110TH CONGRESS
1ST SESSION

H. R. 1328

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

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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,*

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

2 (a) SHORT TITLE.—This Act may be cited as the
3 "Indian Health Care Improvement Act Amendments of
4 2007".

5 (b) TABLE OF CONTENTS.—The table of contents of
6 this 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 # TITLE I—AMENDMENTS TO
2 # INDIAN LAWS

3 **SEC. 101. INDIAN HEALTH CARE IMPROVEMENT ACT**
4 **AMENDED.**

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

8 **"SEC. 1. SHORT TITLE; TABLE OF CONTENTS.**

9 "(a) SHORT TITLE.—This Act may be cited as the
10 'Indian Health Care Improvement Act'.

11 "(b) TABLE OF CONTENTS.—The table of contents
12 for 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 programs.
“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. 216A. North Dakota and South Dakota as contract health service delivery area.
“Sec. 217. California contract health services program.
“Sec. 218. California as a contract health service delivery area.
“Sec. 219. Contract health services for the Trenton service area.
“Sec. 220. Programs operated by Indian Tribes and Tribal Organizations.
“Sec. 221. Licensing.
“Sec. 222. Notification of provision of emergency contract health services.
“Sec. 223. Prompt action on payment of claims.
“Sec. 224. Liability for payment.
“Sec. 225. Office of Indian Men’s Health.
“Sec. 226. 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:

1 "(1) Federal health services to maintain and
2 improve the health of the Indians are consonant
3 with and required by the Federal Government's his-
4 torical and unique legal relationship with, and re-
5 sulting responsibility to, the American Indian people.
6 "(2) A major national goal of the United States
7 is to provide the quantity and quality of health serv-
8 ices which will permit the health status of Indians
9 to be raised to the highest possible level and to en-
10 courage the maximum participation of Indians in the
11 planning and management of those services.
12 "(3) Federal health services to Indians have re-
13 sulted in a reduction in the prevalence and incidence
14 of preventable illnesses among, and unnecessary and
15 premature deaths of, Indians.
16 "(4) Despite such services, the unmet health
17 needs of the American Indian people are severe and
18 the health status of the Indians is far below that of
19 the general population of the United States.
20 **"SEC. 3. DECLARATION OF NATIONAL INDIAN HEALTH POL-**
21 **ICY.**
22 "Congress declares that it is the policy of this Nation,
23 in fulfillment of its special trust responsibilities and legal
24 obligations to Indians—

1 "(1) to assure the highest possible health status
2 for Indians and to provide all resources necessary to
3 effect that policy;
4 "(2) to raise the health status of Indians to at
5 least the levels set forth in the goals contained with-
6 in the Health People 2010 or successor objectives;
7 "(3) to the greatest extent possible, to allow In-
8 dians to set their own health care priorities and es-
9 tablish goals that reflect their unmet needs;
10 "(4) to increase the proportion of all degrees in
11 the health professions and allied and associated
12 health professions awarded to Indians so that the
13 proportion of Indian health professionals in each
14 Service Area is raised to at least the level of that of
15 the general population;
16 "(5) to require meaningful consultation with In-
17 dian Tribes, Tribal Organizations, and Urban Indian
18 Organizations to implement this Act and the na-
19 tional policy of Indian self-determination; and
20 "(6) to provide funding for programs and facili-
21 ties operated by Indian Tribes and Tribal Organiza-
22 tions in amounts that are not less than the amounts
23 provided to programs and facilities operated directly
24 by the Service.

1 **"SEC. 4. DEFINITIONS.**

2 ''For purposes of this Act:

3 ''(1) The term 'accredited and accessible' means
4 on or near a reservation and accredited by a na-
5 tional or regional organization with accrediting au-
6 thority.

7 ''(2) The term 'Area Office' means an adminis-
8 trative entity, including a program office, within the
9 Service through which services and funds are pro-
10 vided to the Service Units within a defined geo-
11 graphic area.

12 ''(3) The term 'Assistant Secretary' means the
13 Assistant Secretary of Indian Health.

14 ''(4)(A) The term 'behavioral health' means the
15 blending of substance (alcohol, drugs, inhalants, and
16 tobacco) abuse and mental health prevention and
17 treatment, for the purpose of providing comprehen-
18 sive services.

19 ''(B) The term 'behavioral health' includes the
20 joint development of substance abuse and mental
21 health treatment planning and coordinated case
22 management using a multidisciplinary approach.

23 ''(5) The term 'California Indians' means those
24 Indians who are eligible for health services of the
25 Service pursuant to section 806.

26 ''(6) The term 'community college' means—

1 “(A) a tribal college or university, or
2 “(B) a junior or community college.
3 “(7) The term ‘contract health service’ means
4 health services provided at the expense of the Serv-
5 ice or a Tribal Health Program by public or private
6 medical providers or hospitals, other than the Serv-
7 ice Unit or the Tribal Health Program at whose ex-
8 pense the services are provided.
9 “(8) The term ‘Department’ means, unless oth-
10 erwise designated, the Department of Health and
11 Human Services.
12 “(9) The term ‘disease prevention’ means the
13 reduction, limitation, and prevention of disease and
14 its complications and reduction in the consequences
15 of disease, including—
16 “(A) controlling—
17 “(i) the development of diabetes;
18 “(ii) high blood pressure;
19 “(iii) infectious agents;
20 “(iv) injuries;
21 “(v) occupational hazards and disabil-
22 ities;
23 “(vi) sexually transmittable diseases;
24 and
25 “(vii) toxic agents; and

1 ''(B) providing—
2 ''(i) fluoridation of water; and
3 ''(ii) immunizations.
4 ''(10) The term 'health profession' means
5 allopathic medicine, family medicine, internal medi-
6 cine, pediatrics, geriatric medicine, obstetrics and
7 gynecology, podiatric medicine, nursing, public
8 health nursing, dentistry, psychiatry, osteopathy, op-
9 tometry, pharmacy, psychology, public health, social
10 work, marriage and family therapy, chiropractic
11 medicine, environmental health and engineering, al-
12 lied health professions, and any other health profes-
13 sion.
14 ''(11) The term 'health promotion' means—
15 ''(A) fostering social, economic, environ-
16 mental, and personal factors conducive to
17 health, including raising public awareness about
18 health matters and enabling the people to cope
19 with health problems by increasing their knowl-
20 edge and providing them with valid information;
21 ''(B) encouraging adequate and appro-
22 priate diet, exercise, and sleep;
23 ''(C) promoting education and work in con-
24 formity with physical and mental capacity;

1 "(D) making available safe water and sanitary facilities;

3 "(E) improving the physical, economic, cultural, psychological, and social environment;

5 "(F) promoting culturally competent care; and

7 "(G) providing adequate and appropriate programs, which may include—

9 "(i) abuse prevention (mental and physical);

11 "(ii) community health;

12 "(iii) community safety;

13 "(iv) consumer health education;

14 "(v) diet and nutrition;

15 "(vi) immunization and other prevention of communicable diseases, including HIV/AIDS;

18 "(vii) environmental health;

19 "(viii) exercise and physical fitness;

20 "(ix) avoidance of fetal alcohol disorders;

22 "(x) first aid and CPR education;

23 "(xi) human growth and development;

24 "(xii) injury prevention and personal safety;

"(xiii) behavioral health;

"(xiv) monitoring of disease indicators between health care provider visits, through appropriate means, including Internet-based health care management systems;

"(xv) personal health and wellness practices;

"(xvi) personal capacity building;

"(xvii) prenatal, pregnancy, and infant care;

"(xviii) psychological well-being;

"(xix) reproductive health and family planning;

"(xx) safe and adequate water;

"(xxi) healthy work environments;

"(xxii) elimination, reduction, and prevention of contaminants that create unhealthy household conditions (including mold and other allergens);

"(xxiii) stress control;

"(xxiv) substance abuse;

"(xxv) sanitary facilities;

"(xxvi) sudden infant death syndrome prevention;

1 "(xxvii) tobacco use cessation and re-
2 duction;
3 "(xxviii) violence prevention; and
4 "(xxix) such other activities identified
5 by the Service, a Tribal Health Program,
6 or an Urban Indian Organization, to pro-
7 mote achievement of any of the objectives
8 described in section 3(2).
9 "(12) The term 'Indian', unless otherwise des-
10 ignated, means any person who is a member of an
11 Indian Tribe or is eligible for health services under
12 section 806, except that, for the purpose of sections
13 102 and 103, the term also means any individual
14 who—
15 "(A)(i) irrespective of whether the indi-
16 vidual lives on or near a reservation, is a mem-
17 ber of a tribe, band, or other organized group
18 of Indians, including those tribes, bands, or
19 groups terminated since 1940 and those recog-
20 nized now or in the future by the State in
21 which they reside; or
22 "(ii) is a descendant, in the first or second
23 degree, of any such member;
24 "(B) is an Eskimo or Aleut or other Alas-
25 ka Native;

1 ''(C) is considered by the Secretary of the
2 Interior to be an Indian for any purpose; or
3 ''(D) is determined to be an Indian under
4 regulations promulgated by the Secretary.
5 ''(13) The term 'Indian Health Program'
6 means—
7 ''(A) any health program administered di-
8 rectly by the Service;
9 ''(B) any Tribal Health Program; or
10 ''(C) any Indian Tribe or Tribal Organiza-
11 tion to which the Secretary provides funding
12 pursuant to section 23 of the Act of June 25,
13 1910 (25 U.S.C. 47) (commonly known as the
14 'Buy Indian Act').
15 ''(14) The term 'Indian Tribe' has the meaning
16 given the term in the Indian Self-Determination and
17 Education Assistance Act (25 U.S.C. 450 et seq.).
18 ''(15) The term 'junior or community college'
19 has the meaning given the term by section 312(e) of
20 the Higher Education Act of 1965 (20 U.S.C.
21 1058(e)).
22 ''(16) The term 'reservation' means any feder-
23 ally recognized Indian Tribe's reservation, Pueblo, or
24 colony, including former reservations in Oklahoma,
25 Indian allotments, and Alaska Native Regions estab-

1 lished pursuant to the Alaska Native Claims Settle-
2 ment Act (43 U.S.C. 1601 et seq.).
3 ''(17) The term 'Secretary', unless otherwise
4 designated, means the Secretary of Health and
5 Human Services.
6 ''(18) The term 'Service' means the Indian
7 Health Service.
8 ''(19) The term 'Service Area' means the geo-
9 graphical area served by each Area Office.
10 ''(20) The term 'Service Unit' means an admin-
11 istrative entity of the Service, or a Tribal Health
12 Program through which services are provided, di-
13 rectly or by contract, to eligible Indians within a de-
14 fined geographic area.
15 ''(21) The term 'telehealth' has the meaning
16 given the term in section 330K(a) of the Public
17 Health Service Act (42 U.S.C. 254c–16(a)).
18 ''(22) The term 'telemedicine' means a tele-
19 communications link to an end user through the use
20 of eligible equipment that electronically links health
21 professionals or patients and health professionals at
22 separate sites in order to exchange health care infor-
23 mation in audio, video, graphic, or other format for
24 the purpose of providing improved health care serv-
25 ices.

1 "(23) The term 'tribal college or university' has
2 the meaning given the term in section 316(b)(3) of
3 the Higher Education Act (20 U.S.C. 1059c(b)(3)).
4 "(24) The term 'Tribal Health Program' means
5 an Indian Tribe or Tribal Organization that oper-
6 ates any health program, service, function, activity,
7 or facility funded, in whole or part, by the Service
8 through, or provided for in, a contract or compact
9 with the Service under the Indian Self-Determina-
10 tion and Education Assistance Act (25 U.S.C. 450
11 et seq.).
12 "(25) The term 'Tribal Organization' has the
13 meaning given the term in the Indian Self-Deter-
14 mination and Education Assistance Act (25 U.S.C.
15 450 et seq.).
16 "(26) The term 'Urban Center' means any com-
17 munity which has a sufficient Urban Indian popu-
18 lation with unmet health needs to warrant assistance
19 under title V of this Act, as determined by the Sec-
20 retary.
21 "(27) The term 'Urban Indian' means any indi-
22 vidual who resides in an Urban Center and who
23 meets 1 or more of the following criteria:
24 "(A) Irrespective of whether the individual
25 lives on or near a reservation, the individual is

a member of a tribe, band, or other organized group of Indians, including those tribes, bands, or groups terminated since 1940 and those tribes, bands, or groups that are recognized by the States in which they reside, or who is a descendant in the first or second degree of any such member.

''(B) The individual is an Eskimo, Aleut, or other Alaska Native.

''(C) The individual is considered by the Secretary of the Interior to be an Indian for any purpose.

''(D) The individual is determined to be an Indian under regulations promulgated by the Secretary.

''(28) The term 'Urban Indian Organization' means a nonprofit corporate body that (A) is situated in an Urban Center; (B) is governed by an Urban Indian-controlled board of directors; (C) provides for the participation of all interested Indian groups and individuals; and (D) is capable of legally cooperating with other public and private entities for the purpose of performing the activities described in section 503(a).

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

“SEC. 101. PURPOSE.

“The purpose of this title is to increase, to the maximum extent feasible, the number of Indians entering the health professions and providing health services, and to assure an optimum supply of health professionals to the Indian Health Programs and Urban Indian Organizations involved in the provision of health services to Indians.

“SEC. 102. HEALTH PROFESSIONS RECRUITMENT PROGRAM FOR INDIANS.

“(a) In General.—The Secretary, acting through the Service, shall make grants to public or nonprofit private health or educational entities, Tribal Health Programs, or Urban Indian Organizations to assist such entities in meeting the costs of—

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

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

“(B) if they are not qualified to enroll in any such courses of study, to undertake such

1 postsecondary education or training as may be
2 required to qualify them for enrollment;
3 ‘‘(2) publicizing existing sources of financial aid
4 available to Indians enrolled in any course of study
5 referred to in paragraph (1) or who are undertaking
6 training necessary to qualify them to enroll in any
7 such course of study; or
8 ‘‘(3) establishing other programs which the Sec-
9 retary determines will enhance and facilitate the en-
10 rollment of Indians in, and the subsequent pursuit
11 and completion by them of, courses of study referred
12 to in paragraph (1).
13 ‘‘(b) GRANTS.—
14 ‘‘(1) APPLICATION.—The Secretary shall not
15 make a grant under this section unless an applica-
16 tion has been submitted to, and approved by, the
17 Secretary. Such application shall be in such form,
18 submitted in such manner, and contain such infor-
19 mation, as the Secretary shall by regulation pre-
20 scribe pursuant to this Act. The Secretary shall give
21 a preference to applications submitted by Tribal
22 Health Programs or Urban Indian Organizations.
23 ‘‘(2) AMOUNT OF GRANTS; PAYMENT.—The
24 amount of a grant under this section shall be deter-
25 mined by the Secretary. Payments pursuant to this

section may be made in advance or by way of reimbursement, and at such intervals and on such conditions as provided for in regulations issued pursuant to this Act. To the extent not otherwise prohibited by law, grants shall be for 3 years, as provided in regulations issued pursuant to this Act.

"SEC. 103. HEALTH PROFESSIONS PREPARATORY SCHOLARSHIP PROGRAM FOR INDIANS.

''(a) SCHOLARSHIPS AUTHORIZED.—The Secretary, acting through the Service, shall provide scholarship grants to Indians who—

''(1) have successfully completed their high school education or high school equivalency; and

''(2) have demonstrated the potential to successfully complete courses of study in the health professions.

''(b) PURPOSES.—Scholarship grants provided pursuant to this section shall be for the following purposes:

''(1) Compensatory preprofessional education of any recipient, such scholarship not to exceed 2 years on a full-time basis (or the part-time equivalent thereof, as determined by the Secretary pursuant to regulations issued under this Act).

''(2) Pregraduate education of any recipient leading to a baccalaureate degree in an approved

course of study preparatory to a field of study in a health profession, such scholarship not to exceed 4 years. An extension of up to 2 years (or the part-time equivalent thereof, as determined by the Secretary pursuant to regulations issued pursuant to this Act) may be approved.

''(c) OTHER CONDITIONS.—Scholarships under this section—

''(1) may cover costs of tuition, books, transportation, board, and other necessary related expenses of a recipient while attending school;

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

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

''SEC. 104. INDIAN HEALTH PROFESSIONS SCHOLARSHIPS.

''(a) IN GENERAL.—

''(1) AUTHORITY.—The Secretary, acting through the Service, shall make scholarship grants to Indians who are enrolled full or part time in accredited schools pursuing courses of study in the health professions. Such scholarships shall be des-

1 ignated Indian Health Scholarships and shall be
2 made in accordance with section 338A of the Public
3 Health Services Act (42 U.S.C. 254*l*), except as pro-
4 vided in subsection (b) of this section.

5 ‘‘(2) DETERMINATIONS BY SECRETARY.—The
6 Secretary, acting through the Service, shall deter-
7 mine—

8 ‘‘(A) who shall receive scholarship grants
9 under subsection (a); and

10 ‘‘(B) the distribution of the scholarships
11 among health professions on the basis of the
12 relative needs of Indians for additional service
13 in the health professions.

14 ‘‘(3) CERTAIN DELEGATION NOT ALLOWED.—
15 The administration of this section shall be a respon-
16 sibility of the Assistant Secretary and shall not be
17 delegated in a contract or compact under the Indian
18 Self-Determination and Education Assistance Act
19 (25 U.S.C. 450 et seq.).

20 ‘‘(b) ACTIVE DUTY SERVICE OBLIGATION.—

21 ‘‘(1) OBLIGATION MET.—The active duty serv-
22 ice obligation under a written contract with the Sec-
23 retary under this section that an Indian has entered
24 into shall, if that individual is a recipient of an In-
25 dian Health Scholarship, be met in full-time practice

1 equal to 1 year for each school year for which the
2 participant receives a scholarship award under this
3 part, or 2 years, whichever is greater, by service in
4 1 or more of the following:

5 ''(A) In an Indian Health Program.

6 ''(B) In a program assisted under title V
7 of this Act.

8 ''(C) In the private practice of the applica-
9 ble profession if, as determined by the Sec-
10 retary, in accordance with guidelines promul-
11 gated by the Secretary, such practice is situated
12 in a physician or other health professional
13 shortage area and addresses the health care
14 needs of a substantial number of Indians.

15 ''(D) In a teaching capacity in a tribal col-
16 lege or university nursing program (or a related
17 health profession program) if, as determined by
18 the Secretary, the health service provided to In-
19 dians would not decrease.

20 ''(2) OBLIGATION DEFERRED.—At the request
21 of any individual who has entered into a contract re-
22 ferred to in paragraph (1) and who receives a degree
23 in medicine (including osteopathic or allopathic med-
24 icine), dentistry, optometry, podiatry, or pharmacy,
25 the Secretary shall defer the active duty service obli-

1 gation of that individual under that contract, in
2 order that such individual may complete any intern-
3 ship, residency, or other advanced clinical training
4 that is required for the practice of that health pro-
5 fession, for an appropriate period (in years, as deter-
6 mined by the Secretary), subject to the following
7 conditions:

8 "(A) No period of internship, residency, or
9 other advanced clinical training shall be counted
10 as satisfying any period of obligated service
11 under this subsection.

12 "(B) The active duty service obligation of
13 that individual shall commence not later than
14 90 days after the completion of that advanced
15 clinical training (or by a date specified by the
16 Secretary).

17 "(C) The active duty service obligation will
18 be served in the health profession of that indi-
19 vidual in a manner consistent with paragraph
20 (1).

21 "(D) A recipient of a scholarship under
22 this section may, at the election of the recipient,
23 meet the active duty service obligation described
24 in paragraph (1) by service in a program speci-
25 fied under that paragraph that—

1 "(i) is located on the reservation of
2 the Indian Tribe in which the recipient is
3 enrolled; or

4 "(ii) serves the Indian Tribe in which
5 the recipient is enrolled.

6 "(3) PRIORITY WHEN MAKING ASSIGNMENTS.—
7 Subject to paragraph (2), the Secretary, in making
8 assignments of Indian Health Scholarship recipients
9 required to meet the active duty service obligation
10 described in paragraph (1), shall give priority to as-
11 signing individuals to service in those programs
12 specified in paragraph (1) that have a need for
13 health professionals to provide health care services
14 as a result of individuals having breached contracts
15 entered into under this section.

16 "(c) PART-TIME STUDENTS.—In the case of an indi-
17 vidual receiving a scholarship under this section who is
18 enrolled part time in an approved course of study—

19 "(1) such scholarship shall be for a period of
20 years not to exceed the part-time equivalent of 4
21 years, as determined by the Secretary;

22 "(2) the period of obligated service described in
23 subsection (b)(1) shall be equal to the greater of—

24 "(A) the part-time equivalent of 1 year for
25 each year for which the individual was provided

1 a scholarship (as determined by the Secretary);
2 or
3 "(B) 2 years; and
4 "(3) the amount of the monthly stipend speci-
5 fied in section 338A(g)(1)(B) of the Public Health
6 Service Act (42 U.S.C. 254*l*(g)(1)(B)) shall be re-
7 duced pro rata (as determined by the Secretary)
8 based on the number of hours such student is en-
9 rolled.
10 "(d) BREACH OF CONTRACT.—
11 "(1) SPECIFIED BREACHES.—An individual
12 shall be liable to the United States for the amount
13 which has been paid to the individual, or on behalf
14 of the individual, under a contract entered into with
15 the Secretary under this section on or after the date
16 of enactment of the Indian Health Care Improve-
17 ment Act Amendments of 2007 if that individual—
18 "(A) fails to maintain an acceptable level
19 of academic standing in the educational institu-
20 tion in which he or she is enrolled (such level
21 determined by the educational institution under
22 regulations of the Secretary);
23 "(B) is dismissed from such educational
24 institution for disciplinary reasons;

1 "(C) voluntarily terminates the training in
2 such an educational institution for which he or
3 she is provided a scholarship under such con-
4 tract before the completion of such training; or

5 "(D) fails to accept payment, or instructs
6 the educational institution in which he or she is
7 enrolled not to accept payment, in whole or in
8 part, of a scholarship under such contract, in
9 lieu of any service obligation arising under such
10 contract.

11 "(2) OTHER BREACHES.—If for any reason not
12 specified in paragraph (1) an individual breaches a
13 written contract by failing either to begin such indi-
14 vidual's service obligation required under such con-
15 tract or to complete such service obligation, the
16 United States shall be entitled to recover from the
17 individual an amount determined in accordance with
18 the formula specified in subsection (l) of section 110
19 in the manner provided for in such subsection.

20 "(3) CANCELLATION UPON DEATH OF RECIPI-
21 ENT.—Upon the death of an individual who receives
22 an Indian Health Scholarship, any outstanding obli-
23 gation of that individual for service or payment that
24 relates to that scholarship shall be canceled.

25 "(4) WAIVERS AND SUSPENSIONS.—

1 "(A) IN GENERAL.—The Secretary shall
2 provide for the partial or total waiver or sus-
3 pension of any obligation of service or payment
4 of a recipient of an Indian Health Scholarship
5 if the Secretary determines that—
6 "(i) it is not possible for the recipient
7 to meet that obligation or make that pay-
8 ment;
9 "(ii) requiring that recipient to meet
10 that obligation or make that payment
11 would result in extreme hardship to the re-
12 cipient; or
13 "(iii) the enforcement of the require-
14 ment to meet the obligation or make the
15 payment would be unconscionable.
16 "(B) FACTORS FOR CONSIDERATION.—Be-
17 fore waiving or suspending an obligation of
18 service or payment under subparagraph (A), the
19 Secretary shall consult with the affected Area
20 Office, Indian Tribes, Tribal Organizations, or
21 Urban Indian Organizations, and may take into
22 consideration whether the obligation may be
23 satisfied in a teaching capacity at a tribal col-
24 lege or university nursing program under sub-
25 section (b)(1)(D).

1 "(5) EXTREME HARDSHIP.—Notwithstanding
2 any other provision of law, in any case of extreme
3 hardship or for other good cause shown, the Sec-
4 retary may waive, in whole or in part, the right of
5 the United States to recover funds made available
6 under this section.
7 "(6) BANKRUPTCY.—Notwithstanding any
8 other provision of law, with respect to a recipient of
9 an Indian Health Scholarship, no obligation for pay-
10 ment may be released by a discharge in bankruptcy
11 under title 11, United States Code, unless that dis-
12 charge is granted after the expiration of the 5-year
13 period beginning on the initial date on which that
14 payment is due, and only if the bankruptcy court
15 finds that the nondischarge of the obligation would
16 be unconscionable.

17 **"SEC. 105. AMERICAN INDIANS INTO PSYCHOLOGY PRO-**
18 **GRAM.**

19 "(a) GRANTS AUTHORIZED.—The Secretary, acting
20 through the Service, shall make grants of not more than
21 $300,000 to each of 9 colleges and universities for the pur-
22 pose of developing and maintaining Indian psychology ca-
23 reer recruitment programs as a means of encouraging In-
24 dians to enter the behavioral health field. These programs
25 shall be located at various locations throughout the coun-

1 try to maximize their availability to Indian students and
2 new programs shall be established in different locations
3 from time to time.

4 ''(b) QUENTIN N. BURDICK PROGRAM GRANT.—The
5 Secretary shall provide a grant authorized under sub-
6 section (a) to develop and maintain a program at the Uni-
7 versity of North Dakota to be known as the 'Quentin N.
8 Burdick American Indians Into Psychology Program'.
9 Such program shall, to the maximum extent feasible, co-
10 ordinate with the Quentin N. Burdick Indian Health Pro-
11 grams authorized under section 117(b), the Quentin N.
12 Burdick American Indians Into Nursing Program author-
13 ized under section 115(e), and existing university research
14 and communications networks.

15 ''(c) REGULATIONS.—The Secretary shall issue regu-
16 lations pursuant to this Act for the competitive awarding
17 of grants provided under this section.

18 ''(d) CONDITIONS OF GRANT.—Applicants under this
19 section shall agree to provide a program which, at a min-
20 imum—

21 ''(1) provides outreach and recruitment for
22 health professions to Indian communities including
23 elementary, secondary, and accredited and accessible
24 community colleges that will be served by the pro-
25 gram;

1 "(2) incorporates a program advisory board
2 comprised of representatives from the tribes and
3 communities that will be served by the program;
4 "(3) provides summer enrichment programs to
5 expose Indian students to the various fields of psy-
6 chology through research, clinical, and experimental
7 activities;
8 "(4) provides stipends to undergraduate and
9 graduate students to pursue a career in psychology;
10 "(5) develops affiliation agreements with tribal
11 colleges and universities, the Service, university af-
12 filiated programs, and other appropriate accredited
13 and accessible entities to enhance the education of
14 Indian students;
15 "(6) to the maximum extent feasible, uses exist-
16 ing university tutoring, counseling, and student sup-
17 port services; and
18 "(7) to the maximum extent feasible, employs
19 qualified Indians in the program.
20 "(e) ACTIVE DUTY SERVICE REQUIREMENT.—The
21 active duty service obligation prescribed under section
22 338C of the Public Health Service Act (42 U.S.C. 254m)
23 shall be met by each graduate who receives a stipend de-
24 scribed in subsection (d)(4) that is funded under this sec-
25 tion. Such obligation shall be met by service—

1 "(1) in an Indian Health Program;
2 "(2) in a program assisted under title V of this
3 Act; or
4 "(3) in the private practice of psychology if, as
5 determined by the Secretary, in accordance with
6 guidelines promulgated by the Secretary, such prac-
7 tice is situated in a physician or other health profes-
8 sional shortage area and addresses the health care
9 needs of a substantial number of Indians.
10 "(f) AUTHORIZATION OF APPROPRIATIONS.—There
11 is authorized to be appropriated to carry out this section
12 $2,700,000 for each of fiscal years 2008 through 2017.
13 **"SEC. 106. SCHOLARSHIP PROGRAMS FOR INDIAN TRIBES.**
14 "(a) IN GENERAL.—
15 "(1) GRANTS AUTHORIZED.—The Secretary,
16 acting through the Service, shall make grants to
17 Tribal Health Programs for the purpose of providing
18 scholarships for Indians to serve as health profes-
19 sionals in Indian communities.
20 "(2) AMOUNT.—Amounts available under para-
21 graph (1) for any fiscal year shall not exceed 5 per-
22 cent of the amounts available for each fiscal year for
23 Indian Health Scholarships under section 104.
24 "(3) APPLICATION.—An application for a grant
25 under paragraph (1) shall be in such form and con-

1 tain such agreements, assurances, and information
2 as consistent with this section.
3 ''(b) REQUIREMENTS.—
4 ''(1) IN GENERAL.—A Tribal Health Program
5 receiving a grant under subsection (a) shall provide
6 scholarships to Indians in accordance with the re-
7 quirements of this section.
8 ''(2) COSTS.—With respect to costs of providing
9 any scholarship pursuant to subsection (a)—
10 ''(A) 80 percent of the costs of the scholar-
11 ship shall be paid from the funds made avail-
12 able pursuant to subsection (a)(1) provided to
13 the Tribal Health Program; and
14 ''(B) 20 percent of such costs may be paid
15 from any other source of funds.
16 ''(c) COURSE OF STUDY.—A Tribal Health Program
17 shall provide scholarships under this section only to Indi-
18 ans enrolled or accepted for enrollment in a course of
19 study (approved by the Secretary) in 1 of the health pro-
20 fessions contemplated by this Act.
21 ''(d) CONTRACT.—
22 ''(1) IN GENERAL.—In providing scholarships
23 under subsection (b), the Secretary and the Tribal
24 Health Program shall enter into a written contract
25 with each recipient of such scholarship.

1 ''(2) REQUIREMENTS.—Such contract shall—
2 ''(A) obligate such recipient to provide
3 service in an Indian Health Program or Urban
4 Indian Organization, in the same Service Area
5 where the Tribal Health Program providing the
6 scholarship is located, for—
7 ''(i) a number of years for which the
8 scholarship is provided (or the part-time
9 equivalent thereof, as determined by the
10 Secretary), or for a period of 2 years,
11 whichever period is greater; or
12 ''(ii) such greater period of time as
13 the recipient and the Tribal Health Pro-
14 gram may agree;
15 ''(B) provide that the amount of the schol-
16 arship—
17 ''(i) may only be expended for—
18 ''(I) tuition expenses, other rea-
19 sonable educational expenses, and rea-
20 sonable living expenses incurred in at-
21 tendance at the educational institu-
22 tion; and
23 ''(II) payment to the recipient of
24 a monthly stipend of not more than
25 the amount authorized by section

1 338(g)(1)(B) of the Public Health
2 Service Act (42 U.S.C.
3 254m(g)(1)(B)), with such amount to
4 be reduced pro rata (as determined by
5 the Secretary) based on the number of
6 hours such student is enrolled, and
7 not to exceed, for any year of attend-
8 ance for which the scholarship is pro-
9 vided, the total amount required for
10 the year for the purposes authorized
11 in this clause; and

12 ''(ii) may not exceed, for any year of
13 attendance for which the scholarship is
14 provided, the total amount required for the
15 year for the purposes authorized in clause
16 (i);

17 ''(C) require the recipient of such scholar-
18 ship to maintain an acceptable level of academic
19 standing as determined by the educational insti-
20 tution in accordance with regulations issued
21 pursuant to this Act; and

22 ''(D) require the recipient of such scholar-
23 ship to meet the educational and licensure re-
24 quirements appropriate to each health profes-
25 sion.

1 "(3) SERVICE IN OTHER SERVICE AREAS.—The
2 contract may allow the recipient to serve in another
3 Service Area, provided the Tribal Health Program
4 and Secretary approve and services are not dimin-
5 ished to Indians in the Service Area where the Trib-
6 al Health Program providing the scholarship is lo-
7 cated.

8 "(e) BREACH OF CONTRACT.—

9 "(1) SPECIFIC BREACHES.—An individual who
10 has entered into a written contract with the Sec-
11 retary and a Tribal Health Program under sub-
12 section (d) shall be liable to the United States for
13 the Federal share of the amount which has been
14 paid to him or her, or on his or her behalf, under
15 the contract if that individual—

16 "(A) fails to maintain an acceptable level
17 of academic standing in the educational institu-
18 tion in which he or she is enrolled (such level
19 as determined by the educational institution
20 under regulations of the Secretary);

21 "(B) is dismissed from such educational
22 institution for disciplinary reasons;

23 "(C) voluntarily terminates the training in
24 such an educational institution for which he or

1 she is provided a scholarship under such con-
2 tract before the completion of such training; or
3 ''(D) fails to accept payment, or instructs
4 the educational institution in which he or she is
5 enrolled not to accept payment, in whole or in
6 part, of a scholarship under such contract, in
7 lieu of any service obligation arising under such
8 contract.
9 ''(2) OTHER BREACHES.—If for any reason not
10 specified in paragraph (1), an individual breaches a
11 written contract by failing to either begin such indi-
12 vidual's service obligation required under such con-
13 tract or to complete such service obligation, the
14 United States shall be entitled to recover from the
15 individual an amount determined in accordance with
16 the formula specified in subsection (l) of section 110
17 in the manner provided for in such subsection.
18 ''(3) CANCELLATION UPON DEATH OF RECIPI-
19 ENT.—Upon the death of an individual who receives
20 an Indian Health Scholarship, any outstanding obli-
21 gation of that individual for service or payment that
22 relates to that scholarship shall be canceled.
23 ''(4) INFORMATION.—The Secretary may carry
24 out this subsection on the basis of information re-
25 ceived from Tribal Health Programs involved or on

1 the basis of information collected through such other
2 means as the Secretary deems appropriate.
3 ''(f) RELATION TO SOCIAL SECURITY ACT.—The re-
4 cipient of a scholarship under this section shall agree, in
5 providing health care pursuant to the requirements here-
6 in—
7 ''(1) not to discriminate against an individual
8 seeking care on the basis of the ability of the indi-
9 vidual to pay for such care or on the basis that pay-
10 ment for such care will be made pursuant to a pro-
11 gram established in title XVIII of the Social Secu-
12 rity Act or pursuant to the programs established in
13 title XIX or title XXI of such Act; and
14 ''(2) to accept assignment under section
15 1842(b)(3)(B)(ii) of the Social Security Act for all
16 services for which payment may be made under part
17 B of title XVIII of such Act, and to enter into an
18 appropriate agreement with the State agency that
19 administers the State plan for medical assistance
20 under title XIX, or the State child health plan under
21 title XXI, of such Act to provide service to individ-
22 uals entitled to medical assistance or child health as-
23 sistance, respectively, under the plan.
24 ''(g) CONTINUANCE OF FUNDING.—The Secretary
25 shall make payments under this section to a Tribal Health

1 Program for any fiscal year subsequent to the first fiscal
2 year of such payments unless the Secretary determines
3 that, for the immediately preceding fiscal year, the Tribal
4 Health Program has not complied with the requirements
5 of this section.

6 **"SEC. 107. INDIAN HEALTH SERVICE EXTERN PROGRAMS.**

7 "(a) EMPLOYMENT PREFERENCE.—Any individual
8 who receives a scholarship pursuant to section 104 or 106
9 shall be given preference for employment in the Service,
10 or may be employed by a Tribal Health Program or an
11 Urban Indian Organization, or other agencies of the De-
12 partment as available, during any nonacademic period of
13 the year.

14 "(b) NOT COUNTED TOWARD ACTIVE DUTY SERVICE
15 OBLIGATION.—Periods of employment pursuant to this
16 subsection shall not be counted in determining fulfillment
17 of the service obligation incurred as a condition of the
18 scholarship.

19 "(c) TIMING; LENGTH OF EMPLOYMENT.—Any indi-
20 vidual enrolled in a program, including a high school pro-
21 gram, authorized under section 102(a) may be employed
22 by the Service or by a Tribal Health Program or an Urban
23 Indian Organization during any nonacademic period of the
24 year. Any such employment shall not exceed 120 days dur-
25 ing any calendar year.

