this Act and
6 assessments and recommendations of additional pro-
7 grams or additional assistance necessary to, at a
8 minimum, provide health services to Indians and en-
9 sure a health status for Indians, which are at a par-
10 ity with the health services available to and the health
11 status of the general population.

12 “(2) A report on whether, and to what extent,
13 new national health care programs, benefits, initia-
14 tives, or financing systems have had an impact on the
15 purposes of this Act and any steps that the Secretary
16 may have taken to consult with Indian Tribes, Tribal
17 Organizations, and Urban Indian Organizations to
18 address such impact, including a report on proposed
19 changes in allocation of funding pursuant to section
20 808.

21 “(3) A report on the use of health services by In-
22 dians—

23 “(A) on a national and area or other rel-
24 evant geographical basis;

25 “(B) by gender and age;

1 “(C) by source of payment and type of serv-
2 ice;

3 “(D) comparing such rates of use with rates
4 of use among comparable non-Indian popu-
5 lations; and

6 “(E) provided under contracts.

7 “(4) A report of contractors to the Secretary on
8 Health Care Educational Loan Repayments every 6
9 months required by section 110.

10 “(5) A general audit report of the Secretary on
11 the Health Care Educational Loan Repayment Pro-
12 gram as required by section 110(n).

13 “(6) A report of the findings and conclusions of
14 demonstration programs on development of edu-
15 cational curricula for substance abuse counseling as
16 required in section 125(f).

17 “(7) A separate statement which specifies the
18 amount of funds requested to carry out the provisions
19 of section 201.

20 “(8) A report of the evaluations of health pro-
21 motion and disease prevention as required in section
22 203(c).

23 “(9) A biennial report to Congress on infectious
24 diseases as required by section 212.

1 “(10) *A report on environmental and nuclear*
2 *health hazards as required by section 215.*

3 “(11) *An annual report on the status of all*
4 *health care facilities needs as required by section*
5 *301(c)(2)(B) and 301(d).*

6 “(12) *Reports on safe water and sanitary waste*
7 *disposal facilities as required by section 302(h).*

8 “(13) *An annual report on the expenditure of*
9 *non-Service funds for renovation as required by sec-*
10 *tions 304(b)(2).*

11 “(14) *A report identifying the backlog of mainte-*
12 *nance and repair required at Service and tribal fa-*
13 *cilities required by section 313(a).*

14 “(15) *A report providing an accounting of reim-*
15 *bursement funds made available to the Secretary*
16 *under titles XVIII, XIX, and XXI of the Social Secu-*
17 *rity Act.*

18 “(16) *A report on any arrangements for the*
19 *sharing of medical facilities or services, as authorized*
20 *by section 406.*

21 “(17) *A report on evaluation and renewal of*
22 *Urban Indian programs under section 505.*

23 “(18) *A report on the evaluation of programs as*
24 *required by section 513(d).*

1 “(19) *A report on alcohol and substance abuse as*
2 *required by section 701(f).*

3 “(20) *A report on Indian youth mental health*
4 *services as required by section 707(h).*

5 “(21) *A report on the reallocation of base re-*
6 *sources if required by section 808.*

7 “(22) *REPORT REGARDING PATIENT MOVE-*
8 *MENT.—A report on the movement of patients between*
9 *Service Units, including—*

10 “(A) *a list of those Service Units that have*
11 *a net increase and those that have a net decrease*
12 *of patients due to patients assigned to one Serv-*
13 *ice Unit voluntarily choosing to receive service at*
14 *another Service Unit;*

15 “(B) *an analysis of the effect of patient*
16 *movement on the quality of services for those*
17 *Service Units experiencing an increase in the*
18 *number of patients served; and*

19 “(C) *what funding changes are necessary to*
20 *maintain a consistent quality of service at Serv-*
21 *ice Units that have an increase in the number of*
22 *patients served.*

23 **“SEC. 802. REGULATIONS.**

24 “(a) *DEADLINES.—*

1 “(1) *PROCEDURES*.—Not later than 90 days
2 after the date of enactment of the Indian Health Care
3 Improvement Act Amendments of 2007, the Secretary
4 shall initiate procedures under subchapter III of
5 chapter 5 of title 5, United States Code, to negotiate
6 and promulgate such regulations or amendments
7 thereto that are necessary to carry out titles II (except
8 section 202) and VII, the sections of title III for
9 which negotiated rulemaking is specifically required,
10 and section 807. Unless otherwise required, the Sec-
11 retary may promulgate regulations to carry out titles
12 I, III, IV, and V, and section 202, using the proce-
13 dures required by chapter V of title 5, United States
14 Code (commonly known as the ‘Administrative Proce-
15 dure Act’).

16 “(2) *PROPOSED REGULATIONS*.—Proposed regu-
17 lations to implement this Act shall be published in the
18 Federal Register by the Secretary no later than 2
19 years after the date of enactment of the Indian Health
20 Care Improvement Act Amendments of 2007 and shall
21 have no less than a 120-day comment period.

22 “(3) *FINAL REGULATIONS*.—The Secretary shall
23 publish in the Federal Register final regulations to
24 implement this Act by not later than 3 years after the

1 *date of enactment of the Indian Health Care Improve-*
2 *ment Act Amendments of 2007.*

3 “(b) *COMMITTEE.*—*A negotiated rulemaking com-*
4 *mittee established pursuant to section 565 of title 5, United*
5 *States Code, to carry out this section shall have as its mem-*
6 *bers only representatives of the Federal Government and*
7 *representatives of Indian Tribes, and Tribal Organizations,*
8 *a majority of whom shall be nominated by and be represent-*
9 *atives of Indian Tribes and Tribal Organizations from each*
10 *Service Area.*

11 “(c) *ADAPTATION OF PROCEDURES.*—*The Secretary*
12 *shall adapt the negotiated rulemaking procedures to the*
13 *unique context of self-governance and the government-to-*
14 *government relationship between the United States and In-*
15 *dian Tribes.*

16 “(d) *LACK OF REGULATIONS.*—*The lack of promul-*
17 *gated regulations shall not limit the effect of this Act.*

18 “(e) *INCONSISTENT REGULATIONS.*—*The provisions of*
19 *this Act shall supersede any conflicting provisions of law*
20 *in effect on the day before the date of enactment of the In-*
21 *dian Health Care Improvement Act Amendments of 2007,*
22 *and the Secretary is authorized to repeal any regulation*
23 *inconsistent with the provisions of this Act.*

1 **“SEC. 803. PLAN OF IMPLEMENTATION.**

2 *“Not later than 9 months after the date of enactment*
3 *of the Indian Health Care Improvement Act Amendments*
4 *of 2007, the Secretary, in consultation with Indian Tribes,*
5 *Tribal Organizations, and Urban Indian Organizations,*
6 *shall submit to Congress a plan explaining the manner and*
7 *schedule, by title and section, by which the Secretary will*
8 *implement the provisions of this Act. This consultation may*
9 *be conducted jointly with the annual budget consultation*
10 *pursuant to the Indian Self-Determination and Education*
11 *Assistance Act (25 U.S.C. 450 et seq).*

12 **“SEC. 804. AVAILABILITY OF FUNDS.**

13 *“The funds appropriated pursuant to this Act shall re-*
14 *main available until expended.*

15 **“SEC. 805. LIMITATION ON USE OF FUNDS APPROPRIATED**
16 **TO INDIAN HEALTH SERVICE.**

17 *“Any limitation on the use of funds contained in an*
18 *Act providing appropriations for the Department for a pe-*
19 *riod with respect to the performance of abortions shall*
20 *apply for that period with respect to the performance of*
21 *abortions using funds contained in an Act providing appro-*
22 *priations for the Service.*

23 **“SEC. 806. ELIGIBILITY OF CALIFORNIA INDIANS.**

24 *“(a) IN GENERAL.—The following California Indians*
25 *shall be eligible for health services provided by the Service:*

1 “(1) *Any member of a federally recognized In-*
2 *dian Tribe.*

3 “(2) *Any descendant of an Indian who was re-*
4 *siding in California on June 1, 1852, if such descend-*
5 *ant—*

6 “(A) *is a member of the Indian community*
7 *served by a local program of the Service; and*

8 “(B) *is regarded as an Indian by the com-*
9 *munity in which such descendant lives.*

10 “(3) *Any Indian who holds trust interests in*
11 *public domain, national forest, or reservation allot-*
12 *ments in California.*

13 “(4) *Any Indian in California who is listed on*
14 *the plans for distribution of the assets of rancherias*
15 *and reservations located within the State of Cali-*
16 *formia under the Act of August 18, 1958 (72 Stat.*
17 *619), and any descendant of such an Indian.*

18 “(b) *CLARIFICATION.—Nothing in this section may be*
19 *construed as expanding the eligibility of California Indians*
20 *for health services provided by the Service beyond the scope*
21 *of eligibility for such health services that applied on May*
22 *1, 1986.*

23 **“SEC. 807. HEALTH SERVICES FOR INELIGIBLE PERSONS.**

24 “(a) *CHILDREN.—Any individual who—*

25 “(1) *has not attained 19 years of age;*

1 “(2) is the natural or adopted child, stepchild,
2 foster child, legal ward, or orphan of an eligible In-
3 dian; and

4 “(3) is not otherwise eligible for health services
5 provided by the Service,
6 shall be eligible for all health services provided by the Serv-
7 ice on the same basis and subject to the same rules that
8 apply to eligible Indians until such individual attains 19
9 years of age. The existing and potential health needs of all
10 such individuals shall be taken into consideration by the
11 Service in determining the need for, or the allocation of,
12 the health resources of the Service. If such an individual
13 has been determined to be legally incompetent prior to at-
14 taining 19 years of age, such individual shall remain eligi-
15 ble for such services until 1 year after the date of a deter-
16 mination of competency.

17 “(b) SPOUSES.—Any spouse of an eligible Indian who
18 is not an Indian, or who is of Indian descent but is not
19 otherwise eligible for the health services provided by the
20 Service, shall be eligible for such health services if all such
21 spouses or spouses who are married to members of each In-
22 dian Tribe being served are made eligible, as a class, by
23 an appropriate resolution of the governing body of the In-
24 dian Tribe or Tribal Organization providing such services.
25 The health needs of persons made eligible under this para-

1 *graph shall not be taken into consideration by the Service*
2 *in determining the need for, or allocation of, its health re-*
3 *sources.*

4 “(c) *PROVISION OF SERVICES TO OTHER INDIVID-*
5 *UALS.—*

6 “(1) *IN GENERAL.—The Secretary is authorized*
7 *to provide health services under this subsection*
8 *through health programs operated directly by the*
9 *Service to individuals who reside within the Service*
10 *Unit and who are not otherwise eligible for such*
11 *health services if—*

12 “(A) *the Indian Tribes served by such Serv-*
13 *ice Unit request such provision of health services*
14 *to such individuals; and*

15 “(B) *the Secretary and the served Indian*
16 *Tribes have jointly determined that—*

17 “(i) *the provision of such health serv-*
18 *ices will not result in a denial or diminu-*
19 *tion of health services to eligible Indians;*
20 *and*

21 “(ii) *there is no reasonable alternative*
22 *health facilities or services, within or with-*
23 *out the Service Unit, available to meet the*
24 *health needs of such individuals.*

1 “(2) *ISDEEA PROGRAMS.*—*In the case of health*
2 *programs and facilities operated under a contract or*
3 *compact entered into under the Indian Self-Deter-*
4 *mination and Education Assistance Act (25 U.S.C.*
5 *450 et seq.), the governing body of the Indian Tribe*
6 *or Tribal Organization providing health services*
7 *under such contract or compact is authorized to deter-*
8 *mine whether health services should be provided under*
9 *such contract to individuals who are not eligible for*
10 *such health services under any other subsection of this*
11 *section or under any other provision of law. In mak-*
12 *ing such determinations, the governing body of the In-*
13 *Indian Tribe or Tribal Organization shall take into ac-*
14 *count the considerations described in paragraph*
15 *(1)(B).*

16 “(3) *PAYMENT FOR SERVICES.*—

17 “(A) *IN GENERAL.*—*Persons receiving*
18 *health services provided by the Service under this*
19 *subsection shall be liable for payment of such*
20 *health services under a schedule of charges pre-*
21 *scribed by the Secretary which, in the judgment*
22 *of the Secretary, results in reimbursement in an*
23 *amount not less than the actual cost of providing*
24 *the health services. Notwithstanding section 404*
25 *of this Act or any other provision of law,*

1 *amounts collected under this subsection, includ-*
2 *ing Medicare, Medicaid, or SCHIP reimburse-*
3 *ments under titles XVIII, XIX, and XXI of the*
4 *Social Security Act, shall be credited to the ac-*
5 *count of the program providing the service and*
6 *shall be used for the purposes listed in section*
7 *401(d)(2) and amounts collected under this sub-*
8 *section shall be available for expenditure within*
9 *such program.*

10 “(B) *INDIGENT PEOPLE.*—*Health services*
11 *may be provided by the Secretary through the*
12 *Service under this subsection to an indigent in-*
13 *dividual who would not be otherwise eligible for*
14 *such health services but for the provisions of*
15 *paragraph (1) only if an agreement has been en-*
16 *tered into with a State or local government*
17 *under which the State or local government agrees*
18 *to reimburse the Service for the expenses in-*
19 *curring by the Service in providing such health*
20 *services to such indigent individual.*

21 “(4) *REVOCATION OF CONSENT FOR SERVICES.*—

22 “(A) *SINGLE TRIBE SERVICE AREA.*—*In the*
23 *case of a Service Area which serves only 1 In-*
24 *Indian Tribe, the authority of the Secretary to pro-*
25 *vide health services under paragraph (1) shall*

1 *terminate at the end of the fiscal year succeeding*
2 *the fiscal year in which the governing body of the*
3 *Indian Tribe revokes its concurrence to the pro-*
4 *vision of such health services.*

5 “(B) *MULTITRIBAL SERVICE AREA.*—*In the*
6 *case of a multitribal Service Area, the authority*
7 *of the Secretary to provide health services under*
8 *paragraph (1) shall terminate at the end of the*
9 *fiscal year succeeding the fiscal year in which at*
10 *least 51 percent of the number of Indian Tribes*
11 *in the Service Area revoke their concurrence to*
12 *the provisions of such health services.*