1 “(d) NONAPPLICABILITY OF COMPETITIVE PER-
2 SONNEL SYSTEM.—Any employment pursuant to this sec-
3 tion shall be made without regard to any competitive per-
4 sonnel system or agency personnel limitation and to a po-
5 sition which will enable the individual so employed to re-
6 ceive practical experience in the health profession in which
7 he or she is engaged in study. Any individual so employed
8 shall receive payment for his or her services comparable
9 to the salary he or she would receive if he or she were
10 employed in the competitive system. Any individual so em-
11 ployed shall not be counted against any employment ceil-
12 ing affecting the Service or the Department.

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

14 “In order to encourage scholarship and stipend re-
15 cipients under sections 104, 105, 106, and 115 and health
16 professionals, including community health representatives
17 and emergency medical technicians, to join or continue in
18 an Indian Health Program and to provide their services
19 in the rural and remote areas where a significant portion
20 of Indians reside, the Secretary, acting through the Serv-
21 ice, may—

22 “(1) provide programs or allowances to transi-
23 tion into an Indian Health Program, including li-
24 censing, board or certification examination assist-

1 ance, and technical assistance in fulfilling service ob-
2 ligations under sections 104, 105, 106, and 115; and
3 ‘‘(2) provide programs or allowances to health
4 professionals employed in an Indian Health Program
5 to enable them for a period of time each year pre-
6 scribed by regulation of the Secretary to take leave
7 of their duty stations for professional consultation,
8 management, leadership, and refresher training
9 courses.

10 **‘‘SEC. 109. COMMUNITY HEALTH REPRESENTATIVE PRO-**
11 **GRAM.**

12 ‘‘(a) IN GENERAL.—Under the authority of the Act
13 of November 2, 1921 (25 U.S.C. 13) (commonly known
14 as the ‘Snyder Act’), the Secretary, acting through the
15 Service, shall maintain a Community Health Representa-
16 tive Program under which Indian Health Programs—
17 ‘‘(1) provide for the training of Indians as com-
18 munity health representatives; and
19 ‘‘(2) use such community health representatives
20 in the provision of health care, health promotion,
21 and disease prevention services to Indian commu-
22 nities.
23 ‘‘(b) DUTIES.—The Community Health Representa-
24 tive Program of the Service, shall—

1 ‘‘(1) provide a high standard of training for
2 community health representatives to ensure that the
3 community health representatives provide quality
4 health care, health promotion, and disease preven-
5 tion services to the Indian communities served by
6 the Program;

7 ‘‘(2) in order to provide such training, develop
8 and maintain a curriculum that—

9 ‘‘(A) combines education in the theory of
10 health care with supervised practical experience
11 in the provision of health care; and

12 ‘‘(B) provides instruction and practical ex-
13 perience in health promotion and disease pre-
14 vention activities, with appropriate consider-
15 ation given to lifestyle factors that have an im-
16 pact on Indian health status, such as alco-
17 holism, family dysfunction, and poverty;

18 ‘‘(3) maintain a system which identifies the
19 needs of community health representatives for con-
20 tinuing education in health care, health promotion,
21 and disease prevention and develop programs that
22 meet the needs for continuing education;

23 ‘‘(4) maintain a system that provides close su-
24 pervision of Community Health Representatives;

1 ''(5) maintain a system under which the work
2 of Community Health Representatives is reviewed
3 and evaluated; and
4 ''(6) promote traditional health care practices
5 of the Indian Tribes served consistent with the Serv-
6 ice standards for the provision of health care, health
7 promotion, and disease prevention.

8 **''SEC. 110. INDIAN HEALTH SERVICE LOAN REPAYMENT**
9 **PROGRAM.**

10 ''(a) ESTABLISHMENT.—The Secretary, acting
11 through the Service, shall establish and administer a pro-
12 gram to be known as the Service Loan Repayment Pro-
13 gram (hereinafter referred to as the 'Loan Repayment
14 Program') in order to ensure an adequate supply of
15 trained health professionals necessary to maintain accredi-
16 tation of, and provide health care services to Indians
17 through, Indian Health Programs and Urban Indian Or-
18 ganizations.
19 ''(b) ELIGIBLE INDIVIDUALS.—To be eligible to par-
20 ticipate in the Loan Repayment Program, an individual
21 must—
22 ''(1)(A) be enrolled—
23 ''(i) in a course of study or program in an
24 accredited educational institution (as deter-
25 mined by the Secretary under section

1 338B(b)(1)(c)(i) of the Public Health Service
2 Act (42 U.S.C. 254*l*–1(b)(1)(c)(i))) and be
3 scheduled to complete such course of study in
4 the same year such individual applies to partici-
5 pate in such program; or
6 ''(ii) in an approved graduate training pro-
7 gram in a health profession; or
8 ''(B) have—
9 ''(i) a degree in a health profession; and
10 ''(ii) a license to practice a health profes-
11 sion;
12 ''(2)(A) be eligible for, or hold, an appointment
13 as a commissioned officer in the Regular or Reserve
14 Corps of the Public Health Service;
15 ''(B) be eligible for selection for civilian service
16 in the Regular or Reserve Corps of the Public
17 Health Service;
18 ''(C) meet the professional standards for civil
19 service employment in the Service; or
20 ''(D) be employed in an Indian Health Program
21 or Urban Indian Organization without a service obli-
22 gation; and
23 ''(3) submit to the Secretary an application for
24 a contract described in subsection (e).
25 ''(c) APPLICATION.—

1 "(1) INFORMATION TO BE INCLUDED WITH
2 FORMS.—In disseminating application forms and
3 contract forms to individuals desiring to participate
4 in the Loan Repayment Program, the Secretary
5 shall include with such forms a fair summary of the
6 rights and liabilities of an individual whose applica-
7 tion is approved (and whose contract is accepted) by
8 the Secretary, including in the summary a clear ex-
9 planation of the damages to which the United States
10 is entitled under subsection (l) in the case of the in-
11 dividual's breach of contract. The Secretary shall
12 provide such individuals with sufficient information
13 regarding the advantages and disadvantages of serv-
14 ice as a commissioned officer in the Regular or Re-
15 serve Corps of the Public Health Service or a civil-
16 ian employee of the Service to enable the individual
17 to make a decision on an informed basis.

18 "(2) CLEAR LANGUAGE.—The application form,
19 contract form, and all other information furnished
20 by the Secretary under this section shall be written
21 in a manner calculated to be understood by the aver-
22 age individual applying to participate in the Loan
23 Repayment Program.

24 "(3) TIMELY AVAILABILITY OF FORMS.—The
25 Secretary shall make such application forms, con-

1 tract forms, and other information available to indi-
2 viduals desiring to participate in the Loan Repay-
3 ment Program on a date sufficiently early to ensure
4 that such individuals have adequate time to carefully
5 review and evaluate such forms and information.
6 ''(d) PRIORITIES.—
7 ''(1) LIST.—Consistent with subsection (k), the
8 Secretary shall annually—
9 ''(A) identify the positions in each Indian
10 Health Program or Urban Indian Organization
11 for which there is a need or a vacancy; and
12 ''(B) rank those positions in order of pri-
13 ority.
14 ''(2) APPROVALS.—Notwithstanding the pri-
15 ority determined under paragraph (1), the Secretary,
16 in determining which applications under the Loan
17 Repayment Program to approve (and which con-
18 tracts to accept), shall—
19 ''(A) give first priority to applications
20 made by individual Indians; and
21 ''(B) after making determinations on all
22 applications submitted by individual Indians as
23 required under subparagraph (A), give priority
24 to—

1 "(i) individuals recruited through the
2 efforts of an Indian Health Program or
3 Urban Indian Organization; and
4 "(ii) other individuals based on the
5 priority rankings under paragraph (1).
6 "(e) RECIPIENT CONTRACTS.—
7 "(1) CONTRACT REQUIRED.—An individual be-
8 comes a participant in the Loan Repayment Pro-
9 gram only upon the Secretary and the individual en-
10 tering into a written contract described in paragraph
11 (2).
12 "(2) CONTENTS OF CONTRACT.—The written
13 contract referred to in this section between the Sec-
14 retary and an individual shall contain—
15 "(A) an agreement under which—
16 "(i) subject to subparagraph (C), the
17 Secretary agrees—
18 "(I) to pay loans on behalf of the
19 individual in accordance with the pro-
20 visions of this section; and
21 "(II) to accept (subject to the
22 availability of appropriated funds for
23 carrying out this section) the indi-
24 vidual into the Service or place the in-
25 dividual with a Tribal Health Pro-

1 gram or Urban Indian Organization
2 as provided in clause (ii)(III); and
3 "(ii) subject to subparagraph (C), the
4 individual agrees—
5 "(I) to accept loan payments on
6 behalf of the individual;
7 "(II) in the case of an individual
8 described in subsection (b)(1)—
9 "(aa) to maintain enrollment
10 in a course of study or training
11 described in subsection (b)(1)(A)
12 until the individual completes the
13 course of study or training; and
14 "(bb) while enrolled in such
15 course of study or training, to
16 maintain an acceptable level of
17 academic standing (as deter-
18 mined under regulations of the
19 Secretary by the educational in-
20 stitution offering such course of
21 study or training); and
22 "(III) to serve for a time period
23 (hereinafter in this section referred to
24 as the 'period of obligated service')
25 equal to 2 years or such longer period

1 as the individual may agree to serve
2 in the full-time clinical practice of
3 such individual's profession in an In-
4 dian Health Program or Urban In-
5 dian Organization to which the indi-
6 vidual may be assigned by the Sec-
7 retary;

8 ''(B) a provision permitting the Secretary
9 to extend for such longer additional periods, as
10 the individual may agree to, the period of obli-
11 gated service agreed to by the individual under
12 subparagraph (A)(ii)(III);

13 ''(C) a provision that any financial obliga-
14 tion of the United States arising out of a con-
15 tract entered into under this section and any
16 obligation of the individual which is conditioned
17 thereon is contingent upon funds being appro-
18 priated for loan repayments under this section;

19 ''(D) a statement of the damages to which
20 the United States is entitled under subsection
21 (l) for the individual's breach of the contract;
22 and

23 ''(E) such other statements of the rights
24 and liabilities of the Secretary and of the indi-
25 vidual, not inconsistent with this section.

1 "(f) DEADLINE FOR DECISION ON APPLICATION.—
2 The Secretary shall provide written notice to an individual
3 within 21 days on—
4 "(1) the Secretary's approving, under sub-
5 section (e)(1), of the individual's participation in the
6 Loan Repayment Program, including extensions re-
7 sulting in an aggregate period of obligated service in
8 excess of 4 years; or
9 "(2) the Secretary's disapproving an individ-
10 ual's participation in such Program.
11 "(g) PAYMENTS.—
12 "(1) IN GENERAL.—A loan repayment provided
13 for an individual under a written contract under the
14 Loan Repayment Program shall consist of payment,
15 in accordance with paragraph (2), on behalf of the
16 individual of the principal, interest, and related ex-
17 penses on government and commercial loans received
18 by the individual regarding the undergraduate or
19 graduate education of the individual (or both), which
20 loans were made for—
21 "(A) tuition expenses;
22 "(B) all other reasonable educational ex-
23 penses, including fees, books, and laboratory ex-
24 penses, incurred by the individual; and

1 "(C) reasonable living expenses as deter-
2 mined by the Secretary.
3 "(2) AMOUNT.—For each year of obligated
4 service that an individual contracts to serve under
5 subsection (e), the Secretary may pay up to $35,000
6 or an amount equal to the amount specified in sec-
7 tion 338B(g)(2)(A) of the Public Health Service
8 Act, whichever is more, on behalf of the individual
9 for loans described in paragraph (1). In making a
10 determination of the amount to pay for a year of
11 such service by an individual, the Secretary shall
12 consider the extent to which each such determina-
13 tion—
14 "(A) affects the ability of the Secretary to
15 maximize the number of contracts that can be
16 provided under the Loan Repayment Program
17 from the amounts appropriated for such con-
18 tracts;
19 "(B) provides an incentive to serve in In-
20 dian Health Programs and Urban Indian Orga-
21 nizations with the greatest shortages of health
22 professionals; and
23 "(C) provides an incentive with respect to
24 the health professional involved remaining in an
25 Indian Health Program or Urban Indian Orga-

1 nization with such a health professional short-
2 age, and continuing to provide primary health
3 services, after the completion of the period of
4 obligated service under the Loan Repayment
5 Program.

6 ''(3) TIMING.—Any arrangement made by the
7 Secretary for the making of loan repayments in ac-
8 cordance with this subsection shall provide that any
9 repayments for a year of obligated service shall be
10 made no later than the end of the fiscal year in
11 which the individual completes such year of service.

12 ''(4) REIMBURSEMENTS FOR TAX LIABILITY.—
13 For the purpose of providing reimbursements for tax
14 liability resulting from a payment under paragraph
15 (2) on behalf of an individual, the Secretary—

16 ''(A) in addition to such payments, may
17 make payments to the individual in an amount
18 equal to not less than 20 percent and not more
19 than 39 percent of the total amount of loan re-
20 payments made for the taxable year involved;
21 and

22 ''(B) may make such additional payments
23 as the Secretary determines to be appropriate
24 with respect to such purpose.

1 "(5) PAYMENT SCHEDULE.—The Secretary
2 may enter into an agreement with the holder of any
3 loan for which payments are made under the Loan
4 Repayment Program to establish a schedule for the
5 making of such payments.

6 "(h) EMPLOYMENT CEILING.—Notwithstanding any
7 other provision of law, individuals who have entered into
8 written contracts with the Secretary under this section
9 shall not be counted against any employment ceiling af-
10 fecting the Department while those individuals are under-
11 going academic training.

12 "(i) RECRUITMENT.—The Secretary shall conduct re-
13 cruiting programs for the Loan Repayment Program and
14 other manpower programs of the Service at educational
15 institutions training health professionals or specialists
16 identified in subsection (a).

17 "(j) APPLICABILITY OF LAW.—Section 214 of the
18 Public Health Service Act (42 U.S.C. 215) shall not apply
19 to individuals during their period of obligated service
20 under the Loan Repayment Program.

21 "(k) ASSIGNMENT OF INDIVIDUALS.—The Secretary,
22 in assigning individuals to serve in Indian Health Pro-
23 grams or Urban Indian Organizations pursuant to con-
24 tracts entered into under this section, shall—

1 "(1) ensure that the staffing needs of Tribal
2 Health Programs and Urban Indian Organizations
3 receive consideration on an equal basis with pro-
4 grams that are administered directly by the Service;
5 and

6 "(2) give priority to assigning individuals to In-
7 dian Health Programs and Urban Indian Organiza-
8 tions that have a need for health professionals to
9 provide health care services as a result of individuals
10 having breached contracts entered into under this
11 section.

12 "(l) BREACH OF CONTRACT.—

13 "(1) SPECIFIC BREACHES.—An individual who
14 has entered into a written contract with the Sec-
15 retary under this section and has not received a
16 waiver under subsection (m) shall be liable, in lieu
17 of any service obligation arising under such contract,
18 to the United States for the amount which has been
19 paid on such individual's behalf under the contract
20 if that individual—

21 "(A) is enrolled in the final year of a
22 course of study and—

23 "(i) fails to maintain an acceptable
24 level of academic standing in the edu-
25 cational institution in which he or she is

enrolled (such level determined by the educational institution under regulations of the Secretary);

"(ii) voluntarily terminates such enrollment; or

"(iii) is dismissed from such educational institution before completion of such course of study; or

"(B) is enrolled in a graduate training program and fails to complete such training program.

"(2) OTHER BREACHES; FORMULA FOR AMOUNT OWED.—If, for any reason not specified in paragraph (1), an individual breaches his or her written contract under this section by failing either to begin, or complete, such individual's period of obligated service in accordance with subsection (e)(2), the United States shall be entitled to recover from such individual an amount to be determined in accordance with the following formula: $A=3Z(t-s/t)$ in which—

"(A) 'A' is the amount the United States is entitled to recover;

"(B) 'Z' is the sum of the amounts paid under this section to, or on behalf of, the indi-

1 vidual and the interest on such amounts which
2 would be payable if, at the time the amounts
3 were paid, they were loans bearing interest at
4 the maximum legal prevailing rate, as deter-
5 mined by the Secretary of the Treasury;

6 "(C) 't' is the total number of months in
7 the individual's period of obligated service in
8 accordance with subsection (f); and

9 "(D) 's' is the number of months of such
10 period served by such individual in accordance
11 with this section.

12 "(3) DEDUCTIONS IN MEDICARE PAYMENTS.—
13 Amounts not paid within such period shall be sub-
14 ject to collection through deductions in Medicare
15 payments pursuant to section 1892 of the Social Se-
16 curity Act.

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

24 "(5) RECOVERY OF DELINQUENCY.—

1 "(A) IN GENERAL.—If damages described
2 in paragraph (4) are delinquent for 3 months,
3 the Secretary shall, for the purpose of recov-
4 ering such damages—
5 "(i) use collection agencies contracted
6 with by the Administrator of General Serv-
7 ices; or
8 "(ii) enter into contracts for the re-
9 covery of such damages with collection
10 agencies selected by the Secretary.
11 "(B) REPORT.—Each contract for recov-
12 ering damages pursuant to this subsection shall
13 provide that the contractor will, not less than
14 once each 6 months, submit to the Secretary a
15 status report on the success of the contractor in
16 collecting such damages. Section 3718 of title
17 31, United States Code, shall apply to any such
18 contract to the extent not inconsistent with this
19 subsection.
20 "(m) WAIVER OR SUSPENSION OF OBLIGATION.—
21 "(1) IN GENERAL.—The Secretary shall by reg-
22 ulation provide for the partial or total waiver or sus-
23 pension of any obligation of service or payment by
24 an individual under the Loan Repayment Program
25 whenever compliance by the individual is impossible

1 or would involve extreme hardship to the individual
2 and if enforcement of such obligation with respect to
3 any individual would be unconscionable.

4 "(2) CANCELED UPON DEATH.—Any obligation
5 of an individual under the Loan Repayment Pro-
6 gram for service or payment of damages shall be
7 canceled upon the death of the individual.

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

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

22 "(n) REPORT.—The Secretary shall submit to the
23 President, for inclusion in the report required to be sub-
24 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
17 each 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
22 that 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
2 to fill the health professional positions maintained
3 by Indian Health Programs or Urban Indian Orga-
4 nizations for which recruitment or retention is dif-
5 ficult.

6 **"SEC. 111. SCHOLARSHIP AND LOAN REPAYMENT RECOV-**
7 **ERY FUND.**

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

19 "(b) USE OF FUNDS.—

20 "(1) BY SECRETARY.—Amounts in the LRRF
21 may be expended by the Secretary, acting through
22 the Service, to make payments to an Indian Health
23 Program—

24 "(A) to which a scholarship recipient under
25 section 104 and 106 or a loan repayment pro-

1 gram participant under section 110 has been
2 assigned to meet the obligated service require-
3 ments pursuant to such sections; and

4 "(B) that has a need for a health profes-
5 sional to provide health care services as a result
6 of such recipient or participant having breached
7 the contract entered into under section 104,
8 106, or section 110.

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

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

1 “(d) SALE OF OBLIGATIONS.—Any obligation ac-
2 quired by the LRRF may be sold by the Secretary of the
3 Treasury at the market price.

4 **“SEC. 112. RECRUITMENT ACTIVITIES.**

5 “(a) REIMBURSEMENT FOR TRAVEL.—The Sec-
6 retary, acting through the Service, may reimburse health
7 professionals seeking positions with Indian Health Pro-
8 grams or Urban Indian Organizations, including individ-
9 uals considering entering into a contract under section
10 110 and their spouses, for actual and reasonable expenses
11 incurred in traveling to and from their places of residence
12 to an area in which they may be assigned for the purpose
13 of evaluating such area with respect to such assignment.
14 “(b) RECRUITMENT PERSONNEL.—The Secretary,
15 acting through the Service, shall assign 1 individual in
16 each Area Office to be responsible on a full-time basis for
17 recruitment activities.

18 **“SEC. 113. INDIAN RECRUITMENT AND RETENTION PRO-**
19 **GRAM.**

20 “(a) IN GENERAL.—The Secretary, acting through
21 the Service, shall fund, on a competitive basis, innovative
22 demonstration projects for a period not to exceed 3 years
23 to enable Tribal Health Programs and Urban Indian Or-
24 ganizations to recruit, place, and retain health profes-
25 sionals to meet their staffing needs.

1 “(b) ELIGIBLE ENTITIES; APPLICATION.—Any Trib-
2 al Health Program or Urban Indian Organization may
3 submit an application for funding of a project pursuant
4 to this section.

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

6 “(a) DEMONSTRATION PROGRAM.—The Secretary,
7 acting through the Service, shall establish a demonstration
8 project to enable health professionals who have worked in
9 an Indian Health Program or Urban Indian Organization
10 for a substantial period of time to pursue advanced train-
11 ing or research areas of study for which the Secretary de-
12 termines a need exists.

13 “(b) SERVICE OBLIGATION.—An individual who par-
14 ticipates in a program under subsection (a), where the
15 educational costs are borne by the Service, shall incur an
16 obligation to serve in an Indian Health Program or Urban
17 Indian Organization for a period of obligated service equal
18 to at least the period of time during which the individual
19 participates in such program. In the event that the indi-
20 vidual fails to complete such obligated service, the indi-
21 vidual shall be liable to the United States for the period
22 of service remaining. In such event, with respect to indi-
23 viduals entering the program after the date of enactment
24 of the Indian Health Care Improvement Act Amendments
25 of 2007, the United States shall be entitled to recover

from such individual an amount to be determined in accordance with the formula specified in subsection (l) of section 110 in the manner provided for in such subsection.

''(c) EQUAL OPPORTUNITY FOR PARTICIPATION.—Health professionals from Tribal Health Programs and Urban Indian Organizations shall be given an equal opportunity to participate in the program under subsection (a).

''SEC. 115. QUENTIN N. BURDICK AMERICAN INDIANS INTO NURSING PROGRAM.

''(a) GRANTS AUTHORIZED.—For the purpose of increasing the number of nurses, nurse midwives, and nurse practitioners who deliver health care services to Indians, the Secretary, acting through the Service, shall provide grants to the following:

''(1) Public or private schools of nursing.

''(2) Tribal colleges or universities.

''(3) Nurse midwife programs and advanced practice nurse programs that are provided by any tribal college or university accredited nursing program, or in the absence of such, any other public or private institutions.

''(b) USE OF GRANTS.—Grants provided under subsection (a) may be used for 1 or more of the following:

1 "(1) To recruit individuals for programs which
2 train individuals to be nurses, nurse midwives, or
3 advanced practice nurses.
4 "(2) To provide scholarships to Indians enrolled
5 in such programs that may pay the tuition charged
6 for such program and other expenses incurred in
7 connection with such program, including books, fees,
8 room and board, and stipends for living expenses.
9 "(3) To provide a program that encourages
10 nurses, nurse midwives, and advanced practice
11 nurses to provide, or continue to provide, health care
12 services to Indians.
13 "(4) To provide a program that increases the
14 skills of, and provides continuing education to,
15 nurses, nurse midwives, and advanced practice
16 nurses.
17 "(5) To provide any program that is designed
18 to achieve the purpose described in subsection (a).
19 "(c) APPLICATIONS.—Each application for a grant
20 under subsection (a) shall include such information as the
21 Secretary may require to establish the connection between
22 the program of the applicant and a health care facility
23 that primarily serves Indians.

1 "(d) PREFERENCES FOR GRANT RECIPIENTS.—In
2 providing grants under subsection (a), the Secretary shall
3 extend a preference to the following:
4 "(1) Programs that provide a preference to In-
5 dians.
6 "(2) Programs that train nurse midwives or ad-
7 vanced practice nurses.
8 "(3) Programs that are interdisciplinary.
9 "(4) Programs that are conducted in coopera-
10 tion with a program for gifted and talented Indian
11 students.
12 "(5) Programs conducted by tribal colleges and
13 universities.
14 "(e) QUENTIN N. BURDICK PROGRAM GRANT.—The
15 Secretary shall provide 1 of the grants authorized under
16 subsection (a) to establish and maintain a program at the
17 University of North Dakota to be known as the 'Quentin
18 N. Burdick American Indians Into Nursing Program'.
19 Such program shall, to the maximum extent feasible, co-
20 ordinate with the Quentin N. Burdick Indian Health Pro-
21 grams established under section 117(b) and the Quentin
22 N. Burdick American Indians Into Psychology Program
23 established under section 105(b).
24 "(f) ACTIVE DUTY SERVICE OBLIGATION.—The ac-
25 tive duty service obligation prescribed under section 338C

1 of the Public Health Service Act (42 U.S.C. 254m) shall
2 be met by each individual who receives training or assist-
3 ance described in paragraph (1) or (2) of subsection (b)
4 that is funded by a grant provided under subsection (a).
5 Such obligation shall be met by service—

6 ''(1) in the Service;

7 ''(2) in a program of an Indian Tribe or Tribal
8 Organization conducted under the Indian Self-Deter-
9 mination and Education Assistance Act (25 U.S.C.
10 450 et seq.) (including programs under agreements
11 with the Bureau of Indian Affairs);

12 ''(3) in a program assisted under title V of this
13 Act;

14 ''(4) in the private practice of nursing if, as de-
15 termined by the Secretary, in accordance with guide-
16 lines promulgated by the Secretary, such practice is
17 situated in a physician or other health shortage area
18 and addresses the health care needs of a substantial
19 number of Indians; or

20 ''(5) in a teaching capacity in a tribal college or
21 university nursing program (or a related health pro-
22 fession program) if, as determined by the Secretary,
23 health services provided to Indians would not de-
24 crease.

1 **"SEC. 116. TRIBAL CULTURAL ORIENTATION.**

2 "(a) CULTURAL EDUCATION OF EMPLOYEES.—The
3 Secretary, acting through the Service, shall require that
4 appropriate employees of the Service who serve Indian
5 Tribes in each Service Area receive educational instruction
6 in the history and culture of such Indian Tribes and their
7 relationship to the Service.

8 "(b) PROGRAM.—In carrying out subsection (a), the
9 Secretary shall establish a program which shall, to the ex-
10 tent feasible—

11 "(1) be developed in consultation with the af-
12 fected Indian Tribes, Tribal Organizations, and
13 Urban Indian Organizations;

14 "(2) be carried out through tribal colleges or
15 universities;

16 "(3) include instruction in American Indian
17 studies; and

18 "(4) describe the use and place of traditional
19 health care practices of the Indian Tribes in the
20 Service Area.

21 **"SEC. 117. INMED PROGRAM.**

22 "(a) GRANTS AUTHORIZED.—The Secretary, acting
23 through the Service, is authorized to provide grants to col-
24 leges and universities for the purpose of maintaining and
25 expanding the Indian health careers recruitment program
26 known as the 'Indians Into Medicine Program' (herein-

1 after in this section referred to as 'INMED') as a means
2 of encouraging Indians to enter the health professions.
3 "(b) QUENTIN N. BURDICK GRANT.—The Secretary
4 shall provide 1 of the grants authorized under subsection
5 (a) to maintain the INMED program at the University
6 of North Dakota, to be known as the 'Quentin N. Burdick
7 Indian Health Programs', unless the Secretary makes a
8 determination, based upon program reviews, that the pro-
9 gram is not meeting the purposes of this section. Such
10 program shall, to the maximum extent feasible, coordinate
11 with the Quentin N. Burdick American Indians Into Psy-
12 chology Program established under section 105(b) and the
13 Quentin N. Burdick American Indians Into Nursing Pro-
14 gram established under section 115.
15 "(c) REGULATIONS.—The Secretary, pursuant to this
16 Act, shall develop regulations to govern grants pursuant
17 to this section.
18 "(d) REQUIREMENTS.—Applicants for grants pro-
19 vided under this section shall agree to provide a program
20 which—
21 "(1) provides outreach and recruitment for
22 health professions to Indian communities including
23 elementary and secondary schools and community
24 colleges located on reservations which will be served
25 by the program;

1 ‘‘(2) incorporates a program advisory board
2 comprised of representatives from the Indian Tribes
3 and Indian communities which will be served by the
4 program;

5 ‘‘(3) provides summer preparatory programs for
6 Indian students who need enrichment in the subjects
7 of math and science in order to pursue training in
8 the health professions;

9 ‘‘(4) provides tutoring, counseling, and support
10 to students who are enrolled in a health career pro-
11 gram of study at the respective college or university;
12 and

13 ‘‘(5) to the maximum extent feasible, employs
14 qualified Indians in the program.

15 **‘‘SEC. 118. HEALTH TRAINING PROGRAMS OF COMMUNITY**
16 **COLLEGES.**

17 ‘‘(a) GRANTS TO ESTABLISH PROGRAMS.—

18 ‘‘(1) IN GENERAL.—The Secretary, acting
19 through the Service, shall award grants to accredited
20 and accessible community colleges for the purpose of
21 assisting such community colleges in the establish-
22 ment of programs which provide education in a
23 health profession leading to a degree or diploma in
24 a health profession for individuals who desire to

1 practice such profession on or near a reservation or
2 in an Indian Health Program.

3 "(2) AMOUNT OF GRANTS.—The amount of any
4 grant awarded to a community college under para-
5 graph (1) for the first year in which such a grant
6 is provided to the community college shall not exceed
7 $250,000.

8 "(b) GRANTS FOR MAINTENANCE AND RECRUIT-
9 ING.—

10 "(1) IN GENERAL.—The Secretary, acting
11 through the Service, shall award grants to accredited
12 and accessible community colleges that have estab-
13 lished a program described in subsection (a)(1) for
14 the purpose of maintaining the program and recruit-
15 ing students for the program.

16 "(2) REQUIREMENTS.—Grants may only be
17 made under this section to a community college
18 which—

19 "(A) is accredited;

20 "(B) has a relationship with a hospital fa-
21 cility, Service facility, or hospital that could
22 provide training of nurses or health profes-
23 sionals;

1 "(C) has entered into an agreement with
2 an accredited college or university medical
3 school, the terms of which—
4 "(i) provide a program that enhances
5 the transition and recruitment of students
6 into advanced baccalaureate or graduate
7 programs that train health professionals;
8 and
9 "(ii) stipulate certifications necessary
10 to approve internship and field placement
11 opportunities at Indian Health Programs;
12 "(D) has a qualified staff which has the
13 appropriate certifications;
14 "(E) is capable of obtaining State or re-
15 gional accreditation of the program described in
16 subsection (a)(1); and
17 "(F) agrees to provide for Indian pref-
18 erence for applicants for programs under this
19 section.
20 "(c) TECHNICAL ASSISTANCE.—The Secretary shall
21 encourage community colleges described in subsection
22 (b)(2) to establish and maintain programs described in
23 subsection (a)(1) by—
24 "(1) entering into agreements with such col-
25 leges for the provision of qualified personnel of the

1 Service to teach courses of study in such programs;
2 and

3 "(2) providing technical assistance and support
4 to such colleges.

5 "(d) ADVANCED TRAINING.—

6 "(1) REQUIRED.—Any program receiving as-
7 sistance under this section that is conducted with re-
8 spect to a health profession shall also offer courses
9 of study which provide advanced training for any
10 health professional who—

11 "(A) has already received a degree or di-
12 ploma in such health profession; and

13 "(B) provides clinical services on or near a
14 reservation or for an Indian Health Program.

15 "(2) MAY BE OFFERED AT ALTERNATE SITE.—
16 Such courses of study may be offered in conjunction
17 with the college or university with which the commu-
18 nity college has entered into the agreement required
19 under subsection (b)(2)(C).

20 "(e) PRIORITY.—Where the requirements of sub-
21 section (b) are met, grant award priority shall be provided
22 to tribal colleges and universities in Service Areas where
23 they exist.

1 **"SEC. 119. RETENTION BONUS.**

2 "(a) BONUS AUTHORIZED.—The Secretary may pay
3 a retention bonus to any health professional employed by,
4 or assigned to, and serving in, an Indian Health Program
5 or Urban Indian Organization either as a civilian employee
6 or as a commissioned officer in the Regular or Reserve
7 Corps of the Public Health Service who—

8 "(1) is assigned to, and serving in, a position
9 for which recruitment or retention of personnel is
10 difficult;

11 "(2) the Secretary determines is needed by In-
12 dian Health Programs and Urban Indian Organiza-
13 tions;

14 "(3) has—

15 "(A) completed 2 years of employment
16 with an Indian Health Program or Urban In-
17 dian Organization; or

18 "(B) completed any service obligations in-
19 curred as a requirement of—

20 "(i) any Federal scholarship program;
21 or

22 "(ii) any Federal education loan re-
23 payment program; and

24 "(4) enters into an agreement with an Indian
25 Health Program or Urban Indian Organization for

1 continued employment for a period of not less than
2 1 year.

3 ‘‘(b) RATES.—The Secretary may establish rates for
4 the retention bonus which shall provide for a higher an-
5 nual rate for multiyear agreements than for single year
6 agreements referred to in subsection (a)(4), but in no
7 event shall the annual rate be more than $25,000 per
8 annum.

9 ‘‘(c) DEFAULT OF RETENTION AGREEMENT.—Any
10 health professional failing to complete the agreed upon
11 term of service, except where such failure is through no
12 fault of the individual, shall be obligated to refund to the
13 Government the full amount of the retention bonus for the
14 period covered by the agreement, plus interest as deter-
15 mined by the Secretary in accordance with section
16 110(l)(2)(B).

17 ‘‘(d) OTHER RETENTION BONUS.—The Secretary
18 may pay a retention bonus to any health professional em-
19 ployed by a Tribal Health Program if such health profes-
20 sional is serving in a position which the Secretary deter-
21 mines is—

22 ‘‘(1) a position for which recruitment or reten-
23 tion is difficult; and

24 ‘‘(2) necessary for providing health care services
25 to Indians.

1 **"SEC. 120. NURSING RESIDENCY PROGRAM.**

2 "(a) ESTABLISHMENT OF PROGRAM.—The Sec-
3 retary, acting through the Service, shall establish a pro-
4 gram to enable Indians who are licensed practical nurses,
5 licensed vocational nurses, and registered nurses who are
6 working in an Indian Health Program or Urban Indian
7 Organization, and have done so for a period of not less
8 than 1 year, to pursue advanced training. Such program
9 shall include a combination of education and work study
10 in an Indian Health Program or Urban Indian Organiza-
11 tion leading to an associate or bachelor's degree (in the
12 case of a licensed practical nurse or licensed vocational
13 nurse), a bachelor's degree (in the case of a registered
14 nurse), or advanced degrees or certifications in nursing
15 and public health.

16 "(b) SERVICE OBLIGATION.—An individual who par-
17 ticipates in a program under subsection (a), where the
18 educational costs are paid by the Service, shall incur an
19 obligation to serve in an Indian Health Program or Urban
20 Indian Organization for a period of obligated service equal
21 to 1 year for every year that nonprofessional employee (li-
22 censed practical nurses, licensed vocational nurses, nurs-
23 ing assistants, and various health care technicals), or 2
24 years for every year that professional nurse (associate de-
25 gree and bachelor-prepared registered nurses), partici-
26 pates in such program. In the event that the individual

1 fails to complete such obligated service, the United States
2 shall be entitled to recover from such individual an amount
3 determined in accordance with the formula specified in
4 subsection (l) of section 110 in the manner provided for
5 in such subsection.

6 **"SEC. 121. COMMUNITY HEALTH AIDE PROGRAM.**

7 "(a) GENERAL PURPOSES OF PROGRAM.—Under the
8 authority of the Act of November 2, 1921 (25 U.S.C. 13)
9 (commonly known as the 'Snyder Act'), the Secretary, act-
10 ing through the Service, shall develop and operate a Com-
11 munity Health Aide Program in Alaska under which the
12 Service—

13 "(1) provides for the training of Alaska Natives
14 as health aides or community health practitioners;

15 "(2) uses such aides or practitioners in the pro-
16 vision of health care, health promotion, and disease
17 prevention services to Alaska Natives living in vil-
18 lages in rural Alaska; and

19 "(3) provides for the establishment of tele-
20 conferencing capacity in health clinics located in or
21 near such villages for use by community health aides
22 or community health practitioners.

23 "(b) SPECIFIC PROGRAM REQUIREMENTS.—The Sec-
24 retary, acting through the Community Health Aide Pro-
25 gram of the Service, shall—

1 "(1) using trainers accredited by the Program,
2 provide a high standard of training to community
3 health aides and community health practitioners to
4 ensure that such aides and practitioners provide
5 quality health care, health promotion, and disease
6 prevention services to the villages served by the Pro-
7 gram;

8 "(2) in order to provide such training, develop
9 a curriculum that—

10 "(A) combines education in the theory of
11 health care with supervised practical experience
12 in the provision of health care;

13 "(B) provides instruction and practical ex-
14 perience in the provision of acute care, emer-
15 gency care, health promotion, disease preven-
16 tion, and the efficient and effective manage-
17 ment of clinic pharmacies, supplies, equipment,
18 and facilities; and

19 "(C) promotes the achievement of the
20 health status objectives specified in section
21 3(2);

22 "(3) establish and maintain a Community
23 Health Aide Certification Board to certify as com-
24 munity health aides or community health practi-
25 tioners individuals who have successfully completed

1 the training described in paragraph (1) or can dem-
2 onstrate equivalent experience;
3 ‘‘(4) develop and maintain a system which iden-
4 tifies the needs of community health aides and com-
5 munity health practitioners for continuing education
6 in the provision of health care, including the areas
7 described in paragraph (2)(B), and develop pro-
8 grams that meet the needs for such continuing edu-
9 cation;
10 ‘‘(5) develop and maintain a system that pro-
11 vides close supervision of community health aides
12 and community health practitioners;
13 ‘‘(6) develop a system under which the work of
14 community health aides and community health prac-
15 titioners is reviewed and evaluated to assure the pro-
16 vision of quality health care, health promotion, and
17 disease prevention services; and
18 ‘‘(7) ensure that pulpal therapy (not including
19 pulpotomies on deciduous teeth) or extraction of
20 adult teeth can be performed by a dental health aide
21 therapist only after consultation with a licensed den-
22 tist who determines that the procedure is a medical
23 emergency that cannot be resolved with palliative
24 treatment, and further that dental health aide thera-
25 pists are strictly prohibited from performing all

1 other oral or jaw surgeries, provided that uncompli-
2 cated extractions shall not be considered oral sur-
3 gery under this section.

4 "(c) PROGRAM REVIEW.—

5 "(1) NEUTRAL PANEL.—

6 "(A) ESTABLISHMENT.—The Secretary,
7 acting through the Service, shall establish a
8 neutral panel to carry out the study under
9 paragraph (2).

10 "(B) MEMBERSHIP.—Members of the neu-
11 tral panel shall be appointed by the Secretary
12 from among clinicians, economists, community
13 practitioners, oral epidemiologists, and Alaska
14 Natives.

15 "(2) STUDY.—

16 "(A) IN GENERAL.—The neutral panel es-
17 tablished under paragraph (1) shall conduct a
18 study of the dental health aide therapist serv-
19 ices provided by the Community Health Aide
20 Program under this section to ensure that the
21 quality of care provided through those services
22 is adequate and appropriate.

23 "(B) PARAMETERS OF STUDY.—The Sec-
24 retary, in consultation with interested parties,

1 including professional dental organizations,
2 shall develop the parameters of the study.

3 ''(C) INCLUSIONS.—The study shall in-
4 clude a determination by the neutral panel with
5 respect to—

6 ''(i) the ability of the dental health
7 aide therapist services under this section to
8 address the dental care needs of Alaska
9 Natives;

10 ''(ii) the quality of care provided
11 through those services, including any train-
12 ing, improvement, or additional oversight
13 required to improve the quality of care;
14 and

15 ''(iii) whether safer and less costly al-
16 ternatives to the dental health aide thera-
17 pist services exist.

18 ''(D) CONSULTATION.—In carrying out the
19 study under this paragraph, the neutral panel
20 shall consult with Alaska Tribal Organizations
21 with respect to the adequacy and accuracy of
22 the study.

23 ''(3) REPORT.—The neutral panel shall submit
24 to the Secretary, the Committee on Indian Affairs of
25 the Senate, and the Committee on Natural Re-

sources of the House of Representatives a report describing the results of the study under paragraph (2), including a description of—

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

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

“(d) NATIONALIZATION OF PROGRAM.—

“(1) IN GENERAL.—Except as provided in paragraph (2), the Secretary, acting through the Service, may establish a national Community Health Aide Program in accordance with the program under this section, as the Secretary determines to be appropriate.

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

“(3) REQUIREMENT.—In establishing a national program under paragraph (1), the Secretary shall not reduce the amount of funds provided for the Community Health Aide Program described in subsections (a) and (b).

"SEC. 122. TRIBAL HEALTH PROGRAM ADMINISTRATION.

"The Secretary, acting through the Service, shall, by contract or otherwise, provide training for Indians in the administration and planning of Tribal Health Programs.

"SEC. 123. HEALTH PROFESSIONAL CHRONIC SHORTAGE DEMONSTRATION PROGRAMS.

"(a) DEMONSTRATION PROGRAMS AUTHORIZED.—The Secretary, acting through the Service, may fund demonstration programs for Tribal Health Programs to address the chronic shortages of health professionals.

"(b) PURPOSES OF PROGRAMS.—The purposes of demonstration programs funded under subsection (a) shall be—

"(1) to provide direct clinical and practical experience at a Service Unit to health profession students and residents from medical schools;

"(2) to improve the quality of health care for Indians by assuring access to qualified health care professionals; and

"(3) to provide academic and scholarly opportunities for health professionals serving Indians by identifying all academic and scholarly resources of the region.

"(c) ADVISORY BOARD.—The demonstration programs established pursuant to subsection (a) shall incorporate a program advisory board composed of representa-

1 tives from the Indian Tribes and Indian communities in
2 the area which will be served by the program.

3 **"SEC. 124. NATIONAL HEALTH SERVICE CORPS.**

4 "(a) NO REDUCTION IN SERVICES.—The Secretary
5 shall not—

6 "(1) remove a member of the National Health
7 Service Corps from an Indian Health Program or
8 Urban Indian Organization; or

9 "(2) withdraw funding used to support such
10 member, unless the Secretary, acting through the
11 Service, has ensured that the Indians receiving serv-
12 ices from such member will experience no reduction
13 in services.

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

21 **"SEC. 125. SUBSTANCE ABUSE COUNSELOR EDUCATIONAL**
22 **CURRICULA DEMONSTRATION PROGRAMS.**

23 "(a) CONTRACTS AND GRANTS.—The Secretary, act-
24 ing through the Service, may enter into contracts with,
25 or make grants to, accredited tribal colleges and univer-

1 sities and eligible accredited and accessible community col-
2 leges to establish demonstration programs to develop edu-
3 cational curricula for substance abuse counseling.

4 "(b) USE OF FUNDS.—Funds provided under this
5 section shall be used only for developing and providing
6 educational curriculum for substance abuse counseling (in-
7 cluding paying salaries for instructors). Such curricula
8 may be provided through satellite campus programs.

9 "(c) TIME PERIOD OF ASSISTANCE; RENEWAL.—A
10 contract entered into or a grant provided under this sec-
11 tion shall be for a period of 3 years. Such contract or
12 grant may be renewed for an additional 2-year period
13 upon the approval of the Secretary.

14 "(d) CRITERIA FOR REVIEW AND APPROVAL OF AP-
15 PLICATIONS.—Not later than 180 days after the date of
16 enactment of the Indian Health Care Improvement Act
17 Amendments of 2007, the Secretary, after consultation
18 with Indian Tribes and administrators of tribal colleges
19 and universities and eligible accredited and accessible com-
20 munity colleges, shall develop and issue criteria for the
21 review and approval of applications for funding (including
22 applications for renewals of funding) under this section.
23 Such criteria shall ensure that demonstration programs
24 established under this section promote the development of

1 the capacity of such entities to educate substance abuse
2 counselors.
3 ''(e) ASSISTANCE.—The Secretary shall provide such
4 technical and other assistance as may be necessary to en-
5 able grant recipients to comply with the provisions of this
6 section.
7 ''(f) REPORT.—Each fiscal year, the Secretary shall
8 submit to the President, for inclusion in the report which
9 is required to be submitted under section 801 for that fis-
10 cal year, a report on the findings and conclusions derived
11 from the demonstration programs conducted under this
12 section during that fiscal year.
13 ''(g) DEFINITION.—For the purposes of this section,
14 the term 'educational curriculum' means 1 or more of the
15 following:
16 ''(1) Classroom education.
17 ''(2) Clinical work experience.
18 ''(3) Continuing education workshops.
19 **''SEC. 126. BEHAVIORAL HEALTH TRAINING AND COMMU-**
20 **NITY EDUCATION PROGRAMS.**
21 ''(a) STUDY; LIST.—The Secretary, acting through
22 the Service, and the Secretary of the Interior, in consulta-
23 tion with Indian Tribes and Tribal Organizations, shall
24 conduct a study and compile a list of the types of staff
25 positions specified in subsection (b) whose qualifications

1 include, or should include, training in the identification,
2 prevention, education, referral, or treatment of mental ill-
3 ness, or dysfunctional and self destructive behavior.

4 ''(b) POSITIONS.—The positions referred to in sub-
5 section (a) are—

6 ''(1) staff positions within the Bureau of Indian
7 Affairs, including existing positions, in the fields
8 of—

9 ''(A) elementary and secondary education;

10 ''(B) social services and family and child
11 welfare;

12 ''(C) law enforcement and judicial services;
13 and

14 ''(D) alcohol and substance abuse;

15 ''(2) staff positions within the Service; and

16 ''(3) staff positions similar to those identified in
17 paragraphs (1) and (2) established and maintained
18 by Indian Tribes, Tribal Organizations (without re-
19 gard to the funding source), and Urban Indian Or-
20 ganizations.

21 ''(c) TRAINING CRITERIA.—

22 ''(1) IN GENERAL.—The appropriate Secretary
23 shall provide training criteria appropriate to each
24 type of position identified in subsection (b)(1) and
25 (b)(2) and ensure that appropriate training has

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

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

19 ''(d) COMMUNITY EDUCATION ON MENTAL ILL-
20 NESS.—The Service shall develop and implement, on re-
21 quest of an Indian Tribe, Tribal Organization, or Urban
22 Indian Organization, or assist the Indian Tribe, Tribal Or-
23 ganization, or Urban Indian Organization to develop and
24 implement, a program of community education on mental
25 illness. In carrying out this subsection, the Service shall,

1 upon request of an Indian Tribe, Tribal Organization, or
2 Urban Indian Organization, provide technical assistance
3 to the Indian Tribe, Tribal Organization, or Urban Indian
4 Organization to obtain and develop community edu-
5 cational materials on the identification, prevention, refer-
6 ral, and treatment of mental illness and dysfunctional and
7 self-destructive behavior.

8 ''(e) PLAN.—Not later than 90 days after the date
9 of enactment of the Indian Health Care Improvement Act
10 Amendments of 2007, the Secretary shall develop a plan
11 under which the Service will increase the health care staff
12 providing behavioral health services by at least 500 posi-
13 tions within 5 years after the date of enactment of this
14 section, with at least 200 of such positions devoted to
15 child, adolescent, and family services. The plan developed
16 under this subsection shall be implemented under the Act
17 of November 2, 1921 (25 U.S.C. 13) (commonly known
18 as the 'Snyder Act').

19 **''SEC. 127. AUTHORIZATION OF APPROPRIATIONS.**

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

“TITLE II—HEALTH SERVICES

“SEC. 201. INDIAN HEALTH CARE IMPROVEMENT FUND.

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

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

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

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

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

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

“(A) Clinical care, including inpatient care, outpatient care (including audiology, clinical

1 eye, and vision care), primary care, secondary
2 and tertiary care, and long-term care.
3 ‘‘(B) Preventive health, including mam-
4 mography and other cancer screening in accord-
5 ance with section 207.
6 ‘‘(C) Dental care.
7 ‘‘(D) Mental health, including community
8 mental health services, inpatient mental health
9 services, dormitory mental health services,
10 therapeutic and residential treatment centers,
11 and training of traditional health care practi-
12 tioners.
13 ‘‘(E) Emergency medical services.
14 ‘‘(F) Treatment and control of, and reha-
15 bilitative care related to, alcoholism and drug
16 abuse (including fetal alcohol syndrome) among
17 Indians.
18 ‘‘(G) Injury prevention programs, includ-
19 ing data collection and evaluation, demonstra-
20 tion projects, training, and capacity building.
21 ‘‘(H) Home health care.
22 ‘‘(I) Community health representatives.
23 ‘‘(J) Maintenance and improvement.
24 ‘‘(b) NO OFFSET OR LIMITATION.—Any funds appro-
25 priated under the authority of this section shall not be

used to offset or limit any other appropriations made to the Service under this Act or the Act of November 2, 1921 (25 U.S.C. 13) (commonly known as the 'Snyder Act'), or any other provision of law.

''(c) ALLOCATION; USE.—

''(1) IN GENERAL.—Funds appropriated under the authority of this section shall be allocated to Service Units, Indian Tribes, or Tribal Organizations. The funds allocated to each Indian Tribe, Tribal Organization, or Service Unit under this paragraph shall be used by the Indian Tribe, Tribal Organization, or Service Unit under this paragraph to improve the health status and reduce the resource deficiency of each Indian Tribe served by such Service Unit, Indian Tribe, or Tribal Organization.

''(2) APPORTIONMENT OF ALLOCATED FUNDS.—The apportionment of funds allocated to a Service Unit, Indian Tribe, or Tribal Organization under paragraph (1) among the health service responsibilities described in subsection (a)(5) shall be determined by the Service in consultation with, and with the active participation of, the affected Indian Tribes and Tribal Organizations.

1 “(d) PROVISIONS RELATING TO HEALTH STATUS
2 AND RESOURCE DEFICIENCIES.—For the purposes of this
3 section, the following definitions apply:
4 “(1) DEFINITION.—The term ‘health status
5 and resource deficiency’ means the extent to
6 which—
7 “(A) the health status objectives set forth
8 in section 3(2) are not being achieved; and
9 “(B) the Indian Tribe or Tribal Organiza-
10 tion does not have available to it the health re-
11 sources it needs, taking into account the actual
12 cost of providing health care services given local
13 geographic, climatic, rural, or other cir-
14 cumstances.
15 “(2) AVAILABLE RESOURCES.—The health re-
16 sources available to an Indian Tribe or Tribal Orga-
17 nization include health resources provided by the
18 Service as well as health resources used by the In-
19 dian Tribe or Tribal Organization, including services
20 and financing systems provided by any Federal pro-
21 grams, private insurance, and programs of State or
22 local governments.
23 “(3) PROCESS FOR REVIEW OF DETERMINA-
24 TIONS.—The Secretary shall establish procedures
25 which allow any Indian Tribe or Tribal Organization

1 to petition the Secretary for a review of any deter-
2 mination of the extent of the health status and re-
3 source deficiency of such Indian Tribe or Tribal Or-
4 ganization.

5 ''(e) ELIGIBILITY FOR FUNDS.—Tribal Health Pro-
6 grams shall be eligible for funds appropriated under the
7 authority of this section on an equal basis with programs
8 that are administered directly by the Service.

9 ''(f) REPORT.—By no later than the date that is 3
10 years after the date of enactment of the Indian Health
11 Care Improvement Act Amendments of 2007, the Sec-
12 retary shall submit to Congress the current health status
13 and resource deficiency report of the Service for each
14 Service Unit, including newly recognized or acknowledged
15 Indian Tribes. Such report shall set out—

16 ''(1) the methodology then in use by the Service
17 for determining Tribal health status and resource
18 deficiencies, as well as the most recent application of
19 that methodology;

20 ''(2) the extent of the health status and re-
21 source deficiency of each Indian Tribe served by the
22 Service or a Tribal Health Program;

23 ''(3) the amount of funds necessary to eliminate
24 the health status and resource deficiencies of all In-

1 dian Tribes served by the Service or a Tribal Health
2 Program; and
3 ''(4) an estimate of—
4 ''(A) the amount of health service funds
5 appropriated under the authority of this Act, or
6 any other Act, including the amount of any
7 funds transferred to the Service for the pre-
8 ceding fiscal year which is allocated to each
9 Service Unit, Indian Tribe, or Tribal Organiza-
10 tion;
11 ''(B) the number of Indians eligible for
12 health services in each Service Unit or Indian
13 Tribe or Tribal Organization; and
14 ''(C) the number of Indians using the
15 Service resources made available to each Service
16 Unit, Indian Tribe or Tribal Organization, and,
17 to the extent available, information on the wait-
18 ing lists and number of Indians turned away for
19 services due to lack of resources.
20 ''(g) INCLUSION IN BASE BUDGET.—Funds appro-
21 priated under this section for any fiscal year shall be in-
22 cluded in the base budget of the Service for the purpose
23 of determining appropriations under this section in subse-
24 quent fiscal years.

1 ''(h) CLARIFICATION.—Nothing in this section is in-
2 tended to diminish the primary responsibility of the Serv-
3 ice to eliminate existing backlogs in unmet health care
4 needs, nor are the provisions of this section intended to
5 discourage the Service from undertaking additional efforts
6 to achieve equity among Indian Tribes and Tribal Organi-
7 zations.

8 ''(i) FUNDING DESIGNATION.—Any funds appro-
9 priated under the authority of this section shall be des-
10 ignated as the 'Indian Health Care Improvement Fund'.

11 **''SEC. 202. CATASTROPHIC HEALTH EMERGENCY FUND.**

12 ''(a) ESTABLISHMENT.—There is established an In-
13 dian Catastrophic Health Emergency Fund (hereafter in
14 this section referred to as the 'CHEF') consisting of—

15 ''(1) the amounts deposited under subsection
16 (f); and

17 ''(2) the amounts appropriated to CHEF under
18 this section.

19 ''(b) ADMINISTRATION.—CHEF shall be adminis-
20 tered by the Secretary, acting through the headquarters
21 of the Service, solely for the purpose of meeting the ex-
22 traordinary medical costs associated with the treatment of
23 victims of disasters or catastrophic illnesses who are with-
24 in the responsibility of the Service.

1 "(c) CONDITIONS ON USE OF FUND.—No part of
2 CHEF or its administration shall be subject to contract
3 or grant under any law, including the Indian Self-Deter-
4 mination and Education Assistance Act (25 U.S.C. 450
5 et seq.), nor shall CHEF funds be allocated, apportioned,
6 or delegated on an Area Office, Service Unit, or other
7 similar basis.

8 "(d) REGULATIONS.—The Secretary shall promul-
9 gate regulations consistent with the provisions of this sec-
10 tion to—

11 "(1) establish a definition of disasters and cata-
12 strophic illnesses for which the cost of the treatment
13 provided under contract would qualify for payment
14 from CHEF;

15 "(2) provide that a Service Unit shall not be el-
16 igible for reimbursement for the cost of treatment
17 from CHEF until its cost of treating any victim of
18 such catastrophic illness or disaster has reached a
19 certain threshold cost which the Secretary shall es-
20 tablish at—

21 "(A) the 2000 level of $19,000; and

22 "(B) for any subsequent year, not less
23 than the threshold cost of the previous year in-
24 creased by the percentage increase in the med-
25 ical care expenditure category of the consumer

1 price index for all urban consumers (United
2 States city average) for the 12-month period
3 ending with December of the previous year;
4 ‘‘(3) establish a procedure for the reimburse-
5 ment of the portion of the costs that exceeds such
6 threshold cost incurred by—
7 ‘‘(A) Service Units; or
8 ‘‘(B) whenever otherwise authorized by the
9 Service, non-Service facilities or providers;
10 ‘‘(4) establish a procedure for payment from
11 CHEF in cases in which the exigencies of the med-
12 ical circumstances warrant treatment prior to the
13 authorization of such treatment by the Service; and
14 ‘‘(5) establish a procedure that will ensure that
15 no payment shall be made from CHEF to any pro-
16 vider of treatment to the extent that such provider
17 is eligible to receive payment for the treatment from
18 any other Federal, State, local, or private source of
19 reimbursement for which the patient is eligible.
20 ‘‘(e) NO OFFSET OR LIMITATION.—Amounts appro-
21 priated to CHEF under this section shall not be used to
22 offset or limit appropriations made to the Service under
23 the authority of the Act of November 2, 1921 (25 U.S.C.
24 13) (commonly known as the ‘Snyder Act’), or any other
25 law.

1 ‘‘(f) DEPOSIT OF REIMBURSEMENT FUNDS.—There
2 shall be deposited into CHEF all reimbursements to which
3 the Service is entitled from any Federal, State, local, or
4 private source (including third party insurance) by reason
5 of treatment rendered to any victim of a disaster or cata-
6 strophic illness the cost of which was paid from CHEF.

7 **‘‘SEC. 203. HEALTH PROMOTION AND DISEASE PREVENTION**
8 **SERVICES.**

9 ‘‘(a) FINDINGS.—Congress finds that health pro-
10 motion and disease prevention activities—
11 ‘‘(1) improve the health and well-being of Indi-
12 ans; and
13 ‘‘(2) reduce the expenses for health care of In-
14 dians.
15 ‘‘(b) PROVISION OF SERVICES.—The Secretary, act-
16 ing through the Service and Tribal Health Programs, shall
17 provide health promotion and disease prevention services
18 to Indians to achieve the health status objectives set forth
19 in section 3(2).
20 ‘‘(c) EVALUATION.—The Secretary, after obtaining
21 input from the affected Tribal Health Programs, shall
22 submit to the President for inclusion in the report which
23 is required to be submitted to Congress under section 801
24 an evaluation of—

1 "(1) the health promotion and disease preven-
2 tion needs of Indians;
3 "(2) the health promotion and disease preven-
4 tion activities which would best meet such needs;
5 "(3) the internal capacity of the Service and
6 Tribal Health Programs to meet such needs; and
7 "(4) the resources which would be required to
8 enable the Service and Tribal Health Programs to
9 undertake the health promotion and disease preven-
10 tion activities necessary to meet such needs.

11 **"SEC. 204. DIABETES PREVENTION, TREATMENT, AND CON-**
12 **TROL.**

13 "(a) DETERMINATIONS REGARDING DIABETES.—
14 The Secretary, acting through the Service, and in con-
15 sultation with Indian Tribes and Tribal Organizations,
16 shall determine—
17 "(1) by Indian Tribe and by Service Unit, the
18 incidence of, and the types of complications resulting
19 from, diabetes among Indians; and
20 "(2) based on the determinations made pursu-
21 ant to paragraph (1), the measures (including pa-
22 tient education and effective ongoing monitoring of
23 disease indicators) each Service Unit should take to
24 reduce the incidence of, and prevent, treat, and con-

1 trol the complications resulting from, diabetes
2 among Indian Tribes within that Service Unit.
3 "(b) DIABETES SCREENING.—To the extent medi-
4 cally indicated and with informed consent, the Secretary
5 shall screen each Indian who receives services from the
6 Service for diabetes and for conditions which indicate a
7 high risk that the individual will become diabetic and es-
8 tablish a cost-effective approach to ensure ongoing moni-
9 toring of disease indicators. Such screening and moni-
10 toring may be conducted by a Tribal Health Program and
11 may be conducted through appropriate Internet-based
12 health care management programs.
13 "(c) DIABETES PROJECTS.—The Secretary shall con-
14 tinue to maintain each model diabetes project in existence
15 on the date of enactment of the Indian Health Care Im-
16 provement Act Amendments of 2007, any such other dia-
17 betes programs operated by the Service or Tribal Health
18 Programs, and any additional diabetes projects, such as
19 the Medical Vanguard program provided for in title IV
20 of Public Law 108–87, as implemented to serve Indian
21 Tribes. Tribal Health Programs shall receive recurring
22 funding for the diabetes projects that they operate pursu-
23 ant to this section, both at the date of enactment of the
24 Indian Health Care Improvement Act Amendments of

2007 and for projects which are added and funded thereafter.

"(d) DIALYSIS PROGRAMS.—The Secretary is authorized to provide, through the Service, Indian Tribes, and Tribal Organizations, dialysis programs, including the purchase of dialysis equipment and the provision of necessary staffing.

"(e) OTHER DUTIES OF THE SECRETARY.—

"(1) IN GENERAL.—The Secretary shall, to the extent funding is available—

"(A) in each Area Office, consult with Indian Tribes and Tribal Organizations regarding programs for the prevention, treatment, and control of diabetes;

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

"(C) ensure that data collected in each Area Office regarding diabetes and related complications among Indians are disseminated to all other Area Offices, subject to applicable patient privacy laws.

"(2) DIABETES CONTROL OFFICERS.—

1 ''(A) IN GENERAL.—The Secretary may es-
2 tablish and maintain in each Area Office a posi-
3 tion of diabetes control officer to coordinate and
4 manage any activity of that Area Office relating
5 to the prevention, treatment, or control of dia-
6 betes to assist the Secretary in carrying out a
7 program under this section or section 330C of
8 the Public Health Service Act (42 U.S.C. 254c–
9 3).
10 ''(B) CERTAIN ACTIVITIES.—Any activity
11 carried out by a diabetes control officer under
12 subparagraph (A) that is the subject of a con-
13 tract or compact under the Indian Self-Deter-
14 mination and Education Assistance Act (25
15 U.S.C. 450 et seq.), and any funds made avail-
16 able to carry out such an activity, shall not be
17 divisible for purposes of that Act.

18 **''SEC. 205. SHARED SERVICES FOR LONG-TERM CARE.**

19 ''(a) LONG-TERM CARE.—Notwithstanding any other
20 provision of law, the Secretary, acting through the Service,
21 is authorized to provide directly, or enter into contracts
22 or compacts under the Indian Self-Determination and
23 Education Assistance Act (25 U.S.C. 450 et seq.) with
24 Indian Tribes or Tribal Organizations for, the delivery of
25 long-term care (including health care services associated

1 with long-term care) provided in a facility to Indians. Such
2 agreements shall provide for the sharing of staff or other
3 services between the Service or a Tribal Health Program
4 and a long-term care or related facility owned and oper-
5 ated (directly or through a contract or compact under the
6 Indian Self-Determination and Education Assistance Act
7 (25 U.S.C. 450 et seq.)) by such Indian Tribe or Tribal
8 Organization.

9 ''(b) CONTENTS OF AGREEMENTS.—An agreement
10 entered into pursuant to subsection (a)—

11 ''(1) may, at the request of the Indian Tribe or
12 Tribal Organization, delegate to such Indian Tribe
13 or Tribal Organization such powers of supervision
14 and control over Service employees as the Secretary
15 deems necessary to carry out the purposes of this
16 section;

17 ''(2) shall provide that expenses (including sala-
18 ries) relating to services that are shared between the
19 Service and the Tribal Health Program be allocated
20 proportionately between the Service and the Indian
21 Tribe or Tribal Organization; and

22 ''(3) may authorize such Indian Tribe or Tribal
23 Organization to construct, renovate, or expand a
24 long-term care or other similar facility (including the

1 construction of a facility attached to a Service facil-
2 ity).

3 "(c) MINIMUM REQUIREMENT.—Any nursing facility
4 provided for under this section shall meet the require-
5 ments for nursing facilities under section 1919 of the So-
6 cial Security Act.

7 "(d) OTHER ASSISTANCE.—The Secretary shall pro-
8 vide such technical and other assistance as may be nec-
9 essary to enable applicants to comply with the provisions
10 of this section.

11 "(e) USE OF EXISTING OR UNDERUSED FACILI-
12 TIES.—The Secretary shall encourage the use of existing
13 facilities that are underused or allow the use of swing beds
14 for long-term or similar care.

15 **"SEC. 206. HEALTH SERVICES RESEARCH.**

16 "(a) IN GENERAL.—The Secretary, acting through
17 the Service, shall make funding available for research to
18 further the performance of the health service responsibil-
19 ities of Indian Health Programs.

20 "(b) COORDINATION OF RESOURCES AND ACTIVI-
21 TIES.—The Secretary shall also, to the maximum extent
22 practicable, coordinate departmental research resources
23 and activities to address relevant Indian Health Program
24 research needs.

1 ‘‘(c) AVAILABILITY.—Tribal Health Programs shall
2 be given an equal opportunity to compete for, and receive,
3 research funds under this section.

4 ‘‘(d) USE OF FUNDS.—This funding may be used for
5 both clinical and nonclinical research.

6 ‘‘(e) EVALUATION AND DISSEMINATION.—The Sec-
7 retary shall periodically—

8 ‘‘(1) evaluate the impact of research conducted
9 under this section; and

10 ‘‘(2) disseminate to Tribal Health Programs in-
11 formation regarding that research as the Secretary
12 determines to be appropriate.

13 **‘‘SEC. 207. MAMMOGRAPHY AND OTHER CANCER SCREEN-**
14 **ING.**

15 ‘‘The Secretary, acting through the Service or Tribal
16 Health Programs, shall provide for screening as follows:

17 ‘‘(1) Screening mammography (as defined in
18 section 1861(jj) of the Social Security Act) for In-
19 dian women at a frequency appropriate to such
20 women under accepted and appropriate national
21 standards, and under such terms and conditions as
22 are consistent with standards established by the Sec-
23 retary to ensure the safety and accuracy of screen-
24 ing mammography under part B of title XVIII of
25 such Act.

1 "(2) Other cancer screening that receives an A
2 or B rating as recommended by the United States
3 Preventive Services Task Force established under
4 section 915(a)(1) of the Public Health Service Act
5 (42 U.S.C. 299b–4(a)(1)). The Secretary shall en-
6 sure that screening provided for under this para-
7 graph complies with the recommendations of the
8 Task Force with respect to—
9 "(A) frequency;
10 "(B) the population to be served;
11 "(C) the procedure or technology to be
12 used;
13 "(D) evidence of effectiveness; and
14 "(E) other matters that the Secretary de-
15 termines appropriate.
16 **"SEC. 208. PATIENT TRAVEL COSTS.**
17 "(a) DEFINITION OF QUALIFIED ESCORT.—In this
18 section, the term 'qualified escort' means—
19 "(1) an adult escort (including a parent, guard-
20 ian, or other family member) who is required be-
21 cause of the physical or mental condition, or age, of
22 the applicable patient;
23 "(2) a health professional for the purpose of
24 providing necessary medical care during travel by
25 the applicable patient; or

1 “(3) other escorts, as the Secretary or applica-
2 ble Indian Health Program determines to be appro-
3 priate.

4 “(b) PROVISION OF FUNDS.—The Secretary, acting
5 through the Service and Tribal Health Programs, is au-
6 thorized to provide funds for the following patient travel
7 costs, including qualified escorts, associated with receiving
8 health care services provided (either through direct or con-
9 tract care or through a contract or compact under the In-
10 dian Self-Determination and Education Assistance Act
11 (25 U.S.C. 450 et seq.)) under this Act—

12 “(1) emergency air transportation and non-
13 emergency air transportation where ground trans-
14 portation is infeasible;

15 “(2) transportation by private vehicle (where no
16 other means of transportation is available), specially
17 equipped vehicle, and ambulance; and

18 “(3) transportation by such other means as
19 may be available and required when air or motor ve-
20 hicle transportation is not available.

21 **“SEC. 209. EPIDEMIOLOGY CENTERS.**

22 “(a) ADDITIONAL CENTERS.—In addition to those
23 epidemiology centers already established as of the date of
24 enactment of the Indian Health Care Improvement Act
25 Amendments of 2007, and without reducing the funding

1 levels for such centers, not later than 180 days after the
2 date of enactment of the Indian Health Care Improvement
3 Act Amendments of 2007, the Secretary, acting through
4 the Service, shall establish an epidemiology center in each
5 Service Area which does not yet have one to carry out the
6 functions described in subsection (b). Any new centers so
7 established may be operated by Tribal Health Programs,
8 but such funding shall not be divisible.

9 ''(b) FUNCTIONS OF CENTERS.—In consultation with
10 and upon the request of Indian Tribes, Tribal Organiza-
11 tions, and Urban Indian Organizations, each Service Area
12 epidemiology center established under this subsection
13 shall, with respect to such Service Area—

14 ''(1) collect data relating to, and monitor
15 progress made toward meeting, each of the health
16 status objectives of the Service, the Indian Tribes,
17 Tribal Organizations, and Urban Indian Organiza-
18 tions in the Service Area;

19 ''(2) evaluate existing delivery systems, data
20 systems, and other systems that impact the improve-
21 ment of Indian health;

22 ''(3) assist Indian Tribes, Tribal Organizations,
23 and Urban Indian Organizations in identifying their
24 highest priority health status objectives and the

1 services needed to achieve such objectives, based on
2 epidemiological data;
3 ''(4) make recommendations for the targeting
4 of services needed by the populations served;
5 ''(5) make recommendations to improve health
6 care delivery systems for Indians and Urban Indi-
7 ans;
8 ''(6) provide requested technical assistance to
9 Indian Tribes, Tribal Organizations, and Urban In-
10 dian Organizations in the development of local
11 health service priorities and incidence and prevalence
12 rates of disease and other illness in the community;
13 and
14 ''(7) provide disease surveillance and assist In-
15 dian Tribes, Tribal Organizations, and Urban Indian
16 Organizations to promote public health.
17 ''(c) TECHNICAL ASSISTANCE.—The Director of the
18 Centers for Disease Control and Prevention shall provide
19 technical assistance to the centers in carrying out the re-
20 quirements of this subsection.
21 ''(d) GRANTS FOR STUDIES.—The Secretary may
22 make grants to Indian Tribes, Tribal Organizations, and
23 Urban Indian Organizations to conduct epidemiological
24 studies of Indian communities.

1 "(e) ACCESS TO INFORMATION.—Epidemiology cen-
2 ters operated by Indian tribes, tribal organizations, and
3 inter-tribal consortia pursuant to grants awarded under
4 section (d) shall be treated as public health authorities for
5 purposes of the Health Insurance Portability and Account-
6 ability Act of 1996, as such entities are defined in part
7 164.501 of title 45, Code of Federal Regulations. The Sec-
8 retary shall grant such epidemiology centers access to and
9 use of data, data sets, monitoring systems, delivery sys-
10 tems, and other protected health information in the pos-
11 session of the Secretary.

12 **"SEC. 210. COMPREHENSIVE SCHOOL HEALTH EDUCATION**
13 **PROGRAMS.**

14 "(a) FUNDING FOR DEVELOPMENT OF PROGRAMS.—
15 In addition to carrying out any other program for health
16 promotion or disease prevention, the Secretary, acting
17 through the Service, is authorized to award grants to In-
18 dian Tribes, Tribal Organizations, and Urban Indian Or-
19 ganizations to develop comprehensive school health edu-
20 cation programs for children from pre-school through
21 grade 12 in schools for the benefit of Indian and Urban
22 Indian children.

23 "(b) USE OF GRANT FUNDS.—A grant awarded
24 under this section may be used for purposes which may
25 include, but are not limited to, the following:

1 "(1) Developing health education materials both
2 for regular school programs and afterschool pro-
3 grams.

4 "(2) Training teachers in comprehensive school
5 health education materials.

6 "(3) Integrating school-based, community-
7 based, and other public and private health promotion
8 efforts.

9 "(4) Encouraging healthy, tobacco-free school
10 environments.

11 "(5) Coordinating school-based health programs
12 with existing services and programs available in the
13 community.

14 "(6) Developing school programs on nutrition
15 education, personal health, oral health, and fitness.