13 “(d) *OTHER SERVICES.*—*The Service may provide*
14 *health services under this subsection to individuals who are*
15 *not eligible for health services provided by the Service under*
16 *any other provision of law in order to—*

17 “(1) *achieve stability in a medical emergency;*

18 “(2) *prevent the spread of a communicable dis-*
19 *ease or otherwise deal with a public health hazard;*

20 “(3) *provide care to non-Indian women pregnant*
21 *with an eligible Indian’s child for the duration of the*
22 *pregnancy through postpartum; or*

23 “(4) *provide care to immediate family members*
24 *of an eligible individual if such care is directly re-*
25 *lated to the treatment of the eligible individual.*

1 “(e) *HOSPITAL PRIVILEGES FOR PRACTITIONERS.*—
2 *Hospital privileges in health facilities operated and main-*
3 *tained by the Service or operated under a contract or com-*
4 *pact pursuant to the Indian Self-Determination and Edu-*
5 *cation Assistance Act (25 U.S.C. 450 et seq.) may be ex-*
6 *tended to non-Service health care practitioners who provide*
7 *services to individuals described in subsection (a), (b), (c),*
8 *or (d). Such non-Service health care practitioners may, as*
9 *part of the privileging process, be designated as employees*
10 *of the Federal Government for purposes of section 1346(b)*
11 *and chapter 171 of title 28, United States Code (relating*
12 *to Federal tort claims) only with respect to acts or omis-*
13 *sions which occur in the course of providing services to eli-*
14 *gible individuals as a part of the conditions under which*
15 *such hospital privileges are extended.*

16 “(f) *ELIGIBLE INDIAN.*—*For purposes of this section,*
17 *the term ‘eligible Indian’ means any Indian who is eligible*
18 *for health services provided by the Service without regard*
19 *to the provisions of this section.*

20 “**SEC. 808. REALLOCATION OF BASE RESOURCES.**

21 “(a) *REPORT REQUIRED.*—*Notwithstanding any other*
22 *provision of law, any allocation of Service funds for a fiscal*
23 *year that reduces by 5 percent or more from the previous*
24 *fiscal year the funding for any recurring program, project,*
25 *or activity of a Service Unit may be implemented only after*

1 *the Secretary has submitted to Congress, under section 801,*
2 *a report on the proposed change in allocation of funding,*
3 *including the reasons for the change and its likely effects.*

4 “(b) *EXCEPTION.—Subsection (a) shall not apply if*
5 *the total amount appropriated to the Service for a fiscal*
6 *year is at least 5 percent less than the amount appropriated*
7 *to the Service for the previous fiscal year.*

8 **“SEC. 809. RESULTS OF DEMONSTRATION PROJECTS.**

9 “*The Secretary shall provide for the dissemination to*
10 *Indian Tribes, Tribal Organizations, and Urban Indian*
11 *Organizations of the findings and results of demonstration*
12 *projects conducted under this Act.*

13 **“SEC. 810. PROVISION OF SERVICES IN MONTANA.**

14 “(a) *CONSISTENT WITH COURT DECISION.—The Sec-*
15 *retary, acting through the Service, shall provide services*
16 *and benefits for Indians in Montana in a manner con-*
17 *sistent with the decision of the United States Court of Ap-*
18 *peals for the Ninth Circuit in McNabb for McNabb v.*
19 *Bowen, 829 F.2d 787 (9th Cir. 1987).*

20 “(b) *CLARIFICATION.—The provisions of subsection (a)*
21 *shall not be construed to be an expression of the sense of*
22 *Congress on the application of the decision described in sub-*
23 *section (a) with respect to the provision of services or bene-*
24 *fits for Indians living in any State other than Montana.*

1 **“SEC. 811. MORATORIUM.**

2 *“During the period of the moratorium imposed on im-*
3 *plementation of the final rule published in the Federal Reg-*
4 *ister on September 16, 1987, by the Department of Health*
5 *and Human Services, relating to eligibility for the health*
6 *care services of the Indian Health Service, the Indian*
7 *Health Service shall provide services pursuant to the cri-*
8 *teria for eligibility for such services that were in effect on*
9 *September 15, 1987, subject to the provisions of sections 806*
10 *and 807, until the Service has submitted to the Committees*
11 *on Appropriations of the Senate and the House of Rep-*
12 *resentatives a budget request reflecting the increased costs*
13 *associated with the proposed final rule, and the request has*
14 *been included in an appropriations Act and enacted into*
15 *law.*

16 **“SEC. 812. SEVERABILITY PROVISIONS.**

17 *“If any provision of this Act, any amendment made*
18 *by the Act, or the application of such provision or amend-*
19 *ment to any person or circumstances is held to be invalid,*
20 *the remainder of this Act, the remaining amendments made*
21 *by this Act, and the application of such provisions to per-*
22 *sons or circumstances other than those to which it is held*
23 *invalid, shall not be affected thereby.*

1 **“SEC. 813. ESTABLISHMENT OF NATIONAL BIPARTISAN**
2 **COMMISSION ON INDIAN HEALTH CARE.**

3 “(a) *ESTABLISHMENT.*—*There is established the Na-*
4 *tional Bipartisan Indian Health Care Commission (the*
5 *‘Commission’).*

6 “(b) *DUTIES OF COMMISSION.*—*The duties of the Com-*
7 *mission are the following:*

8 “(1) *To establish a study committee composed of*
9 *those members of the Commission appointed by the*
10 *Director of the Service and at least 4 members of*
11 *Congress from among the members of the Commission,*
12 *the duties of which shall be the following:*

13 “(A) *To the extent necessary to carry out its*
14 *duties, collect and compile data necessary to un-*
15 *derstand the extent of Indian needs with regard*
16 *to the provision of health services, regardless of*
17 *the location of Indians, including holding hear-*
18 *ings and soliciting the views of Indians, Indian*
19 *Tribes, Tribal Organizations, and Urban Indian*
20 *Organizations, which may include authorizing*
21 *and making funds available for feasibility stud-*
22 *ies of various models for providing and funding*
23 *health services for all Indian beneficiaries, in-*
24 *cluding those who live outside of a reservation,*
25 *temporarily or permanently.*

1 “(B) To make legislative recommendations
2 to the Commission regarding the delivery of Fed-
3 eral health care services to Indians. Such rec-
4 ommendations shall include those related to
5 issues of eligibility, benefits, the range of service
6 providers, the cost of such services, financing
7 such services, and the optimal manner in which
8 to provide such services.

9 “(C) To determine the effect of the enact-
10 ment of such recommendations on (i) the existing
11 system of delivery of health services for Indians,
12 and (ii) the sovereign status of Indian Tribes.

13 “(D) Not later than 12 months after the ap-
14 pointment of all members of the Commission, to
15 submit a written report of its findings and rec-
16 ommendations to the full Commission. The re-
17 port shall include a statement of the minority
18 and majority position of the Committee and
19 shall be disseminated, at a minimum, to every
20 Indian Tribe, Tribal Organization, and Urban
21 Indian Organization for comment to the Com-
22 mission.

23 “(E) To report regularly to the full Com-
24 mission regarding the findings and recommenda-
25 tions developed by the study committee in the

1 *course of carrying out its duties under this sec-*
2 *tion.*

3 “(2) *To review and analyze the recommendations*
4 *of the report of the study committee.*

5 “(3) *To make legislative recommendations to*
6 *Congress regarding the delivery of Federal health care*
7 *services to Indians. Such recommendations shall in-*
8 *clude those related to issues of eligibility, benefits, the*
9 *range of service providers, the cost of such services, fi-*
10 *ancing such services, and the optimal manner in*
11 *which to provide such services.*

12 “(4) *Not later than 18 months following the date*
13 *of appointment of all members of the Commission,*
14 *submit a written report to Congress regarding the de-*
15 *livery of Federal health care services to Indians. Such*
16 *recommendations shall include those related to issues*
17 *of eligibility, benefits, the range of service providers,*
18 *the cost of such services, financing such services, and*
19 *the optimal manner in which to provide such services.*

20 “(c) *MEMBERS.—*

21 “(1) *APPOINTMENT.—The Commission shall be*
22 *composed of 25 members, appointed as follows:*

23 “(A) *Ten members of Congress, including 3*
24 *from the House of Representatives and 2 from*
25 *the Senate, appointed by their respective major-*

1 *ity leaders, and 3 from the House of Representa-*
2 *tives and 2 from the Senate, appointed by their*
3 *respective minority leaders, and who shall be*
4 *members of the standing committees of Congress*
5 *that consider legislation affecting health care to*
6 *Indians.*

7 *“(B) Twelve persons chosen by the congres-*
8 *sional members of the Commission, 1 from each*
9 *Service Area as currently designated by the Di-*
10 *rector of the Service to be chosen from among 3*
11 *nominees from each Service Area put forward by*
12 *the Indian Tribes within the area, with due re-*
13 *gard being given to the experience and expertise*
14 *of the nominees in the provision of health care*
15 *to Indians and to a reasonable representation on*
16 *the commission of members who are familiar*
17 *with various health care delivery modes and who*
18 *represent Indian Tribes of various size popu-*
19 *lations.*

20 *“(C) Three persons appointed by the Direc-*
21 *tor who are knowledgeable about the provision of*
22 *health care to Indians, at least 1 of whom shall*
23 *be appointed from among 3 nominees put for-*
24 *ward by those programs whose funds are pro-*
25 *vided in whole or in part by the Service pri-*

1 *marily or exclusively for the benefit of Urban In-*
2 *dians.*

3 “(D) *All those persons chosen by the con-*
4 *gressional members of the Commission and by*
5 *the Director shall be members of federally recog-*
6 *nized Indian Tribes.*

7 “(2) *CHAIR; VICE CHAIR.—The Chair and Vice*
8 *Chair of the Commission shall be selected by the con-*
9 *gressional members of the Commission.*

10 “(3) *TERMS.—The terms of members of the Com-*
11 *mission shall be for the life of the Commission.*

12 “(4) *DEADLINE FOR APPOINTMENTS.—Congres-*
13 *sional members of the Commission shall be appointed*
14 *not later than 180 days after the date of enactment*
15 *of the Indian Health Care Improvement Act Amend-*
16 *ments of 2007, and the remaining members of the*
17 *Commission shall be appointed not later than 60 days*
18 *following the appointment of the congressional mem-*
19 *bers.*

20 “(5) *VACANCY.—A vacancy in the Commission*
21 *shall be filled in the manner in which the original*
22 *appointment was made.*

23 “(d) *COMPENSATION.—*

24 “(1) *CONGRESSIONAL MEMBERS.—Each congres-*
25 *sional member of the Commission shall receive no ad-*

1 *ditional pay, allowances, or benefits by reason of their*
2 *service on the Commission and shall receive travel ex-*
3 *penses and per diem in lieu of subsistence in accord-*
4 *ance with sections 5702 and 5703 of title 5, United*
5 *States Code.*

6 “(2) *OTHER MEMBERS.*—*Remaining members of*
7 *the Commission, while serving on the business of the*
8 *Commission (including travel time), shall be entitled*
9 *to receive compensation at the per diem equivalent of*
10 *the rate provided for level IV of the Executive Sched-*
11 *ule under section 5315 of title 5, United States Code,*
12 *and while so serving away from home and the mem-*
13 *ber’s regular place of business, a member may be al-*
14 *lowed travel expenses, as authorized by the Chairman*
15 *of the Commission. For purpose of pay (other than*
16 *pay of members of the Commission) and employment*
17 *benefits, rights, and privileges, all personnel of the*
18 *Commission shall be treated as if they were employees*
19 *of the United States Senate.*

20 “(e) *MEETINGS.*—*The Commission shall meet at the*
21 *call of the Chair.*

22 “(f) *QUORUM.*—*A quorum of the Commission shall*
23 *consist of not less than 15 members, provided that no less*
24 *than 6 of the members of Congress who are Commission*

1 *members are present and no less than 9 of the members who*
2 *are Indians are present.*

3 “(g) *EXECUTIVE DIRECTOR; STAFF; FACILITIES.*—

4 “(1) *APPOINTMENT; PAY.*—*The Commission shall*
5 *appoint an executive director of the Commission. The*
6 *executive director shall be paid the rate of basic pay*
7 *for level V of the Executive Schedule.*

8 “(2) *STAFF APPOINTMENT.*—*With the approval*
9 *of the Commission, the executive director may ap-*
10 *point such personnel as the executive director deems*
11 *appropriate.*

12 “(3) *STAFF PAY.*—*The staff of the Commission*
13 *shall be appointed without regard to the provisions of*
14 *title 5, United States Code, governing appointments*
15 *in the competitive service, and shall be paid without*
16 *regard to the provisions of chapter 51 and subchapter*
17 *III of chapter 53 of such title (relating to classifica-*
18 *tion and General Schedule pay rates).*

19 “(4) *TEMPORARY SERVICES.*—*With the approval*
20 *of the Commission, the executive director may procure*
21 *temporary and intermittent services under section*
22 *3109(b) of title 5, United States Code.*

23 “(5) *FACILITIES.*—*The Administrator of General*
24 *Services shall locate suitable office space for the oper-*
25 *ation of the Commission. The facilities shall serve as*

1 *the headquarters of the Commission and shall include*
2 *all necessary equipment and incidentals required for*
3 *the proper functioning of the Commission.*

4 “(h) HEARINGS.—(1) *For the purpose of carrying out*
5 *its duties, the Commission may hold such hearings and un-*
6 *dertake such other activities as the Commission determines*
7 *to be necessary to carry out its duties, provided that at least*
8 *6 regional hearings are held in different areas of the United*
9 *States in which large numbers of Indians are present. Such*
10 *hearings are to be held to solicit the views of Indians re-*
11 *garding the delivery of health care services to them. To con-*
12 *stitute a hearing under this subsection, at least 5 members*
13 *of the Commission, including at least 1 member of Congress,*
14 *must be present. Hearings held by the study committee es-*
15 *tablished in this section may count toward the number of*
16 *regional hearings required by this subsection.*

17 “(2) *Upon request of the Commission, the Comptroller*
18 *General shall conduct such studies or investigations as the*
19 *Commission determines to be necessary to carry out its du-*
20 *ties.*

21 “(3)(A) *The Director of the Congressional Budget Of-*
22 *fice or the Chief Actuary of the Centers for Medicare & Med-*
23 *icaid Services, or both, shall provide to the Commission,*
24 *upon the request of the Commission, such cost estimates as*

1 *the Commission determines to be necessary to carry out its*
2 *duties.*

3 “(B) *The Commission shall reimburse the Director of*
4 *the Congressional Budget Office for expenses relating to the*
5 *employment in the office of that Director of such additional*
6 *staff as may be necessary for the Director to comply with*
7 *requests by the Commission under subparagraph (A).*

8 “(4) *Upon the request of the Commission, the head of*
9 *any Federal agency is authorized to detail, without reim-*
10 *bursement, any of the personnel of such agency to the Com-*
11 *mission to assist the Commission in carrying out its duties.*
12 *Any such detail shall not interrupt or otherwise affect the*
13 *civil service status or privileges of the Federal employee.*

14 “(5) *Upon the request of the Commission, the head of*
15 *a Federal agency shall provide such technical assistance to*
16 *the Commission as the Commission determines to be nec-*
17 *essary to carry out its duties.*

18 “(6) *The Commission may use the United States mails*
19 *in the same manner and under the same conditions as Fed-*
20 *eral agencies and shall, for purposes of the frank, be consid-*
21 *ered a commission of Congress as described in section 3215*
22 *of title 39, United States Code.*

23 “(7) *The Commission may secure directly from any*
24 *Federal agency information necessary to enable it to carry*
25 *out its duties, if the information may be disclosed under*

1 *section 552 of title 4, United States Code. Upon request of*
2 *the Chairman of the Commission, the head of such agency*
3 *shall furnish such information to the Commission.*

4 “(8) *Upon the request of the Commission, the Adminis-*
5 *trator of General Services shall provide to the Commission*
6 *on a reimbursable basis such administrative support serv-*
7 *ices as the Commission may request.*

8 “(9) *For purposes of costs relating to printing and*
9 *binding, including the cost of personnel detailed from the*
10 *Government Printing Office, the Commission shall be*
11 *deemed to be a committee of Congress.*

12 “(i) *AUTHORIZATION OF APPROPRIATIONS.—There is*
13 *authorized to be appropriated \$4,000,000 to carry out the*
14 *provisions of this section, which sum shall not be deducted*
15 *from or affect any other appropriation for health care for*
16 *Indian persons.*

17 “(j) *NONAPPLICABILITY OF FACCA.—The Federal Advi-*
18 *sory Committee Act (5 U.S.C. App.) shall not apply to the*
19 *Commission.*

20 **“SEC. 814. CONFIDENTIALITY OF MEDICAL QUALITY ASSUR-**
21 **ANCE RECORDS; QUALIFIED IMMUNITY FOR**
22 **PARTICIPANTS.**

23 “(a) *CONFIDENTIALITY OF RECORDS.—Medical qual-*
24 *ity assurance records created by or for any Indian Health*
25 *Program or a health program of an Urban Indian Organi-*

1 *zation as part of a medical quality assurance program are*
2 *confidential and privileged. Such records may not be dis-*
3 *closed to any person or entity, except as provided in sub-*
4 *section (c).*

5 “(b) *PROHIBITION ON DISCLOSURE AND TESTI-*
6 *MONY.—*

7 “(1) *IN GENERAL.—No part of any medical*
8 *quality assurance record described in subsection (a)*
9 *may be subject to discovery or admitted into evidence*
10 *in any judicial or administrative proceeding, except*
11 *as provided in subsection (c).*

12 “(2) *TESTIMONY.—A person who reviews or cre-*
13 *ates medical quality assurance records for any Indian*
14 *Health Program or Urban Indian Organization who*
15 *participates in any proceeding that reviews or creates*
16 *such records may not be permitted or required to tes-*
17 *tify in any judicial or administrative proceeding*
18 *with respect to such records or with respect to any*
19 *finding, recommendation, evaluation, opinion, or ac-*
20 *tion taken by such person or body in connection with*
21 *such records except as provided in this section.*

22 “(c) *AUTHORIZED DISCLOSURE AND TESTIMONY.—*

23 “(1) *IN GENERAL.—Subject to paragraph (2), a*
24 *medical quality assurance record described in sub-*
25 *section (a) may be disclosed, and a person referred to*

1 *in subsection (b) may give testimony in connection*
2 *with such a record, only as follows:*

3 *“(A) To a Federal executive agency or pri-*
4 *vate organization, if such medical quality assur-*
5 *ance record or testimony is needed by such agen-*
6 *cy or organization to perform licensing or ac-*
7 *creditation functions related to any Indian*
8 *Health Program or to a health program of an*
9 *Urban Indian Organization to perform moni-*
10 *toring, required by law, of such program or or-*
11 *ganization.*

12 *“(B) To an administrative or judicial pro-*
13 *ceeding commenced by a present or former In-*
14 *dian Health Program or Urban Indian Organi-*
15 *zation provider concerning the termination, sus-*
16 *pension, or limitation of clinical privileges of*
17 *such health care provider.*

18 *“(C) To a governmental board or agency or*
19 *to a professional health care society or organiza-*
20 *tion, if such medical quality assurance record or*
21 *testimony is needed by such board, agency, soci-*
22 *ety, or organization to perform licensing,*
23 *credentialing, or the monitoring of professional*
24 *standards with respect to any health care pro-*

1 *vider who is or was an employee of any Indian*
2 *Health Program or Urban Indian Organization.*

3 *“(D) To a hospital, medical center, or other*
4 *institution that provides health care services, if*
5 *such medical quality assurance record or testi-*
6 *mony is needed by such institution to assess the*
7 *professional qualifications of any health care*
8 *provider who is or was an employee of any In-*
9 *Indian Health Program or Urban Indian Organi-*
10 *zation and who has applied for or been granted*
11 *authority or employment to provide health care*
12 *services in or on behalf of such program or orga-*
13 *nization.*

14 *“(E) To an officer, employee, or contractor*
15 *of the Indian Health Program or Urban Indian*
16 *Organization that created the records or for*
17 *which the records were created. If that officer,*
18 *employee, or contractor has a need for such*
19 *record or testimony to perform official duties.*

20 *“(F) To a criminal or civil law enforcement*
21 *agency or instrumentality charged under appli-*
22 *cable law with the protection of the public health*
23 *or safety, if a qualified representative of such*
24 *agency or instrumentality makes a written re-*

1 *quest that such record or testimony be provided*
2 *for a purpose authorized by law.*

3 “(G) *In an administrative or judicial pro-*
4 *ceeding commenced by a criminal or civil law*
5 *enforcement agency or instrumentality referred*
6 *to in subparagraph (F), but only with respect to*
7 *the subject of such proceeding.*

8 “(2) *IDENTITY OF PARTICIPANTS.*—*With the ex-*
9 *ception of the subject of a quality assurance action,*
10 *the identity of any person receiving health care serv-*
11 *ices from any Indian Health Program or Urban In-*
12 *dian Organization or the identity of any other person*
13 *associated with such program or organization for*
14 *purposes of a medical quality assurance program that*
15 *is disclosed in a medical quality assurance record de-*
16 *scribed in subsection (a) shall be deleted from that*
17 *record or document before any disclosure of such*
18 *record is made outside such program or organization.*
19 *Such requirement does not apply to the release of in-*
20 *formation pursuant to section 552a of title 5.*

21 “(d) *DISCLOSURE FOR CERTAIN PURPOSES.*—

22 “(1) *IN GENERAL.*—*Nothing in this section shall*
23 *be construed as authorizing or requiring the with-*
24 *holding from any person or entity aggregate statis-*
25 *tical information regarding the results of any Indian*

1 *Health Program or Urban Indian Organizations’s*
2 *medical quality assurance programs.*

3 “(2) *WITHHOLDING FROM CONGRESS.—Nothing*
4 *in this section shall be construed as authority to with-*
5 *hold any medical quality assurance record from a*
6 *committee of either House of Congress, any joint com-*
7 *mittee of Congress, or the Government Accountability*
8 *Office if such record pertains to any matter within*
9 *their respective jurisdictions.*

10 “(e) *PROHIBITION ON DISCLOSURE OF RECORD OR*
11 *TESTIMONY.—A person or entity having possession of or ac-*
12 *cess to a record or testimony described by this section may*
13 *not disclose the contents of such record or testimony in any*
14 *manner or for any purpose except as provided in this sec-*
15 *tion.*

16 “(f) *EXEMPTION FROM FREEDOM OF INFORMATION*
17 *ACT.—Medical quality assurance records described in sub-*
18 *section (a) may not be made available to any person under*
19 *section 552 of title 5.*

20 “(g) *LIMITATION ON CIVIL LIABILITY.—A person who*
21 *participates in or provides information to a person or body*
22 *that reviews or creates medical quality assurance records*
23 *described in subsection (a) shall not be civilly liable for such*
24 *participation or for providing such information if the par-*
25 *ticipation or provision of information was in good faith*

1 *based on prevailing professional standards at the time the*
2 *medical quality assurance program activity took place.*

3 “(h) *APPLICATION TO INFORMATION IN CERTAIN*
4 *OTHER RECORDS.—Nothing in this section shall be con-*
5 *strued as limiting access to the information in a record cre-*
6 *ated and maintained outside a medical quality assurance*
7 *program, including a patient’s medical records, on the*
8 *grounds that the information was presented during meet-*
9 *ings of a review body that are part of a medical quality*
10 *assurance program.*

11 “(i) *REGULATIONS.—The Secretary, acting through*
12 *the Service, shall promulgate regulations pursuant to sec-*
13 *tion 802.*

14 “(j) *DEFINITIONS.—In this section:*

15 “(1) *The term ‘health care provider’ means any*
16 *health care professional, including community health*
17 *aides and practitioners certified under section 121,*
18 *who are granted clinical practice privileges or em-*
19 *ployed to provide health care services in an Indian*
20 *Health Program or health program of an Urban In-*
21 *Indian Organization, who is licensed or certified to per-*
22 *form health care services by a governmental board or*
23 *agency or professional health care society or organiza-*
24 *tion.*

1 “(2) The term ‘medical quality assurance pro-
2 gram’ means any activity carried out before, on, or
3 after the date of enactment of this Act by or for any
4 Indian Health Program or Urban Indian Organiza-
5 tion to assess the quality of medical care, including
6 activities conducted by or on behalf of individuals,
7 Indian Health Program or Urban Indian Organiza-
8 tion medical or dental treatment review committees,
9 or other review bodies responsible for quality assur-
10 ance, credentials, infection control, patient safety, pa-
11 tient care assessment (including treatment procedures,
12 blood, drugs, and therapeutics), medical records,
13 health resources management review and identifica-
14 tion and prevention of medical or dental incidents
15 and risks.

16 “(3) The term ‘medical quality assurance record’
17 means the proceedings, records, minutes, and reports
18 that emanate from quality assurance program activi-
19 ties described in paragraph (2) and are produced or
20 compiled by or for an Indian Health Program or
21 Urban Indian Organization as part of a medical
22 quality assurance program.

23 **“SEC. 815. APPROPRIATIONS; AVAILABILITY.**

24 “Any new spending authority (described in subpara-
25 graph (A) or (B) of section 401(c)(2) of the Congressional

1 *Budget Act of 1974 (Public Law 93–344; 88 Stat. 317))*
2 *which is provided under this Act shall be effective for any*
3 *fiscal year only to such extent or in such amounts as are*
4 *provided in appropriation Acts.*

5 **“SEC. 816. AUTHORIZATION OF APPROPRIATIONS.**

6 *“There are authorized to be appropriated such sums*
7 *as may be necessary for each fiscal year through fiscal year*
8 *2017 to carry out this title.”.*

9 *(b) RATE OF PAY.—*

10 *(1) POSITIONS AT LEVEL IV.—Section 5315 of*
11 *title 5, United States Code, is amended by striking*
12 *“Assistant Secretaries of Health and Human Services*
13 *(6)” and inserting “Assistant Secretaries of Health*
14 *and Human Services (7)”.*

15 *(2) POSITIONS AT LEVEL V.—Section 5316 of*
16 *title 5, United States Code, is amended by striking*
17 *“Director, Indian Health Service, Department of*
18 *Health and Human Services”.*

19 *(c) AMENDMENTS TO OTHER PROVISIONS OF LAW.—*

20 *(1) Section 3307(b)(1)(C) of the Children’s*
21 *Health Act of 2000 (25 U.S.C. 1671 note; Public Law*
22 *106–310) is amended by striking “Director of the In-*
23 *Indian Health Service” and inserting “Assistant Sec-*
24 *retary for Indian Health”.*

1 (2) *The Indian Lands Open Dump Cleanup Act*
2 *of 1994 is amended—*

3 (A) *in section 3 (25 U.S.C. 3902)—*

4 (i) *by striking paragraph (2);*

5 (ii) *by redesignating paragraphs (1),*
6 *(3), (4), (5), and (6) as paragraphs (4), (5),*
7 *(2), (6), and (1), respectively, and moving*
8 *those paragraphs so as to appear in numer-*
9 *ical order; and*

10 (iii) *by inserting before paragraph (4)*

11 *(as redesignated by clause (ii)) the fol-*
12 *lowing:*

13 “(3) *ASSISTANT SECRETARY.—The term ‘Assist-*
14 *ant Secretary’ means the Assistant Secretary for In-*
15 *dian Health.’;*”

16 (B) *in section 5 (25 U.S.C. 3904), by strik-*
17 *ing the section designation and heading and in-*
18 *serting the following:*

19 **“SEC. 5. AUTHORITY OF ASSISTANT SECRETARY FOR IN-**
20 **DIAN HEALTH.”;**

21 (C) *in section 6(a) (25 U.S.C. 3905(a)), in*
22 *the subsection heading, by striking “DIRECTOR”*
23 *and inserting “ASSISTANT SECRETARY”;*

1 (D) in section 9(a) (25 U.S.C. 3908(a)), in
2 the subsection heading, by striking “DIRECTOR”
3 and inserting “ASSISTANT SECRETARY”; and

4 (E) by striking “Director” each place it ap-
5 pears and inserting “Assistant Secretary”.

6 (3) Section 5504(d)(2) of the Augustus F. Haw-
7 kins-Robert T. Stafford Elementary and Secondary
8 School Improvement Amendments of 1988 (25 U.S.C.
9 2001 note; Public Law 100–297) is amended by strik-
10 ing “Director of the Indian Health Service” and in-
11 serting “Assistant Secretary for Indian Health”.

12 (4) Section 203(a)(1) of the Rehabilitation Act of
13 1973 (29 U.S.C. 763(a)(1)) is amended by striking
14 “Director of the Indian Health Service” and inserting
15 “Assistant Secretary for Indian Health”.