16 "(7) Developing behavioral health wellness pro-
17 grams.

18 "(8) Developing chronic disease prevention pro-
19 grams.

20 "(9) Developing substance abuse prevention
21 programs.

22 "(10) Developing injury prevention and safety
23 education programs.

24 "(11) Developing activities for the prevention
25 and control of communicable diseases.

1 "(12) Developing community and environmental
2 health education programs that include traditional
3 health care practitioners.

4 "(13) Violence prevention.

5 "(14) Such other health issues as are appro-
6 priate.

7 "(c) TECHNICAL ASSISTANCE.—Upon request, the
8 Secretary, acting through the Service, shall provide tech-
9 nical assistance to Indian Tribes, Tribal Organizations,
10 and Urban Indian Organizations in the development of
11 comprehensive health education plans and the dissemina-
12 tion of comprehensive health education materials and in-
13 formation on existing health programs and resources.

14 "(d) CRITERIA FOR REVIEW AND APPROVAL OF AP-
15 PLICATIONS.—The Secretary, acting through the Service,
16 and in consultation with Indian Tribes, Tribal Organiza-
17 tions, and Urban Indian Organizations, shall establish cri-
18 teria for the review and approval of applications for grants
19 awarded under this section.

20 "(e) DEVELOPMENT OF PROGRAM FOR BIA-FUNDED
21 SCHOOLS.—

22 "(1) IN GENERAL.—The Secretary of the Inte-
23 rior, acting through the Bureau of Indian Affairs
24 and in cooperation with the Secretary, acting
25 through the Service, and affected Indian Tribes and

1 Tribal Organizations, shall develop a comprehensive
2 school health education program for children from
3 preschool through grade 12 in schools for which sup-
4 port is provided by the Bureau of Indian Affairs.
5 ''(2) REQUIREMENTS FOR PROGRAMS.—Such
6 programs shall include—
7 ''(A) school programs on nutrition edu-
8 cation, personal health, oral health, and fitness;
9 ''(B) behavioral health wellness programs;
10 ''(C) chronic disease prevention programs;
11 ''(D) substance abuse prevention pro-
12 grams;
13 ''(E) injury prevention and safety edu-
14 cation programs; and
15 ''(F) activities for the prevention and con-
16 trol of communicable diseases.
17 ''(3) DUTIES OF THE SECRETARY.—The Sec-
18 retary of the Interior shall—
19 ''(A) provide training to teachers in com-
20 prehensive school health education materials;
21 ''(B) ensure the integration and coordina-
22 tion of school-based programs with existing
23 services and health programs available in the
24 community; and

1 ''(C) encourage healthy, tobacco-free school
2 environments.

3 **''SEC. 211. INDIAN YOUTH PROGRAM.**

4 ''(a) PROGRAM AUTHORIZED.—The Secretary, acting
5 through the Service, is authorized to establish and admin-
6 ister a program to provide grants to Indian Tribes, Tribal
7 Organizations, and Urban Indian Organizations for inno-
8 vative mental and physical disease prevention and health
9 promotion and treatment programs for Indian and Urban
10 Indian preadolescent and adolescent youths.

11 ''(b) USE OF FUNDS.—

12 ''(1) ALLOWABLE USES.—Funds made available
13 under this section may be used to—

14 ''(A) develop prevention and treatment
15 programs for Indian youth which promote men-
16 tal and physical health and incorporate cultural
17 values, community and family involvement, and
18 traditional health care practitioners; and

19 ''(B) develop and provide community train-
20 ing and education.

21 ''(2) PROHIBITED USE.—Funds made available
22 under this section may not be used to provide serv-
23 ices described in section 707(c).

24 ''(c) DUTIES OF THE SECRETARY.—The Secretary
25 shall—

1 "(1) disseminate to Indian Tribes, Tribal Organizations, and Urban Indian Organizations information regarding models for the delivery of comprehensive health care services to Indian and Urban Indian adolescents;

"(2) encourage the implementation of such models; and

"(3) at the request of an Indian Tribe, Tribal Organization, or Urban Indian Organization, provide technical assistance in the implementation of such models.

"(d) CRITERIA FOR REVIEW AND APPROVAL OF APPLICATIONS.—The Secretary, in consultation with Indian Tribes, Tribal Organizations, and Urban Indian Organizations, shall establish criteria for the review and approval of applications or proposals under this section.

"SEC. 212. PREVENTION, CONTROL, AND ELIMINATION OF COMMUNICABLE AND INFECTIOUS DISEASES.

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

"(1) Projects for the prevention, control, and elimination of communicable and infectious diseases,

1 including tuberculosis, hepatitis, HIV, respiratory
2 syncytial virus, hanta virus, sexually transmitted dis-
3 eases, and H. Pylori.

4 "(2) Public information and education pro-
5 grams for the prevention, control, and elimination of
6 communicable and infectious diseases.

7 "(3) Education, training, and clinical skills im-
8 provement activities in the prevention, control, and
9 elimination of communicable and infectious diseases
10 for health professionals, including allied health pro-
11 fessionals.

12 "(4) Demonstration projects for the screening,
13 treatment, and prevention of hepatitis C virus
14 (HCV).

15 "(b) APPLICATION REQUIRED.—The Secretary may
16 provide funding under subsection (a) only if an application
17 or proposal for funding is submitted to the Secretary.

18 "(c) COORDINATION WITH HEALTH AGENCIES.—In-
19 dian Tribes, Tribal Organizations, and Urban Indian Or-
20 ganizations receiving funding under this section are en-
21 couraged to coordinate their activities with the Centers for
22 Disease Control and Prevention and State and local health
23 agencies.

24 "(d) TECHNICAL ASSISTANCE; REPORT.—In carrying
25 out this section, the Secretary—

1 ''(1) may, at the request of an Indian Tribe,
2 Tribal Organization, or Urban Indian Organization,
3 provide technical assistance; and
4 ''(2) shall prepare and submit a report to Con-
5 gress biennially on the use of funds under this sec-
6 tion and on the progress made toward the preven-
7 tion, control, and elimination of communicable and
8 infectious diseases among Indians and Urban Indi-
9 ans.

10 **''SEC. 213. AUTHORITY FOR PROVISION OF OTHER SERV-**
11 **ICES.**

12 ''(a) FUNDING AUTHORIZED.—The Secretary, acting
13 through the Service, Indian Tribes, and Tribal Organiza-
14 tions, may provide funding under this Act to meet the ob-
15 jectives set forth in section 3 through health care-related
16 services and programs not otherwise described in this Act,
17 including—
18 ''(1) hospice care;
19 ''(2) assisted living;
20 ''(3) long-term care; and
21 ''(4) home- and community-based services.
22 ''(b) TERMS AND CONDITIONS.—
23 ''(1) IN GENERAL.—Any service provided under
24 this section shall be in accordance with such terms
25 and conditions as are consistent with accepted and

1 appropriate standards relating to the service, includ-
2 ing any licensing term or condition under this Act.
3 "(2) STANDARDS.—
4 "(A) IN GENERAL.—The Secretary may es-
5 tablish, by regulation, the standards for a serv-
6 ice provided under this section, provided that
7 such standards shall not be more stringent than
8 the standards required by the State in which
9 the service is provided.
10 "(B) USE OF STATE STANDARDS.—If the
11 Secretary does not, by regulation, establish
12 standards for a service provided under this sec-
13 tion, the standards required by the State in
14 which the service is or will be provided shall
15 apply to such service.
16 "(C) INDIAN TRIBES.—If a service under
17 this section is provided by an Indian Tribe or
18 Tribal Organization pursuant to the Indian
19 Self-Determination and Education Assistance
20 Act (25 U.S.C. 450 et seq.), the verification by
21 the Secretary that the service meets any stand-
22 ards required by the State in which the service
23 is or will be provided shall be considered to
24 meet the terms and conditions required under
25 this subsection.

1 "(3) ELIGIBILITY.—The following individuals
2 shall be eligible to receive long-term care under this
3 section:
4 "(A) Individuals who are unable to per-
5 form a certain number of activities of daily liv-
6 ing without assistance.
7 "(B) Individuals with a mental impair-
8 ment, such as dementia, Alzheimer's disease, or
9 another disabling mental illness, who may be
10 able to perform activities of daily living under
11 supervision.
12 "(C) Such other individuals as an applica-
13 ble Indian Health Program determines to be
14 appropriate.
15 "(c) DEFINITIONS.—For the purposes of this section,
16 the following definitions shall apply:
17 "(1) The term 'home- and community-based
18 services' means 1 or more of the services specified
19 in paragraphs (1) through (9) of section 1929(a) of
20 the Social Security Act (42 U.S.C. 1396t(a))
21 (whether provided by the Service or by an Indian
22 Tribe or Tribal Organization pursuant to the Indian
23 Self-Determination and Education Assistance Act
24 (25 U.S.C. 450 et seq.)) that are or will be provided

1 in accordance with the standards described in sub-
2 section (b).

3 ''(2) The term 'hospice care' means the items
4 and services specified in subparagraphs (A) through
5 (H) of section 1861(dd)(1) of the Social Security
6 Act (42 U.S.C. 1395x(dd)(1)), and such other serv-
7 ices which an Indian Tribe or Tribal Organization
8 determines are necessary and appropriate to provide
9 in furtherance of this care.

10 **''SEC. 214. INDIAN WOMEN'S HEALTH CARE.**

11 ''The Secretary, acting through the Service and In-
12 dian Tribes, Tribal Organizations, and Urban Indian Or-
13 ganizations, shall monitor and improve the quality of
14 health care for Indian women of all ages through the plan-
15 ning and delivery of programs administered by the Service,
16 in order to improve and enhance the treatment models of
17 care for Indian women.

18 **''SEC. 215. ENVIRONMENTAL AND NUCLEAR HEALTH HAZ-**
19 **ARDS.**

20 ''(a) STUDIES AND MONITORING.—The Secretary
21 and the Service shall conduct, in conjunction with other
22 appropriate Federal agencies and in consultation with con-
23 cerned Indian Tribes and Tribal Organizations, studies
24 and ongoing monitoring programs to determine trends in
25 the health hazards to Indian miners and to Indians on

1 or near reservations and Indian communities as a result
2 of environmental hazards which may result in chronic or
3 life threatening health problems, such as nuclear resource
4 development, petroleum contamination, and contamination
5 of water source and of the food chain. Such studies shall
6 include—

7 "(1) an evaluation of the nature and extent of
8 health problems caused by environmental hazards
9 currently exhibited among Indians and the causes of
10 such health problems;

11 "(2) an analysis of the potential effect of ongo-
12 ing and future environmental resource development
13 on or near reservations and Indian communities, in-
14 cluding the cumulative effect over time on health;

15 "(3) an evaluation of the types and nature of
16 activities, practices, and conditions causing or affect-
17 ing such health problems, including uranium mining
18 and milling, uranium mine tailing deposits, nuclear
19 power plant operation and construction, and nuclear
20 waste disposal; oil and gas production or transpor-
21 tation on or near reservations or Indian commu-
22 nities; and other development that could affect the
23 health of Indians and their water supply and food
24 chain;

1 "(4) a summary of any findings and rec-
2 ommendations provided in Federal and State stud-
3 ies, reports, investigations, and inspections during
4 the 5 years prior to the date of enactment of the In-
5 dian Health Care Improvement Act Amendments of
6 2007 that directly or indirectly relate to the activi-
7 ties, practices, and conditions affecting the health or
8 safety of such Indians; and
9 "(5) the efforts that have been made by Federal
10 and State agencies and resource and economic devel-
11 opment companies to effectively carry out an edu-
12 cation program for such Indians regarding the
13 health and safety hazards of such development.
14 "(b) HEALTH CARE PLANS.—Upon completion of
15 such studies, the Secretary and the Service shall take into
16 account the results of such studies and develop health care
17 plans to address the health problems studied under sub-
18 section (a). The plans shall include—
19 "(1) methods for diagnosing and treating Indi-
20 ans currently exhibiting such health problems;
21 "(2) preventive care and testing for Indians
22 who may be exposed to such health hazards, includ-
23 ing the monitoring of the health of individuals who
24 have or may have been exposed to excessive amounts
25 of radiation or affected by other activities that have

1 had or could have a serious impact upon the health
2 of such individuals; and

3 "(3) a program of education for Indians who,
4 by reason of their work or geographic proximity to
5 such nuclear or other development activities, may ex-
6 perience health problems.

7 "(c) SUBMISSION OF REPORT AND PLAN TO CON-
8 GRESS.—The Secretary and the Service shall submit to
9 Congress the study prepared under subsection (a) no later
10 than 18 months after the date of enactment of the Indian
11 Health Care Improvement Act Amendments of 2007. The
12 health care plan prepared under subsection (b) shall be
13 submitted in a report no later than 1 year after the study
14 prepared under subsection (a) is submitted to Congress.
15 Such report shall include recommended activities for the
16 implementation of the plan, as well as an evaluation of
17 any activities previously undertaken by the Service to ad-
18 dress such health problems.

19 "(d) INTERGOVERNMENTAL TASK FORCE.—

20 "(1) ESTABLISHMENT; MEMBERS.—There is es-
21 tablished an Intergovernmental Task Force to be
22 composed of the following individuals (or their des-
23 ignees):

24 "(A) The Secretary of Energy.

1 ‘‘(B) The Secretary of the Environmental
2 Protection Agency.
3 ‘‘(C) The Director of the Bureau of Mines.
4 ‘‘(D) The Assistant Secretary for Occupa-
5 tional Safety and Health.
6 ‘‘(E) The Secretary of the Interior.
7 ‘‘(F) The Secretary of Health and Human
8 Services.
9 ‘‘(G) The Director of the Indian Health
10 Service.
11 ‘‘(2) DUTIES.—The Task Force shall—
12 ‘‘(A) identify existing and potential oper-
13 ations related to nuclear resource development
14 or other environmental hazards that affect or
15 may affect the health of Indians on or near a
16 reservation or in an Indian community; and
17 ‘‘(B) enter into activities to correct exist-
18 ing health hazards and ensure that current and
19 future health problems resulting from nuclear
20 resource or other development activities are
21 minimized or reduced.
22 ‘‘(3) CHAIRMAN; MEETINGS.—The Secretary of
23 Health and Human Services shall be the Chairman
24 of the Task Force. The Task Force shall meet at
25 least twice each year.

1 ‘‘(e) HEALTH SERVICES TO CERTAIN EMPLOYEES.—
2 In the case of any Indian who—
3 ‘‘(1) as a result of employment in or near a
4 uranium mine or mill or near any other environ-
5 mental hazard, suffers from a work-related illness or
6 condition;
7 ‘‘(2) is eligible to receive diagnosis and treat-
8 ment services from an Indian Health Program; and
9 ‘‘(3) by reason of such Indian’s employment, is
10 entitled to medical care at the expense of such mine
11 or mill operator or entity responsible for the environ-
12 mental hazard, the Indian Health Program shall, at
13 the request of such Indian, render appropriate med-
14 ical care to such Indian for such illness or condition
15 and may be reimbursed for any medical care so ren-
16 dered to which such Indian is entitled at the expense
17 of such operator or entity from such operator or en-
18 tity. Nothing in this subsection shall affect the
19 rights of such Indian to recover damages other than
20 such amounts paid to the Indian Health Program
21 from the employer for providing medical care for
22 such illness or condition.

1 **"SEC. 216. ARIZONA AS A CONTRACT HEALTH SERVICE DE-**
2 **LIVERY AREA.**

3 "(a) IN GENERAL.—For fiscal years beginning with
4 the fiscal year ending September 30, 1983, and ending
5 with the fiscal year ending September 30, 2016, the State
6 of Arizona shall be designated as a contract health service
7 delivery area by the Service for the purpose of providing
8 contract health care services to members of federally rec-
9 ognized Indian Tribes of Arizona.

10 "(b) MAINTENANCE OF SERVICES.—The Service
11 shall not curtail any health care services provided to Indi-
12 ans residing on reservations in the State of Arizona if such
13 curtailment is due to the provision of contract services in
14 such State pursuant to the designation of such State as
15 a contract health service delivery area pursuant to sub-
16 section (a).

17 **"SEC. 216A. NORTH DAKOTA AND SOUTH DAKOTA AS CON-**
18 **TRACT HEALTH SERVICE DELIVERY AREA.**

19 "(a) IN GENERAL.—Beginning in fiscal year 2003,
20 the States of North Dakota and South Dakota shall be
21 designated as a contract health service delivery area by
22 the Service for the purpose of providing contract health
23 care services to members of federally recognized Indian
24 Tribes of North Dakota and South Dakota.

25 "(b) LIMITATION.—The Service shall not curtail any
26 health care services provided to Indians residing on any

1 reservation, or in any county that has a common boundary
2 with any reservation, in the State of North Dakota or
3 South Dakota if such curtailment is due to the provision
4 of contract services in such States pursuant to the des-
5 ignation of such States as a contract health service deliv-
6 ery area pursuant to subsection (a).

7 **"SEC. 217. CALIFORNIA CONTRACT HEALTH SERVICES PRO-**
8 **GRAM.**

9 "(a) FUNDING AUTHORIZED.—The Secretary is au-
10 thorized to fund a program using the California Rural In-
11 dian Health Board (hereafter in this section referred to
12 as the 'CRIHB') as a contract care intermediary to im-
13 prove the accessibility of health services to California Indi-
14 ans.

15 "(b) REIMBURSEMENT CONTRACT.—The Secretary
16 shall enter into an agreement with the CRIHB to reim-
17 burse the CRIHB for costs (including reasonable adminis-
18 trative costs) incurred pursuant to this section, in pro-
19 viding medical treatment under contract to California In-
20 dians described in section 806(a) throughout the Cali-
21 fornia contract health services delivery area described in
22 section 218 with respect to high cost contract care cases.

23 "(c) ADMINISTRATIVE EXPENSES.—Not more than 5
24 percent of the amounts provided to the CRIHB under this
25 section for any fiscal year may be for reimbursement for

1 administrative expenses incurred by the CRIHB during
2 such fiscal year.

3 ''(d) LIMITATION ON PAYMENT.—No payment may
4 be made for treatment provided hereunder to the extent
5 payment may be made for such treatment under the In-
6 dian Catastrophic Health Emergency Fund described in
7 section 202 or from amounts appropriated or otherwise
8 made available to the California contract health service de-
9 livery area for a fiscal year.

10 ''(e) ADVISORY BOARD.—There is established an ad-
11 visory board which shall advise the CRIHB in carrying
12 out this section. The advisory board shall be composed of
13 representatives, selected by the CRIHB, from not less
14 than 8 Tribal Health Programs serving California Indians
15 covered under this section at least ½ of whom of whom
16 are not affiliated with the CRIHB.

17 **''SEC. 218. CALIFORNIA AS A CONTRACT HEALTH SERVICE**
18 **DELIVERY AREA.**

19 ''The State of California, excluding the counties of
20 Alameda, Contra Costa, Los Angeles, Marin, Orange, Sac-
21 ramento, San Francisco, San Mateo, Santa Clara, Kern,
22 Merced, Monterey, Napa, San Benito, San Joaquin, San
23 Luis Obispo, Santa Cruz, Solano, Stanislaus, and Ven-
24 tura, shall be designated as a contract health service deliv-
25 ery area by the Service for the purpose of providing con-

tract health services to California Indians. However, any of the counties listed herein may only be included in the contract health services delivery area if funding is specifically provided by the Service for such services in those counties.

"SEC. 219. CONTRACT HEALTH SERVICES FOR THE TRENTON SERVICE AREA.

"(a) AUTHORIZATION FOR SERVICES.—The Secretary, acting through the Service, is directed to provide contract health services to members of the Turtle Mountain Band of Chippewa Indians that reside in the Trenton Service Area of Divide, McKenzie, and Williams counties in the State of North Dakota and the adjoining counties of Richland, Roosevelt, and Sheridan in the State of Montana.

"(b) NO EXPANSION OF ELIGIBILITY.—Nothing in this section may be construed as expanding the eligibility of members of the Turtle Mountain Band of Chippewa Indians for health services provided by the Service beyond the scope of eligibility for such health services that applied on May 1, 1986.

"SEC. 220. PROGRAMS OPERATED BY INDIAN TRIBES AND TRIBAL ORGANIZATIONS.

"The Service shall provide funds for health care programs and facilities operated by Tribal Health Programs

on the same basis as such funds are provided to programs and facilities operated directly by the Service.

"SEC. 221. LICENSING.

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

"SEC. 222. NOTIFICATION OF PROVISION OF EMERGENCY CONTRACT HEALTH SERVICES.

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

"SEC. 223. PROMPT ACTION ON PAYMENT OF CLAIMS.

"(a) DEADLINE FOR RESPONSE.—The Service shall respond to a notification of a claim by a provider of a contract care service with either an individual purchase order or a denial of the claim within 5 working days after the receipt of such notification.

1 "(b) EFFECT OF UNTIMELY RESPONSE.—If the
2 Service fails to respond to a notification of a claim in ac-
3 cordance with subsection (a), the Service shall accept as
4 valid the claim submitted by the provider of a contract
5 care service.

6 "(c) DEADLINE FOR PAYMENT OF VALID CLAIM.—
7 The Service shall pay a valid contract care service claim
8 within 30 days after the completion of the claim.

9 **"SEC. 224. LIABILITY FOR PAYMENT.**

10 "(a) NO PATIENT LIABILITY.—A patient who re-
11 ceives contract health care services that are authorized by
12 the Service shall not be liable for the payment of any
13 charges or costs associated with the provision of such serv-
14 ices.

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

22 "(c) NO RECOURSE.—Following receipt of the notice
23 provided under subsection (b), or, if a claim has been
24 deemed accepted under section 223(b), the provider shall

have no further recourse against the patient who received the services.

"SEC. 225. OFFICE OF INDIAN MEN'S HEALTH.

"(a) ESTABLISHMENT.—The Secretary may establish within the Service an office to be known as the 'Office of Indian Men's Health' (referred to in this section as the 'Office').

"(b) DIRECTOR.—

"(1) IN GENERAL.—The Office shall be headed by a director, to be appointed by the Secretary.

"(2) DUTIES.—The director shall coordinate and promote the status of the health of Indian men in the United States.

"(c) REPORT.—Not later than 2 years after the date of enactment of the Indian Health Care Improvement Act Amendments of 2007, the Secretary, acting through the director of the Office, shall submit to Congress a report describing—

"(1) any activity carried out by the director as of the date on which the report is prepared; and

"(2) any finding of the director with respect to the health of Indian men.

1 **"SEC. 226. AUTHORIZATION OF APPROPRIATIONS.**

2 "There are authorized to be appropriated such sums
3 as may be necessary for each fiscal year through fiscal
4 year 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
10 any binding commitment to expend, any funds appro-
11 priated for the planning, design, construction, or renova-
12 tion of facilities pursuant to the Act of November 2, 1921
13 (25 U.S.C. 13) (commonly known as the 'Snyder Act'),
14 the Secretary, 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 applica-
22 ble, that such facility meets the construction stand-
23 ards of any accrediting body recognized by the Sec-
24 retary for the purposes of the Medicare, Medicaid,
25 and SCHIP programs under titles XVIII, XIX, and
26 XXI of the Social Security Act by not later than 1

1 year after the date on which the construction or renovation of such facility is completed.

"(b) CLOSURES.—

"(1) EVALUATION REQUIRED.—Notwithstanding any other provision of law, no facility operated by the Service may be closed if the Secretary has not submitted to Congress, not less than 1 year and not more than 2 years before the date of the proposed closure, an evaluation, completed not more than 2 years before such submission, of the impact of the proposed closure that specifies, in addition to other considerations—

"(A) the accessibility of alternative health care resources for the population served by such facility;

"(B) the cost-effectiveness of such closure;

"(C) the quality of health care to be provided to the population served by such facility after such closure;

"(D) the availability of contract health care funds to maintain existing levels of service;

"(E) the views of the Indian Tribes served by such facility concerning such closure;

"(F) the level of use of such facility by all eligible Indians; and

1 "(G) the distance between such facility and
2 the nearest operating Service hospital.
3 "(2) EXCEPTION FOR CERTAIN TEMPORARY
4 CLOSURES.—Paragraph (1) shall not apply to any
5 temporary closure of a facility or any portion of a
6 facility if such closure is necessary for medical, envi-
7 ronmental, 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 Organiza-
15 tions;
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 facili-
23 ties, 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, In-
6 dian Tribes, and Tribal Organizations for
7 consideration under the priority system at
8 least once every 3 years, or more fre-
9 quently as the Secretary determines to be
10 appropriate.
11 "(B) NEEDS OF FACILITIES UNDER
12 ISDEAA AGREEMENTS.—The Secretary shall en-
13 sure that the planning, design, construction,
14 renovation, and expansion needs of Service and
15 non-Service facilities operated under contracts
16 or compacts in accordance with the Indian Self-
17 Determination and Education Assistance Act
18 (25 U.S.C. 450 et seq.) are fully and equitably
19 integrated into the health care facility priority
20 system.
21 "(C) CRITERIA FOR EVALUATING
22 NEEDS.—For purposes of this subsection, the
23 Secretary, in evaluating the needs of facilities
24 operated under a contract or compact under the
25 Indian Self-Determination and Education As-

1 sistance Act (25 U.S.C. 450 et seq.), shall use
2 the criteria used by the Secretary in evaluating
3 the needs of facilities operated directly by the
4 Service.

5 ''(D) PRIORITY OF CERTAIN PROJECTS
6 PROTECTED.—The priority of any project estab-
7 lished under the construction priority system in
8 effect on the date of enactment of the Indian
9 Health Care Improvement Act Amendments of
10 2007 shall not be affected by any change in the
11 construction priority system taking place after
12 that date if the project—

13 ''(i) was identified in the fiscal year
14 2008 Service budget justification as—

15 ''(I) 1 of the 10 top-priority inpa-
16 tient projects;

17 ''(II) 1 of the 10 top-priority out-
18 patient projects;

19 ''(III) 1 of the 10 top-priority
20 staff quarters developments; or

21 ''(IV) 1 of the 10 top-priority
22 Youth Regional Treatment Centers;

23 ''(ii) had completed both Phase I and
24 Phase II of the construction priority sys-

1 tem in effect on the date of enactment of
2 such Act; or
3 ''(iii) is not included in clause (i) or
4 (ii) and is selected, as determined by the
5 Secretary—
6 ''(I) on the initiative of the Sec-
7 retary; or
8 ''(II) pursuant to a request of an
9 Indian Tribe or Tribal Organization.
10 ''(2) REPORT; CONTENTS.—
11 ''(A) INITIAL COMPREHENSIVE REPORT.—
12 ''(i) DEFINITIONS.—In this subpara-
13 graph:
14 ''(I) FACILITIES APPROPRIATION
15 ADVISORY BOARD.—The term 'Facili-
16 ties Appropriation Advisory Board'
17 means the advisory board, comprised
18 of 12 members representing Indian
19 tribes and 2 members representing
20 the Service, established at the discre-
21 tion of the Assistant Secretary—
22 ''(aa) to provide advice and
23 recommendations for policies and
24 procedures of the programs fund-

1 ed pursuant to facilities appro-
2 priations; and
3 "(bb) to address other facili-
4 ties issues.
5 "(II) FACILITIES NEEDS ASSESS-
6 MENT WORKGROUP.—The term 'Fa-
7 cilities Needs Assessment Workgroup'
8 means the workgroup established at
9 the discretion of the Assistant Sec-
10 retary—
11 "(aa) to review the health
12 care facilities construction pri-
13 ority system; and
14 "(bb) to make recommenda-
15 tions to the Facilities Appropria-
16 tion Advisory Board for revising
17 the priority system.
18 "(ii) INITIAL REPORT.—
19 "(I) IN GENERAL.—Not later
20 than 1 year after the date of enact-
21 ment of the Indian Health Care Im-
22 provement Act Amendments of 2007,
23 the Secretary shall submit to the
24 Committee on Indian Affairs of the
25 Senate and the Committee on Natural

1 Resources of the House of Represent-
2 atives a report that describes the com-
3 prehensive, national, ranked list of all
4 health care facilities needs for the
5 Service, Indian Tribes, and Tribal Or-
6 ganizations (including inpatient health
7 care facilities, outpatient health care
8 facilities, specialized health care facili-
9 ties (such as for long-term care and
10 alcohol and drug abuse treatment),
11 wellness centers, staff quarters and
12 hostels associated with health care fa-
13 cilities, and the renovation and expan-
14 sion needs, if any, of such facilities)
15 developed by the Service, Indian
16 Tribes, and Tribal Organizations for
17 the Facilities Needs Assessment
18 Workgroup and the Facilities Appro-
19 priation Advisory Board.

20 ‘‘(II) INCLUSIONS.—The initial
21 report shall include—

22 ‘‘(aa) the methodology and
23 criteria used by the Service in de-
24 termining the needs and estab-

1 lishing the ranking of the facili-
2 ties needs; and
3 "(bb) such other information
4 as the Secretary determines to be
5 appropriate.
6 "(iii) UPDATES OF REPORT.—Begin-
7 ning in calendar year 2011, the Secretary
8 shall—
9 "(I) update the report under
10 clause (ii) not less frequently that
11 once every 5 years; and
12 "(II) include the updated report
13 in the appropriate annual report
14 under subparagraph (B) for submis-
15 sion to Congress under section 801.
16 "(B) ANNUAL REPORTS.—The Secretary
17 shall submit to the President, for inclusion in
18 the report required to be transmitted to Con-
19 gress under section 801, a report which sets
20 forth the following:
21 "(i) A description of the health care
22 facility priority system of the Service es-
23 tablished under paragraph (1).
24 "(ii) Health care facilities lists, which
25 may include—

1 “(I) the 10 top-priority inpatient
2 health care facilities;
3 “(II) the 10 top-priority out-
4 patient health care facilities;
5 “(III) the 10 top-priority special-
6 ized health care facilities (such as
7 long-term care and alcohol and drug
8 abuse treatment);
9 “(IV) the 10 top-priority staff
10 quarters developments associated with
11 health care facilities; and
12 “(V) the 10 top-priority hostels
13 associated with health care facilities.
14 “(iii) The justification for such order
15 of priority.
16 “(iv) The projected cost of such
17 projects.
18 “(v) The methodology adopted by the
19 Service in establishing priorities under its
20 health care facility priority system.
21 “(3) REQUIREMENTS FOR PREPARATION OF RE-
22 PORTS.—In preparing the report required under
23 paragraph (2), the Secretary shall—
24 “(A) consult with and obtain information
25 on all health care facilities needs from Indian

1 Tribes, Tribal Organizations, and Urban Indian
2 Organizations; and
3 "(B) review the total unmet needs of all
4 Indian Tribes, Tribal Organizations, and Urban
5 Indian Organizations for health care facilities
6 (including hostels and staff quarters), including
7 needs for renovation and expansion of existing
8 facilities.
9 "(d) REVIEW OF METHODOLOGY USED FOR HEALTH
10 FACILITIES CONSTRUCTION PRIORITY SYSTEM.—
11 "(1) IN GENERAL.—Not later than 1 year after
12 the establishment of the priority system under sub-
13 section (c)(1)(A), the Comptroller General of the
14 United States shall prepare and finalize a report re-
15 viewing the methodologies applied, and the processes
16 followed, by the Service in making each assessment
17 of needs for the list under subsection (c)(2)(A)(ii)
18 and developing the priority system under subsection
19 (c)(1), including a review of—
20 "(A) the recommendations of the Facilities
21 Appropriation Advisory Board and the Facili-
22 ties Needs Assessment Workgroup (as those
23 terms are defined in subsection (c)(2)(A)(i));
24 and

1 “(B) the relevant criteria used in ranking
2 or prioritizing facilities other than hospitals or
3 clinics.
4 “(2) SUBMISSION TO CONGRESS.—The Comp-
5 troller General of the United States shall submit the
6 report under paragraph (1) to—
7 “(A) the Committees on Indian Affairs and
8 Appropriations of the Senate;
9 “(B) the Committees on Natural Re-
10 sources and Appropriations of the House of
11 Representatives; and
12 “(C) the Secretary.
13 “(e) FUNDING CONDITION.—All funds appropriated
14 under the Act of November 2, 1921 (25 U.S.C. 13) (com-
15 monly known as the ‘Snyder Act’), for the planning, de-
16 sign, construction, or renovation of health facilities for the
17 benefit of 1 or more Indian Tribes shall be subject to the
18 provisions of the Indian Self-Determination and Edu-
19 cation Assistance Act (25 U.S.C. 450 et seq.).
20 “(f) DEVELOPMENT OF INNOVATIVE APPROACHES.—
21 The Secretary shall consult and cooperate with Indian
22 Tribes, Tribal Organizations, and Urban Indian Organiza-
23 tions in developing innovative approaches to address all
24 or part of the total unmet need for construction of health

facilities, including those provided for in other sections of this title and other approaches.

"SEC. 302. SANITATION FACILITIES.

"(a) FINDINGS.—Congress finds the following:

"(1) The provision of sanitation facilities is primarily a health consideration and function.

"(2) Indian people suffer an inordinately high incidence of disease, injury, and illness directly attributable to the absence or inadequacy of sanitation facilities.

"(3) The long-term cost to the United States of treating and curing such disease, injury, and illness is substantially greater than the short-term cost of providing sanitation facilities and other preventive health measures.

"(4) Many Indian homes and Indian communities still lack sanitation facilities.

"(5) It is in the interest of the United States, and it is the policy of the United States, that all Indian communities and Indian homes, new and existing, be provided with sanitation facilities.

"(b) FACILITIES AND SERVICES.—In furtherance of the findings made in subsection (a), Congress reaffirms the primary responsibility and authority of the Service to provide the necessary sanitation facilities and services as

1 provided in section 7 of the Act of August 5, 1954 (42
2 U.S.C. 2004a). Under such authority, the Secretary, act-
3 ing through the Service, is authorized to provide the fol-
4 lowing:

5 ''(1) Financial and technical assistance to In-
6 dian Tribes, Tribal Organizations, and Indian com-
7 munities in the establishment, training, and equip-
8 ping of utility organizations to operate and maintain
9 sanitation facilities, including the provision of exist-
10 ing plans, standard details, and specifications avail-
11 able in the Department, to be used at the option of
12 the Indian Tribe, Tribal Organization, or Indian
13 community.

14 ''(2) Ongoing technical assistance and training
15 to Indian Tribes, Tribal Organizations, and Indian
16 communities in the management of utility organiza-
17 tions which operate and maintain sanitation facili-
18 ties.

19 ''(3) Priority funding for operation and mainte-
20 nance assistance for, and emergency repairs to, sani-
21 tation facilities operated by an Indian Tribe, Tribal
22 Organization or Indian community when necessary
23 to avoid an imminent health threat or to protect the
24 investment in sanitation facilities and the investment

1 in the health benefits gained through the provision
2 of sanitation facilities.