16 (5) Subsections (b) and (e) of section 518 of the
17 Federal Water Pollution Control Act (33 U.S.C. 1377)
18 are amended by striking “Director of the Indian
19 Health Service” each place it appears and inserting
20 “Assistant Secretary for Indian Health”.

21 (6) Section 317M(b) of the Public Health Service
22 Act (42 U.S.C. 247b–14(b)) is amended—

23 (A) by striking “Director of the Indian
24 Health Service” each place it appears and in-

1 serting “Assistant Secretary for Indian Health”;
2 and

3 (B) in paragraph (2)(A), by striking “the
4 Directors referred to in such paragraph” and in-
5 serting “the Director of the Centers for Disease
6 Control and Prevention and the Assistant Sec-
7 retary for Indian Health”.

8 (7) Section 417C(b) of the Public Health Service
9 Act (42 U.S.C. 285–9(b)) is amended by striking “Di-
10 rector of the Indian Health Service” and inserting
11 “Assistant Secretary for Indian Health”.

12 (8) Section 1452(i) of the Safe Drinking Water
13 Act (42 U.S.C. 300j–12(i)) is amended by striking
14 “Director of the Indian Health Service” each place it
15 appears and inserting “Assistant Secretary for In-
16 dian Health”.

17 (9) Section 803B(d)(1) of the Native American
18 Programs Act of 1974 (42 U.S.C. 2991b–2(d)(1)) is
19 amended in the last sentence by striking “Director of
20 the Indian Health Service” and inserting “Assistant
21 Secretary for Indian Health”.

22 (10) Section 203(b) of the Michigan Indian
23 Land Claims Settlement Act (Public Law 105–143;
24 111 Stat. 2666) is amended by striking “Director of

1 *lating to the provision of health care and services*
2 *to Indians; or*

3 “(B) *otherwise limit, diminish, or affect the*
4 *Federal responsibility for the provision of health*
5 *care and services to Indians.*

6 “(b) *PERPETUAL EXISTENCE.—The Foundation shall*
7 *have perpetual existence.*

8 “(c) *NATURE OF CORPORATION.—The Foundation—*
9 “(1) *shall be a charitable and nonprofit federally*
10 *chartered corporation; and*

11 “(2) *shall not be an agency or instrumentality of*
12 *the United States.*

13 “(d) *PLACE OF INCORPORATION AND DOMICILE.—The*
14 *Foundation shall be incorporated and domiciled in the Dis-*
15 *trict of Columbia.*

16 “(e) *DUTIES.—The Foundation shall—*
17 “(1) *encourage, accept, and administer private*
18 *gifts of real and personal property, and any income*
19 *from or interest in such gifts, for the benefit of, or in*
20 *support of, the mission of the Service;*

21 “(2) *undertake and conduct such other activities*
22 *as will further the health and wellness activities and*
23 *opportunities of Native Americans; and*

24 “(3) *participate with and assist Federal, State,*
25 *and tribal governments, agencies, entities, and indi-*

1 *viduals in undertaking and conducting activities that*
2 *will further the health and wellness activities and op-*
3 *portunities of Native Americans.*

4 “(f) *COMMITTEE FOR THE ESTABLISHMENT OF NATIVE*
5 *AMERICAN HEALTH AND WELLNESS FOUNDATION.—*

6 “(1) *IN GENERAL.—The Secretary shall establish*
7 *the Committee for the Establishment of Native Amer-*
8 *ican Health and Wellness Foundation to assist the*
9 *Secretary in establishing the Foundation.*

10 “(2) *DUTIES.—Not later than 180 days after the*
11 *date of enactment of this section, the Committee*
12 *shall—*

13 “(A) *carry out such activities as are nec-*
14 *essary to incorporate the Foundation under the*
15 *laws of the District of Columbia, including act-*
16 *ing as incorporators of the Foundation;*

17 “(B) *ensure that the Foundation qualifies*
18 *for and maintains the status required to carry*
19 *out this section, until the Board is established;*

20 “(C) *establish the constitution and initial*
21 *bylaws of the Foundation;*

22 “(D) *provide for the initial operation of the*
23 *Foundation, including providing for temporary*
24 *or interim quarters, equipment, and staff; and*

1 “(E) appoint the initial members of the
2 Board in accordance with the constitution and
3 initial bylaws of the Foundation.

4 “(g) BOARD OF DIRECTORS.—

5 “(1) IN GENERAL.—The Board of Directors shall
6 be the governing body of the Foundation.

7 “(2) POWERS.—The Board may exercise, or pro-
8 vide for the exercise of, the powers of the Foundation.

9 “(3) SELECTION.—

10 “(A) IN GENERAL.—Subject to subpara-
11 graph (B), the number of members of the Board,
12 the manner of selection of the members (includ-
13 ing the filling of vacancies), and the terms of of-
14 fice of the members shall be as provided in the
15 constitution and bylaws of the Foundation.

16 “(B) REQUIREMENTS.—

17 “(i) NUMBER OF MEMBERS.—The
18 Board shall have at least 11 members, who
19 shall have staggered terms.

20 “(ii) INITIAL VOTING MEMBERS.—The
21 initial voting members of the Board—

22 “(I) shall be appointed by the
23 Committee not later than 180 days
24 after the date on which the Foundation
25 is established; and

1 “(II) shall have staggered terms.

2 “(iii) *QUALIFICATION.*—The members
3 of the Board shall be United States citizens
4 who are knowledgeable or experienced in
5 Native American health care and related
6 matters.

7 “(C) *COMPENSATION.*—A member of the
8 Board shall not receive compensation for service
9 as a member, but shall be reimbursed for actual
10 and necessary travel and subsistence expenses in-
11 curred in the performance of the duties of the
12 Foundation.

13 “(h) *OFFICERS.*—

14 “(1) *IN GENERAL.*—The officers of the Founda-
15 tion shall be—

16 “(A) a secretary, elected from among the
17 members of the Board; and

18 “(B) any other officers provided for in the
19 constitution and bylaws of the Foundation.

20 “(2) *CHIEF OPERATING OFFICER.*—The secretary
21 of the Foundation may serve, at the direction of the
22 Board, as the chief operating officer of the Founda-
23 tion, or the Board may appoint a chief operating offi-
24 cer, who shall serve at the direction of the Board.

1 “(3) *ELECTION.*—*The manner of election, term*
2 *of office, and duties of the officers of the Foundation*
3 *shall be as provided in the constitution and bylaws*
4 *of the Foundation.*

5 “(i) *POWERS.*—*The Foundation—*

6 “(1) *shall adopt a constitution and bylaws for*
7 *the management of the property of the Foundation*
8 *and the regulation of the affairs of the Foundation;*

9 “(2) *may adopt and alter a corporate seal;*

10 “(3) *may enter into contracts;*

11 “(4) *may acquire (through a gift or otherwise),*
12 *own, lease, encumber, and transfer real or personal*
13 *property as necessary or convenient to carry out the*
14 *purposes of the Foundation;*

15 “(5) *may sue and be sued; and*

16 “(6) *may perform any other act necessary and*
17 *proper to carry out the purposes of the Foundation.*

18 “(j) *PRINCIPAL OFFICE.*—

19 “(1) *IN GENERAL.*—*The principal office of the*
20 *Foundation shall be in the District of Columbia.*

21 “(2) *ACTIVITIES; OFFICES.*—*The activities of the*
22 *Foundation may be conducted, and offices may be*
23 *maintained, throughout the United States in accord-*
24 *ance with the constitution and bylaws of the Founda-*
25 *tion.*

1 “(k) *SERVICE OF PROCESS.*—*The Foundation shall*
2 *comply with the law on service of process of each State in*
3 *which the Foundation is incorporated and of each State in*
4 *which the Foundation carries on activities.*

5 “(l) *LIABILITY OF OFFICERS, EMPLOYEES, AND*
6 *AGENTS.*—

7 “(1) *IN GENERAL.*—*The Foundation shall be lia-*
8 *ble for the acts of the officers, employees, and agents*
9 *of the Foundation acting within the scope of their au-*
10 *thority.*

11 “(2) *PERSONAL LIABILITY.*—*A member of the*
12 *Board shall be personally liable only for gross neg-*
13 *ligence in the performance of the duties of the mem-*
14 *ber.*

15 “(m) *RESTRICTIONS.*—

16 “(1) *LIMITATION ON SPENDING.*—*Beginning*
17 *with the fiscal year following the first full fiscal year*
18 *during which the Foundation is in operation, the ad-*
19 *ministrative costs of the Foundation shall not exceed*
20 *the percentage described in paragraph (2) of the sum*
21 *of—*

22 “(A) *the amounts transferred to the Foun-*
23 *dation under subsection (o) during the preceding*
24 *fiscal year; and*

1 “(B) donations received from private
2 sources during the preceding fiscal year.

3 “(2) *PERCENTAGES*.—The percentages referred to
4 in paragraph (1) are—

5 “(A) for the first fiscal year described in
6 that paragraph, 20 percent;

7 “(B) for the following fiscal year, 15 per-
8 cent; and

9 “(C) for each fiscal year thereafter, 10 per-
10 cent.

11 “(3) *APPOINTMENT AND HIRING*.—The appoint-
12 ment of officers and employees of the Foundation
13 shall be subject to the availability of funds.

14 “(4) *STATUS*.—A member of the Board or officer,
15 employee, or agent of the Foundation shall not by
16 reason of association with the Foundation be consid-
17 ered to be an officer, employee, or agent of the United
18 States.

19 “(n) *AUDITS*.—The Foundation shall comply with sec-
20 tion 10101 of title 36, United States Code, as if the Founda-
21 tion were a corporation under part B of subtitle II of that
22 title.

23 “(o) *FUNDING*.—

24 “(1) *AUTHORIZATION OF APPROPRIATIONS*.—
25 There is authorized to be appropriated to carry out

1 *subsection (e)(1) \$500,000 for each fiscal year, as ad-*
2 *justed to reflect changes in the Consumer Price Index*
3 *for all-urban consumers published by the Department*
4 *of Labor.*

5 *“(2) TRANSFER OF DONATED FUNDS.—The Sec-*
6 *retary shall transfer to the Foundation funds held by*
7 *the Department of Health and Human Services under*
8 *the Act of August 5, 1954 (42 U.S.C. 2001 et seq.),*
9 *if the transfer or use of the funds is not prohibited*
10 *by any term under which the funds were donated.*

11 **“SEC. 803. ADMINISTRATIVE SERVICES AND SUPPORT.**

12 *“(a) PROVISION OF SUPPORT BY SECRETARY.—Sub-*
13 *ject to subsection (b), during the 5-year period beginning*
14 *on the date on which the Foundation is established, the Sec-*
15 *retary—*

16 *“(1) may provide personnel, facilities, and other*
17 *administrative support services to the Foundation;*

18 *“(2) may provide funds for initial operating*
19 *costs and to reimburse the travel expenses of the mem-*
20 *bers of the Board; and*

21 *“(3) shall require and accept reimbursements*
22 *from the Foundation for—*

23 *“(A) services provided under paragraph (1);*

24 *and*

25 *“(B) funds provided under paragraph (2).*

1 “(b) *REIMBURSEMENT.—Reimbursements accepted*
2 *under subsection (a)(3)—*

3 “(1) *shall be deposited in the Treasury of the*
4 *United States to the credit of the applicable appro-*
5 *priations account; and*

6 “(2) *shall be chargeable for the cost of providing*
7 *services described in subsection (a)(1) and travel ex-*
8 *penses described in subsection (a)(2).*

9 “(c) *CONTINUATION OF CERTAIN SERVICES.—The Sec-*
10 *retary may continue to provide facilities and necessary sup-*
11 *port services to the Foundation after the termination of the*
12 *5-year period specified in subsection (a) if the facilities and*
13 *services—*

14 “(1) *are available; and*

15 “(2) *are provided on reimbursable cost basis.”.*

16 “(b) *TECHNICAL AMENDMENTS.—The Indian Self-De-*
17 *termination and Education Assistance Act is amended—*

18 “(1) *by redesignating the second title V (25 U.S.C.*
19 *458bbb et seq.) as title VII;*

20 “(2) *by redesignating sections 501, 502, and 503*
21 *(25 U.S.C. 458bbb, 458bbb–1, 458bbb–2) as sections*
22 *701, 702, and 703, respectively; and*

23 “(3) *in subsection (a)(2) of section 702 and para-*
24 *graph (2) of section 703 (as redesignated by para-*

1 *graph (2)), by striking “section 501” and inserting*
 2 *“section 701”.*

3 **TITLE II—IMPROVEMENT OF IN-**
 4 **DIAN HEALTH CARE PRO-**
 5 **VIDED UNDER THE SOCIAL**
 6 **SECURITY ACT**

7 **SEC. 201. EXPANSION OF PAYMENTS UNDER MEDICARE,**
 8 **MEDICAID, AND SCHIP FOR ALL COVERED**
 9 **SERVICES FURNISHED BY INDIAN HEALTH**
 10 **PROGRAMS.**

11 *(a) MEDICAID.—*

12 *(1) EXPANSION TO ALL COVERED SERVICES.—*
 13 *Section 1911 of the Social Security Act (42 U.S.C.*
 14 *1396j) is amended—*

15 *(A) by amending the section designation*
 16 *and heading to read as follows:*

17 **“SEC. 1911. INDIAN HEALTH PROGRAMS.”;**

18 *and*

19 *(B) by amending subsection (a) to read as*
 20 *follows:*

21 *“(a) ELIGIBILITY FOR PAYMENT FOR MEDICAL AS-*
 22 *SISTANCE.—The Indian Health Service and an Indian*
 23 *Tribe, Tribal Organization, or an Urban Indian Organiza-*
 24 *tion shall be eligible for payment for medical assistance pro-*
 25 *vided under a State plan or under waiver authority with*

1 *respect to items and services furnished by the Indian Health*
2 *Service, Indian Tribe, Tribal Organization, or Urban In-*
3 *dian Organization if the furnishing of such services meets*
4 *all the conditions and requirements which are applicable*
5 *generally to the furnishing of items and services under this*
6 *title and under such plan or waiver authority.”.*

7 (2) *COMPLIANCE WITH CONDITIONS AND RE-*
8 *QUIREMENTS.—Subsection (b) of such section is*
9 *amended to read as follows:*

10 “(b) *COMPLIANCE WITH CONDITIONS AND REQUIRE-*
11 *MENTS.—A facility of the Indian Health Service or an In-*
12 *dian Tribe, Tribal Organization, or an Urban Indian Or-*
13 *ganization which is eligible for payment under subsection*
14 *(a) with respect to the furnishing of items and services, but*
15 *which does not meet all of the conditions and requirements*
16 *of this title and under a State plan or waiver authority*
17 *which are applicable generally to such facility, shall make*
18 *such improvements as are necessary to achieve or maintain*
19 *compliance with such conditions and requirements in ac-*
20 *cordance with a plan submitted to and accepted by the Sec-*
21 *retary for achieving or maintaining compliance with such*
22 *conditions and requirements, and shall be deemed to meet*
23 *such conditions and requirements (and to be eligible for*
24 *payment under this title), without regard to the extent of*
25 *its actual compliance with such conditions and require-*

1 ments, during the first 12 months after the month in which
2 such plan is submitted.”.