3 "(c) FUNDING.—Notwithstanding any other provi-
4 sion of law—

5 "(1) the Secretary of Housing and Urban De-
6 velopment is authorized to transfer funds appro-
7 priated under the Native American Housing Assist-
8 ance and Self-Determination Act of 1996 (25 U.S.C.
9 4101 et seq.) to the Secretary of Health and Human
10 Services;

11 "(2) the Secretary of Health and Human Serv-
12 ices is authorized to accept and use such funds for
13 the purpose of providing sanitation facilities and
14 services for Indians under section 7 of the Act of
15 August 5, 1954 (42 U.S.C. 2004a);

16 "(3) unless specifically authorized when funds
17 are appropriated, the Secretary shall not use funds
18 appropriated under section 7 of the Act of August
19 5, 1954 (42 U.S.C. 2004a), to provide sanitation fa-
20 cilities to new homes constructed using funds pro-
21 vided by the Department of Housing and Urban De-
22 velopment;

23 "(4) the Secretary of Health and Human Serv-
24 ices is authorized to accept from any source, includ-
25 ing Federal and State agencies, funds for the pur-

1 pose of providing sanitation facilities and services
2 and place these funds into contracts or compacts
3 under the Indian Self-Determination and Education
4 Assistance Act (25 U.S.C. 450 et seq.);
5 ‘‘(5) except as otherwise prohibited by this sec-
6 tion, the Secretary may use funds appropriated
7 under the authority of section 7 of the Act of Au-
8 gust 5, 1954 (42 U.S.C. 2004a), to fund up to 100
9 percent of the amount of an Indian Tribe’s loan ob-
10 tained under any Federal program for new projects
11 to construct eligible sanitation facilities to serve In-
12 dian homes;
13 ‘‘(6) except as otherwise prohibited by this sec-
14 tion, the Secretary may use funds appropriated
15 under the authority of section 7 of the Act of Au-
16 gust 5, 1954 (42 U.S.C. 2004a) to meet matching
17 or cost participation requirements under other Fed-
18 eral and non-Federal programs for new projects to
19 construct eligible sanitation facilities;
20 ‘‘(7) all Federal agencies are authorized to
21 transfer to the Secretary funds identified, granted,
22 loaned, or appropriated whereby the Department’s
23 applicable policies, rules, and regulations shall apply
24 in the implementation of such projects;

1 “(8) the Secretary of Health and Human Serv-
2 ices shall enter into interagency agreements with
3 Federal and State agencies for the purpose of pro-
4 viding financial assistance for sanitation facilities
5 and services under this Act;

6 “(9) the Secretary of Health and Human Serv-
7 ices shall, by regulation, establish standards applica-
8 ble to the planning, design, and construction of sani-
9 tation facilities funded under this Act; and

10 “(10) the Secretary of Health and Human
11 Services is authorized to accept payments for goods
12 and services furnished by the Service from appro-
13 priate public authorities, nonprofit organizations or
14 agencies, or Indian Tribes, as contributions by that
15 authority, organization, agency, or tribe to agree-
16 ments made under section 7 of the Act of August 5,
17 1954 (42 U.S.C. 2004a), and such payments shall
18 be credited to the same or subsequent appropriation
19 account as funds appropriated under the authority
20 of section 7 of the Act of August 5, 1954 (42 U.S.C.
21 2004a).

22 “(d) CERTAIN CAPABILITIES NOT PREREQUISITE.—
23 The financial and technical capability of an Indian Tribe,
24 Tribal Organization, or Indian community to safely oper-
25 ate, manage, and maintain a sanitation facility shall not

1 be a prerequisite to the provision or construction of sanita-
2 tion facilities by the Secretary.

3 "(e) FINANCIAL ASSISTANCE.—The Secretary is au-
4 thorized to provide financial assistance to Indian Tribes,
5 Tribal Organizations, and Indian communities for oper-
6 ation, management, and maintenance of their sanitation
7 facilities.

8 "(f) OPERATION, MANAGEMENT, AND MAINTENANCE
9 OF FACILITIES.—The Indian Tribe has the primary re-
10 sponsibility to establish, collect, and use reasonable user
11 fees, or otherwise set aside funding, for the purpose of
12 operating, managing, and maintaining sanitation facilities.
13 If a sanitation facility serving a community that is oper-
14 ated by an Indian Tribe or Tribal Organization is threat-
15 ened with imminent failure and such operator lacks capac-
16 ity to maintain the integrity or the health benefits of the
17 sanitation facility, then the Secretary is authorized to as-
18 sist the Indian Tribe, Tribal Organization, or Indian com-
19 munity in the resolution of the problem on a short-term
20 basis through cooperation with the emergency coordinator
21 or by providing operation, management, and maintenance
22 service.

23 "(g) ISDEAA PROGRAM FUNDED ON EQUAL
24 BASIS.—Tribal Health Programs shall be eligible (on an

1 equal basis with programs that are administered directly
2 by the Service) for—
3 “(1) any funds appropriated pursuant to this
4 section; and
5 “(2) any funds appropriated for the purpose of
6 providing sanitation facilities.
7 “(h) REPORT.—
8 “(1) REQUIRED; CONTENTS.—The Secretary, in
9 consultation with the Secretary of Housing and
10 Urban Development, Indian Tribes, Tribal Organiza-
11 tions, and tribally designated housing entities (as de-
12 fined in section 4 of the Native American Housing
13 Assistance and Self-Determination Act of 1996 (25
14 U.S.C. 4103)) shall submit to the President, for in-
15 clusion in the report required to be transmitted to
16 Congress under section 801, a report which sets
17 forth—
18 “(A) the current Indian sanitation facility
19 priority system of the Service;
20 “(B) the methodology for determining
21 sanitation deficiencies and needs;
22 “(C) the criteria on which the deficiencies
23 and needs will be evaluated;
24 “(D) the level of initial and final sanitation
25 deficiency for each type of sanitation facility for

1 each project of each Indian Tribe or Indian
2 community;
3 "(E) the amount and most effective use of
4 funds, derived from whatever source, necessary
5 to accommodate the sanitation facilities needs
6 of new homes assisted with funds under the
7 Native American Housing Assistance and Self-
8 Determination Act (25 U.S.C. 4101 et seq.),
9 and to reduce the identified sanitation defi-
10 ciency levels of all Indian Tribes and Indian
11 communities to level I sanitation deficiency as
12 defined in paragraph (3)(A); and
13 "(F) a 10-year plan to provide sanitation
14 facilities to serve existing Indian homes and In-
15 dian communities and new and renovated In-
16 dian homes.
17 "(2) UNIFORM METHODOLOGY.—The method-
18 ology used by the Secretary in determining, pre-
19 paring cost estimates for, and reporting sanitation
20 deficiencies for purposes of paragraph (1) shall be
21 applied uniformly to all Indian Tribes and Indian
22 communities.
23 "(3) SANITATION DEFICIENCY LEVELS.—For
24 purposes of this subsection, the sanitation deficiency
25 levels for an individual, Indian Tribe, or Indian com-

1 munity sanitation facility to serve Indian homes are
2 determined as follows:
3 ''(A) A level I deficiency exists if a sanita-
4 tion facility serving an individual, Indian Tribe,
5 or Indian community—
6 ''(i) complies with all applicable water
7 supply, pollution control, and solid waste
8 disposal laws; and
9 ''(ii) deficiencies relate to routine re-
10 placement, repair, or maintenance needs.
11 ''(B) A level II deficiency exists if a sanita-
12 tion facility serving an individual, Indian Tribe,
13 or Indian community substantially or recently
14 complied with all applicable water supply, pollu-
15 tion control, and solid waste laws and any defi-
16 ciencies relate to—
17 ''(i) small or minor capital improve-
18 ments needed to bring the facility back
19 into compliance;
20 ''(ii) capital improvements that are
21 necessary to enlarge or improve the facili-
22 ties in order to meet the current needs for
23 domestic sanitation facilities; or
24 ''(iii) the lack of equipment or train-
25 ing by an Indian Tribe, Tribal Organiza-

1 tion, or an Indian community to properly
2 operate and maintain the sanitation facili-
3 ties.

4 "(C) A level III deficiency exists if a sani-
5 tation facility serving an individual, Indian
6 Tribe or Indian community meets 1 or more of
7 the following conditions—

8 "(i) water or sewer service in the
9 home is provided by a haul system with
10 holding tanks and interior plumbing;

11 "(ii) major significant interruptions to
12 water supply or sewage disposal occur fre-
13 quently, requiring major capital improve-
14 ments to correct the deficiencies; or

15 "(iii) there is no access to or no ap-
16 proved or permitted solid waste facility
17 available.

18 "(D) A level IV deficiency exists—

19 "(i) if a sanitation facility for an indi-
20 vidual home, an Indian Tribe, or an Indian
21 community exists but—

22 "(I) lacks—

23 "(aa) a safe water supply
24 system; or

1 "(bb) a waste disposal sys-
2 tem;
3 "(II) contains no piped water or
4 sewer facilities; or
5 "(III) has become inoperable due
6 to a major component failure; or
7 "(ii) if only a washeteria or central fa-
8 cility exists in the community.
9 "(E) A level V deficiency exists in the ab-
10 sence of a sanitation facility, where individual
11 homes do not have access to safe drinking
12 water or adequate wastewater (including sew-
13 age) disposal.
14 "(i) DEFINITIONS.—For purposes of this section, the
15 following terms apply:
16 "(1) INDIAN COMMUNITY.—The term 'Indian
17 community' means a geographic area, a significant
18 proportion of whose inhabitants are Indians and
19 which is served by or capable of being served by a
20 facility described in this section.
21 "(2) SANITATION FACILITIES.—The terms
22 'sanitation facility' and 'sanitation facilities' mean
23 safe and adequate water supply systems, sanitary
24 sewage disposal systems, and sanitary solid waste

systems (and all related equipment and support infrastructure).

"SEC. 303. PREFERENCE TO INDIANS AND INDIAN FIRMS.

"(a) BUY INDIAN ACT.—The Secretary, acting through the Service, may use the negotiating authority of section 23 of the Act of June 25, 1910 (25 U.S.C. 47, commonly known as the 'Buy Indian Act'), to give preference to any Indian or any enterprise, partnership, corporation, or other type of business organization owned and controlled by an Indian or Indians including former or currently federally recognized Indian Tribes in the State of New York (hereinafter referred to as an 'Indian firm') in the construction and renovation of Service facilities pursuant to section 301 and in the construction of sanitation facilities pursuant to section 302. Such preference may be accorded by the Secretary unless the Secretary finds, pursuant to regulations, that the project or function to be contracted for will not be satisfactory or such project or function cannot be properly completed or maintained under the proposed contract. The Secretary, in arriving at such a finding, shall consider whether the Indian or Indian firm will be deficient with respect to—

"(1) ownership and control by Indians;

"(2) equipment;

"(3) bookkeeping and accounting procedures;

1 "(4) substantive knowledge of the project or
2 function to be contracted for;
3 "(5) adequately trained personnel; or
4 "(6) other necessary components of contract
5 performance.
6 "(b) LABOR STANDARDS.—For the purposes of im-
7 plementing the provisions of this title, contracts for the
8 construction or renovation of health care facilities, staff
9 quarters, and sanitation facilities, and related support in-
10 frastructure, funded in whole or in part with funds made
11 available pursuant to this title, shall contain a provision
12 requiring compliance with subchapter IV of chapter 31 of
13 title 40, United States Code (commonly known as the
14 'Davis-Bacon Act').

15 **"SEC. 304. EXPENDITURE OF NON-SERVICE FUNDS FOR**
16 **RENOVATION.**

17 "(a) IN GENERAL.—Notwithstanding any other pro-
18 vision of law, if the requirements of subsection (c) are met,
19 the Secretary, acting through the Service, is authorized
20 to accept any major expansion, renovation, or moderniza-
21 tion by any Indian Tribe or Tribal Organization of any
22 Service facility or of any other Indian health facility oper-
23 ated pursuant to a contract or compact under the Indian
24 Self-Determination and Education Assistance Act (25
25 U.S.C. 450 et seq.), including—

1 "(1) any plans or designs for such expansion,
2 renovation, or modernization; and
3 "(2) any expansion, renovation, or moderniza-
4 tion for which funds appropriated under any Federal
5 law were lawfully expended.
6 "(b) PRIORITY LIST.—
7 "(1) IN GENERAL.—The Secretary shall main-
8 tain a separate priority list to address the needs for
9 increased operating expenses, personnel, or equip-
10 ment for such facilities. The methodology for estab-
11 lishing priorities shall be developed through regula-
12 tions. The list of priority facilities will be revised an-
13 nually in consultation with Indian Tribes and Tribal
14 Organizations.
15 "(2) REPORT.—The Secretary shall submit to
16 the President, for inclusion in the report required to
17 be transmitted to Congress under section 801, the
18 priority list maintained pursuant to paragraph (1).
19 "(c) REQUIREMENTS.—The requirements of this sub-
20 section are met with respect to any expansion, renovation,
21 or modernization if—
22 "(1) the Indian Tribe or Tribal Organization—
23 "(A) provides notice to the Secretary of its
24 intent to expand, renovate, or modernize; and

1 "(B) applies to the Secretary to be placed
2 on a separate priority list to address the needs
3 of such new facilities for increased operating ex-
4 penses, personnel, or equipment; and
5 "(2) the expansion, renovation, or moderniza-
6 tion—
7 "(A) is approved by the appropriate area
8 director of the Service for Federal facilities; and
9 "(B) is administered by the Indian Tribe
10 or Tribal Organization in accordance with any
11 applicable regulations prescribed by the Sec-
12 retary with respect to construction or renova-
13 tion of Service facilities.
14 "(d) ADDITIONAL REQUIREMENT FOR EXPANSION.—
15 In addition to the requirements under subsection (c), for
16 any expansion, the Indian Tribe or Tribal Organization
17 shall provide to the Secretary additional information pur-
18 suant to regulations, including additional staffing, equip-
19 ment, and other costs associated with the expansion.
20 "(e) CLOSURE OR CONVERSION OF FACILITIES.—If
21 any Service facility which has been expanded, renovated,
22 or modernized by an Indian Tribe or Tribal Organization
23 under this section ceases to be used as a Service facility
24 during the 20-year period beginning on the date such ex-
25 pansion, renovation, or modernization is completed, such

1 Indian Tribe or Tribal Organization shall be entitled to
2 recover from the United States an amount which bears
3 the same ratio to the value of such facility at the time
4 of such cessation as the value of such expansion, renova-
5 tion, or modernization (less the total amount of any funds
6 provided specifically for such facility under any Federal
7 program that were expended for such expansion, renova-
8 tion, or modernization) bore to the value of such facility
9 at the time of the completion of such expansion, renova-
10 tion, or modernization.

11 **"SEC. 305. FUNDING FOR THE CONSTRUCTION, EXPANSION,**
12 **AND MODERNIZATION OF SMALL AMBULA-**
13 **TORY CARE FACILITIES.**

14 "(a) GRANTS.—

15 "(1) IN GENERAL.—The Secretary, acting
16 through the Service, shall make grants to Indian
17 Tribes and Tribal Organizations for the construc-
18 tion, expansion, or modernization of facilities for the
19 provision of ambulatory care services to eligible Indi-
20 ans (and noneligible persons pursuant to subsections
21 (b)(2) and (c)(1)(C)). A grant made under this sec-
22 tion may cover up to 100 percent of the costs of
23 such construction, expansion, or modernization. For
24 the purposes of this section, the term 'construction'
25 includes the replacement of an existing facility.

1 "(2) GRANT AGREEMENT REQUIRED.—A grant
2 under paragraph (1) may only be made available to
3 a Tribal Health Program operating an Indian health
4 facility (other than a facility owned or constructed
5 by the Service, including a facility originally owned
6 or constructed by the Service and transferred to an
7 Indian Tribe or Tribal Organization).
8 "(b) USE OF GRANT FUNDS.—
9 "(1) ALLOWABLE USES.—A grant awarded
10 under this section may be used for the construction,
11 expansion, or modernization (including the planning
12 and design of such construction, expansion, or mod-
13 ernization) of an ambulatory care facility—
14 "(A) located apart from a hospital;
15 "(B) not funded under section 301 or sec-
16 tion 306; and
17 "(C) which, upon completion of such con-
18 struction or modernization will—
19 "(i) have a total capacity appropriate
20 to its projected service population;
21 "(ii) provide annually no fewer than
22 150 patient visits by eligible Indians and
23 other users who are eligible for services in
24 such facility in accordance with section
25 807(c)(2); and

1 "(iii) provide ambulatory care in a
2 Service Area (specified in the contract or
3 compact under the Indian Self-Determina-
4 tion and Education Assistance Act (25
5 U.S.C. 450 et seq.)) with a population of
6 no fewer than 1,500 eligible Indians and
7 other users who are eligible for services in
8 such facility in accordance with section
9 807(c)(2).

10 "(2) ADDITIONAL ALLOWABLE USE.—The Sec-
11 retary may also reserve a portion of the funding pro-
12 vided under this section and use those reserved
13 funds to reduce an outstanding debt incurred by In-
14 dian Tribes or Tribal Organizations for the con-
15 struction, expansion, or modernization of an ambula-
16 tory care facility that meets the requirements under
17 paragraph (1). The provisions of this section shall
18 apply, except that such applications for funding
19 under this paragraph shall be considered separately
20 from applications for funding under paragraph (1).

21 "(3) USE ONLY FOR CERTAIN PORTION OF
22 COSTS.—A grant provided under this section may be
23 used only for the cost of that portion of a construc-
24 tion, expansion, or modernization project that bene-
25 fits the Service population identified above in sub-

1 section (b)(1)(C) (ii) and (iii). The requirements of
2 clauses (ii) and (iii) of paragraph (1)(C) shall not
3 apply to an Indian Tribe or Tribal Organization ap-
4 plying for a grant under this section for a health
5 care facility located or to be constructed on an is-
6 land or when such facility is not located on a road
7 system providing direct access to an inpatient hos-
8 pital where care is available to the Service popu-
9 lation.

10 ''(c) GRANTS.—

11 ''(1) APPLICATION.—No grant may be made
12 under this section unless an application or proposal
13 for the grant has been approved by the Secretary in
14 accordance with applicable regulations and has set
15 forth reasonable assurance by the applicant that, at
16 all times after the construction, expansion, or mod-
17 ernization of a facility carried out using a grant re-
18 ceived under this section—

19 ''(A) adequate financial support will be
20 available for the provision of services at such
21 facility;

22 ''(B) such facility will be available to eligi-
23 ble Indians without regard to ability to pay or
24 source of payment; and

1 "(C) such facility will, as feasible without
2 diminishing the quality or quantity of services
3 provided to eligible Indians, serve noneligible
4 persons on a cost basis.

5 "(2) PRIORITY.—In awarding grants under this
6 section, the Secretary shall give priority to Indian
7 Tribes and Tribal Organizations that demonstrate—

8 "(A) a need for increased ambulatory care
9 services; and

10 "(B) insufficient capacity to deliver such
11 services.

12 "(3) PEER REVIEW PANELS.—The Secretary
13 may provide for the establishment of peer review
14 panels, as necessary, to review and evaluate applica-
15 tions and proposals and to advise the Secretary re-
16 garding such applications using the criteria devel-
17 oped pursuant to subsection (a)(1).

18 "(d) REVERSION OF FACILITIES.—If any facility (or
19 portion thereof) with respect to which funds have been
20 paid under this section, ceases, at any time after comple-
21 tion of the construction, expansion, or modernization car-
22 ried out with such funds, to be used for the purposes of
23 providing health care services to eligible Indians, all of the
24 right, title, and interest in and to such facility (or portion
25 thereof) shall transfer to the United States unless other-

1 wise negotiated by the Service and the Indian Tribe or
2 Tribal Organization.
3 "(e) FUNDING NONRECURRING.—Funding provided
4 under this section shall be nonrecurring and shall not be
5 available for inclusion in any individual Indian Tribe's
6 tribal share for an award under the Indian Self-Deter-
7 mination and Education Assistance Act (25 U.S.C. 450
8 et seq.) or for reallocation or redesign thereunder.

9 **"SEC. 306. INDIAN HEALTH CARE DELIVERY DEMONSTRA-**
10 **TION PROJECT.**

11 "(a) HEALTH CARE DEMONSTRATION PROJECTS.—
12 The Secretary, acting through the Service, is authorized
13 to enter into contracts under the Indian Self-Determina-
14 tion and Education Assistance Act (25 U.S.C. 450 et seq.)
15 with Indian Tribes or Tribal Organizations for the pur-
16 pose of carrying out a health care delivery demonstration
17 project to test alternative means of delivering health care
18 and services to Indians through facilities.
19 "(b) USE OF FUNDS.—The Secretary, in approving
20 projects pursuant to this section, may authorize such con-
21 tracts for the construction and renovation of hospitals,
22 health centers, health stations, and other facilities to de-
23 liver health care services and is authorized to—
24 "(1) waive any leasing prohibition;

1 ''(2) permit carryover of funds appropriated for
2 the provision of health care services;
3 ''(3) permit the use of other available funds;
4 ''(4) permit the use of funds or property do-
5 nated from any source for project purposes;
6 ''(5) provide for the reversion of donated real or
7 personal property to the donor; and
8 ''(6) permit the use of Service funds to match
9 other funds, including Federal funds.
10 ''(c) REGULATIONS.—The Secretary shall develop
11 and promulgate regulations, not later than 1 year after
12 the date of enactment of the Indian Health Care Improve-
13 ment Act Amendments of 2007, for the review and ap-
14 proval of applications submitted under this section.
15 ''(d) CRITERIA.—The Secretary may approve projects
16 that meet the following criteria:
17 ''(1) There is a need for a new facility or pro-
18 gram or the reorientation of an existing facility or
19 program.
20 ''(2) A significant number of Indians, including
21 those with low health status, will be served by the
22 project.
23 ''(3) The project has the potential to deliver
24 services in an efficient and effective manner.
25 ''(4) The project is economically viable.

1 "(5) The Indian Tribe or Tribal Organization
2 has the administrative and financial capability to ad-
3 minister the project.

4 "(6) The project is integrated with providers of
5 related health and social services and is coordinated
6 with, and avoids duplication of, existing services.

7 "(e) PEER REVIEW PANELS.—The Secretary may
8 provide for the establishment of peer review panels, as nec-
9 essary, to review and evaluate applications using the cri-
10 teria developed pursuant to subsection (d).

11 "(f) PRIORITY.—The Secretary shall give priority to
12 applications for demonstration projects in each of the fol-
13 lowing Service Units to the extent that such applications
14 are timely filed and meet the criteria specified in sub-
15 section (d):

16 "(1) Cass Lake, Minnesota.

17 "(2) Mescalero, New Mexico.

18 "(3) Owyhee, Nevada.

19 "(4) Schurz, Nevada.

20 "(5) Ft. Yuma, California.

21 "(g) TECHNICAL ASSISTANCE.—The Secretary shall
22 provide such technical and other assistance as may be nec-
23 essary to enable applicants to comply with the provisions
24 of this section.

1 "(h) SERVICE TO INELIGIBLE PERSONS.—Subject to
2 section 807, the authority to provide services to persons
3 otherwise ineligible for the health care benefits of the
4 Service and the authority to extend hospital privileges in
5 Service facilities to non-Service health practitioners as
6 provided in section 807 may be included, subject to the
7 terms of such section, in any demonstration project ap-
8 proved pursuant to this section.

9 "(i) EQUITABLE TREATMENT.—For purposes of sub-
10 section (d)(1), the Secretary shall, in evaluating facilities
11 operated under any contract or compact under the Indian
12 Self-Determination and Education Assistance Act (25
13 U.S.C. 450 et seq.), use the same criteria that the Sec-
14 retary uses in evaluating facilities operated directly by the
15 Service.

16 "(j) EQUITABLE INTEGRATION OF FACILITIES.—The
17 Secretary shall ensure that the planning, design, construc-
18 tion, renovation, and expansion needs of Service and non-
19 Service facilities which are the subject of a contract or
20 compact under the Indian Self-Determination and Edu-
21 cation Assistance Act (25 U.S.C. 450 et seq.) for health
22 services are fully and equitably integrated into the imple-
23 mentation of the health care delivery demonstration
24 projects under this section.

1 **"SEC. 307. LAND TRANSFER.**

2 "Notwithstanding any other provision of law, the Bu-
3 reau of Indian Affairs and all other agencies and depart-
4 ments of the United States are authorized to transfer, at
5 no cost, land and improvements to the Service for the pro-
6 vision of health care services. The Secretary is authorized
7 to accept such land and improvements for such purposes.

8 **"SEC. 308. LEASES, CONTRACTS, AND OTHER AGREEMENTS.**

9 "The Secretary, acting through the Service, may
10 enter into leases, contracts, and other agreements with In-
11 dian Tribes and Tribal Organizations which hold (1) title
12 to, (2) a leasehold interest in, or (3) a beneficial interest
13 in (when title is held by the United States in trust for
14 the benefit of an Indian Tribe) facilities used or to be used
15 for the administration and delivery of health services by
16 an Indian Health Program. Such leases, contracts, or
17 agreements may include provisions for construction or ren-
18 ovation and provide for compensation to the Indian Tribe
19 or Tribal Organization of rental and other costs consistent
20 with section 105(l) of the Indian Self-Determination and
21 Education Assistance Act (25 U.S.C. 450j(l)) and regula-
22 tions thereunder.

23 **"SEC. 309. STUDY ON LOANS, LOAN GUARANTEES, AND**
24 **LOAN REPAYMENT.**

25 "(a) IN GENERAL.—The Secretary, in consultation
26 with the Secretary of the Treasury, Indian Tribes, and

1 Tribal Organizations, shall carry out a study to determine
2 the feasibility of establishing a loan fund to provide to In-
3 dian Tribes and Tribal Organizations direct loans or guar-
4 antees for loans for the construction of health care facili-
5 ties, including—
6 ''(1) inpatient facilities;
7 ''(2) outpatient facilities;
8 ''(3) staff quarters;
9 ''(4) hostels; and
10 ''(5) specialized care facilities, such as behav-
11 ioral health and elder care facilities.
12 ''(b) DETERMINATIONS.—In carrying out the study
13 under subsection (a), the Secretary shall determine—
14 ''(1) the maximum principal amount of a loan
15 or loan guarantee that should be offered to a recipi-
16 ent from the loan fund;
17 ''(2) the percentage of eligible costs, not to ex-
18 ceed 100 percent, that may be covered by a loan or
19 loan guarantee from the loan fund (including costs
20 relating to planning, design, financing, site land de-
21 velopment, construction, rehabilitation, renovation,
22 conversion, improvements, medical equipment and
23 furnishings, and other facility-related costs and cap-
24 ital purchase (but excluding staffing));

1 “(3) the cumulative total of the principal of di-
2 rect loans and loan guarantees, respectively, that
3 may be outstanding at any 1 time;

4 “(4) the maximum term of a loan or loan guar-
5 antee that may be made for a facility from the loan
6 fund;

7 “(5) the maximum percentage of funds from
8 the loan fund that should be allocated for payment
9 of costs associated with planning and applying for a
10 loan or loan guarantee;

11 “(6) whether acceptance by the Secretary of an
12 assignment of the revenue of an Indian Tribe or
13 Tribal Organization as security for any direct loan
14 or loan guarantee from the loan fund would be ap-
15 propriate;

16 “(7) whether, in the planning and design of
17 health facilities under this section, users eligible
18 under section 807(c) may be included in any projec-
19 tion of patient population;

20 “(8) whether funds of the Service provided
21 through loans or loan guarantees from the loan fund
22 should be eligible for use in matching other Federal
23 funds under other programs;

1 “(9) the appropriateness of, and best methods
2 for, coordinating the loan fund with the health care
3 priority system of the Service under section 301; and
4 “(10) any legislative or regulatory changes re-
5 quired to implement recommendations of the Sec-
6 retary based on results of the study.
7 “(c) REPORT.—Not later than September 30, 2009,
8 the Secretary shall submit to the Committee on Indian Af-
9 fairs of the Senate and the Committee on Natural Re-
10 sources and the Committee on Energy and Commerce of
11 the House of Representatives a report that describes—
12 “(1) the manner of consultation made as re-
13 quired by subsection (a); and
14 “(2) the results of the study, including any rec-
15 ommendations of the Secretary based on results of
16 the study.

17 **“SEC. 310. TRIBAL LEASING.**

18 “A Tribal Health Program may lease permanent
19 structures for the purpose of providing health care services
20 without obtaining advance approval in appropriation Acts.

21 **“SEC. 311. INDIAN HEALTH SERVICE/TRIBAL FACILITIES**
22 **JOINT VENTURE PROGRAM.**

23 “(a) IN GENERAL.—The Secretary, acting through
24 the Service, shall make arrangements with Indian Tribes
25 and Tribal Organizations to establish joint venture dem-

1 onstration projects under which an Indian Tribe or Tribal
2 Organization shall expend tribal, private, or other avail-
3 able funds, for the acquisition or construction of a health
4 facility for a minimum of 10 years, under a no-cost lease,
5 in exchange for agreement by the Service to provide the
6 equipment, supplies, and staffing for the operation and
7 maintenance of such a health facility. An Indian Tribe or
8 Tribal Organization may use tribal funds, private sector,
9 or other available resources, including loan guarantees, to
10 fulfill its commitment under a joint venture entered into
11 under this subsection. An Indian Tribe or Tribal Organi-
12 zation shall be eligible to establish a joint venture project
13 if, when it submits a letter of intent, it—

14 ''(1) has begun but not completed the process
15 of acquisition or construction of a health facility to
16 be used in the joint venture project; or

17 ''(2) has not begun the process of acquisition or
18 construction of a health facility for use in the joint
19 venture project.

20 ''(b) REQUIREMENTS.—The Secretary shall make
21 such an arrangement with an Indian Tribe or Tribal Orga-
22 nization only if—

23 ''(1) the Secretary first determines that the In-
24 dian Tribe or Tribal Organization has the adminis-
25 trative and financial capabilities necessary to com-

plete the timely acquisition or construction of the relevant health facility; and

"(2) the Indian Tribe or Tribal Organization meets the need criteria determined using the criteria developed under the health care facility priority system under section 301, unless the Secretary determines, pursuant to regulations, that other criteria will result in a more cost-effective and efficient method of facilitating and completing construction of health care facilities.

"(c) CONTINUED OPERATION.—The Secretary shall negotiate an agreement with the Indian Tribe or Tribal Organization regarding the continued operation of the facility at the end of the initial 10 year no-cost lease period.

"(d) BREACH OF AGREEMENT.—An Indian Tribe or Tribal Organization that has entered into a written agreement with the Secretary under this section, and that breaches or terminates without cause such agreement, shall be liable to the United States for the amount that has been paid to the Indian Tribe or Tribal Organization, or paid to a third party on the Indian Tribe's or Tribal Organization's behalf, under the agreement. The Secretary has the right to recover tangible property (including supplies) and equipment, less depreciation, and any funds expended for operations and maintenance under this sec-

1 tion. The preceding sentence does not apply to any funds
2 expended for the delivery of health care services, per-
3 sonnel, or staffing.

4 ‘‘(e) RECOVERY FOR NONUSE.—An Indian Tribe or
5 Tribal Organization that has entered into a written agree-
6 ment with the Secretary under this subsection shall be en-
7 titled to recover from the United States an amount that
8 is proportional to the value of such facility if, at any time
9 within the 10-year term of the agreement, the Service
10 ceases to use the facility or otherwise breaches the agree-
11 ment.

12 ‘‘(f) DEFINITION.—For the purposes of this section,
13 the term ‘health facility’ or ‘health facilities’ includes
14 quarters needed to provide housing for staff of the rel-
15 evant Tribal Health Program.

16 **‘‘SEC. 312. LOCATION OF FACILITIES.**

17 ‘‘(a) IN GENERAL.—In all matters involving the reor-
18 ganization or development of Service facilities or in the
19 establishment of related employment projects to address
20 unemployment conditions in economically depressed areas,
21 the Bureau of Indian Affairs and the Service shall give
22 priority to locating such facilities and projects on Indian
23 lands, or lands in Alaska owned by any Alaska Native vil-
24 lage, or village or regional corporation under the Alaska
25 Native Claims Settlement Act (43 U.S.C. 1601 et seq.),

1 or any land allotted to any Alaska Native, if requested
2 by the Indian owner and the Indian Tribe with jurisdiction
3 over such lands or other lands owned or leased by the In-
4 dian Tribe or Tribal Organization. Top priority shall be
5 given to Indian land owned by 1 or more Indian Tribes.
6 ''(b) DEFINITION.—For purposes of this section, the
7 term 'Indian lands' means—
8 ''(1) all lands within the exterior boundaries of
9 any reservation; and
10 ''(2) any lands title to which is held in trust by
11 the United States for the benefit of any Indian
12 Tribe or individual Indian or held by any Indian
13 Tribe or individual Indian subject to restriction by
14 the United States against alienation.

15 **''SEC. 313. MAINTENANCE AND IMPROVEMENT OF HEALTH**
16 **CARE FACILITIES.**

17 ''(a) REPORT.—The Secretary shall submit to the
18 President, for inclusion in the report required to be trans-
19 mitted to Congress under section 801, a report which iden-
20 tifies the backlog of maintenance and repair work required
21 at both Service and tribal health care facilities, including
22 new health care facilities expected to be in operation in
23 the next fiscal year. The report shall also identify the need
24 for renovation and expansion of existing facilities to sup-
25 port the growth of health care programs.

"(b) MAINTENANCE OF NEWLY CONSTRUCTED SPACE.—The Secretary, acting through the Service, is authorized to expend maintenance and improvement funds to support maintenance of newly constructed space only if such space falls within the approved supportable space allocation for the Indian Tribe or Tribal Organization. Supportable space allocation shall be defined through the health care facility priority system under section 301(c).

"(c) REPLACEMENT FACILITIES.—In addition to using maintenance and improvement funds for renovation, modernization, and expansion of facilities, an Indian Tribe or Tribal Organization may use maintenance and improvement funds for construction of a replacement facility if the costs of renovation of such facility would exceed a maximum renovation cost threshold. The maximum renovation cost threshold shall be determined through the negotiated rulemaking process provided for under section 802.

"SEC. 314. TRIBAL MANAGEMENT OF FEDERALLY-OWNED QUARTERS.

"(a) RENTAL RATES.—

"(1) ESTABLISHMENT.—Notwithstanding any other provision of law, a Tribal Health Program which operates a hospital or other health facility and the federally-owned quarters associated therewith

1 pursuant to a contract or compact under the Indian
2 Self-Determination and Education Assistance Act
3 (25 U.S.C. 450 et seq.) shall have the authority to
4 establish the rental rates charged to the occupants
5 of such quarters by providing notice to the Secretary
6 of its election to exercise such authority.

7 "(2) OBJECTIVES.—In establishing rental rates
8 pursuant to authority of this subsection, a Tribal
9 Health Program shall endeavor to achieve the fol-
10 lowing objectives:

11 "(A) To base such rental rates on the rea-
12 sonable value of the quarters to the occupants
13 thereof.

14 "(B) To generate sufficient funds to pru-
15 dently provide for the operation and mainte-
16 nance of the quarters, and subject to the discre-
17 tion of the Tribal Health Program, to supply
18 reserve funds for capital repairs and replace-
19 ment of the quarters.

20 "(3) EQUITABLE FUNDING.—Any quarters
21 whose rental rates are established by a Tribal
22 Health Program pursuant to this subsection shall
23 remain eligible for quarters improvement and repair
24 funds to the same extent as all federally-owned quar-

1 ters used to house personnel in Services-supported
2 programs.
3 "(4) NOTICE OF RATE CHANGE.—A Tribal
4 Health Program which exercises the authority pro-
5 vided under this subsection shall provide occupants
6 with no less than 60 days notice of any change in
7 rental rates.
8 "(b) DIRECT COLLECTION OF RENT.—
9 "(1) IN GENERAL.—Notwithstanding any other
10 provision of law, and subject to paragraph (2), a
11 Tribal Health Program shall have the authority to
12 collect rents directly from Federal employees who oc-
13 cupy such quarters in accordance with the following:
14 "(A) The Tribal Health Program shall no-
15 tify the Secretary and the subject Federal em-
16 ployees of its election to exercise its authority
17 to collect rents directly from such Federal em-
18 ployees.
19 "(B) Upon receipt of a notice described in
20 subparagraph (A), the Federal employees shall
21 pay rents for occupancy of such quarters di-
22 rectly to the Tribal Health Program and the
23 Secretary shall have no further authority to col-
24 lect rents from such employees through payroll
25 deduction or otherwise.

1 "(C) Such rent payments shall be retained
2 by the Tribal Health Program and shall not be
3 made payable to or otherwise be deposited with
4 the United States.

5 "(D) Such rent payments shall be depos-
6 ited into a separate account which shall be used
7 by the Tribal Health Program for the mainte-
8 nance (including capital repairs and replace-
9 ment) and operation of the quarters and facili-
10 ties as the Tribal Health Program shall deter-
11 mine.

12 "(2) RETROCESSION OF AUTHORITY.—If a
13 Tribal Health Program which has made an election
14 under paragraph (1) requests retrocession of its au-
15 thority to directly collect rents from Federal employ-
16 ees occupying federally-owned quarters, such ret-
17 rocession shall become effective on the earlier of—

18 "(A) the first day of the month that begins
19 no less than 180 days after the Tribal Health
20 Program notifies the Secretary of its desire to
21 retrocede; or

22 "(B) such other date as may be mutually
23 agreed by the Secretary and the Tribal Health
24 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
4 quarters provided to a Federal employee in Alaska, such
5 rents may be based on the cost of comparable private rent-
6 al housing in the nearest established community with a
7 year-round population of 1,500 or more individuals.

8 **"SEC. 315. APPLICABILITY OF BUY AMERICAN ACT RE-**
9 **QUIREMENT.**

10 "(a) APPLICABILITY.—The Secretary shall ensure
11 that the requirements of the Buy American Act apply to
12 all procurements made with funds provided pursuant to
13 section 317. Indian Tribes and Tribal Organizations shall
14 be exempt from these requirements.

15 "(b) EFFECT OF VIOLATION.—If it has been finally
16 determined by a court or Federal agency that any person
17 intentionally affixed a label bearing a 'Made in America'
18 inscription or any inscription with the same meaning, to
19 any product sold in or shipped to the United States that
20 is not made in the United States, such person shall be
21 ineligible to receive any contract or subcontract made with
22 funds provided pursuant to section 317, pursuant to the
23 debarment, suspension, and ineligibility procedures de-
24 scribed in sections 9.400 through 9.409 of title 48, Code
25 of Federal Regulations.

1 "(c) DEFINITIONS.—For purposes of this section, the
2 term 'Buy American Act' means title III of the Act enti-
3 tled 'An Act making appropriations for the Treasury and
4 Post Office Departments for the fiscal year ending June
5 30, 1934, and for other purposes', approved March 3,
6 1933 (41 U.S.C. 10a et seq.).

7 **"SEC. 316. OTHER FUNDING FOR FACILITIES.**

8 "(a) AUTHORITY TO ACCEPT FUNDS.—The Sec-
9 retary is authorized to accept from any source, including
10 Federal and State agencies, funds that are available for
11 the construction of health care facilities and use such
12 funds to plan, design, and construct health care facilities
13 for Indians and to place such funds into a contract or com-
14 pact under the Indian Self-Determination and Education
15 Assistance Act (25 U.S.C. 450 et seq.). Receipt of such
16 funds shall have no effect on the priorities established pur-
17 suant to section 301.

18 "(b) INTERAGENCY AGREEMENTS.—The Secretary is
19 authorized to enter into interagency agreements with
20 other Federal agencies or State agencies and other entities
21 and to accept funds from such Federal or State agencies
22 or other sources to provide for the planning, design, and
23 construction of health care facilities to be administered by
24 Indian Health Programs in order to carry out the pur-
25 poses of this Act and the purposes for which the funds

were appropriated or for which the funds were otherwise provided.

"(c) ESTABLISHMENT OF STANDARDS.—The Secretary, through the Service, shall establish standards by regulation for the planning, design, and construction of health care facilities serving Indians under this Act.

"SEC. 317. AUTHORIZATION OF APPROPRIATIONS.

"There are authorized to be appropriated such sums as may be necessary for each fiscal year through fiscal year 2017 to carry out this title.

"TITLE IV—ACCESS TO HEALTH SERVICES

"SEC. 401. TREATMENT OF PAYMENTS UNDER SOCIAL SECURITY ACT HEALTH BENEFITS PROGRAMS.

"(a) DISREGARD OF MEDICARE, MEDICAID, AND SCHIP PAYMENTS IN DETERMINING APPROPRIATIONS.—Any payments received by an Indian Health Program or by an Urban Indian Organization under title XVIII, XIX, or XXI of the Social Security Act for services provided to Indians eligible for benefits under such respective titles shall not be considered in determining appropriations for the provision of health care and services to Indians.

"(b) NONPREFERENTIAL TREATMENT.—Nothing in this Act authorizes the Secretary to provide services to an 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
6 PAYMENTS DUE TO FACILITIES.—Notwith-
7 standing any other provision of law, but subject
8 to paragraph (2), payments to which a facility
9 of the Service is entitled by reason of a provi-
10 sion of the Social Security Act shall be placed
11 in a special fund to be held by the Secretary.
12 In making payments from such fund, the Sec-
13 retary shall ensure that each Service Unit of
14 the Service receives 100 percent of the amount
15 to which the facilities of the Service, for which
16 such Service Unit makes collections, are enti-
17 tled by reason of a provision of the Social Secu-
18 rity Act.

19 "(B) USE OF FUNDS.—Amounts received
20 by a facility of the Service under subparagraph
21 (A) shall first be used (to such extent or in
22 such amounts as are provided in appropriation
23 Acts) for the purpose of making any improve-
24 ments in the programs of the Service operated
25 by or through such facility which may be nec-

1 essary to achieve or maintain compliance with
2 the applicable conditions and requirements of
3 titles XVIII and XIX of the Social Security
4 Act. Any amounts so received that are in excess
5 of the amount necessary to achieve or maintain
6 such conditions and requirements shall, subject
7 to consultation with the Indian Tribes being
8 served by the Service Unit, be used for reducing
9 the health resource deficiencies (as determined
10 under section 201(d)) of such Indian Tribes.

11 ''(2) DIRECT PAYMENT OPTION.—Paragraph
12 (1) shall not apply to a Tribal Health Program upon
13 the election of such Program under subsection (d) to
14 receive payments directly. No payment may be made
15 out of the special fund described in such paragraph
16 with respect to reimbursement made for services
17 provided by such Program during the period of such
18 election.

19 ''(d) DIRECT BILLING.—

20 ''(1) IN GENERAL.—Subject to complying with
21 the requirements of paragraph (2), a Tribal Health
22 Program may elect to directly bill for, and receive
23 payment for, health care items and services provided
24 by such Program for which payment is made under

1 title XVIII or XIX of the Social Security Act or
2 from any other third party payor.
3 "(2) DIRECT REIMBURSEMENT.—
4 "(A) USE OF FUNDS.—Each Tribal Health
5 Program making the election described in para-
6 graph (1) with respect to a program under a
7 title of the Social Security Act shall be reim-
8 bursed directly by that program for items and
9 services furnished without regard to subsection
10 (c)(1), but all amounts so reimbursed shall be
11 used by the Tribal Health Program for the pur-
12 pose of making any improvements in facilities
13 of the Tribal Health Program that may be nec-
14 essary to achieve or maintain compliance with
15 the conditions and requirements applicable gen-
16 erally to such items and services under the pro-
17 gram under such title and to provide additional
18 health care services, improvements in health
19 care facilities and Tribal Health Programs, any
20 health care related purpose, or otherwise to
21 achieve the objectives provided in section 3 of
22 this Act.
23 "(B) AUDITS.—The amounts paid to a
24 Tribal Health Program making the election de-
25 scribed in paragraph (1) with respect to a pro-

1 gram under a title of the Social Security Act
2 shall be subject to all auditing requirements ap-
3 plicable to the program under such title, as well
4 as all auditing requirements applicable to pro-
5 grams administered by an Indian Health Pro-
6 gram. Nothing in the preceding sentence shall
7 be construed as limiting the application of au-
8 diting requirements applicable to amounts paid
9 under title XVIII, XIX, or XXI of the Social
10 Security Act.

11 "(C) IDENTIFICATION OF SOURCE OF PAY-
12 MENTS.—Any Tribal Health Program that re-
13 ceives reimbursements or payments under title
14 XVIII, XIX, or XXI of the Social Security Act,
15 shall provide to the Service a list of each pro-
16 vider enrollment number (or other identifier)
17 under which such Program receives such reim-
18 bursements or payments.

19 "(3) EXAMINATION AND IMPLEMENTATION OF
20 CHANGES.—

21 "(A) IN GENERAL.—The Secretary, acting
22 through the Service and with the assistance of
23 the Administrator of the Centers for Medicare
24 & Medicaid Services, shall examine on an ongo-
25 ing basis and implement any administrative

1 changes that may be necessary to facilitate di-
2 rect billing and reimbursement under the pro-
3 gram established under this subsection, includ-
4 ing any agreements with States that may be
5 necessary to provide for direct billing under a
6 program under a title of the Social Security
7 Act.

8 "(B) COORDINATION OF INFORMATION.—
9 The Service shall provide the Administrator of
10 the Centers for Medicare & Medicaid Services
11 with copies of the lists submitted to the Service
12 under paragraph (2)(C), enrollment data re-
13 garding patients served by the Service (and by
14 Tribal Health Programs, to the extent such
15 data is available to the Service), and such other
16 information as the Administrator may require
17 for purposes of administering title XVIII, XIX,
18 or XXI of the Social Security Act.

19 "(4) WITHDRAWAL FROM PROGRAM.—A Tribal
20 Health Program that bills directly under the pro-
21 gram established under this subsection may with-
22 draw from participation in the same manner and
23 under the same conditions that an Indian Tribe or
24 Tribal Organization may retrocede a contracted pro-
25 gram to the Secretary under the authority of the In-

1 dian Self-Determination and Education Assistance
2 Act (25 U.S.C. 450 et seq.). All cost accounting and
3 billing authority under the program established
4 under this subsection shall be returned to the Sec-
5 retary upon the Secretary's acceptance of the with-
6 drawal of participation in this program.

7 "(5) TERMINATION FOR FAILURE TO COMPLY
8 WITH REQUIREMENTS.—The Secretary may termi-
9 nate the participation of a Tribal Health Program or
10 in the direct billing program established under this
11 subsection if the Secretary determines that the Pro-
12 gram has failed to comply with the requirements of
13 paragraph (2). The Secretary shall provide a Tribal
14 Health Program with notice of a determination that
15 the Program has failed to comply with any such re-
16 quirement and a reasonable opportunity to correct
17 such noncompliance prior to terminating the Pro-
18 gram's participation in the direct billing program es-
19 tablished under this subsection.

20 "(e) RELATED PROVISIONS UNDER THE SOCIAL SE-
21 CURITY ACT.—For provisions related to subsections (c)
22 and (d), see sections 1880, 1911, and 2107(e)(1)(D) of
23 the Social Security Act.

“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.

‘‘(a) INDIAN TRIBES AND TRIBAL ORGANIZATIONS.—From funds appropriated to carry out this title in accordance with section 416, the Secretary, acting through the Service, shall make grants to or enter into contracts with Indian Tribes and Tribal Organizations to assist such Tribes and Tribal Organizations in establishing and administering programs on or near reservations and trust lands to assist individual Indians—

‘‘(1) to enroll for benefits under a program established under title XVIII, XIX, or XXI of the Social Security Act and other health benefits programs; and

‘‘(2) with respect to such programs for which the charging of premiums and cost sharing is not prohibited under such programs, to pay premiums or cost sharing for coverage for such benefits, which may be based on financial need (as determined by the Indian Tribe or Tribes or Tribal Organizations being served based on a schedule of income levels de-

1 veloped or implemented by such Tribe, Tribes, or
2 Tribal Organizations).
3 ''(b) CONDITIONS.—The Secretary, acting through
4 the Service, shall place conditions as deemed necessary to
5 effect the purpose of this section in any grant or contract
6 which the Secretary makes with any Indian Tribe or Trib-
7 al Organization pursuant to this section. Such conditions
8 shall include requirements that the Indian Tribe or Tribal
9 Organization 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 ben-
13 efits 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 sub-
23 section (a) shall apply with respect to grants and
24 other funding to Urban Indian Organizations with
25 respect to populations served by such organizations

1 in the same manner they apply to grants and con-
2 tracts with Indian Tribes and Tribal Organizations
3 with respect to 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
12 this 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
16 cooperation 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
21 Security Act.

22 ''(e) AGREEMENTS RELATING TO IMPROVING EN-
23 ROLLMENT OF INDIANS UNDER SOCIAL SECURITY ACT
24 HEALTH BENEFITS PROGRAMS.—For provisions relating
25 to agreements between the Secretary, acting through the

Service, and Indian Tribes, Tribal Organizations, and Urban Indian Organizations for the collection, preparation, and submission of applications by Indians for assistance under the Medicaid and State children's health insurance programs established under titles XIX and XXI of the Social Security Act, and benefits under the Medicare program established under title XVIII of such Act, see subsections (a) and (b) of section 1139 of the Social Security Act.

''(f) DEFINITION OF PREMIUMS AND COST SHARING.—In this section:

''(1) PREMIUM.—The term 'premium' includes any enrollment fee or similar charge.

''(2) COST SHARING.—The term 'cost sharing' includes any deduction, deductible, copayment, coinsurance, or similar charge.

''SEC. 403. REIMBURSEMENT FROM CERTAIN THIRD PARTIES OF COSTS OF HEALTH SERVICES.

''(a) RIGHT OF RECOVERY.—Except as provided in subsection (f), the United States, an Indian Tribe, or Tribal Organization shall have the right to recover from an insurance company, health maintenance organization, employee benefit plan, third-party tortfeasor, or any other responsible or liable third party (including a political subdivision or local governmental entity of a State) the rea-

1 sonable charges billed by the Secretary, an Indian Tribe,
2 or Tribal Organization in providing health services
3 through the Service, an Indian Tribe, or Tribal Organiza-
4 tion to any individual to the same extent that such indi-
5 vidual, or any nongovernmental provider of such services,
6 would be eligible to receive damages, reimbursement, or
7 indemnification for such charges or expenses if—

8 ''(1) such services had been provided by a non-
9 governmental provider; and

10 ''(2) such individual had been required to pay
11 such charges or expenses and did pay such charges
12 or expenses.

13 ''(b) LIMITATIONS ON RECOVERIES FROM STATES.—
14 Subsection (a) shall provide a right of recovery against
15 any State, only if the injury, illness, or disability for which
16 health services were provided is covered under—

17 ''(1) workers' compensation laws; or

18 ''(2) a no-fault automobile accident insurance
19 plan or program.

20 ''(c) NONAPPLICATION OF OTHER LAWS.—No law of
21 any State, or of any political subdivision of a State and
22 no provision of any contract, insurance or health mainte-
23 nance organization policy, employee benefit plan, self-in-
24 surance plan, managed care plan, or other health care plan
25 or program entered into or renewed after the date of the

1 enactment of the Indian Health Care Amendments of
2 1988, shall prevent or hinder the right of recovery of the
3 United States, an Indian Tribe, or Tribal Organization
4 under subsection (a).

5 ''(d) NO EFFECT ON PRIVATE RIGHTS OF ACTION.—
6 No action taken by the United States, an Indian Tribe,
7 or Tribal Organization to enforce the right of recovery
8 provided under this section shall operate to deny to the
9 injured person the recovery for that portion of the person's
10 damage not covered hereunder.

11 ''(e) ENFORCEMENT.—

12 ''(1) IN GENERAL.—The United States, an In-
13 dian Tribe, or Tribal Organization may enforce the
14 right of recovery provided under subsection (a) by—

15 ''(A) intervening or joining in any civil ac-
16 tion or proceeding brought—

17 ''(i) by the individual for whom health
18 services were provided by the Secretary, an
19 Indian Tribe, or Tribal Organization; or

20 ''(ii) by any representative or heirs of
21 such individual, or

22 ''(B) instituting a civil action, including a
23 civil action for injunctive relief and other relief
24 and including, with respect to a political sub-

1 division or local governmental entity of a State,
2 such an action against an official thereof.

3 ''(2) NOTICE.—All reasonable efforts shall be
4 made to provide notice of action instituted under
5 paragraph (1)(B) to the individual to whom health
6 services were provided, either before or during the
7 pendency of such action.

8 ''(3) RECOVERY FROM TORTFEASORS.—

9 ''(A) IN GENERAL.—In any case in which
10 an Indian Tribe or Tribal Organization that is
11 authorized or required under a compact or con-
12 tract issued pursuant to the Indian Self-Deter-
13 mination and Education Assistance Act (25
14 U.S.C. 450 et seq.) to furnish or pay for health
15 services to a person who is injured or suffers a
16 disease on or after the date of enactment of the
17 Indian Health Care Improvement Act Amend-
18 ments of 2007 under circumstances that estab-
19 lish grounds for a claim of liability against the
20 tortfeasor with respect to the injury or disease,
21 the Indian Tribe or Tribal Organization shall
22 have a right to recover from the tortfeasor (or
23 an insurer of the tortfeasor) the reasonable
24 value of the health services so furnished, paid
25 for, or to be paid for, in accordance with the

1 Federal Medical Care Recovery Act (42 U.S.C.
2 2651 et seq.), to the same extent and under the
3 same circumstances as the United States may
4 recover under that Act.

5 "(B) TREATMENT.—The right of an In-
6 dian Tribe or Tribal Organization to recover
7 under subparagraph (A) shall be independent of
8 the rights of the injured or diseased person
9 served by the Indian Tribe or Tribal Organiza-
10 tion.

11 "(f) LIMITATION.—Absent specific written authoriza-
12 tion by the governing body of an Indian Tribe for the pe-
13 riod of such authorization (which may not be for a period
14 of more than 1 year and which may be revoked at any
15 time upon written notice by the governing body to the
16 Service), the United States shall not have a right of recov-
17 ery under this section if the injury, illness, or disability
18 for which health services were provided is covered under
19 a self-insurance plan funded by an Indian Tribe, Tribal
20 Organization, or Urban Indian Organization. Where such
21 authorization is provided, the Service may receive and ex-
22 pend such amounts for the provision of additional health
23 services consistent with such authorization.

24 "(g) COSTS AND ATTORNEYS' FEES.—In any action
25 brought to enforce the provisions of this section, a pre-

vailing plaintiff shall be awarded its reasonable attorneys' fees and costs of litigation.

"(h) NONAPPLICATION OF CLAIMS FILING REQUIREMENTS.—An insurance company, health maintenance organization, self-insurance plan, managed care plan, or other health care plan or program (under the Social Security Act or otherwise) may not deny a claim for benefits submitted by the Service or by an Indian Tribe or Tribal Organization based on the format in which the claim is submitted if such format complies with the format required for submission of claims under title XVIII of the Social Security Act or recognized under section 1175 of such Act.

"(i) APPLICATION TO URBAN INDIAN ORGANIZATIONS.—The previous provisions of this section shall apply to Urban Indian Organizations with respect to populations served by such Organizations in the same manner they apply to Indian Tribes and Tribal Organizations with respect to populations served by such Indian Tribes and Tribal Organizations.

"(j) STATUTE OF LIMITATIONS.—The provisions of section 2415 of title 28, United States Code, shall apply to all actions commenced under this section, and the references therein to the United States are deemed to include

1 Indian Tribes, Tribal Organizations, and Urban Indian
2 Organizations.

3 "(k) SAVINGS.—Nothing in this section shall be con-
4 strued to limit any right of recovery available to the
5 United States, an Indian Tribe, or Tribal Organization
6 under the provisions of any applicable, Federal, State, or
7 Tribal law, including medical lien laws.

8 **"SEC. 404. CREDITING OF REIMBURSEMENTS.**

9 "(a) USE OF AMOUNTS.—

10 "(1) RETENTION BY PROGRAM.—Except as pro-
11 vided in section 202(f) (relating to the Catastrophic
12 Health Emergency Fund) and section 807 (relating
13 to health services for ineligible persons), all reim-
14 bursements received or recovered under any of the
15 programs described in paragraph (2), including
16 under section 807, by reason of the provision of
17 health services by the Service, by an Indian Tribe or
18 Tribal Organization, or by an Urban Indian Organi-
19 zation, shall be credited to the Service, such Indian
20 Tribe or Tribal Organization, or such Urban Indian
21 Organization, respectively, and may be used as pro-
22 vided in section 401. In the case of such a service
23 provided by or through a Service Unit, such
24 amounts shall be credited to such unit and used for
25 such purposes.

1 "(2) PROGRAMS COVERED.—The programs re-
2 ferred to in paragraph (1) are the following:
3 "(A) Titles XVIII, XIX, and XXI of the
4 Social Security Act.
5 "(B) This Act, including section 807.
6 "(C) Public Law 87–693.
7 "(D) Any other provision of law.
8 "(b) NO OFFSET OF AMOUNTS.—The Service may
9 not offset or limit any amount obligated to any Service
10 Unit or entity receiving funding from the Service because
11 of the receipt of reimbursements under subsection (a).
12 **"SEC. 405. PURCHASING HEALTH CARE COVERAGE.**
13 "(a) IN GENERAL.—Insofar as amounts are made
14 available under law (including a provision of the Social
15 Security Act, the Indian Self-Determination and Edu-
16 cation Assistance Act (25 U.S.C. 450 et seq.), or other
17 law, other than under section 402) to Indian Tribes, Trib-
18 al Organizations, and Urban Indian Organizations for
19 health benefits for Service beneficiaries, Indian Tribes,
20 Tribal Organizations, and Urban Indian Organizations
21 may use such amounts to purchase health benefits cov-
22 erage for such beneficiaries in any manner, including
23 through—
24 "(1) a tribally owned and operated health care
25 plan;

1 ''(2) a State or locally authorized or licensed
2 health care plan;
3 ''(3) a health insurance provider or managed
4 care organization; or
5 ''(4) a self-insured plan.
6 The purchase of such coverage by an Indian Tribe, Tribal
7 Organization, or Urban Indian Organization may be based
8 on the financial needs of such beneficiaries (as determined
9 by the Indian Tribe or Tribes being served based on a
10 schedule of income levels developed or implemented by
11 such Indian Tribe or Tribes).
12 ''(b) EXPENSES FOR SELF-INSURED PLAN.—In the
13 case of a self-insured plan under subsection (a)(4), the
14 amounts may be used for expenses of operating the plan,
15 including administration and insurance to limit the finan-
16 cial risks to the entity offering the plan.
17 ''(c) CONSTRUCTION.—Nothing in this section shall
18 be construed as affecting the use of any amounts not re-
19 ferred to in subsection (a).
20 **''SEC. 406. SHARING ARRANGEMENTS WITH FEDERAL AGEN-**
21 **CIES.**
22 ''(a) AUTHORITY.—
23 ''(1) IN GENERAL.—The Secretary may enter
24 into (or expand) arrangements for the sharing of
25 medical facilities and services between the Service,

1 Indian Tribes, and Tribal Organizations and the De-
2 partment of Veterans Affairs and the Department of
3 Defense.

4 "(2) CONSULTATION BY SECRETARY RE-
5 QUIRED.—The Secretary may not finalize any ar-
6 rangement between the Service and a Department
7 described in paragraph (1) without first consulting
8 with the Indian Tribes which will be significantly af-
9 fected by the arrangement.

10 "(b) LIMITATIONS.—The Secretary shall not take
11 any action under this section or under subchapter IV of
12 chapter 81 of title 38, United States Code, which would
13 impair—

14 "(1) the priority access of any Indian to health
15 care services provided through the Service and the
16 eligibility of any Indian to receive health services
17 through the Service;

18 "(2) the quality of health care services provided
19 to any Indian through the Service;

20 "(3) the priority access of any veteran to health
21 care services provided by the Department of Vet-
22 erans Affairs;

23 "(4) the quality of health care services provided
24 by the Department of Veterans Affairs or the De-
25 partment of Defense; or

1 "(5) the eligibility of any Indian who is a vet-
2 eran to receive health services through the Depart-
3 ment of Veterans Affairs.

4 "(c) REIMBURSEMENT.—The Service, Indian Tribe,
5 or Tribal Organization shall be reimbursed by the Depart-
6 ment of Veterans Affairs or the Department of Defense
7 (as the case may be) where services are provided through
8 the Service, an Indian Tribe, or a Tribal Organization to
9 beneficiaries eligible for services from either such Depart-
10 ment, notwithstanding any other provision of law.

11 "(d) CONSTRUCTION.—Nothing in this section may
12 be construed as creating any right of a non-Indian veteran
13 to obtain health services from the Service.

14 **"SEC. 407. PAYOR OF LAST RESORT.**

15 "Indian Health Programs and health care programs
16 operated by Urban Indian Organizations shall be the
17 payor of last resort for services provided to persons eligible
18 for services from Indian Health Programs and Urban In-
19 dian Organizations, notwithstanding any Federal, State,
20 or local law to the contrary.

21 **"SEC. 408. NONDISCRIMINATION UNDER FEDERAL HEALTH**
22 **CARE PROGRAMS IN QUALIFICATIONS FOR**
23 **REIMBURSEMENT FOR SERVICES.**

24 "(a) REQUIREMENT TO SATISFY GENERALLY APPLI-
25 CABLE PARTICIPATION REQUIREMENTS.—

1 "(1) IN GENERAL.—A Federal health care pro-
2 gram must accept an entity that is operated by the
3 Service, an Indian Tribe, Tribal Organization, or
4 Urban Indian Organization as a provider eligible to
5 receive payment under the program for health care
6 services furnished to an Indian on the same basis as
7 any other provider qualified to participate as a pro-
8 vider of health care services under the program if
9 the entity meets generally applicable State or other
10 requirements for participation as a provider of
11 health care services under the program.

12 "(2) SATISFACTION OF STATE OR LOCAL LICEN-
13 SURE OR RECOGNITION REQUIREMENTS.—Any re-
14 quirement for participation as a provider of health
15 care services under a Federal health care program
16 that an entity be licensed or recognized under the
17 State or local law where the entity is located to fur-
18 nish health care services shall be deemed to have
19 been met in the case of an entity operated by the
20 Service, an Indian Tribe, Tribal Organization, or
21 Urban Indian Organization if the entity meets all
22 the applicable standards for such licensure or rec-
23 ognition, regardless of whether the entity obtains a
24 license or other documentation under such State or
25 local law. In accordance with section 221, the ab-

1 sence of the licensure of a health care professional
2 employed by such an entity under the State or local
3 law where the entity is located shall not be taken
4 into account for purposes of determining whether
5 the entity meets such standards, if the professional
6 is licensed in another State.

7 "(b) APPLICATION OF EXCLUSION FROM PARTICIPA-
8 TION IN FEDERAL HEALTH CARE PROGRAMS.—

9 "(1) EXCLUDED ENTITIES.—No entity operated
10 by the Service, an Indian Tribe, Tribal Organiza-
11 tion, or Urban Indian Organization that has been
12 excluded from participation in any Federal health
13 care program or for which a license is under suspen-
14 sion or has been revoked by the State where the en-
15 tity is located shall be eligible to receive payment or
16 reimbursement under any such program for health
17 care services furnished to an Indian.

18 "(2) EXCLUDED INDIVIDUALS.—No individual
19 who has been excluded from participation in any
20 Federal health care program or whose State license
21 is under suspension shall be eligible to receive pay-
22 ment or reimbursement under any such program for
23 health care services furnished by that individual, di-
24 rectly or through an entity that is otherwise eligible

to receive payment for health care services, to an Indian.

"(3) FEDERAL HEALTH CARE PROGRAM DEFINED.—In this subsection, the term, 'Federal health care program' has the meaning given that term in section 1128B(f) of the Social Security Act (42 U.S.C. 1320a–7b(f)), except that, for purposes of this subsection, such term shall include the health insurance program under chapter 89 of title 5, United States Code.

"(c) RELATED PROVISIONS.—For provisions related to nondiscrimination against providers operated by the Service, an Indian Tribe, Tribal Organization, or Urban Indian Organization, see section 1139(c) of the Social Security Act (42 U.S.C. 1320b–9(c)).

"SEC. 409. CONSULTATION.

"For provisions related to consultation with representatives of Indian Health Programs and Urban Indian Organizations with respect to the health care programs established under titles XVIII, XIX, and XXI of the Social Security Act, see section 1139(d) of the Social Security Act (42 U.S.C. 1320b–9(d)).

"SEC. 410. STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP).

"For provisions relating to—

"(1) outreach to families of Indian children likely to be eligible for child health assistance under the State children's health insurance program established under title XXI of the Social Security Act, see sections 2105(c)(2)(C) and 1139(a) of such Act (42 U.S.C. 1397ee(c)(2), 1320b–9); and

"(2) ensuring that child health assistance is provided under such program to targeted low-income children who are Indians and that payments are made under such program to Indian Health Programs and Urban Indian Organizations operating in the State that provide such assistance, see sections 2102(b)(3)(D) and 2105(c)(6)(B) of such Act (42 U.S.C. 1397bb(b)(3)(D), 1397ee(c)(6)(B)).

"SEC. 411. EXCLUSION WAIVER AUTHORITY FOR AFFECTED INDIAN HEALTH PROGRAMS AND SAFE HARBOR TRANSACTIONS UNDER THE SOCIAL SECURITY ACT.

"For provisions relating to—

"(1) exclusion waiver authority for affected Indian Health Programs under the Social Security Act, see section 1128(k) of the Social Security Act (42 U.S.C. 1320a–7(k)); and

"(2) certain transactions involving Indian Health Programs deemed to be in safe harbors

1 under that Act, see section 1128B(b)(4) of the So-
2 cial Security Act (42 U.S.C. 1320a–7b(b)(4)).

3 **"SEC. 412. PREMIUM AND COST SHARING PROTECTIONS**
4 **AND ELIGIBILITY DETERMINATIONS UNDER**
5 **MEDICAID AND SCHIP AND PROTECTION OF**
6 **CERTAIN INDIAN PROPERTY FROM MEDICAID**
7 **ESTATE RECOVERY.**

8 ''For provisions relating to—
9 ''(1) premiums or cost sharing protections for
10 Indians furnished items or services directly by In-
11 dian Health Programs or through referral under the
12 contract health service under the Medicaid program
13 established under title XIX of the Social Security
14 Act, see sections 1916(j) and 1916A(a)(1) of the So-
15 cial Security Act (42 U.S.C. 1396o(j), 1396o–
16 1(a)(1));
17 ''(2) rules regarding the treatment of certain
18 property for purposes of determining eligibility
19 under such programs, see sections 1902(e)(13) and
20 2107(e)(1)(B) of such Act (42 U.S.C. 1396a(e)(13),
21 1397gg(e)(1)(B)); and
22 ''(3) the protection of certain property from es-
23 tate recovery provisions under the Medicaid pro-
24 gram, see section 1917(b)(3)(B) of such Act (42
25 U.S.C. 1396p(b)(3)(B)).

1 **"SEC. 413. TREATMENT UNDER MEDICAID AND SCHIP MAN-
2 AGED CARE.**

3 "For provisions relating to the treatment of Indians
4 enrolled in a managed care entity under the Medicaid pro-
5 gram under title XIX of the Social Security Act and In-
6 dian Health Programs and Urban Indian Organizations
7 that are providers of items or services to such Indian en-
8 rollees, see sections 1932(h) and 2107(e)(1)(H) of the So-
9 cial Security Act (42 U.S.C. 1396u–2(h),
10 1397gg(e)(1)(H)).

11 **"SEC. 414. NAVAJO NATION MEDICAID AGENCY FEASI-
12 BILITY STUDY.**

13 "(a) STUDY.—The Secretary shall conduct a study
14 to determine the feasibility of treating the Navajo Nation
15 as a State for the purposes of title XIX of the Social Secu-
16 rity Act, to provide services to Indians living within the
17 boundaries of the Navajo Nation through an entity estab-
18 lished having the same authority and performing the same
19 functions as single-State medicaid agencies responsible for
20 the administration of the State plan under title XIX of
21 the Social Security Act.

22 "(b) CONSIDERATIONS.—In conducting the study,
23 the Secretary shall consider the feasibility of—

24 "(1) assigning and paying all expenditures for
25 the provision of services and related administration
26 funds, under title XIX of the Social Security Act, to

1 Indians living within the boundaries of the Navajo
2 Nation that are currently paid to or would otherwise
3 be paid to the State of Arizona, New Mexico, or
4 Utah;
5 ''(2) providing assistance to the Navajo Nation
6 in the development and implementation of such enti-
7 ty for the administration, eligibility, payment, and
8 delivery of medical assistance under title XIX of the
9 Social Security Act;
10 ''(3) providing an appropriate level of matching
11 funds for Federal medical assistance with respect to
12 amounts such entity expends for medical assistance
13 for services and related administrative costs; and
14 ''(4) authorizing the Secretary, at the option of
15 the Navajo Nation, to treat the Navajo Nation as a
16 State for the purposes of title XIX of the Social Se-
17 curity Act (relating to the State children's health in-
18 surance program) under terms equivalent to those
19 described in paragraphs (2) through (4).
20 ''(c) REPORT.—Not later then 3 years after the date
21 of enactment of the Indian Health Care Improvement Act
22 Amendments of 2007, the Secretary shall submit to the
23 Committee on Indian Affairs and Committee on Finance
24 of the Senate and the Committee on Natural Resources

1 and Committee on Energy and Commerce of the House
2 of Representatives a report that includes—
3 ''(1) the results of the study under this section;
4 ''(2) a summary of any consultation that oc-
5 curred between the Secretary and the Navajo Na-
6 tion, other Indian Tribes, the States of Arizona,
7 New Mexico, and Utah, counties which include Nav-
8 ajo Lands, and other interested parties, in con-
9 ducting this study;
10 ''(3) projected costs or savings associated with
11 establishment of such entity, and any estimated im-
12 pact on services provided as described in this section
13 in relation to probable costs or savings; and
14 ''(4) legislative actions that would be required
15 to authorize the establishment of such entity if such
16 entity is determined by the Secretary to be feasible.

17 **''SEC. 415. GENERAL EXCEPTIONS.**

18 ''The requirements of this title shall not apply to any
19 excepted benefits described in paragraph (1)(A) or (3) of
20 section 2791(c) of the Public Health Service Act (42
21 U.S.C. 300gg–91).

22 **''SEC. 416. AUTHORIZATION OF APPROPRIATIONS.**

23 ''There are authorized to be appropriated such sums
24 as may be necessary for each fiscal year through fiscal
25 year 2017 to carry out this title.

"TITLE V—HEALTH SERVICES FOR URBAN INDIANS

"SEC. 501. PURPOSE.

"The purpose of this title is to establish and maintain programs in Urban Centers to make health services more accessible and available to Urban Indians.

"SEC. 502. CONTRACTS WITH, AND GRANTS TO, URBAN INDIAN ORGANIZATIONS.

"Under authority of the Act of November 2, 1921 (25 U.S.C. 13) (commonly known as the 'Snyder Act'), the Secretary, acting through the Service, shall enter into contracts with, or make grants to, Urban Indian Organizations to assist such organizations in the establishment and administration, within Urban Centers, of programs which meet the requirements set forth in this title. Subject to section 506, the Secretary, acting through the Service, shall include such conditions as the Secretary considers necessary to effect the purpose of this title in any contract into which the Secretary enters with, or in any grant the Secretary makes to, any Urban Indian Organization pursuant to this title.

"SEC. 503. CONTRACTS AND GRANTS FOR THE PROVISION OF HEALTH CARE AND REFERRAL SERVICES.

"(a) REQUIREMENTS FOR GRANTS AND CONTRACTS.—Under authority of the Act of November 2,

1 1921 (25 U.S.C. 13) (commonly known as the 'Snyder
2 Act'), the Secretary, acting through the Service, shall
3 enter into contracts with, and make grants to, Urban In-
4 dian Organizations for the provision of health care and
5 referral services for Urban Indians. Any such contract or
6 grant shall include requirements that the Urban Indian
7 Organization successfully undertake to—

8 "(1) estimate the population of Urban Indians
9 residing in the Urban Center or centers that the or-
10 ganization proposes to serve who are or could be re-
11 cipients of health care or referral services;

12 "(2) estimate the current health status of
13 Urban Indians residing in such Urban Center or
14 centers;

15 "(3) estimate the current health care needs of
16 Urban Indians residing in such Urban Center or
17 centers;

18 "(4) provide basic health education, including
19 health promotion and disease prevention education,
20 to Urban Indians;

21 "(5) make recommendations to the Secretary
22 and Federal, State, local, and other resource agen-
23 cies on methods of improving health service pro-
24 grams to meet the needs of Urban Indians; and

1 "(6) where necessary, provide, or enter into
2 contracts for the provision of, health care services
3 for Urban Indians.