3 (3) *REVISION OF AUTHORITY TO ENTER INTO*
4 *AGREEMENTS.*—Subsection (c) of such section is
5 amended to read as follows:

6 “(c) *AUTHORITY TO ENTER INTO AGREEMENTS.*—The
7 Secretary may enter into an agreement with a State for
8 the purpose of reimbursing the State for medical assistance
9 provided by the Indian Health Service, an Indian Tribe,
10 Tribal Organization, or an Urban Indian Organization (as
11 so defined), directly, through referral, or under contracts or
12 other arrangements between the Indian Health Service, an
13 Indian Tribe, Tribal Organization, or an Urban Indian
14 Organization and another health care provider to Indians
15 who are eligible for medical assistance under the State plan
16 or under waiver authority.”.

17 (4) *CROSS-REFERENCES TO SPECIAL FUND FOR*
18 *IMPROVEMENT OF IHS FACILITIES; DIRECT BILLING*
19 *OPTION; DEFINITIONS.*—Such section is further
20 amended by striking subsection (d) and adding at the
21 end the following new subsections:

22 “(d) *SPECIAL FUND FOR IMPROVEMENT OF IHS FA-*
23 *CILITIES.*—For provisions relating to the authority of the
24 Secretary to place payments to which a facility of the In-
25 dian Health Service is eligible for payment under this title

1 *into a special fund established under section 401(c)(1) of*
2 *the Indian Health Care Improvement Act, and the require-*
3 *ment to use amounts paid from such fund for making im-*
4 *provements in accordance with subsection (b), see subpara-*
5 *graphs (A) and (B) of section 401(c)(1) of such Act.*

6 “(e) *DIRECT BILLING.*—*For provisions relating to the*
7 *authority of a Tribal Health Program or an Urban Indian*
8 *Organization to elect to directly bill for, and receive pay-*
9 *ment for, health care items and services provided by such*
10 *Program or Organization for which payment is made under*
11 *this title, see section 401(d) of the Indian Health Care Im-*
12 *provement Act.*

13 “(f) *DEFINITIONS.*—*In this section, the terms ‘Indian*
14 *Health Program’, ‘Indian Tribe’, ‘Tribal Health Program’,*
15 *‘Tribal Organization’, and ‘Urban Indian Organization’*
16 *have the meanings given those terms in section 4 of the In-*
17 *dian Health Care Improvement Act.’.*

18 (b) *MEDICARE.*—

19 (1) *EXPANSION TO ALL COVERED SERVICES.*—
20 *Section 1880 of such Act (42 U.S.C. 1395qq) is*
21 *amended—*

22 (A) *by amending the section designation*
23 *and heading to read as follows:*

24 “**SEC. 1880. INDIAN HEALTH PROGRAMS.**”;

25 *and*

1 (B) by amending subsection (a) to read as
2 follows:

3 “(a) *ELIGIBILITY FOR PAYMENTS.*—Subject to sub-
4 section (e), the Indian Health Service and an Indian Tribe,
5 Tribal Organization, or an Urban Indian Organization
6 shall be eligible for payments under this title with respect
7 to items and services furnished by the Indian Health Serv-
8 ice, Indian Tribe, Tribal Organization, or Urban Indian
9 Organization if the furnishing of such services meets all the
10 conditions and requirements which are applicable generally
11 to the furnishing of items and services under this title.”.

12 (2) *COMPLIANCE WITH CONDITIONS AND RE-*
13 *QUIREMENTS.*—Subsection (b) of such section is
14 amended to read as follows:

15 “(b) *COMPLIANCE WITH CONDITIONS AND REQUIRE-*
16 *MENTS.*—Subject to subsection (e), a facility of the Indian
17 Health Service or an Indian Tribe, Tribal Organization,
18 or an Urban Indian Organization which is eligible for pay-
19 ment under subsection (a) with respect to the furnishing
20 of items and services, but which does not meet all of the
21 conditions and requirements of this title which are applica-
22 ble generally to such facility, shall make such improvements
23 as are necessary to achieve or maintain compliance with
24 such conditions and requirements in accordance with a
25 plan submitted to and accepted by the Secretary for achiev-

1 *ing or maintaining compliance with such conditions and*
 2 *requirements, and shall be deemed to meet such conditions*
 3 *and requirements (and to be eligible for payment under this*
 4 *title), without regard to the extent of its actual compliance*
 5 *with such conditions and requirements, during the first 12*
 6 *months after the month in which such plan is submitted.”.*

7 (3) *CROSS-REFERENCES TO SPECIAL FUND FOR*
 8 *IMPROVEMENT OF IHS FACILITIES; DIRECT BILLING*
 9 *OPTION; DEFINITIONS.—*

10 (A) *IN GENERAL.—Such section is further*
 11 *amended by striking subsections (c) and (d) and*
 12 *inserting the following new subsections:*

13 “(c) *SPECIAL FUND FOR IMPROVEMENT OF IHS FA-*
 14 *CILITIES.—For provisions relating to the authority of the*
 15 *Secretary to place payments to which a facility of the In-*
 16 *dian Health Service is eligible for payment under this title*
 17 *into a special fund established under section 401(c)(1) of*
 18 *the Indian Health Care Improvement Act, and the require-*
 19 *ment to use amounts paid from such fund for making im-*
 20 *provements in accordance with subsection (b), see subpara-*
 21 *graphs (A) and (B) of section 401(c)(1) of such Act.*

22 “(d) *DIRECT BILLING.—For provisions relating to the*
 23 *authority of a Tribal Health Program or an Urban Indian*
 24 *Organization to elect to directly bill for, and receive pay-*
 25 *ment for, health care items and services provided by such*

1 *Program or Organization for which payment is made under*
2 *this title, see section 401(d) of the Indian Health Care Im-*
3 *provement Act.”.*

4 (B) *CONFORMING AMENDMENT.—Paragraph*
5 *(3) of section 1880(e) of such Act (42 U.S.C.*
6 *1395qq(e)) is amended by inserting “and section*
7 *401(c)(1) of the Indian Health Care Improve-*
8 *ment Act” after “Subsection (c)”.*

9 (4) *DEFINITIONS.—Such section is further*
10 *amended by amending subsection (f) to read as fol-*
11 *lows:*

12 “(f) *DEFINITIONS.—In this section, the terms ‘Indian*
13 *Health Program’, ‘Indian Tribe’, ‘Service Unit’, ‘Tribal*
14 *Health Program’, ‘Tribal Organization’, and ‘Urban In-*
15 *dian Organization’ have the meanings given those terms in*
16 *section 4 of the Indian Health Care Improvement Act.”.*

17 (c) *APPLICATION TO SCHIP.—Section 2107(e)(1) of*
18 *the Social Security Act (42 U.S.C. 1397gg(e)(1)) is amend-*
19 *ed—*

20 (1) *by redesignating subparagraph (D) as sub-*
21 *paragraph (E); and*

22 (2) *by inserting after subparagraph (C), the fol-*
23 *lowing new subparagraph:*

1 “(D) Section 1911 (relating to Indian
2 Health Programs, other than subsection (d) of
3 such section).”.

4 **SEC. 202. INCREASED OUTREACH TO INDIANS UNDER MED-**
5 **ICAID AND SCHIP AND IMPROVED COOPERA-**
6 **TION IN THE PROVISION OF ITEMS AND SERV-**
7 **ICES TO INDIANS UNDER SOCIAL SECURITY**
8 **ACT HEALTH BENEFIT PROGRAMS.**

9 Section 1139 of the Social Security Act (42 U.S.C.
10 1320b–9) is amended to read as follows:

11 **“SEC. 1139. IMPROVED ACCESS TO, AND DELIVERY OF,**
12 **HEALTH CARE FOR INDIANS UNDER TITLES**
13 **XVIII, XIX, AND XXI.**

14 “(a) AGREEMENTS WITH STATES FOR MEDICAID AND
15 SCHIP OUTREACH ON OR NEAR RESERVATIONS TO IN-
16CREASE THE ENROLLMENT OF INDIANS IN THOSE PRO-
17GRAMS.—

18 “(1) IN GENERAL.—In order to improve the ac-
19cess of Indians residing on or near a reservation to
20obtain benefits under the Medicaid and State chil-
21dren’s health insurance programs established under
22titles XIX and XXI, the Secretary shall encourage the
23State to take steps to provide for enrollment on or
24near the reservation. Such steps may include outreach
25efforts such as the outstationing of eligibility workers,

1 *entering into agreements with the Indian Health*
2 *Service, Indian Tribes, Tribal Organizations, and*
3 *Urban Indian Organizations to provide outreach,*
4 *education regarding eligibility and benefits, enroll-*
5 *ment, and translation services when such services are*
6 *appropriate.*

7 “(2) *CONSTRUCTION.*—*Nothing in subparagraph*
8 *(A) shall be construed as affecting arrangements en-*
9 *tered into between States and the Indian Health*
10 *Service, Indian Tribes, Tribal Organizations, or*
11 *Urban Indian Organizations for such Service, Tribes,*
12 *or Organizations to conduct administrative activities*
13 *under such titles.*

14 “(b) *REQUIREMENT TO FACILITATE COOPERATION.*—
15 *The Secretary, acting through the Centers for Medicare &*
16 *Medicaid Services, shall take such steps as are necessary*
17 *to facilitate cooperation with, and agreements between,*
18 *States and the Indian Health Service, Indian Tribes, Trib-*
19 *al Organizations, or Urban Indian Organizations with re-*
20 *spect to the provision of health care items and services to*
21 *Indians under the programs established under title XVIII,*
22 *XIX, or XXI.*

23 “(c) *DEFINITION OF INDIAN; INDIAN TRIBE; INDIAN*
24 *HEALTH PROGRAM; TRIBAL ORGANIZATION; URBAN INDIAN*
25 *ORGANIZATION.*—*In this section, the terms ‘Indian’, ‘In-*

1 *dian Tribe*, *Indian Health Program*, *Tribal Organiza-*
 2 *tion*, and *Urban Indian Organization* have the meanings
 3 given those terms in section 4 of the *Indian Health Care*
 4 *Improvement Act*.”.

5 **SEC. 203. ADDITIONAL PROVISIONS TO INCREASE OUT-**
 6 **REACH TO, AND ENROLLMENT OF, INDIANS**
 7 **IN SCHIP AND MEDICAID.**

8 (a) *NONAPPLICATION OF 10 PERCENT LIMIT ON OUT-*
 9 *REACH AND CERTAIN OTHER EXPENDITURES.*—Section
 10 *2105(c)(2) of the Social Security Act (42 U.S.C.*
 11 *1397ee(c)(2)) is amended by adding at the end the following*
 12 *new subparagraph:*

13 “(C) *NONAPPLICATION TO EXPENDITURES*
 14 *FOR OUTREACH TO INCREASE THE ENROLLMENT*
 15 *OF INDIAN CHILDREN UNDER THIS TITLE AND*
 16 *TITLE XIX.*—*The limitation under subparagraph*
 17 *(A) on expenditures for items described in sub-*
 18 *section (a)(1)(D) shall not apply in the case of*
 19 *expenditures for outreach activities to families of*
 20 *Indian children likely to be eligible for child*
 21 *health assistance under the plan or medical as-*
 22 *sistance under the State plan under title XIX (or*
 23 *under a waiver of such plan), to inform such*
 24 *families of the availability of, and to assist them*
 25 *in enrolling their children in, such plans, includ-*

1 *ing such activities conducted under grants, con-*
2 *tracts, or agreements entered into under section*
3 *1139(a).”.*

4 *(b) ASSURANCE OF PAYMENTS TO INDIAN HEALTH*
5 *CARE PROVIDERS FOR CHILD HEALTH ASSISTANCE.—Sec-*
6 *tion 2102(b)(3)(D) of such Act (42 U.S.C. 1397bb(b)(3)(D))*
7 *is amended by striking “(as defined in section 4(c) of the*
8 *Indian Health Care Improvement Act, 25 U.S.C. 1603(c))”*
9 *and inserting “, including how the State will ensure that*
10 *payments are made to Indian Health Programs and Urban*
11 *Indian Organizations operating in the State for the provi-*
12 *sion of such assistance”.*

13 *(c) INCLUSION OF OTHER INDIAN FINANCED HEALTH*
14 *CARE PROGRAMS IN EXEMPTION FROM PROHIBITION ON*
15 *CERTAIN PAYMENTS.—Section 2105(c)(6)(B) of such Act*
16 *(42 U.S.C. 1397ee(c)(6)(B)) is amended by striking “insur-*
17 *ance program, other than an insurance program operated*
18 *or financed by the Indian Health Service” and inserting*
19 *“program, other than a health care program operated or*
20 *financed by the Indian Health Service or by an Indian*
21 *Tribe, Tribal Organization, or Urban Indian Organiza-*
22 *tion”.*

23 *(d) SATISFACTION OF MEDICAID DOCUMENTATION RE-*
24 *QUIREMENTS.—*

1 (1) *IN GENERAL.*—Section 1903(x)(3)(B) of the
2 *Social Security Act (42 U.S.C. 1396b(x)(3)(B))* is
3 *amended—*

4 (A) *by redesignating clause (v) as clause*
5 *(vi); and*

6 (B) *by inserting after clause (iv), the fol-*
7 *lowing new clause:*

8 “*(v)(I) Except as provided in subclause (II), a*
9 *document issued by a federally-recognized Indian*
10 *tribe evidencing membership or enrollment in, or af-*
11 *filiation with, such tribe.*”