4 "(b) CRITERIA.—The Secretary, acting through the
5 Service, shall, by regulation, prescribe the criteria for se-
6 lecting Urban Indian Organizations to enter into contracts
7 or receive grants under this section. Such criteria shall,
8 among other factors, include—

9 "(1) the extent of unmet health care needs of
10 Urban Indians in the Urban Center or centers in-
11 volved;

12 "(2) the size of the Urban Indian population in
13 the Urban Center or centers involved;

14 "(3) the extent, if any, to which the activities
15 set forth in subsection (a) would duplicate any
16 project funded under this title, or under any current
17 public health service project funded in a manner
18 other than pursuant to this title;

19 "(4) the capability of an Urban Indian Organi-
20 zation to perform the activities set forth in sub-
21 section (a) and to enter into a contract with the Sec-
22 retary or to meet the requirements for receiving a
23 grant under this section;

1 "(5) the satisfactory performance and successful completion by an Urban Indian Organization of other contracts with the Secretary under this title;

4 "(6) the appropriateness and likely effectiveness of conducting the activities set forth in subsection (a) in an Urban Center or centers; and

7 "(7) the extent of existing or likely future participation in the activities set forth in subsection (a) by appropriate health and health-related Federal, State, local, and other agencies.

11 "(c) ACCESS TO HEALTH PROMOTION AND DISEASE PREVENTION PROGRAMS.—The Secretary, acting through the Service, shall facilitate access to or provide health promotion and disease prevention services for Urban Indians through grants made to Urban Indian Organizations administering contracts entered into or receiving grants under subsection (a).

18 "(d) IMMUNIZATION SERVICES.—

19 "(1) ACCESS OR SERVICES PROVIDED.—The Secretary, acting through the Service, shall facilitate access to, or provide, immunization services for Urban Indians through grants made to Urban Indian Organizations administering contracts entered into or receiving grants under this section.

1 "(2) DEFINITION.—For purposes of this sub-
2 section, the term 'immunization services' means
3 services to provide without charge immunizations
4 against vaccine-preventable diseases.
5 "(e) BEHAVIORAL HEALTH SERVICES.—
6 "(1) ACCESS OR SERVICES PROVIDED.—The
7 Secretary, acting through the Service, shall facilitate
8 access to, or provide, behavioral health services for
9 Urban Indians through grants made to Urban In-
10 dian Organizations administering contracts entered
11 into or receiving grants under subsection (a).
12 "(2) ASSESSMENT 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 of the fol-
17 lowing:
18 "(A) The behavioral health needs of the
19 Urban Indian population concerned.
20 "(B) The behavioral health services and
21 other related resources available to that popu-
22 lation.
23 "(C) The barriers to obtaining those serv-
24 ices and resources.

1 "(D) The needs that are unmet by such
2 services and resources.
3 "(3) PURPOSES OF GRANTS.—Grants may be
4 made under this subsection for the following:
5 "(A) To prepare assessments required
6 under paragraph (2).
7 "(B) To provide outreach, educational, and
8 referral services to Urban Indians regarding the
9 availability of direct behavioral health services,
10 to educate Urban Indians about behavioral
11 health issues and services, and effect coordina-
12 tion with existing behavioral health providers in
13 order to improve services to Urban Indians.
14 "(C) To provide outpatient behavioral
15 health services to Urban Indians, including the
16 identification and assessment of illness, thera-
17 peutic treatments, case management, support
18 groups, family treatment, and other treatment.
19 "(D) To develop innovative behavioral
20 health service delivery models which incorporate
21 Indian cultural support systems and resources.
22 "(f) PREVENTION OF CHILD ABUSE.—
23 "(1) ACCESS OR SERVICES PROVIDED.—The
24 Secretary, acting through the Service, shall facilitate
25 access to or provide services for Urban Indians

1 through grants to Urban Indian Organizations ad-
2 ministering contracts entered into or receiving
3 grants under subsection (a) to prevent and treat
4 child abuse (including sexual abuse) among Urban
5 Indians.

6 ''(2) EVALUATION REQUIRED.—Except as pro-
7 vided by paragraph (3)(A), a grant may not be made
8 under this subsection to an Urban Indian Organiza-
9 tion until that organization has prepared, and the
10 Service has approved, an assessment that documents
11 the prevalence of child abuse in the Urban Indian
12 population concerned and specifies the services and
13 programs (which may not duplicate existing services
14 and programs) for which the grant is requested.

15 ''(3) PURPOSES OF GRANTS.—Grants may be
16 made under this subsection for the following:

17 ''(A) To prepare assessments required
18 under paragraph (2).

19 ''(B) For the development of prevention,
20 training, and education programs for Urban In-
21 dians, including child education, parent edu-
22 cation, provider training on identification and
23 intervention, education on reporting require-
24 ments, prevention campaigns, and establishing

1 service networks of all those involved in Indian
2 child protection.

3 "(C) To provide direct outpatient treat-
4 ment services (including individual treatment,
5 family treatment, group therapy, and support
6 groups) to Urban Indians who are child victims
7 of abuse (including sexual abuse) or adult sur-
8 vivors of child sexual abuse, to the families of
9 such child victims, and to Urban Indian per-
10 petrators of child abuse (including sexual
11 abuse).

12 "(4) CONSIDERATIONS WHEN MAKING
13 GRANTS.—In making grants to carry out this sub-
14 section, the Secretary shall take into consideration—

15 "(A) the support for the Urban Indian Or-
16 ganization demonstrated by the child protection
17 authorities in the area, including committees or
18 other services funded under the Indian Child
19 Welfare Act of 1978 (25 U.S.C. 1901 et seq.),
20 if any;

21 "(B) the capability and expertise dem-
22 onstrated by the Urban Indian Organization to
23 address the complex problem of child sexual
24 abuse in the community; and

1 "(C) the assessment required under paragraph (2).

3 "(g) OTHER GRANTS.—The Secretary, acting through the Service, may enter into a contract with or make grants to an Urban Indian Organization that provides or arranges for the provision of health care services (through satellite facilities, provider networks, or otherwise) to Urban Indians in more than 1 Urban Center.

"SEC. 504. CONTRACTS AND GRANTS FOR THE DETERMINATION OF UNMET HEALTH CARE NEEDS.

"(a) GRANTS AND CONTRACTS AUTHORIZED.—Under authority of the Act of November 2, 1921 (25 U.S.C. 13) (commonly known as the 'Snyder Act'), the Secretary, acting through the Service, may enter into contracts with or make grants to Urban Indian Organizations situated in Urban Centers for which contracts have not been entered into or grants have not been made under section 503.

"(b) PURPOSE.—The purpose of a contract or grant made under this section shall be the determination of the matters described in subsection (c)(1) in order to assist the Secretary in assessing the health status and health care needs of Urban Indians in the Urban Center involved and determining whether the Secretary should enter into a contract or make a grant under section 503 with respect

1 to the Urban Indian Organization which the Secretary has
2 entered into a contract with, or made a grant to, under
3 this section.
4 "(c) GRANT AND CONTRACT REQUIREMENTS.—Any
5 contract entered into, or grant made, by the Secretary
6 under this section shall include requirements that—
7 "(1) the Urban Indian Organization success-
8 fully undertakes to—
9 "(A) document the health care status and
10 unmet health care needs of Urban Indians in
11 the Urban Center involved; and
12 "(B) with respect to Urban Indians in the
13 Urban Center involved, determine the matters
14 described in paragraphs (2), (3), (4), and (7) of
15 section 503(b); and
16 "(2) the Urban Indian Organization complete
17 performance of the contract, or carry out the re-
18 quirements of the grant, within 1 year after the date
19 on which the Secretary and such organization enter
20 into such contract, or within 1 year after such orga-
21 nization receives such grant, whichever is applicable.
22 "(d) NO RENEWALS.—The Secretary may not renew
23 any contract entered into or grant made under this sec-
24 tion.

1 **"SEC. 505. EVALUATIONS; RENEWALS.**

2 "(a) PROCEDURES FOR EVALUATIONS.—The Sec-
3 retary, acting through the Service, shall develop proce-
4 dures to evaluate compliance with grant requirements and
5 compliance with and performance of contracts entered into
6 by Urban Indian Organizations under this title. Such pro-
7 cedures shall include provisions for carrying out the re-
8 quirements of this section.

9 "(b) EVALUATIONS.—The Secretary, acting through
10 the Service, shall evaluate the compliance of each Urban
11 Indian Organization which has entered into a contract or
12 received a grant under section 503 with the terms of such
13 contract or grant. For purposes of this evaluation, the
14 Secretary shall—

15 "(1) acting through the Service, conduct an an-
16 nual onsite evaluation of the organization; or

17 "(2) accept in lieu of such onsite evaluation evi-
18 dence of the organization's provisional or full accred-
19 itation by a private independent entity recognized by
20 the Secretary for purposes of conducting quality re-
21 views of providers participating in the Medicare pro-
22 gram under title XVIII of the Social Security Act.

23 "(c) NONCOMPLIANCE; UNSATISFACTORY PERFORM-
24 ANCE.—If, as a result of the evaluations conducted under
25 this section, the Secretary determines that an Urban In-
26 dian Organization has not complied with the requirements

1 of a grant or complied with or satisfactorily performed a
2 contract under section 503, the Secretary shall, prior to
3 renewing such contract or grant, attempt to resolve with
4 the organization the areas of noncompliance or unsatisfac-
5 tory performance and modify the contract or grant to pre-
6 vent future occurrences of noncompliance or unsatisfac-
7 tory performance. If the Secretary determines that the
8 noncompliance or unsatisfactory performance cannot be
9 resolved and prevented in the future, the Secretary shall
10 not renew the contract or grant with the organization and
11 is authorized to enter into a contract or make a grant
12 under section 503 with another Urban Indian Organiza-
13 tion which is situated in the same Urban Center as the
14 Urban Indian Organization whose contract or grant is not
15 renewed under this section.

16 "(d) CONSIDERATIONS FOR RENEWALS.—In deter-
17 mining whether to renew a contract or grant with an
18 Urban Indian Organization under section 503 which has
19 completed performance of a contract or grant under sec-
20 tion 504, the Secretary shall review the records of the
21 Urban Indian Organization, the reports submitted under
22 section 507, and shall consider the results of the onsite
23 evaluations or accreditations under subsection (b).

1 **"SEC. 506. OTHER CONTRACT AND GRANT REQUIREMENTS.**

2 "(a) PROCUREMENT.—Contracts with Urban Indian
3 Organizations entered into pursuant to this title shall be
4 in accordance with all Federal contracting laws and regu-
5 lations relating to procurement except that in the discre-
6 tion of the Secretary, such contracts may be negotiated
7 without advertising and need not conform to the provisions
8 of sections 1304 and 3131 through 3133 of title 40,
9 United States Code.

10 "(b) PAYMENTS UNDER CONTRACTS OR GRANTS.—

11 "(1) IN GENERAL.—Payments under any con-
12 tracts or grants pursuant to this title, notwith-
13 standing any term or condition of such contract or
14 grant—

15 "(A) may be made in a single advance pay-
16 ment by the Secretary to the Urban Indian Or-
17 ganization by no later than the end of the first
18 30 days of the funding period with respect to
19 which the payments apply, unless the Secretary
20 determines through an evaluation under section
21 505 that the organization is not capable of ad-
22 ministering such a single advance payment; and

23 "(B) if any portion thereof is unexpended
24 by the Urban Indian Organization during the
25 funding period with respect to which the pay-
26 ments initially apply, shall be carried forward

1 for expenditure with respect to allowable or re-
2 imbursable costs incurred by the organization
3 during 1 or more subsequent funding periods
4 without additional justification or documenta-
5 tion by the organization as a condition of car-
6 rying forward the availability for expenditure of
7 such funds.

8 ''(2) SEMIANNUAL AND QUARTERLY PAYMENTS
9 AND REIMBURSEMENTS.—If the Secretary deter-
10 mines under paragraph (1)(A) that an Urban Indian
11 Organization is not capable of administering an en-
12 tire single advance payment, on request of the
13 Urban Indian Organization, the payments may be
14 made—

15 ''(A) in semiannual or quarterly payments
16 by not later than 30 days after the date on
17 which the funding period with respect to which
18 the payments apply begins; or

19 ''(B) by way of reimbursement.

20 ''(c) REVISION OR AMENDMENT OF CONTRACTS.—
21 Notwithstanding any provision of law to the contrary, the
22 Secretary may, at the request and consent of an Urban
23 Indian Organization, revise or amend any contract entered
24 into by the Secretary with such organization under this
25 title as necessary to carry out the purposes of this title.

1 “(d) FAIR AND UNIFORM SERVICES AND ASSIST-
2 ANCE.—Contracts with or grants to Urban Indian Organi-
3 zations and regulations adopted pursuant to this title shall
4 include provisions to assure the fair and uniform provision
5 to Urban Indians of services and assistance under such
6 contracts or grants by such organizations.

7 **“SEC. 507. REPORTS AND RECORDS.**

8 “(a) REPORTS.—
9 “(1) IN GENERAL.—For each fiscal year during
10 which an Urban Indian Organization receives or ex-
11 pends funds pursuant to a contract entered into or
12 a grant received pursuant to this title, such Urban
13 Indian Organization shall submit to the Secretary
14 not more frequently than every 6 months, a report
15 that includes the following:
16 “(A) In the case of a contract or grant
17 under section 503, recommendations pursuant
18 to section 503(a)(5).
19 “(B) Information on activities conducted
20 by the organization pursuant to the contract or
21 grant.
22 “(C) An accounting of the amounts and
23 purpose for which Federal funds were ex-
24 pended.

1 "(D) A minimum set of data, using uni-
2 formly defined elements, as specified by the
3 Secretary after consultation with Urban Indian
4 Organizations.
5 "(2) HEALTH STATUS AND SERVICES.—
6 "(A) IN GENERAL.—Not later than 18
7 months after the date of enactment of the In-
8 dian Health Care Improvement Act Amend-
9 ments of 2007, the Secretary, acting through
10 the Service, shall submit to Congress a report
11 evaluating—
12 "(i) the health status of Urban Indi-
13 ans;
14 "(ii) the services provided to Indians
15 pursuant to this title; and
16 "(iii) areas of unmet needs in the de-
17 livery of health services to Urban Indians.
18 "(B) CONSULTATION AND CONTRACTS.—
19 In preparing the report under paragraph (1),
20 the Secretary—
21 "(i) shall consult with Urban Indian
22 Organizations; and
23 "(ii) may enter into a contract with a
24 national organization representing Urban

1 Indian Organizations to conduct any as-
2 pect of the report.

3 ''(b) AUDIT.—The reports and records of the Urban
4 Indian Organization with respect to a contract or grant
5 under this title shall be subject to audit by the Secretary
6 and the Comptroller General of the United States.

7 ''(c) COSTS OF AUDITS.—The Secretary shall allow
8 as a cost of any contract or grant entered into or awarded
9 under section 502 or 503 the cost of an annual inde-
10 pendent 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 con-
16 tracts or to award grants under this title shall be to the
17 extent, and in an amount, provided for in appropriation
18 Acts.

19 **''SEC. 509. FACILITIES.**

20 ''(a) GRANTS.—The Secretary, acting through the
21 Service, may make grants to contractors or grant recipi-
22 ents under this title for the lease, purchase, renovation,
23 construction, or expansion of facilities, including leased fa-
24 cilities, in order to assist such contractors or grant recipi-

1 ents in complying with applicable licensure or certification
2 requirements.
3 "(b) LOAN FUND STUDY.—The Secretary, acting
4 through the Service, may carry out a study to determine
5 the feasibility of establishing a loan fund to provide to
6 Urban Indian Organizations direct loans or guarantees for
7 loans for the construction of health care facilities in a
8 manner consistent with section 309, including by submit-
9 ting a report in accordance with subsection (c) of that sec-
10 tion.

11 **"SEC. 510. DIVISION OF URBAN INDIAN HEALTH.**

12 "There is established within the Service a Division
13 of Urban Indian Health, which shall be responsible for—
14 "(1) carrying out the provisions of this title;
15 "(2) providing central oversight of the pro-
16 grams and services authorized under this title; and
17 "(3) providing technical assistance to Urban In-
18 dian Organizations.

19 **"SEC. 511. GRANTS FOR ALCOHOL AND SUBSTANCE ABUSE-**
20 **RELATED SERVICES.**

21 "(a) GRANTS AUTHORIZED.—The Secretary, acting
22 through the Service, may make grants for the provision
23 of health-related services in prevention of, treatment of,
24 rehabilitation of, or school- and community-based edu-
25 cation regarding, alcohol and substance abuse in Urban

1 Centers to those Urban Indian Organizations with which
2 the Secretary has entered into a contract under this title
3 or under section 201.

4 "(b) GOALS.—Each grant made pursuant to sub-
5 section (a) shall set forth the goals to be accomplished
6 pursuant to the grant. The goals shall be specific to each
7 grant as agreed to between the Secretary and the grantee.

8 "(c) CRITERIA.—The Secretary shall establish cri-
9 teria for the grants made under subsection (a), including
10 criteria relating to the following:

11 "(1) The size of the Urban Indian population.

12 "(2) Capability of the organization to ade-
13 quately perform the activities required under the
14 grant.

15 "(3) Satisfactory performance standards for the
16 organization in meeting the goals set forth in such
17 grant. The standards shall be negotiated and agreed
18 to between the Secretary and the grantee on a
19 grant-by-grant basis.

20 "(4) Identification of the need for services.

21 "(d) ALLOCATION OF GRANTS.—The Secretary shall
22 develop a methodology for allocating grants made pursu-
23 ant to this section based on the criteria established pursu-
24 ant to subsection (c).

"(e) GRANTS SUBJECT TO CRITERIA.—Any grant received by an Urban Indian Organization under this Act for substance abuse prevention, treatment, and rehabilitation shall be subject to the criteria set forth in subsection (c).

"SEC. 512. TREATMENT OF CERTAIN DEMONSTRATION PROJECTS.

"Notwithstanding any other provision of law, the Tulsa Clinic and Oklahoma City Clinic demonstration projects shall—

"(1) be permanent programs within the Service's direct care program;

"(2) continue to be treated as Service Units and Operating Units in the allocation of resources and coordination of care; and

"(3) continue to meet the requirements and definitions of an Urban Indian Organization in this Act, and shall not be subject to the provisions of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.).

"SEC. 513. URBAN NIAAA TRANSFERRED PROGRAMS.

"(a) GRANTS AND CONTRACTS.—The Secretary, through the Division of Urban Indian Health, shall make grants or enter into contracts with Urban Indian Organizations, to take effect not later than September 30, 2010,

for the administration of Urban Indian alcohol programs that were originally established under the National Institute on Alcoholism and Alcohol Abuse (hereafter in this section referred to as 'NIAAA') and transferred to the Service.

''(b) USE OF FUNDS.—Grants provided or contracts entered into under this section shall be used to provide support for the continuation of alcohol prevention and treatment services for Urban Indian populations and such other objectives as are agreed upon between the Service and a recipient of a grant or contract under this section.

''(c) ELIGIBILITY.—Urban Indian Organizations that operate Indian alcohol programs originally funded under the NIAAA and subsequently transferred to the Service are eligible for grants or contracts under this section.

''(d) REPORT.—The Secretary shall evaluate and report to Congress on the activities of programs funded under this section not less than every 5 years.

''SEC. 514. CONSULTATION WITH URBAN INDIAN ORGANIZATIONS.

''(a) IN GENERAL.—The Secretary shall ensure that the Service consults, to the greatest extent practicable, with Urban Indian Organizations.

''(b) DEFINITION OF CONSULTATION.—For purposes of subsection (a), consultation is the open and free ex-

1 change of information and opinions which leads to mutual
2 understanding and comprehension and which emphasizes
3 trust, respect, and shared responsibility.

4 **"SEC. 515. URBAN YOUTH TREATMENT CENTER DEM-**
5 **ONSTRATION.**

6 ''(a) CONSTRUCTION AND OPERATION.—The Sec-
7 retary, acting through the Service, through grant or con-
8 tract, is authorized to fund the construction and operation
9 of at least 2 residential treatment centers in each State
10 described in subsection (b) to demonstrate the provision
11 of alcohol and substance abuse treatment services to
12 Urban Indian youth in a culturally competent residential
13 setting.

14 ''(b) DEFINITION OF STATE.—A State described in
15 this subsection is a State in which—

16 ''(1) there resides Urban Indian youth with
17 need for alcohol and substance abuse treatment serv-
18 ices in a residential setting; and

19 ''(2) there is a significant shortage of culturally
20 competent residential treatment services for Urban
21 Indian youth.

22 **"SEC. 516. GRANTS FOR DIABETES PREVENTION, TREAT-**
23 **MENT, AND CONTROL.**

24 ''(a) GRANTS AUTHORIZED.—The Secretary may
25 make grants to those Urban Indian Organizations that

1 have entered into a contract or have received a grant
2 under this title for the provision of services for the preven-
3 tion and treatment of, and control of the complications
4 resulting from, diabetes among Urban Indians.

5 ‘‘(b) GOALS.—Each grant made pursuant to sub-
6 section (a) shall set forth the goals to be accomplished
7 under the grant. The goals shall be specific to each grant
8 as agreed to between the Secretary and the grantee.

9 ‘‘(c) ESTABLISHMENT OF CRITERIA.—The Secretary
10 shall establish criteria for the grants made under sub-
11 section (a) relating to—

12 ‘‘(1) the size and location of the Urban Indian
13 population to be served;

14 ‘‘(2) the need for prevention of and treatment
15 of, and control of the complications resulting from,
16 diabetes among the Urban Indian population to be
17 served;

18 ‘‘(3) performance standards for the organiza-
19 tion in meeting the goals set forth in such grant
20 that are negotiated and agreed to by the Secretary
21 and the grantee;

22 ‘‘(4) the capability of the organization to ade-
23 quately perform the activities required under the
24 grant; and

1 ‘‘(5) the willingness of the organization to col-
2 laborate with the registry, if any, established by the
3 Secretary under section 204(e) in the Area Office of
4 the Service in which the organization is located.

5 ‘‘(d) FUNDS SUBJECT TO CRITERIA.—Any funds re-
6 ceived by an Urban Indian Organization under this Act
7 for the prevention, treatment, and control of diabetes
8 among Urban Indians shall be subject to the criteria devel-
9 oped by the Secretary under subsection (c).

10 **‘‘SEC. 517. COMMUNITY HEALTH REPRESENTATIVES.**

11 ‘‘The Secretary, acting through the Service, may
12 enter into contracts with, and make grants to, Urban In-
13 dian Organizations for the employment of Indians trained
14 as health service providers through the Community Health
15 Representatives Program under section 109 in the provi-
16 sion of health care, health promotion, and disease preven-
17 tion services to Urban Indians.

18 **‘‘SEC. 518. EFFECTIVE DATE.**

19 ‘‘The amendments made by the Indian Health Care
20 Improvement Act Amendments of 2007 to this title shall
21 take effect beginning on the date of enactment of that Act,
22 regardless of whether the Secretary has promulgated regu-
23 lations implementing such amendments.

1 **"SEC. 519. ELIGIBILITY FOR SERVICES.**

2 "Urban Indians shall be eligible for, and the ultimate
3 beneficiaries of, health care or referral services provided
4 pursuant to this title.

5 **"SEC. 520. AUTHORIZATION OF APPROPRIATIONS.**

6 "There are authorized to be appropriated such sums
7 as may be necessary for each fiscal year through fiscal
8 year 2017 to carry out this title.

9 "TITLE VI—ORGANIZATIONAL 10 IMPROVEMENTS

11 **"SEC. 601. ESTABLISHMENT OF THE INDIAN HEALTH SERV-**
12 **ICE AS AN AGENCY OF THE PUBLIC HEALTH**
13 **SERVICE.**

14 "(a) ESTABLISHMENT.—

15 "(1) IN GENERAL.—In order to more effectively
16 and efficiently carry out the responsibilities, authori-
17 ties, and functions of the United States to provide
18 health care services to Indians and Indian Tribes, as
19 are or may be hereafter provided by Federal statute
20 or treaties, there is established within the Public
21 Health Service of the Department the Indian Health
22 Service.

23 "(2) ASSISTANT SECRETARY OF INDIAN
24 HEALTH.—The Service shall be administered by an
25 Assistant Secretary of Indian Health, who shall be
26 appointed by the President, by and with the advice

1 and consent of the Senate. The Assistant Secretary
2 shall report to the Secretary. Effective with respect
3 to an individual appointed by the President, by and
4 with the advice and consent of the Senate, after
5 January 1, 2007, the term of service of the Assist-
6 ant Secretary shall be 4 years. An Assistant Sec-
7 retary may serve more than 1 term.

8 ''(3) INCUMBENT.—The individual serving in
9 the position of Director of the Service on the day be-
10 fore the date of enactment of the Indian Health
11 Care Improvement Act Amendments of 2007 shall
12 serve as Assistant Secretary.

13 ''(4) ADVOCACY AND CONSULTATION.—The po-
14 sition of Assistant Secretary is established to, in a
15 manner consistent with the government-to-govern-
16 ment relationship between the United States and In-
17 dian Tribes—

18 ''(A) facilitate advocacy for the develop-
19 ment of appropriate Indian health policy; and

20 ''(B) promote consultation on matters re-
21 lating to Indian health.

22 ''(b) AGENCY.—The Service shall be an agency within
23 the Public Health Service of the Department, and shall
24 not be an office, component, or unit of any other agency
25 of the Department.

1 "(c) DUTIES.—The Assistant Secretary shall—
2 "(1) perform all functions that were, on the day
3 before the date of enactment of the Indian Health
4 Care Improvement Act Amendments of 2007, car-
5 ried out by or under the direction of the individual
6 serving as Director of the Service on that day;
7 "(2) perform all functions of the Secretary re-
8 lating to the maintenance and operation of hospital
9 and health facilities for Indians and the planning
10 for, and provision and utilization of, health services
11 for Indians;
12 "(3) administer all health programs under
13 which health care is provided to Indians based upon
14 their status as Indians which are administered by
15 the Secretary, including programs under—
16 "(A) this Act;
17 "(B) the Act of November 2, 1921 (25
18 U.S.C. 13);
19 "(C) the Act of August 5, 1954 (42 U.S.C.
20 2001 et seq.);
21 "(D) the Act of August 16, 1957 (42
22 U.S.C. 2005 et seq.); and
23 "(E) the Indian Self-Determination and
24 Education Assistance Act (25 U.S.C. 450 et
25 seq.);

1 "(4) administer all scholarship and loan func-
2 tions carried out under title I;
3 "(5) report directly to the Secretary concerning
4 all policy- and budget-related matters affecting In-
5 dian health;
6 "(6) collaborate with the Assistant Secretary
7 for Health concerning appropriate matters of Indian
8 health that affect the agencies of the Public Health
9 Service;
10 "(7) advise each Assistant Secretary of the De-
11 partment concerning matters of Indian health with
12 respect to which that Assistant Secretary has au-
13 thority and responsibility;
14 "(8) advise the heads of other agencies and pro-
15 grams of the Department concerning matters of In-
16 dian health with respect to which those heads have
17 authority and responsibility;
18 "(9) coordinate the activities of the Department
19 concerning matters of Indian health; and
20 "(10) perform such other functions as the Sec-
21 retary may designate.
22 "(d) AUTHORITY.—
23 "(1) IN GENERAL.—The Secretary, acting
24 through the Assistant Secretary, shall have the au-
25 thority—

1 "(A) except to the extent provided for in
2 paragraph (2), to appoint and compensate em-
3 ployees for the Service in accordance with title
4 5, United States Code;

5 "(B) to enter into contracts for the pro-
6 curement of goods and services to carry out the
7 functions of the Service; and

8 "(C) to manage, expend, and obligate all
9 funds appropriated for the Service.

10 "(2) PERSONNEL ACTIONS.—Notwithstanding
11 any other provision of law, the provisions of section
12 12 of the Act of June 18, 1934 (48 Stat. 986; 25
13 U.S.C. 472), shall apply to all personnel actions
14 taken with respect to new positions created within
15 the Service as a result of its establishment under
16 subsection (a).

17 "(e) REFERENCES.—Any reference to the Director of
18 the Indian Health Service in any other Federal law, Exec-
19 utive order, rule, regulation, or delegation of authority, or
20 in any document of or relating to the Director of the In-
21 dian Health Service, shall be deemed to refer to the Assist-
22 ant Secretary.

23 **"SEC. 602. AUTOMATED MANAGEMENT INFORMATION SYS-**
24 **TEM.**

25 "(a) ESTABLISHMENT.—

1 “(1) IN GENERAL.—The Secretary shall establish an automated management information system for the Service.

4 “(2) REQUIREMENTS OF SYSTEM.—The information system established under paragraph (1) shall include—

7 “(A) a financial management system;

8 “(B) a patient care information system for each area served by the Service;

10 “(C) a privacy component that protects the privacy of patient information held by, or on behalf of, the Service;

13 “(D) a services-based cost accounting component that provides estimates of the costs associated with the provision of specific medical treatments or services in each Area office of the Service;

18 “(E) an interface mechanism for patient billing and accounts receivable system; and

20 “(F) a training component.

21 “(b) PROVISION OF SYSTEMS TO TRIBES AND ORGANIZATIONS.—The Secretary shall provide each Tribal Health Program automated management information systems which—

1 ''(1) meet the management information needs
2 of such Tribal Health Program with respect to the
3 treatment by the Tribal Health Program of patients
4 of the Service; and

5 ''(2) meet the management information needs
6 of the Service.

7 ''(c) ACCESS TO RECORDS.—Notwithstanding any
8 other provision of law, each patient shall have reasonable
9 access to the medical or health records of such patient
10 which are held by, or on behalf of, the Service.

11 ''(d) AUTHORITY TO ENHANCE INFORMATION TECH-
12 NOLOGY.—The Secretary, acting through the Assistant
13 Secretary, shall have the authority to enter into contracts,
14 agreements, or joint ventures with other Federal agencies,
15 States, private and nonprofit organizations, for the pur-
16 pose of enhancing information technology in Indian
17 Health Programs and facilities.

18 **''SEC. 603. AUTHORIZATION OF APPROPRIATIONS.**

19 ''There is authorized to be appropriated such sums
20 as may be necessary for each fiscal year through fiscal
21 year 2017 to carry out this title.

"TITLE VII—BEHAVIORAL HEALTH PROGRAMS

"SEC. 701. BEHAVIORAL HEALTH PREVENTION AND TREATMENT SERVICES.

"(a) PURPOSES.—The purposes of this section are as follows:

"(1) To authorize and direct the Secretary, acting through the Service, Indian Tribes, Tribal Organizations, and Urban Indian Organizations, to develop a comprehensive behavioral health prevention and treatment program which emphasizes collaboration among alcohol and substance abuse, social services, and mental health programs.

"(2) To provide information, direction, and guidance relating to mental illness and dysfunction and self-destructive behavior, including child abuse and family violence, to those Federal, tribal, State, and local agencies responsible for programs in Indian communities in areas of health care, education, social services, child and family welfare, alcohol and substance abuse, law enforcement, and judicial services.

"(3) To assist Indian Tribes to identify services and resources available to address mental illness and dysfunctional and self-destructive behavior.

1 “(4) To provide authority and opportunities for
2 Indian Tribes and Tribal Organizations to develop,
3 implement, and coordinate with community-based
4 programs which include identification, prevention,
5 education, referral, and treatment services, including
6 through multidisciplinary resource teams.
7 “(5) To ensure that Indians, as citizens of the
8 United States and of the States in which they re-
9 side, have the same access to behavioral health serv-
10 ices to which all citizens have access.
11 “(6) To modify or supplement existing pro-
12 grams and authorities in the areas identified in
13 paragraph (2).
14 “(b) PLANS.—
15 “(1) DEVELOPMENT.—The Secretary, acting
16 through the Service, Indian Tribes, Tribal Organiza-
17 tions, and Urban Indian Organizations, shall encour-
18 age Indian Tribes and Tribal Organizations to de-
19 velop tribal plans, and Urban Indian Organizations
20 to develop local plans, and for all such groups to
21 participate in developing areawide plans for Indian
22 Behavioral Health Services. The plans shall include,
23 to the extent feasible, the following components:
24 “(A) An assessment of the scope of alcohol
25 or other substance abuse, mental illness, and

1 dysfunctional and self-destructive behavior, in-
2 cluding suicide, child abuse, and family vio-
3 lence, among Indians, including—
4 ''(i) the number of Indians served who
5 are directly or indirectly affected by such
6 illness or behavior; or
7 ''(ii) an estimate of the financial and
8 human cost attributable to such illness or
9 behavior.
10 ''(B) An assessment of the existing and
11 additional resources necessary for the preven-
12 tion and treatment of such illness and behavior,
13 including an assessment of the progress toward
14 achieving the availability of the full continuum
15 of care described in subsection (c).
16 ''(C) An estimate of the additional funding
17 needed by the Service, Indian Tribes, Tribal
18 Organizations, and Urban Indian Organizations
19 to meet their responsibilities under the plans.
20 ''(2) NATIONAL CLEARINGHOUSE.—The Sec-
21 retary, acting through the Service, shall coordinate
22 with existing national clearinghouses and informa-
23 tion centers to include at the clearinghouses and
24 centers plans and reports on the outcomes of such
25 plans developed by Indian Tribes, Tribal Organiza-

1 tions, Urban Indian Organizations, and Service
2 Areas relating to behavioral health. The Secretary
3 shall ensure access to these plans and outcomes by
4 any Indian Tribe, Tribal Organization, Urban In-
5 dian Organization, or the Service.

6 ''(3) TECHNICAL ASSISTANCE.—The Secretary
7 shall provide technical assistance to Indian Tribes,
8 Tribal Organizations, and Urban Indian Organiza-
9 tions in preparation of plans under this section and
10 in developing standards of care that may be used
11 and adopted locally.

12 ''(c) PROGRAMS.—The Secretary, acting through the
13 Service, Indian Tribes, and Tribal Organizations, shall
14 provide, to the extent feasible and if funding is available,
15 programs including the following:

16 ''(1) COMPREHENSIVE CARE.—A comprehensive
17 continuum of behavioral health care which pro-
18 vides—

19 ''(A) community-based prevention, inter-
20 vention, outpatient, and behavioral health
21 aftercare;

22 ''(B) detoxification (social and medical);

23 ''(C) acute hospitalization;

24 ''(D) intensive outpatient/day treatment;

25 ''(E) residential treatment;

1 "(F) transitional living for those needing a
2 temporary, stable living environment that is
3 supportive of treatment and recovery goals;
4 "(G) emergency shelter;
5 "(H) intensive case management; and
6 "(I) diagnostic services.
7 "(2) CHILD CARE.—Behavioral health services
8 for Indians from birth through age 17, including—
9 "(A) preschool and school age fetal alcohol
10 disorder services, including assessment and be-
11 havioral intervention;
12 "(B) mental health and substance abuse
13 services (emotional, organic, alcohol, drug, in-
14 halant, and tobacco);
15 "(C) identification and treatment of co-oc-
16 curring disorders and comorbidity;
17 "(D) prevention of alcohol, drug, inhalant,
18 and tobacco use;
19 "(E) early intervention, treatment, and
20 aftercare;
21 "(F) promotion of healthy approaches to
22 risk and safety issues; and
23 "(G) identification and treatment of ne-
24 glect and physical, mental, and sexual abuse.