12 “*(II) With respect to those federally-recognized*
13 *Indian tribes located within States having an inter-*
14 *national border whose membership includes individ-*
15 *uals who are not citizens of the United States, the*
16 *Secretary shall, after consulting with such tribes,*
17 *issue regulations authorizing the presentation of such*
18 *other forms of documentation (including tribal docu-*
19 *mentation, if appropriate) that the Secretary deter-*
20 *mines to be satisfactory documentary evidence of citi-*
21 *zenship or nationality for purposes of satisfying the*
22 *requirement of this subsection.*”

23 (2) *TRANSITION RULE.*—*During the period that*
24 *begins on July 1, 2006, and ends on the effective date*
25 *of final regulations issued under subclause (II) of sec-*

1 *tion 1903(x)(3)(B)(v) of the Social Security Act (42*
2 *U.S.C. 1396b(x)(3)(B)(v)) (as added by paragraph*
3 *(1)), an individual who is a member of a federally-*
4 *recognized Indian tribe described in subclause (II) of*
5 *that section who presents a document described in*
6 *subclause (I) of such section that is issued by such In-*
7 *dian tribe, shall be deemed to have presented satisfac-*
8 *tory evidence of citizenship or nationality for pur-*
9 *poses of satisfying the requirement of subsection (x) of*
10 *section 1903 of such Act.*

11 *(e) DEFINITIONS.—Section 2110(c) of such Act (42*
12 *U.S.C. 1397jj(c)) is amended by adding at the end the fol-*
13 *lowing new paragraph:*

14 *“(9) INDIAN; INDIAN HEALTH PROGRAM; INDIAN*
15 *TRIBE; ETC.—The terms ‘Indian’, ‘Indian Health*
16 *Program’, ‘Indian Tribe’, ‘Tribal Organization’, and*
17 *‘Urban Indian Organization’ have the meanings*
18 *given those terms in section 4 of the Indian Health*
19 *Care Improvement Act.”.*

1 **SEC. 204. PREMIUMS AND COST SHARING PROTECTIONS**
2 **UNDER MEDICAID, ELIGIBILITY DETERMINA-**
3 **TIONS UNDER MEDICAID AND SCHIP, AND**
4 **PROTECTION OF CERTAIN INDIAN PROPERTY**
5 **FROM MEDICAID ESTATE RECOVERY.**

6 (a) *PREMIUMS AND COST SHARING PROTECTION*
7 *UNDER MEDICAID.*—

8 (1) *IN GENERAL.*—*Section 1916 of the Social Se-*
9 *curity Act (42 U.S.C. 1396o) is amended—*

10 (A) *in subsection (a), in the matter pre-*
11 *ceding paragraph (1), by striking “and (i)” and*
12 *inserting “, (i), and (j)”;* and

13 (B) *by adding at the end the following new*
14 *subsection:*

15 “(j) *NO PREMIUMS OR COST SHARING FOR INDIANS*
16 *FURNISHED ITEMS OR SERVICES DIRECTLY BY INDIAN*
17 *HEALTH PROGRAMS OR THROUGH REFERRAL UNDER THE*
18 *CONTRACT HEALTH SERVICE.*—

19 “(1) *NO COST SHARING FOR ITEMS OR SERVICES*
20 *FURNISHED TO INDIANS THROUGH INDIAN HEALTH*
21 *PROGRAMS.*—

22 “(A) *IN GENERAL.*—*No enrollment fee, pre-*
23 *mium, or similar charge, and no deduction, co-*
24 *payment, cost sharing, or similar charge shall be*
25 *imposed against an Indian who is furnished an*
26 *item or service directly by the Indian Health*

1 *Service, an Indian Tribe, Tribal Organization,*
2 *or Urban Indian Organization or through refer-*
3 *ral under the contract health service for which*
4 *payment may be made under this title.*

5 “(B) *NO REDUCTION IN AMOUNT OF PAY-*
6 *MENT TO INDIAN HEALTH PROVIDERS.—Payment*
7 *due under this title to the Indian Health Service,*
8 *an Indian Tribe, Tribal Organization, or Urban*
9 *Indian Organization, or a health care provider*
10 *through referral under the contract health service*
11 *for the furnishing of an item or service to an In-*
12 *dian who is eligible for assistance under such*
13 *title, may not be reduced by the amount of any*
14 *enrollment fee, premium, or similar charge, or*
15 *any deduction, copayment, cost sharing, or simi-*
16 *lar charge that would be due from the Indian but*
17 *for the operation of subparagraph (A).*

18 “(2) *RULE OF CONSTRUCTION.—Nothing in this*
19 *subsection shall be construed as restricting the appli-*
20 *cation of any other limitations on the imposition of*
21 *premiums or cost sharing that may apply to an indi-*
22 *vidual receiving medical assistance under this title*
23 *who is an Indian.*

24 “(3) *DEFINITIONS.—In this subsection, the terms*
25 *‘contract health service’, ‘Indian’, ‘Indian Tribe’,*

1 *‘Tribal Organization’, and ‘Urban Indian Organiza-*
2 *tion’ have the meanings given those terms in section*
3 *4 of the Indian Health Care Improvement Act.”.*

4 (2) *CONFORMING AMENDMENT.—Section 1916A*
5 *(a)(1) of such Act (42 U.S.C. 1396o–1(a)(1)) is*
6 *amended by striking “section 1916(g)” and inserting*
7 *“subsections (g), (i), or (j) of section 1916”.*

8 (b) *TREATMENT OF CERTAIN PROPERTY FOR MED-*
9 *ICAID AND SCHIP ELIGIBILITY.—*

10 (1) *MEDICAID.—Section 1902(e) of the Social*
11 *Security Act (42 U.S.C. 1396a) is amended by add-*
12 *ing at the end the following new paragraph:*

13 *“(13) Notwithstanding any other requirement of this*
14 *title or any other provision of Federal or State law, a State*
15 *shall disregard the following property for purposes of deter-*
16 *mining the eligibility of an individual who is an Indian*
17 *(as defined in section 4 of the Indian Health Care Improve-*
18 *ment Act) for medical assistance under this title:*

19 *“(A) Property, including real property and im-*
20 *provements, that is held in trust, subject to Federal*
21 *restrictions, or otherwise under the supervision of the*
22 *Secretary of the Interior, located on a reservation, in-*
23 *cluding any federally recognized Indian Tribe’s res-*
24 *ervation, pueblo, or colony, including former reserva-*
25 *tions in Oklahoma, Alaska Native regions established*

1 *by the Alaska Native Claims Settlement Act, and In-*
2 *Indian allotments on or near a reservation as des-*
3 *ignated and approved by the Bureau of Indian Af-*
4 *airs of the Department of the Interior.*

5 *“(B) For any federally recognized Tribe not de-*
6 *scribed in subparagraph (A), property located within*
7 *the most recent boundaries of a prior Federal reserva-*
8 *tion.*

9 *“(C) Ownership interests in rents, leases, royalti-*
10 *ties, or usage rights related to natural resources (in-*
11 *cluding extraction of natural resources or harvesting*
12 *of timber, other plants and plant products, animals,*
13 *fish, and shellfish) resulting from the exercise of feder-*
14 *ally protected rights.*

15 *“(D) Ownership interests in or usage rights to*
16 *items not covered by subparagraphs (A) through (C)*
17 *that have unique religious, spiritual, traditional, or*
18 *cultural significance or rights that support subsist-*
19 *ence or a traditional lifestyle according to applicable*
20 *tribal law or custom.”.*

21 *(2) APPLICATION TO SCHIP.—Section 2107(e)(1)*
22 *of such Act (42 U.S.C. 1397gg(e)(1)), as amended by*
23 *section 201(c), is amended—*

1 (A) by redesignating subparagraphs (B)
2 through (E), as subparagraphs (C) through (F),
3 respectively; and

4 (B) by inserting after subparagraph (A),
5 the following new subparagraph:

6 “(B) Section 1902(e)(13) (relating to dis-
7 regard of certain property for purposes of mak-
8 ing eligibility determinations).”.

9 (c) CONTINUATION OF CURRENT LAW PROTECTIONS OF
10 CERTAIN INDIAN PROPERTY FROM MEDICAID ESTATE RE-
11 COVERY.—Section 1917(b)(3) of the Social Security Act (42
12 U.S.C. 1396p(b)(3)) is amended—

13 (1) by inserting “(A)” after “(3)”; and

14 (2) by adding at the end the following new sub-
15 paragraph:

16 “(B) The standards specified by the Secretary under
17 subparagraph (A) shall require that the procedures estab-
18 lished by the State agency under subparagraph (A) exempt
19 income, resources, and property that are exempt from the
20 application of this subsection as of April 1, 2003, under
21 manual instructions issued to carry out this subsection (as
22 in effect on such date) because of the Federal responsibility
23 for Indian Tribes and Alaska Native Villages. Nothing in
24 this subparagraph shall be construed as preventing the Sec-

1 *retary from providing additional estate recovery exemp-*
2 *tions under this title for Indians.”.*

3 **SEC. 205. NONDISCRIMINATION IN QUALIFICATIONS FOR**
4 **PAYMENT FOR SERVICES UNDER FEDERAL**
5 **HEALTH CARE PROGRAMS.**

6 *Section 1139 of the Social Security Act (42 U.S.C.*
7 *1320b–9), as amended by section 202, is amended by redес-*
8 *ignating subsection (c) as subsection (d), and inserting after*
9 *subsection (b) the following new subsection:*

10 *“(c) NONDISCRIMINATION IN QUALIFICATIONS FOR*
11 *PAYMENT FOR SERVICES UNDER FEDERAL HEALTH CARE*
12 *PROGRAMS.—*

13 *“(1) REQUIREMENT TO SATISFY GENERALLY AP-*
14 *PLICABLE PARTICIPATION REQUIREMENTS.—*

15 *“(A) IN GENERAL.—A Federal health care*
16 *program must accept an entity that is operated*
17 *by the Indian Health Service, an Indian Tribe,*
18 *Tribal Organization, or Urban Indian Organi-*
19 *zation as a provider eligible to receive payment*
20 *under the program for health care services fur-*
21 *nished to an Indian on the same basis as any*
22 *other provider qualified to participate as a pro-*
23 *vider of health care services under the program*
24 *if the entity meets generally applicable State or*

1 *other requirements for participation as a pro-*
2 *vider of health care services under the program.*

3 “(B) *SATISFACTION OF STATE OR LOCAL LI-*
4 *CENSURE OR RECOGNITION REQUIREMENTS.—*

5 *Any requirement for participation as a provider*
6 *of health care services under a Federal health*
7 *care program that an entity be licensed or recog-*
8 *nized under the State or local law where the en-*
9 *tity is located to furnish health care services*
10 *shall be deemed to have been met in the case of*
11 *an entity operated by the Indian Health Service,*
12 *an Indian Tribe, Tribal Organization, or Urban*
13 *Indian Organization if the entity meets all the*
14 *applicable standards for such licensure or rec-*
15 *ognition, regardless of whether the entity obtains*
16 *a license or other documentation under such*
17 *State or local law. In accordance with section*
18 *221 of the Indian Health Care Improvement Act,*
19 *the absence of the licensure of a health care pro-*
20 *fessional employed by such an entity under the*
21 *State or local law where the entity is located*
22 *shall not be taken into account for purposes of*
23 *determining whether the entity meets such stand-*
24 *ards, if the professional is licensed in another*
25 *State.*

1 “(2) *PROHIBITION ON FEDERAL PAYMENTS TO*
2 *ENTITIES OR INDIVIDUALS EXCLUDED FROM PARTICI-*
3 *PATION IN FEDERAL HEALTH CARE PROGRAMS OR*
4 *WHOSE STATE LICENSES ARE UNDER SUSPENSION OR*
5 *HAVE BEEN REVOKED.—*

6 “(A) *EXCLUDED ENTITIES.—No entity op-*
7 *erated by the Indian Health Service, an Indian*
8 *Tribe, Tribal Organization, or Urban Indian*
9 *Organization that has been excluded from par-*
10 *ticipation in any Federal health care program*
11 *or for which a license is under suspension or has*
12 *been revoked by the State where the entity is lo-*
13 *cated shall be eligible to receive payment under*
14 *any such program for health care services fur-*
15 *nished to an Indian.*

16 “(B) *EXCLUDED INDIVIDUALS.—No indi-*
17 *vidual who has been excluded from participation*
18 *in any Federal health care program or whose*
19 *State license is under suspension or has been re-*
20 *voked shall be eligible to receive payment under*
21 *any such program for health care services fur-*
22 *nished by that individual, directly or through an*
23 *entity that is otherwise eligible to receive pay-*
24 *ment for health care services, to an Indian.*

1 “(C) *FEDERAL HEALTH CARE PROGRAM DE-*
2 *FINED.—In this subsection, the term, ‘Federal*
3 *health care program’ has the meaning given that*
4 *term in section 1128B(f), except that, for pur-*
5 *poses of this subsection, such term shall include*
6 *the health insurance program under chapter 89*
7 *of title 5, United States Code.”.*

8 **SEC. 206. CONSULTATION ON MEDICAID, SCHIP, AND**
9 **OTHER HEALTH CARE PROGRAMS FUNDED**
10 **UNDER THE SOCIAL SECURITY ACT INVOLV-**
11 **ING INDIAN HEALTH PROGRAMS AND URBAN**
12 **INDIAN ORGANIZATIONS.**

13 *(a) IN GENERAL.—Section 1139 of the Social Security*
14 *Act (42 U.S.C. 1320b–9), as amended by sections 202 and*
15 *205, is amended by redesignating subsection (d) as sub-*
16 *section (e), and inserting after subsection (c) the following*
17 *new subsection:*

18 “(d) *CONSULTATION WITH TRIBAL TECHNICAL ADVI-*
19 *SORY GROUP (TTAG).—The Secretary shall maintain*
20 *within the Centers for Medicaid & Medicare Services (CMS)*
21 *a Tribal Technical Advisory Group, established in accord-*
22 *ance with requirements of the charter dated September 30,*
23 *2003, and in such group shall include a representative of*
24 *the Urban Indian Organizations and the Service. The rep-*
25 *resentative of the Urban Indian Organization shall be*

1 *deemed to be an elected officer of a tribal government for*
2 *purposes of applying section 204(b) of the Unfunded Man-*
3 *dates Reform Act of 1995 (2 U.S.C. 1534(b)).”.*

4 *(b) SOLICITATION OF ADVICE UNDER MEDICAID AND*
5 *SCHIP.—*

6 *(1) MEDICAID STATE PLAN AMENDMENT.—Sec-*
7 *tion 1902(a) of the Social Security Act (42 U.S.C.*
8 *1396a(a)) is amended—*

9 *(A) in paragraph (69), by striking “and”*
10 *at the end;*

11 *(B) in paragraph (70)(B)(iv), by striking*
12 *the period at the end and inserting “; and”; and*

13 *(C) by inserting after paragraph*
14 *(70)(B)(iv), the following new paragraph:*

15 *“(71) in the case of any State in which the In-*
16 *Indian Health Service operates or funds health care*
17 *programs, or in which 1 or more Indian Health Pro-*
18 *grams or Urban Indian Organizations (as such terms*
19 *are defined in section 4 of the Indian Health Care*
20 *Improvement Act) provide health care in the State for*
21 *which medical assistance is available under such title,*
22 *provide for a process under which the State seeks ad-*
23 *vice on a regular, ongoing basis from designees of*
24 *such Indian Health Programs and Urban Indian Or-*
25 *ganizations on matters relating to the application of*

1 *this title that are likely to have a direct effect on such*
2 *Indian Health Programs and Urban Indian Organi-*
3 *zations and that—*

4 *“(A) shall include solicitation of advice*
5 *prior to submission of any plan amendments,*
6 *waiver requests, and proposals for demonstration*
7 *projects likely to have a direct effect on Indians,*
8 *Indian Health Programs, or Urban Indian Or-*
9 *ganizations; and*

10 *“(B) may include appointment of an advi-*
11 *sory committee and of a designee of such Indian*
12 *Health Programs and Urban Indian Organiza-*
13 *tions to the medical care advisory committee ad-*
14 *vising the State on its State plan under this*
15 *title.”.*

16 *(2) APPLICATION TO SCHIP.—Section 2107(e)(1)*
17 *of such Act (42 U.S.C. 1397gg(e)(1)), as amended by*
18 *section 204(b)(2), is amended—*

19 *(A) by redesignating subparagraphs (B)*
20 *through (F) as subparagraphs (C) through (G),*
21 *respectively; and*

22 *(B) by inserting after subparagraph (A),*
23 *the following new subparagraph:*

24 *“(B) Section 1902(a)(71) (relating to the*
25 *option of certain States to seek advice from des-*

1 *ignees of Indian Health Programs and Urban*
 2 *Indian Organizations).”.*

3 *(c) RULE OF CONSTRUCTION.—Nothing in the amend-*
 4 *ments made by this section shall be construed as super-*
 5 *ceding existing advisory committees, working groups, guid-*
 6 *ance, or other advisory procedures established by the Sec-*
 7 *retary of Health and Human Services or by any State with*
 8 *respect to the provision of health care to Indians.*

9 **SEC. 207. EXCLUSION WAIVER AUTHORITY FOR AFFECTED**
 10 **INDIAN HEALTH PROGRAMS AND SAFE HAR-**
 11 **BOR TRANSACTIONS UNDER THE SOCIAL SE-**
 12 **CURITY ACT.**

13 *(a) EXCLUSION WAIVER AUTHORITY.—Section 1128 of*
 14 *the Social Security Act (42 U.S.C. 1320a-7) is amended*
 15 *by adding at the end the following new subsection:*

16 *“(k) ADDITIONAL EXCLUSION WAIVER AUTHORITY*
 17 *FOR AFFECTED INDIAN HEALTH PROGRAMS.—In addition*
 18 *to the authority granted the Secretary under subsections*
 19 *(c)(3)(B) and (d)(3)(B) to waive an exclusion under sub-*
 20 *section (a)(1), (a)(3), (a)(4), or (b), the Secretary may, in*
 21 *the case of an Indian Health Program, waive such an exclu-*
 22 *sion upon the request of the administrator of an affected*
 23 *Indian Health Program (as defined in section 4 of the In-*
 24 *dian Health Care Improvement Act) who determines that*
 25 *the exclusion would impose a hardship on individuals enti-*

1 tled to benefits under or enrolled in a Federal health care
2 program.”.

3 (b) CERTAIN TRANSACTIONS INVOLVING INDIAN
4 HEALTH CARE PROGRAMS DEEMED TO BE IN SAFE HAR-
5 BORS.—Section 1128B(b) of the Social Security Act (42
6 U.S.C. 1320a–7b(b)) is amended by adding at the end the
7 following new paragraph:

8 “(4) Subject to such conditions as the Secretary may
9 promulgate from time to time as necessary to prevent fraud
10 and abuse, for purposes of paragraphs (1) and (2) and sec-
11 tion 1128A(a), the following transfers shall not be treated
12 as remuneration:

13 “(A) TRANSFERS BETWEEN INDIAN HEALTH
14 PROGRAMS, INDIAN TRIBES, TRIBAL ORGANIZATIONS,
15 AND URBAN INDIAN ORGANIZATIONS.—Transfers of
16 anything of value between or among an Indian
17 Health Program, Indian Tribe, Tribal Organization,
18 or Urban Indian Organization, that are made for the
19 purpose of providing necessary health care items and
20 services to any patient served by such Program,
21 Tribe, or Organization and that consist of—

22 “(i) services in connection with the collec-
23 tion, transport, analysis, or interpretation of di-
24 agnostic specimens or test data;

25 “(ii) inventory or supplies;

1 “(iii) staff; or

2 “(iv) a waiver of all or part of premiums
3 or cost sharing.

4 “(B) TRANSFERS BETWEEN INDIAN HEALTH
5 PROGRAMS, INDIAN TRIBES, TRIBAL ORGANIZATIONS,
6 OR URBAN INDIAN ORGANIZATIONS AND PATIENTS.—
7 Transfers of anything of value between an Indian
8 Health Program, Indian Tribe, Tribal Organization,
9 or Urban Indian Organization and any patient
10 served or eligible for service from an Indian Health
11 Program, Indian Tribe, Tribal Organization, or
12 Urban Indian Organization, including any patient
13 served or eligible for service pursuant to section 807
14 of the Indian Health Care Improvement Act, but only
15 if such transfers—

16 “(i) consist of expenditures related to pro-
17 viding transportation for the patient for the pro-
18 vision of necessary health care items or services,
19 provided that the provision of such transpor-
20 tation is not advertised, nor an incentive of
21 which the value is disproportionately large in re-
22 lationship to the value of the health care item or
23 service (with respect to the value of the item or
24 service itself or, for preventative items or serv-

1 ices, the future health care costs reasonably ex-
2 pected to be avoided);

3 “(ii) consist of expenditures related to pro-
4 viding housing to the patient (including a preg-
5 nant patient) and immediate family members or
6 an escort necessary to assuring the timely provi-
7 sion of health care items and services to the pa-
8 tient, provided that the provision of such housing
9 is not advertised nor an incentive of which the
10 value is disproportionately large in relationship
11 to the value of the health care item or service
12 (with respect to the value of the item or service
13 itself or, for preventative items or services, the
14 future health care costs reasonably expected to be
15 avoided); or

16 “(iii) are for the purpose of paying pre-
17 miums or cost sharing on behalf of such a pa-
18 tient, provided that the making of such payment
19 is not subject to conditions other than conditions
20 agreed to under a contract for the delivery of
21 contract health services.

22 “(C) *CONTRACT HEALTH SERVICES*.—A transfer
23 of anything of value negotiated as part of a contract
24 entered into between an Indian Health Program, In-
25 dian Tribe, Tribal Organization, Urban Indian Or-

1 *ganization, or the Indian Health Service and a con-*
2 *tract care provider for the delivery of contract health*
3 *services authorized by the Indian Health Service, pro-*
4 *vided that—*

5 *“(i) such a transfer is not tied to volume or*
6 *value of referrals or other business generated by*
7 *the parties; and*

8 *“(ii) any such transfer is limited to the fair*
9 *market value of the health care items or services*
10 *provided or, in the case of a transfer of items or*
11 *services related to preventative care, the value of*
12 *the future health care costs reasonably expected*
13 *to be avoided.*

14 *“(D) OTHER TRANSFERS.—Any other transfer of*
15 *anything of value involving an Indian Health Pro-*
16 *gram, Indian Tribe, Tribal Organization, or Urban*
17 *Indian Organization, or a patient served or eligible*
18 *for service from an Indian Health Program, Indian*
19 *Tribe, Tribal Organization, or Urban Indian Organi-*
20 *zation, that the Secretary, in consultation with the*
21 *Attorney General, determines is appropriate, taking*
22 *into account the special circumstances of such Indian*
23 *Health Programs, Indian Tribes, Tribal Organiza-*
24 *tions, and Urban Indian Organizations, and of pa-*

1 *tients served by such Programs, Tribes, and Organi-*
 2 *zations.”.*

3 **SEC. 208. RULES APPLICABLE UNDER MEDICAID AND SCHIP**
 4 **TO MANAGED CARE ENTITIES WITH RESPECT**
 5 **TO INDIAN ENROLLEES AND INDIAN HEALTH**
 6 **CARE PROVIDERS AND INDIAN MANAGED**
 7 **CARE ENTITIES.**

8 *(a) IN GENERAL.—Section 1932 of the Social Security*
 9 *Act (42 U.S.C. 1396u–2) is amended by adding at the end*
 10 *the following new subsection:*

11 *“(h) SPECIAL RULES WITH RESPECT TO INDIAN EN-*
 12 *ROLLEES, INDIAN HEALTH CARE PROVIDERS, AND INDIAN*
 13 *MANAGED CARE ENTITIES.—*

14 *“(1) ENROLLEE OPTION TO SELECT AN INDIAN*
 15 *HEALTH CARE PROVIDER AS PRIMARY CARE PRO-*
 16 *VIDER.—In the case of a non-Indian Medicaid man-*
 17 *aged care entity that—*

18 *“(A) has an Indian enrolled with the entity;*

19 *and*

20 *“(B) has an Indian health care provider*
 21 *that is participating as a primary care provider*
 22 *within the network of the entity,*

23 *insofar as the Indian is otherwise eligible to receive*
 24 *services from such Indian health care provider and*
 25 *the Indian health care provider has the capacity to*

1 *provide primary care services to such Indian, the con-*
2 *tract with the entity under section 1903(m) or under*
3 *section 1905(t)(3) shall require, as a condition of re-*
4 *ceiving payment under such contract, that the Indian*
5 *shall be allowed to choose such Indian health care*
6 *provider as the Indian’s primary care provider under*
7 *the entity.*

8 *“(2) ASSURANCE OF PAYMENT TO INDIAN*
9 *HEALTH CARE PROVIDERS FOR PROVISION OF COV-*
10 *ERED SERVICES.—Each contract with a managed*
11 *care entity under section 1903(m) or under section*
12 *1905(t)(3) shall require any such entity that has a*
13 *significant percentage of Indian enrollees (as deter-*
14 *mined by the Secretary), as a condition of receiving*
15 *payment under such contract to satisfy the following*
16 *requirements:*

17 *“(A) DEMONSTRATION OF PARTICIPATING*
18 *INDIAN HEALTH CARE PROVIDERS OR APPLICA-*
19 *TION OF ALTERNATIVE PAYMENT ARRANGE-*
20 *MENTS.—Subject to subparagraph (E), to—*

21 *“(i) demonstrate that the number of*
22 *Indian health care providers that are par-*
23 *ticipating providers with respect to such en-*
24 *tity are sufficient to ensure timely access to*
25 *covered Medicaid managed care services for*

1 *those enrollees who are eligible to receive*
2 *services from such providers; or*

3 “(ii) agree to pay Indian health care
4 providers who are not participating pro-
5 viders with the entity for covered Medicaid
6 managed care services provided to those en-
7 rollees who are eligible to receive services
8 from such providers at a rate equal to the
9 rate negotiated between such entity and the
10 provider involved or, if such a rate has not
11 been negotiated, at a rate that is not less
12 than the level and amount of payment
13 which the entity would make for the services
14 if the services were furnished by a partici-
15 pating provider which is not an Indian
16 health care provider.

17 “(B) PROMPT PAYMENT.—To agree to make
18 prompt payment (in accordance with rules ap-
19 plicable to managed care entities) to Indian
20 health care providers that are participating pro-
21 viders with respect to such entity or, in the case
22 of an entity to which subparagraph (A)(ii) or
23 (E) applies, that the entity is required to pay in
24 accordance with that subparagraph.

1 “(C) *SATISFACTION OF CLAIM REQUIRE-*
2 *MENT.—To deem any requirement for the sub-*
3 *mission of a claim or other documentation for*
4 *services covered under subparagraph (A) by the*
5 *enrollee to be satisfied through the submission of*
6 *a claim or other documentation by an Indian*
7 *health care provider that is consistent with sec-*
8 *tion 403(h) of the Indian Health Care Improve-*
9 *ment Act.*

10 “(D) *COMPLIANCE WITH GENERALLY APPLI-*
11 *CABLE REQUIREMENTS.—*

12 “(i) *IN GENERAL.—Subject to clause*
13 *(ii), as a condition of payment under sub-*
14 *paragraph (A), an Indian health care pro-*
15 *vider shall comply with the generally appli-*
16 *cable requirements of this title, the State*
17 *plan, and such entity with respect to cov-*
18 *ered Medicaid managed care services pro-*
19 *vided by the Indian health care provider to*
20 *the same extent that non-Indian providers*
21 *participating with the entity must comply*
22 *with such requirements.*

23 “(ii) *LIMITATIONS ON COMPLIANCE*
24 *WITH MANAGED CARE ENTITY GENERALLY*

1 *APPLICABLE REQUIREMENTS.—An Indian*
2 *health care provider—*

3 “(I) shall not be required to com-
4 ply with a generally applicable re-
5 quirement of a managed care entity
6 described in clause (i) as a condition of
7 payment under subparagraph (A) if
8 such compliance would conflict with
9 any other statutory or regulatory re-
10 quirements applicable to the Indian
11 health care provider; and

12 “(II) shall only need to comply
13 with those generally applicable require-
14 ments of a managed care entity de-
15 scribed in clause (i) as a condition of
16 payment under subparagraph (A) that
17 are necessary for the entity’s compli-
18 ance with the State plan, such as those
19 related to care management, quality
20 assurance, and utilization manage-
21 ment.

22 “(E) *APPLICATION OF SPECIAL PAYMENT*
23 *REQUIREMENTS FOR FEDERALLY-QUALIFIED*
24 *HEALTH CENTERS AND ENCOUNTER RATE FOR*

1 *SERVICES PROVIDED BY CERTAIN INDIAN*
2 *HEALTH CARE PROVIDERS.—*

3 “(i) *FEDERALLY-QUALIFIED HEALTH*
4 *CENTERS.—*

5 “(I) *MANAGED CARE ENTITY PAY-*
6 *MENT REQUIREMENT.—To agree to pay*
7 *any Indian health care provider that*
8 *is a federally-qualified health center*
9 *but not a participating provider with*
10 *respect to the entity, for the provision*
11 *of covered Medicaid managed care*
12 *services by such provider to an Indian*
13 *enrollee of the entity at a rate equal to*
14 *the amount of payment that the entity*
15 *would pay a federally-qualified health*
16 *center that is a participating provider*
17 *with respect to the entity but is not an*
18 *Indian health care provider for such*
19 *services.*

20 “(II) *CONTINUED APPLICATION OF*
21 *STATE REQUIREMENT TO MAKE SUP-*
22 *PLEMENTAL PAYMENT.—Nothing in*
23 *subclause (I) or subparagraph (A) or*
24 *(B) shall be construed as waiving the*
25 *application of section 1902(bb)(5) re-*

1 *garding the State plan requirement to*
2 *make any supplemental payment due*
3 *under such section to a federally-quali-*
4 *fied health center for services furnished*
5 *by such center to an enrollee of a man-*
6 *aged care entity (regardless of whether*
7 *the federally-qualified health center is*
8 *or is not a participating provider with*
9 *the entity).*

10 *“(i) CONTINUED APPLICATION OF EN-*
11 *COUNTER RATE FOR SERVICES PROVIDED BY*
12 *CERTAIN INDIAN HEALTH CARE PRO-*
13 *VIDERS.—If the amount paid by a managed*
14 *care entity to an Indian health care pro-*
15 *vider that is not a federally-qualified health*
16 *center and that has elected to receive pay-*
17 *ment under this title as an Indian Health*
18 *Service provider under the July 11, 1996,*
19 *Memorandum of Agreement between the*
20 *Health Care Financing Administration*
21 *(now the Centers for Medicare & Medicaid*
22 *Services) and the Indian Health Service for*
23 *services provided by such provider to an In-*
24 *dian enrollee with the managed care entity*
25 *is less than the encounter rate that applies*

1 to the provision of such services under such
2 memorandum, the State plan shall provide
3 for payment to the Indian health care pro-
4 vider of the difference between the applicable
5 encounter rate under such memorandum
6 and the amount paid by the managed care
7 entity to the provider for such services.

8 “(F) CONSTRUCTION.—Nothing in this
9 paragraph shall be construed as waiving the ap-
10 plication of section 1902(a)(30)(A) (relating to
11 application of standards to assure that payments
12 are consistent with efficiency, economy, and
13 quality of care).

14 “(3) OFFERING OF MANAGED CARE THROUGH IN-
15 DIAN MEDICAID MANAGED CARE ENTITIES.—If—

16 “(A) a State elects to provide services
17 through Medicaid managed care entities under
18 its Medicaid managed care program; and

19 “(B) an Indian health care provider that is
20 funded in whole or in part by the Indian Health
21 Service, or a consortium composed of 1 or more
22 Tribes, Tribal Organizations, or Urban Indian
23 Organizations, and which also may include the
24 Indian Health Service, has established an In-
25 dian Medicaid managed care entity in the State

1 *that meets generally applicable standards re-*
2 *quired of such an entity under such Medicaid*
3 *managed care program,*
4 *the State shall offer to enter into an agreement with*
5 *the entity to serve as a Medicaid managed care entity*
6 *with respect to eligible Indians served by such entity*
7 *under such program.*

8 “(4) *SPECIAL RULES FOR INDIAN MANAGED CARE*
9 *ENTITIES.—The following are special rules regarding*
10 *the application of a Medicaid managed care program*
11 *to Indian Medicaid managed care entities:*

12 “(A) *ENROLLMENT.—*

13 “(i) *LIMITATION TO INDIANS.—An In-*
14 *Indian Medicaid managed care entity may re-*
15 *strict enrollment under such program to In-*
16 *dians and to members of specific Tribes in*
17 *the same manner as Indian Health Pro-*
18 *grams may restrict the delivery of services*
19 *to such Indians and tribal members.*

20 “(ii) *NO LESS CHOICE OF PLANS.—*
21 *Under such program the State may not*
22 *limit the choice of an Indian among Med-*
23 *icaid managed care entities only to Indian*
24 *Medicaid managed care entities or to be*
25 *more restrictive than the choice of managed*

1 *care entities offered to individuals who are*
2 *not Indians.*

3 “(iii) *DEFAULT ENROLLMENT.*—

4 “(I) *IN GENERAL.*—*If such pro-*
5 *gram of a State requires the enrollment*
6 *of Indians in a Medicaid managed*
7 *care entity in order to receive benefits,*
8 *the State, taking into consideration the*
9 *criteria specified in subsection*
10 *(a)(4)(D)(ii)(I), shall provide for the*
11 *enrollment of Indians described in sub-*
12 *clause (II) who are not otherwise en-*
13 *rolled with such an entity in an In-*
14 *Indian Medicaid managed care entity de-*
15 *scribed in such clause.*

16 “(II) *INDIAN DESCRIBED.*—*An*
17 *Indian described in this subclause,*
18 *with respect to an Indian Medicaid*
19 *managed care entity, is an Indian*
20 *who, based upon the service area and*
21 *capacity of the entity, is eligible to be*
22 *enrolled with the entity consistent with*
23 *subparagraph (A).*

24 “(iv) *EXCEPTION TO STATE LOCK-IN.*—

25 *A request by an Indian who is enrolled*

1 *under such program with a non-Indian*
2 *Medicaid managed care entity to change en-*
3 *rollment with that entity to enrollment with*
4 *an Indian Medicaid managed care entity*
5 *shall be considered cause for granting such*
6 *request under procedures specified by the*
7 *Secretary.*

8 “(B) *FLEXIBILITY IN APPLICATION OF SOL-*
9 *VENCY.—In applying section 1903(m)(1) to an*
10 *Indian Medicaid managed care entity—*

11 *“(i) any reference to a ‘State’ in sub-*
12 *paragraph (A)(ii) of that section shall be*
13 *deemed to be a reference to the ‘Secretary’;*
14 *and*

15 *“(ii) the entity shall be deemed to be a*
16 *public entity described in subparagraph*
17 *(C)(ii) of that section.*

18 “(C) *EXCEPTIONS TO ADVANCE DIREC-*
19 *TIVES.—The Secretary may modify or waive the*
20 *requirements of section 1902(w) (relating to pro-*
21 *vision of written materials on advance direc-*
22 *tives) insofar as the Secretary finds that the re-*
23 *quirements otherwise imposed are not an appro-*
24 *priate or effective way of communicating the in-*
25 *formation to Indians.*

1 “(D) *FLEXIBILITY IN INFORMATION AND*
2 *MARKETING.*—

3 “(i) *MATERIALS.*—*The Secretary may*
4 *modify requirements under subsection (a)(5)*
5 *to ensure that information described in that*
6 *subsection is provided to enrollees and po-*
7 *tential enrollees of Indian Medicaid man-*
8 *aged care entities in a culturally appro-*
9 *priate and understandable manner that*
10 *clearly communicates to such enrollees and*
11 *potential enrollees their rights, protections,*
12 *and benefits.*

13 “(ii) *DISTRIBUTION OF MARKETING*
14 *MATERIALS.*—*The provisions of subsection*
15 *(d)(2)(B) requiring the distribution of mar-*
16 *keting materials to an entire service area*
17 *shall be deemed satisfied in the case of an*
18 *Indian Medicaid managed care entity that*
19 *distributes appropriate materials only to*
20 *those Indians who are potentially eligible to*
21 *enroll with the entity in the service area.*

22 “(5) *MALPRACTICE INSURANCE.*—*Insofar as,*
23 *under a Medicaid managed care program, a health*
24 *care provider is required to have medical malpractice*
25 *insurance coverage as a condition of contracting as a*

1 provider with a Medicaid managed care entity, an
2 Indian health care provider that is—

3 “(A) a federally-qualified health center that
4 is covered under the Federal Tort Claims Act (28
5 U.S.C. 1346(b), 2671 et seq.);

6 “(B) providing health care services pursu-
7 ant to a contract or compact under the Indian
8 Self-Determination and Education Assistance
9 Act (25 U.S.C. 450 et seq.) that are covered
10 under the Federal Tort Claims Act (28 U.S.C.
11 1346(b), 2671 et seq.); or

12 “(C) the Indian Health Service providing
13 health care services that are covered under the
14 Federal Tort Claims Act (28 U.S.C. 1346(b),
15 2671 et seq.);

16 are deemed to satisfy such requirement.

17 “(6) DEFINITIONS.—For purposes of this sub-
18 section:

19 “(A) INDIAN HEALTH CARE PROVIDER.—
20 The term ‘Indian health care provider’ means an
21 Indian Health Program or an Urban Indian Or-
22 ganization.

23 “(B) INDIAN; INDIAN HEALTH PROGRAM;
24 SERVICE; TRIBE; TRIBAL ORGANIZATION; URBAN
25 INDIAN ORGANIZATION.—The terms ‘Indian’, ‘In-

1 *dian Health Program*, ‘*Service*’, ‘*Tribe*’, ‘*tribal*
2 *organization*’, ‘*Urban Indian Organization*’ have
3 *the meanings given such terms in section 4 of the*
4 *Indian Health Care Improvement Act.*

5 “(C) *INDIAN MEDICAID MANAGED CARE EN-*
6 *TITY.—The term ‘Indian Medicaid managed care*
7 *entity’ means a managed care entity that is con-*
8 *trolled (within the meaning of the last sentence*
9 *of section 1903(m)(1)(C)) by the Indian Health*
10 *Service, a Tribe, Tribal Organization, or Urban*
11 *Indian Organization, or a consortium, which*
12 *may be composed of 1 or more Tribes, Tribal Or-*
13 *ganizations, or Urban Indian Organizations,*
14 *and which also may include the Service.*

15 “(D) *NON-INDIAN MEDICAID MANAGED CARE*
16 *ENTITY.—The term ‘non-Indian Medicaid man-*
17 *aged care entity’ means a managed care entity*
18 *that is not an Indian Medicaid managed care*
19 *entity.*

20 “(E) *COVERED MEDICAID MANAGED CARE*
21 *SERVICES.—The term ‘covered Medicaid man-*
22 *aged care services’ means, with respect to an in-*
23 *dividual enrolled with a managed care entity,*
24 *items and services that are within the scope of*
25 *items and services for which benefits are avail-*

1 *able with respect to the individual under the con-*
2 *tract between the entity and the State involved.*

3 “(F) *MEDICAID MANAGED CARE PRO-*
4 *GRAM.—The term ‘Medicaid managed care pro-*
5 *gram’ means a program under sections 1903(m)*
6 *and 1932 and includes a managed care program*
7 *operating under a waiver under section 1915(b)*
8 *or 1115 or otherwise.”.*

9 (b) *APPLICATION TO SCHIP.—Section 2107(e)(1) of*
10 *such Act (42 U.S.C. 1397gg(1)), as amended by section*
11 *206(b)(2), is amended by adding at the end the following*
12 *new subparagraph:*

13 “(H) *Subsections (a)(2)(C) and (h) of sec-*
14 *tion 1932.”.*

15 **SEC. 209. ANNUAL REPORT ON INDIANS SERVED BY SOCIAL**
16 **SECURITY ACT HEALTH BENEFIT PROGRAMS.**

17 *Section 1139 of the Social Security Act (42 U.S.C.*
18 *1320b–9), as amended by the sections 202, 205, and 206,*
19 *is amended by redesignating subsection (e) as subsection (f),*
20 *and inserting after subsection (d) the following new sub-*
21 *section:*

22 “(e) *ANNUAL REPORT ON INDIANS SERVED BY*
23 *HEALTH BENEFIT PROGRAMS FUNDED UNDER THIS*
24 *ACT.—Beginning January 1, 2007, and annually there-*
25 *after, the Secretary, acting through the Administrator of the*

1 *Centers for Medicare & Medicaid Services and the Director*
2 *of the Indian Health Service, shall submit a report to Con-*
3 *gress regarding the enrollment and health status of Indians*
4 *receiving items or services under health benefit programs*
5 *funded under this Act during the preceding year. Each such*
6 *report shall include the following:*

7 “(1) *The total number of Indians enrolled in, or*
8 *receiving items or services under, such programs,*
9 *disaggregated with respect to each such program.*

10 “(2) *The number of Indians described in para-*
11 *graph (1) that also received health benefits under pro-*
12 *grams funded by the Indian Health Service.*

13 “(3) *General information regarding the health*
14 *status of the Indians described in paragraph (1),*
15 *disaggregated with respect to specific diseases or con-*
16 *ditions and presented in a manner that is consistent*
17 *with protections for privacy of individually identifi-*
18 *able health information under section 264(c) of the*
19 *Health Insurance Portability and Accountability Act*
20 *of 1996.*

21 “(4) *A detailed statement of the status of facili-*
22 *ties of the Indian Health Service or an Indian Tribe,*
23 *Tribal Organization, or an Urban Indian Organiza-*
24 *tion with respect to such facilities’ compliance with*
25 *the applicable conditions and requirements of titles*

1 *XVIII, XIX, and XXI, and, in the case of title XIX*
2 *or XXI, under a State plan under such title or under*
3 *waiver authority, and of the progress being made by*
4 *such facilities (under plans submitted under section*
5 *1880(b), 1911(b) or otherwise) toward the achieve-*
6 *ment and maintenance of such compliance.*

7 *“(5) Such other information as the Secretary de-*
8 *termines is appropriate.”.*

Union Calendar No. 444

110TH CONGRESS
2^D SESSION

H. R. 1328

[Report No. 110-564, Part I]

A BILL

To amend the Indian Health Care Improvement Act to revise and extend that Act.

JUNE 6, 2008

Committees on Energy and Commerce and Ways and Means discharged; committed to the Committee of the Whole House on the State of the Union and ordered to be printed