1 "(3) ADULT CARE.—Behavioral health services
2 for Indians from age 18 through 55, including—
3 "(A) early intervention, treatment, and
4 aftercare;
5 "(B) mental health and substance abuse
6 services (emotional, alcohol, drug, inhalant, and
7 tobacco), including sex specific services;
8 "(C) identification and treatment of co-oc-
9 curring disorders (dual diagnosis) and comor-
10 bidity;
11 "(D) promotion of healthy approaches for
12 risk-related behavior;
13 "(E) treatment services for women at risk
14 of giving birth to a child with a fetal alcohol
15 disorder; and
16 "(F) sex specific treatment for sexual as-
17 sault and domestic violence.
18 "(4) FAMILY CARE.—Behavioral health services
19 for families, including—
20 "(A) early intervention, treatment, and
21 aftercare for affected families;
22 "(B) treatment for sexual assault and do-
23 mestic violence; and

1 "(C) promotion of healthy approaches re-
2 lating to parenting, domestic violence, and other
3 abuse issues.
4 "(5) ELDER CARE.—Behavioral health services
5 for Indians 56 years of age and older, including—
6 "(A) early intervention, treatment, and
7 aftercare;
8 "(B) mental health and substance abuse
9 services (emotional, alcohol, drug, inhalant, and
10 tobacco), including sex specific services;
11 "(C) identification and treatment of co-oc-
12 curring disorders (dual diagnosis) and comor-
13 bidity;
14 "(D) promotion of healthy approaches to
15 managing conditions related to aging;
16 "(E) sex specific treatment for sexual as-
17 sault, domestic violence, neglect, physical and
18 mental abuse and exploitation; and
19 "(F) identification and treatment of de-
20 mentias regardless of cause.
21 "(d) COMMUNITY BEHAVIORAL HEALTH PLAN.—
22 "(1) ESTABLISHMENT.—The governing body of
23 any Indian Tribe, Tribal Organization, or Urban In-
24 dian Organization may adopt a resolution for the es-
25 tablishment of a community behavioral health plan

1 providing for the identification and coordination of
2 available resources and programs to identify, pre-
3 vent, or treat substance abuse, mental illness, or
4 dysfunctional and self-destructive behavior, including
5 child abuse and family violence, among its members
6 or its service population. This plan should include
7 behavioral health services, social services, intensive
8 outpatient services, and continuing aftercare.

9 ''(2) TECHNICAL ASSISTANCE.—At the request
10 of an Indian Tribe, Tribal Organization, or Urban
11 Indian Organization, the Bureau of Indian Affairs
12 and the Service shall cooperate with and provide
13 technical assistance to the Indian Tribe, Tribal Or-
14 ganization, or Urban Indian Organization in the de-
15 velopment and implementation of such plan.

16 ''(3) FUNDING.—The Secretary, acting through
17 the Service, may make funding available to Indian
18 Tribes and Tribal Organizations which adopt a reso-
19 lution pursuant to paragraph (1) to obtain technical
20 assistance for the development of a community be-
21 havioral health plan and to provide administrative
22 support in the implementation of such plan.

23 ''(e) COORDINATION FOR AVAILABILITY OF SERV-
24 ICES.—The Secretary, acting through the Service, Indian
25 Tribes, Tribal Organizations, and Urban Indian Organiza-

1 tions, shall coordinate behavioral health planning, to the
2 extent feasible, with other Federal agencies and with State
3 agencies, to encourage comprehensive behavioral health
4 services for Indians regardless of their place of residence.
5 ''(f) MENTAL HEALTH CARE NEED ASSESSMENT.—
6 Not later than 1 year after the date of enactment of the
7 Indian Health Care Improvement Act Amendments of
8 2007, the Secretary, acting through the Service, shall
9 make an assessment of the need for inpatient mental
10 health care among Indians and the availability and cost
11 of inpatient mental health facilities which can meet such
12 need. In making such assessment, the Secretary shall con-
13 sider the possible conversion of existing, underused Service
14 hospital beds into psychiatric units to meet such need.

15 **''SEC. 702. MEMORANDA OF AGREEMENT WITH THE DE-**
16 **PARTMENT OF THE INTERIOR.**

17 ''(a) CONTENTS.—Not later than 12 months after the
18 date of enactment of the Indian Health Care Improvement
19 Act Amendments of 2007, the Secretary, acting through
20 the Service, and the Secretary of the Interior shall develop
21 and enter into a memoranda of agreement, or review and
22 update any existing memoranda of agreement, as required
23 by section 4205 of the Indian Alcohol and Substance
24 Abuse Prevention and Treatment Act of 1986 (25 U.S.C.
25 2411) under which the Secretaries address the following:

1 "(1) The scope and nature of mental illness and
2 dysfunctional and self-destructive behavior, including
3 child abuse and family violence, among Indians.
4 "(2) The existing Federal, tribal, State, local,
5 and private services, resources, and programs avail-
6 able to provide behavioral health services for Indi-
7 ans.
8 "(3) The unmet need for additional services, re-
9 sources, and programs necessary to meet the needs
10 identified pursuant to paragraph (1).
11 "(4)(A) The right of Indians, as citizens of the
12 United States and of the States in which they re-
13 side, to have access to behavioral health services to
14 which all citizens have access.
15 "(B) The right of Indians to participate in, and
16 receive the benefit of, such services.
17 "(C) The actions necessary to protect the exer-
18 cise of such right.
19 "(5) The responsibilities of the Bureau of In-
20 dian Affairs and the Service, including mental illness
21 identification, prevention, education, referral, and
22 treatment services (including services through multi-
23 disciplinary resource teams), at the central, area,
24 and agency and Service Unit, Service Area, and

1 headquarters levels to address the problems identi-
2 fied in paragraph (1).
3 ''(6) A strategy for the comprehensive coordina-
4 tion of the behavioral health services provided by the
5 Bureau of Indian Affairs and the Service to meet
6 the problems identified pursuant to paragraph (1),
7 including—
8 ''(A) the coordination of alcohol and sub-
9 stance abuse programs of the Service, the Bu-
10 reau of Indian Affairs, and Indian Tribes and
11 Tribal Organizations (developed under the In-
12 dian Alcohol and Substance Abuse Prevention
13 and Treatment Act of 1986 (25 U.S.C. 2401 et
14 seq.)) with behavioral health initiatives pursu-
15 ant to this Act, particularly with respect to the
16 referral and treatment of dually diagnosed indi-
17 viduals requiring behavioral health and sub-
18 stance abuse treatment; and
19 ''(B) ensuring that the Bureau of Indian
20 Affairs and Service programs and services (in-
21 cluding multidisciplinary resource teams) ad-
22 dressing child abuse and family violence are co-
23 ordinated with such non-Federal programs and
24 services.

1 "(7) Directing appropriate officials of the Bu-
2 reau of Indian Affairs and the Service, particularly
3 at the agency and Service Unit levels, to cooperate
4 fully with tribal requests made pursuant to commu-
5 nity behavioral health plans adopted under section
6 701(c) and section 4206 of the Indian Alcohol and
7 Substance Abuse Prevention and Treatment Act of
8 1986 (25 U.S.C. 2412).
9 "(8) Providing for an annual review of such
10 agreement by the Secretaries which shall be provided
11 to Congress and Indian Tribes and Tribal Organiza-
12 tions.
13 "(b) SPECIFIC PROVISIONS REQUIRED.—The memo-
14 randa of agreement updated or entered into pursuant to
15 subsection (a) shall include specific provisions pursuant to
16 which the Service shall assume responsibility for—
17 "(1) the determination of the scope of the prob-
18 lem of alcohol and substance abuse among Indians,
19 including the number of Indians within the jurisdic-
20 tion of the Service who are directly or indirectly af-
21 fected by alcohol and substance abuse and the finan-
22 cial and human cost;
23 "(2) an assessment of the existing and needed
24 resources necessary for the prevention of alcohol and

1 substance abuse and the treatment of Indians af-
2 fected by alcohol and substance abuse; and
3 ''(3) an estimate of the funding necessary to
4 adequately support a program of prevention of alco-
5 hol and substance abuse and treatment of Indians
6 affected by alcohol and substance abuse.
7 ''(c) PUBLICATION.—Each memorandum of agree-
8 ment entered into or renewed (and amendments or modi-
9 fications thereto) under subsection (a) shall be published
10 in the Federal Register. At the same time as publication
11 in the Federal Register, the Secretary shall provide a copy
12 of such memoranda, amendment, or modification to each
13 Indian Tribe, Tribal Organization, and Urban Indian Or-
14 ganization.

15 **''SEC. 703. COMPREHENSIVE BEHAVIORAL HEALTH PRE-**
16 **VENTION AND TREATMENT PROGRAM.**

17 ''(a) ESTABLISHMENT.—
18 ''(1) IN GENERAL.—The Secretary, acting
19 through the Service, Indian Tribes, and Tribal Orga-
20 nizations, shall provide a program of comprehensive
21 behavioral health, prevention, treatment, and
22 aftercare, which shall include—
23 ''(A) prevention, through educational inter-
24 vention, in Indian communities;

1 "(B) acute detoxification, psychiatric hos-
2 pitalization, residential, and intensive outpatient
3 treatment;
4 "(C) community-based rehabilitation and
5 aftercare;
6 "(D) community education and involve-
7 ment, including extensive training of health
8 care, educational, and community-based per-
9 sonnel;
10 "(E) specialized residential treatment pro-
11 grams for high-risk populations, including preg-
12 nant and postpartum women and their children;
13 and
14 "(F) diagnostic services.
15 "(2) TARGET POPULATIONS.—The target popu-
16 lation of such programs shall be members of Indian
17 Tribes. Efforts to train and educate key members of
18 the Indian community shall also target employees of
19 health, education, judicial, law enforcement, legal,
20 and social service programs.
21 "(b) CONTRACT HEALTH SERVICES.—
22 "(1) IN GENERAL.—The Secretary, acting
23 through the Service, Indian Tribes, and Tribal Orga-
24 nizations, may enter into contracts with public or
25 private providers of behavioral health treatment

1 services for the purpose of carrying out the program
2 required under subsection (a).
3 "(2) PROVISION OF ASSISTANCE.—In carrying
4 out this subsection, the Secretary shall provide as-
5 sistance to Indian Tribes and Tribal Organizations
6 to develop criteria for the certification of behavioral
7 health service providers and accreditation of service
8 facilities which meet minimum standards for such
9 services and facilities.

10 **"SEC. 704. MENTAL HEALTH TECHNICIAN PROGRAM.**

11 "(a) IN GENERAL.—Under the authority of the Act
12 of November 2, 1921 (25 U.S.C. 13) (commonly known
13 as the 'Snyder Act'), the Secretary shall establish and
14 maintain a mental health technician program within the
15 Service which—
16 "(1) provides for the training of Indians as
17 mental health technicians; and
18 "(2) employs such technicians in the provision
19 of community-based mental health care that includes
20 identification, prevention, education, referral, and
21 treatment services.
22 "(b) PARAPROFESSIONAL TRAINING.—In carrying
23 out subsection (a), the Secretary, acting through the Serv-
24 ice, Indian Tribes, and Tribal Organizations, shall provide
25 high-standard paraprofessional training in mental health

1 care necessary to provide quality care to the Indian com-
2 munities to be served. Such training shall be based upon
3 a curriculum developed or approved by the Secretary
4 which combines education in the theory of mental health
5 care with supervised practical experience in the provision
6 of such care.

7 ''(c) SUPERVISION AND EVALUATION OF TECHNI-
8 CIANS.—The Secretary, acting through the Service, Indian
9 Tribes, and Tribal Organizations, shall supervise and
10 evaluate the mental health technicians in the training pro-
11 gram.

12 ''(d) TRADITIONAL HEALTH CARE PRACTICES.—The
13 Secretary, acting through the Service, shall ensure that
14 the program established pursuant to this subsection in-
15 volves the use and promotion of the traditional health care
16 practices of the Indian Tribes to be served.

17 **''SEC. 705. LICENSING REQUIREMENT FOR MENTAL**
18 **HEALTH CARE WORKERS.**

19 ''(a) IN GENERAL.—Subject to the provisions of sec-
20 tion 221, and except as provided in subsection (b), any
21 individual employed as a psychologist, social worker, or
22 marriage and family therapist for the purpose of providing
23 mental health care services to Indians in a clinical setting
24 under this Act is required to be licensed as a psychologist,

1 social worker, or marriage and family therapist, respec-
2 tively.
3 ''(b) TRAINEES.—An individual may be employed as
4 a trainee in psychology, social work, or marriage and fam-
5 ily therapy to provide mental health care services de-
6 scribed in subsection (a) if such individual—
7 ''(1) works under the direct supervision of a li-
8 censed psychologist, social worker, or marriage and
9 family therapist, respectively;
10 ''(2) is enrolled in or has completed at least 2
11 years of course work at a post-secondary, accredited
12 education program for psychology, social work, mar-
13 riage and family therapy, or counseling; and
14 ''(3) meets such other training, supervision, and
15 quality review requirements as the Secretary may es-
16 tablish.
17 **''SEC. 706. INDIAN WOMEN TREATMENT PROGRAMS.**
18 ''(a) GRANTS.—The Secretary, consistent with sec-
19 tion 701, may make grants to Indian Tribes, Tribal Orga-
20 nizations, and Urban Indian Organizations to develop and
21 implement a comprehensive behavioral health program of
22 prevention, intervention, treatment, and relapse preven-
23 tion services that specifically addresses the cultural, his-
24 torical, social, and child care needs of Indian women, re-
25 gardless of age.

1 “(b) USE OF GRANT FUNDS.—A grant made pursu-
2 ant to this section may be used to—
3 “(1) develop and provide community training,
4 education, and prevention programs for Indian
5 women relating to behavioral health issues, including
6 fetal alcohol disorders;
7 “(2) identify and provide psychological services,
8 counseling, advocacy, support, and relapse preven-
9 tion to Indian women and their families; and
10 “(3) develop prevention and intervention models
11 for Indian women which incorporate traditional
12 health care practices, cultural values, and commu-
13 nity and family involvement.
14 “(c) CRITERIA.—The Secretary, in consultation with
15 Indian Tribes and Tribal Organizations, shall establish
16 criteria for the review and approval of applications and
17 proposals for funding under this section.
18 “(d) EARMARK OF CERTAIN FUNDS.—Twenty per-
19 cent of the funds appropriated pursuant to this section
20 shall be used to make grants to Urban Indian Organiza-
21 tions.
22 **“SEC. 707. INDIAN YOUTH PROGRAM.**
23 “(a) DETOXIFICATION AND REHABILITATION.—The
24 Secretary, acting through the Service, consistent with sec-
25 tion 701, shall develop and implement a program for acute

1 detoxification and treatment for Indian youths, including
2 behavioral health services. The program shall include re-
3 gional treatment centers designed to include detoxification
4 and rehabilitation for both sexes on a referral basis and
5 programs developed and implemented by Indian Tribes or
6 Tribal Organizations at the local level under the Indian
7 Self-Determination and Education Assistance Act (25
8 U.S.C. 450 et seq.). Regional centers shall be integrated
9 with the intake and rehabilitation programs based in the
10 referring Indian community.

11 ''(b) ALCOHOL AND SUBSTANCE ABUSE TREATMENT
12 CENTERS OR FACILITIES.—

13 ''(1) ESTABLISHMENT.—

14 ''(A) IN GENERAL.—The Secretary, acting
15 through the Service, Indian Tribes, and Tribal
16 Organizations, shall construct, renovate, or, as
17 necessary, purchase, and appropriately staff
18 and operate, at least 1 youth regional treatment
19 center or treatment network in each area under
20 the jurisdiction of an Area Office.

21 ''(B) AREA OFFICE IN CALIFORNIA.—For
22 the purposes of this subsection, the Area Office
23 in California shall be considered to be 2 Area
24 Offices, 1 office whose jurisdiction shall be con-
25 sidered to encompass the northern area of the

1 State of California, and 1 office whose jurisdic-
2 tion shall be considered to encompass the re-
3 mainder of the State of California for the pur-
4 pose of implementing California treatment net-
5 works.

6 ''(2) FUNDING.—For the purpose of staffing
7 and operating such centers or facilities, funding
8 shall be pursuant to the Act of November 2, 1921
9 (25 U.S.C. 13).

10 ''(3) LOCATION.—A youth treatment center
11 constructed or purchased under this subsection shall
12 be constructed or purchased at a location within the
13 area described in paragraph (1) agreed upon (by ap-
14 propriate tribal resolution) by a majority of the In-
15 dian Tribes to be served by such center.

16 ''(4) SPECIFIC PROVISION OF FUNDS.—

17 ''(A) IN GENERAL.—Notwithstanding any
18 other provision of this title, the Secretary may,
19 from amounts authorized to be appropriated for
20 the purposes of carrying out this section, make
21 funds available to—

22 ''(i) the Tanana Chiefs Conference,
23 Incorporated, for the purpose of leasing,
24 constructing, renovating, operating, and

1 maintaining a residential youth treatment
2 facility in Fairbanks, Alaska; and
3 ''(ii) the Southeast Alaska Regional
4 Health Corporation to staff and operate a
5 residential youth treatment facility without
6 regard to the proviso set forth in section
7 4(l) of the Indian Self-Determination and
8 Education Assistance Act (25 U.S.C.
9 450b(l)).
10 ''(B) PROVISION OF SERVICES TO ELIGI-
11 BLE YOUTHS.—Until additional residential
12 youth treatment facilities are established in
13 Alaska pursuant to this section, the facilities
14 specified in subparagraph (A) shall make every
15 effort to provide services to all eligible Indian
16 youths residing in Alaska.
17 ''(c) INTERMEDIATE ADOLESCENT BEHAVIORAL
18 HEALTH SERVICES.—
19 ''(1) IN GENERAL.—The Secretary, acting
20 through the Service, Indian Tribes, and Tribal Orga-
21 nizations, may provide intermediate behavioral
22 health services to Indian children and adolescents,
23 including—
24 ''(A) pretreatment assistance;

1 "(B) inpatient, outpatient, and aftercare
2 services;
3 "(C) emergency care;
4 "(D) suicide prevention and crisis interven-
5 tion; and
6 "(E) prevention and treatment of mental
7 illness and dysfunctional and self-destructive
8 behavior, including child abuse and family vio-
9 lence.
10 "(2) USE OF FUNDS.—Funds provided under
11 this subsection may be used—
12 "(A) to construct or renovate an existing
13 health facility to provide intermediate behav-
14 ioral health services;
15 "(B) to hire behavioral health profes-
16 sionals;
17 "(C) to staff, operate, and maintain an in-
18 termediate mental health facility, group home,
19 sober housing, transitional housing or similar
20 facilities, or youth shelter where intermediate
21 behavioral health services are being provided;
22 "(D) to make renovations and hire appro-
23 priate staff to convert existing hospital beds
24 into adolescent psychiatric units; and

1 ''(E) for intensive home- and community-
2 based services.
3 ''(3) CRITERIA.—The Secretary, acting through
4 the Service, shall, in consultation with Indian Tribes
5 and Tribal Organizations, establish criteria for the
6 review and approval of applications or proposals for
7 funding made available pursuant to this subsection.
8 ''(d) FEDERALLY-OWNED STRUCTURES.—
9 ''(1) IN GENERAL.—The Secretary, in consulta-
10 tion with Indian Tribes and Tribal Organizations,
11 shall—
12 ''(A) identify and use, where appropriate,
13 federally-owned structures suitable for local res-
14 idential or regional behavioral health treatment
15 for Indian youths; and
16 ''(B) establish guidelines for determining
17 the suitability of any such federally-owned
18 structure to be used for local residential or re-
19 gional behavioral health treatment for Indian
20 youths.
21 ''(2) TERMS AND CONDITIONS FOR USE OF
22 STRUCTURE.—Any structure described in paragraph
23 (1) may be used under such terms and conditions as
24 may be agreed upon by the Secretary and the agency
25 having responsibility for the structure and any In-

1 dian Tribe or Tribal Organization operating the pro-
2 gram.

3 ''(e) REHABILITATION AND AFTERCARE SERVICES.—

4 ''(1) IN GENERAL.—The Secretary, Indian
5 Tribes, or Tribal Organizations, in cooperation with
6 the Secretary of the Interior, shall develop and im-
7 plement within each Service Unit, community-based
8 rehabilitation and follow-up services for Indian
9 youths who are having significant behavioral health
10 problems, and require long-term treatment, commu-
11 nity reintegration, and monitoring to support the In-
12 dian youths after their return to their home commu-
13 nity.

14 ''(2) ADMINISTRATION.—Services under para-
15 graph (1) shall be provided by trained staff within
16 the community who can assist the Indian youths in
17 their continuing development of self-image, positive
18 problem-solving skills, and nonalcohol or substance
19 abusing behaviors. Such staff may include alcohol
20 and substance abuse counselors, mental health pro-
21 fessionals, and other health professionals and para-
22 professionals, including community health represent-
23 atives.

24 ''(f) INCLUSION OF FAMILY IN YOUTH TREATMENT
25 PROGRAM.—In providing the treatment and other services

1 to Indian youths authorized by this section, the Secretary,
2 acting through the Service, Indian Tribes, and Tribal Or-
3 ganizations, shall provide for the inclusion of family mem-
4 bers of such youths in the treatment programs or other
5 services as may be appropriate. Not less than 10 percent
6 of the funds appropriated for the purposes of carrying out
7 subsection (e) shall be used for outpatient care of adult
8 family members related to the treatment of an Indian
9 youth under that subsection.

10 ''(g) MULTIDRUG ABUSE PROGRAM.—The Secretary,
11 acting through the Service, Indian Tribes, Tribal Organi-
12 zations, and Urban Indian Organizations, shall provide,
13 consistent with section 701, programs and services to pre-
14 vent and treat the abuse of multiple forms of substances,
15 including alcohol, drugs, inhalants, and tobacco, among
16 Indian youths residing in Indian communities, on or near
17 reservations, and in urban areas and provide appropriate
18 mental health services to address the incidence of mental
19 illness among such youths.

20 ''(h) INDIAN YOUTH MENTAL HEALTH.—The Sec-
21 retary, acting through the Service, shall collect data for
22 the report under section 801 with respect to—

23 ''(1) the number of Indian youth who are being
24 provided mental health services through the Service
25 and Tribal Health Programs;

1 "(2) a description of, and costs associated with,
2 the mental health services provided for Indian youth
3 through the Service and Tribal Health Programs;
4 "(3) the number of youth referred to the Serv-
5 ice or Tribal Health Programs for mental health
6 services;
7 "(4) the number of Indian youth provided resi-
8 dential treatment for mental health and behavioral
9 problems through the Service and Tribal Health
10 Programs, reported separately for on- and off-res-
11 ervation facilities; and
12 "(5) the costs of the services described in para-
13 graph (4).

14 **"SEC. 708. INDIAN YOUTH TELEMENTAL HEALTH DEM-**
15 **ONSTRATION PROJECT.**

16 "(a) PURPOSE.—The purpose of this section is to au-
17 thorize the Secretary to carry out a demonstration project
18 to test the use of telemental health services in suicide pre-
19 vention, intervention and treatment of Indian youth, in-
20 cluding through—
21 "(1) the use of psychotherapy, psychiatric as-
22 sessments, diagnostic interviews, therapies for men-
23 tal health conditions predisposing to suicide, and al-
24 cohol and substance abuse treatment;

1 "(2) the provision of clinical expertise to, consultation services with, and medical advice and training for frontline health care providers working with Indian youth;

5 "(3) training and related support for community leaders, family members and health and education workers who work with Indian youth;

8 "(4) the development of culturally-relevant educational materials on suicide; and

10 "(5) data collection and reporting.

11 "(b) DEFINITIONS.—For the purpose of this section, the following definitions shall apply:

13 "(1) DEMONSTRATION PROJECT.—The term 'demonstration project' means the Indian youth telemental health demonstration project authorized under subsection (c).

17 "(2) TELEMENTAL HEALTH.—The term 'telemental health' means the use of electronic information and telecommunications technologies to support long distance mental health care, patient and professional-related education, public health, and health administration.

23 "(c) AUTHORIZATION.—

24 "(1) IN GENERAL.—The Secretary is authorized to award grants under the demonstration project for

1 the provision of telemental health services to Indian
2 youth who—
3 “(A) have expressed suicidal ideas;
4 “(B) have attempted suicide; or
5 “(C) have mental health conditions that in-
6 crease or could increase the risk of suicide.
7 “(2) ELIGIBILITY FOR GRANTS.—Such grants
8 shall be awarded to Indian Tribes and Tribal Orga-
9 nizations that operate 1 or more facilities—
10 “(A) located in Alaska and part of the
11 Alaska Federal Health Care Access Network;
12 “(B) reporting active clinical telehealth ca-
13 pabilities; or
14 “(C) offering school-based telemental
15 health services relating to psychiatry to Indian
16 youth.
17 “(3) GRANT PERIOD.—The Secretary shall
18 award grants under this section for a period of up
19 to 4 years.
20 “(4) AWARDING OF GRANTS.—Not more than 5
21 grants shall be provided under paragraph (1), with
22 priority consideration given to Indian Tribes and
23 Tribal Organizations that—

1 "(A) serve a particular community or geo-
2 graphic area where there is a demonstrated
3 need to address Indian youth suicide;
4 "(B) enter in to collaborative partnerships
5 with Indian Health Service or Tribal Health
6 Programs or facilities to provide services under
7 this demonstration project;
8 "(C) serve an isolated community or geo-
9 graphic area which has limited or no access to
10 behavioral health services; or
11 "(D) operate a detention facility at which
12 Indian youth are detained.
13 "(d) USE OF FUNDS.—
14 "(1) IN GENERAL.—An Indian Tribe or Tribal
15 Organization shall use a grant received under sub-
16 section (c) for the following purposes:
17 "(A) To provide telemental health services
18 to Indian youth, including the provision of—
19 "(i) psychotherapy;
20 "(ii) psychiatric assessments and di-
21 agnostic interviews, therapies for mental
22 health conditions predisposing to suicide,
23 and treatment; and
24 "(iii) alcohol and substance abuse
25 treatment.

1 "(B) To provide clinician-interactive med-
2 ical advice, guidance and training, assistance in
3 diagnosis and interpretation, crisis counseling
4 and intervention, and related assistance to
5 Service, tribal, or urban clinicians and health
6 services providers working with youth being
7 served under this demonstration project.

8 "(C) To assist, educate and train commu-
9 nity leaders, health education professionals and
10 paraprofessionals, tribal outreach workers, and
11 family members who work with the youth re-
12 ceiving telemental health services under this
13 demonstration project, including with identifica-
14 tion of suicidal tendencies, crisis intervention
15 and suicide prevention, emergency skill develop-
16 ment, and building and expanding networks
17 among these individuals and with State and
18 local health services providers.

19 "(D) To develop and distribute culturally
20 appropriate community educational materials
21 on—

22 "(i) suicide prevention;

23 "(ii) suicide education;

24 "(iii) suicide screening;

25 "(iv) suicide intervention; and

1 "(v) ways to mobilize communities
2 with respect to the identification of risk
3 factors for suicide.
4 "(E) For data collection and reporting re-
5 lated to Indian youth suicide prevention efforts.
6 "(2) TRADITIONAL HEALTH CARE PRAC-
7 TICES.—In carrying out the purposes described in
8 paragraph (1), an Indian Tribe or Tribal Organiza-
9 tion may use and promote the traditional health care
10 practices of the Indian Tribes of the youth to be
11 served.
12 "(e) APPLICATIONS.—To be eligible to receive a grant
13 under subsection (c), an Indian Tribe or Tribal Organiza-
14 tion shall prepare and submit to the Secretary an applica-
15 tion, at such time, in such manner, and containing such
16 information as the Secretary may require, including—
17 "(1) a description of the project that the Indian
18 Tribe or Tribal Organization will carry out using the
19 funds provided under the grant;
20 "(2) a description of the manner in which the
21 project funded under the grant would—
22 "(A) meet the telemental health care needs
23 of the Indian youth population to be served by
24 the project; or

1 "(B) improve the access of the Indian
2 youth population to be served to suicide preven-
3 tion and treatment services;
4 "(3) evidence of support for the project from
5 the local community to be served by the project;
6 "(4) a description of how the families and lead-
7 ership of the communities or populations to be
8 served by the project would be involved in the devel-
9 opment and ongoing operations of the project;
10 "(5) a plan to involve the tribal community of
11 the youth who are provided services by the project
12 in planning and evaluating the mental health care
13 and suicide prevention efforts provided, in order to
14 ensure the integration of community, clinical, envi-
15 ronmental, and cultural components of the treat-
16 ment; and
17 "(6) a plan for sustaining the project after Fed-
18 eral assistance for the demonstration project has ter-
19 minated.
20 "(f) COLLABORATION; REPORTING TO NATIONAL
21 CLEARINGHOUSE.—
22 "(1) COLLABORATION.—The Secretary, acting
23 through the Service, shall encourage Indian Tribes
24 and Tribal Organizations receiving grants under this

1 section to collaborate to enable comparisons about
2 best practices across projects.
3 "(2) REPORTING TO NATIONAL CLEARING-
4 HOUSE.—The Secretary, acting through the Service,
5 shall also encourage Indian Tribes and Tribal Orga-
6 nizations receiving grants under this section to sub-
7 mit relevant, declassified project information to the
8 national clearinghouse authorized under section
9 701(b)(2) in order to better facilitate program per-
10 formance and improve suicide prevention, interven-
11 tion, and treatment services.
12 "(g) ANNUAL REPORT.—Each grant recipient shall
13 submit to the Secretary an annual report that—
14 "(1) describes the number of telemental health
15 services provided; and
16 "(2) includes any other information that the
17 Secretary may require.
18 "(h) REPORT TO CONGRESS.—Not later than 270
19 days after the termination of the demonstration project,
20 the Secretary shall submit to the Committee on Indian Af-
21 fairs of the Senate and the Committee on Natural Re-
22 sources and Committee on Energy and Commerce of the
23 House of Representatives a final report, based on the an-
24 nual reports provided by grant recipients under subsection
25 (h), that—

1 "(1) describes the results of the projects funded
2 by grants awarded under this section, including any
3 data available which indicates the number of at-
4 tempted suicides;

5 "(2) evaluates the impact of the telemental
6 health services funded by the grants in reducing the
7 number of completed suicides among Indian youth;

8 "(3) evaluates whether the demonstration
9 project should be—

10 "(A) expanded to provide more than 5
11 grants; and

12 "(B) designated a permanent program;
13 and

14 "(4) evaluates the benefits of expanding the
15 demonstration project to include Urban Indian Or-
16 ganizations.

17 "(i) AUTHORIZATION OF APPROPRIATIONS.—There is
18 authorized to be appropriated to carry out this section
19 $1,500,000 for each of fiscal years 2008 through 2011.

20 **"SEC. 709. INPATIENT AND COMMUNITY-BASED MENTAL**
21 **HEALTH FACILITIES DESIGN, CONSTRUC-**
22 **TION, AND STAFFING.**

23 "Not later than 1 year after the date of enactment
24 of the Indian Health Care Improvement Act Amendments
25 of 2007, the Secretary, acting through the Service, Indian

1 Tribes, and Tribal Organizations, may provide, in each
2 area of the Service, not less than 1 inpatient mental health
3 care facility, or the equivalent, for Indians with behavioral
4 health problems. For the purposes of this subsection, Cali-
5 fornia shall be considered to be 2 Area Offices, 1 office
6 whose location shall be considered to encompass the north-
7 ern area of the State of California and 1 office whose ju-
8 risdiction shall be considered to encompass the remainder
9 of the State of California. The Secretary shall consider
10 the possible conversion of existing, underused Service hos-
11 pital beds into psychiatric units to meet such need.

12 **"SEC. 710. TRAINING AND COMMUNITY EDUCATION.**

13 "(a) PROGRAM.—The Secretary, in cooperation with
14 the Secretary of the Interior, shall develop and implement
15 or assist Indian Tribes and Tribal Organizations to de-
16 velop and implement, within each Service Unit or tribal
17 program, a program of community education and involve-
18 ment which shall be designed to provide concise and timely
19 information to the community leadership of each tribal
20 community. Such program shall include education about
21 behavioral health issues to political leaders, Tribal judges,
22 law enforcement personnel, members of tribal health and
23 education boards, health care providers including tradi-
24 tional practitioners, and other critical members of each
25 tribal community. Such program may also include commu-

1 nity-based training to develop local capacity and tribal
2 community provider training for prevention, intervention,
3 treatment, and aftercare.

4 "(b) INSTRUCTION.—The Secretary, acting through
5 the Service, shall, either directly or through Indian Tribes
6 and Tribal Organizations, provide instruction in the area
7 of behavioral health issues, including instruction in crisis
8 intervention and family relations in the context of alcohol
9 and substance abuse, child sexual abuse, youth alcohol and
10 substance abuse, and the causes and effects of fetal alco-
11 hol disorders to appropriate employees of the Bureau of
12 Indian Affairs and the Service, and to personnel in schools
13 or programs operated under any contract with the Bureau
14 of Indian Affairs or the Service, including supervisors of
15 emergency shelters and halfway houses described in sec-
16 tion 4213 of the Indian Alcohol and Substance Abuse Pre-
17 vention and Treatment Act of 1986 (25 U.S.C. 2433).

18 "(c) TRAINING MODELS.—In carrying out the edu-
19 cation and training programs required by this section, the
20 Secretary, in consultation with Indian Tribes, Tribal Or-
21 ganizations, Indian behavioral health experts, and Indian
22 alcohol and substance abuse prevention experts, shall de-
23 velop and provide community-based training models. Such
24 models 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
4 multigenerational aspects of behavioral health prob-
5 lem prevention 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
14 community-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
24 services in an efficient and effective manner.

1 "(4) The Indian Tribe or Tribal Organization
2 has the administrative and financial capability to ad-
3 minister 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 pur-
20 poses of meeting the health status objectives speci-
21 fied in section 3.
22 "(2) USE OF FUNDS.—
23 "(A) IN GENERAL.—Funding provided
24 pursuant to this section shall be used for the
25 following:

1 "(i) To develop and provide for Indi-
2 ans community and in-school training, edu-
3 cation, and prevention programs relating
4 to 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 ef-
18 fects of fetal alcohol disorder among Indi-
19 ans.
20 "(ii) Community-based support serv-
21 ices for Indians and women pregnant with
22 Indian children.
23 "(iii) Community-based housing for
24 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 pre-
8 vention, intervention, treatment, and aftercare for
9 those affected by fetal alcohol disorder in Indian
10 communities; 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 al-
15 cohol 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
19 (b). Such task force shall be composed of representatives
20 from the following:
21 "(1) The National Institute on Drug Abuse.
22 "(2) The National Institute on Alcohol and Al-
23 coholism.
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
6 and 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 Sec-
15 retary, acting through the Substance Abuse and Mental
16 Health Services Administration, shall make grants to In-
17 dian Tribes, Tribal Organizations, and Urban Indian Or-
18 ganizations for applied research projects which propose to
19 elevate the understanding of methods to prevent, inter-
20 vene, treat, or provide rehabilitation and behavioral health
21 aftercare for Indians and Urban Indians affected by fetal
22 alcohol disorder.
23 "(e) FUNDING FOR URBAN INDIAN ORGANIZA-
24 TIONS.—Ten percent of the funds appropriated pursuant

1 to this section shall be used to make grants to Urban In-
2 dian Organizations funded under title V.

3 **"SEC. 713. CHILD SEXUAL ABUSE AND PREVENTION TREAT-**
4 **MENT PROGRAMS.**

5 "(a) ESTABLISHMENT.—The Secretary, acting
6 through the Service, and the Secretary of the Interior, In-
7 dian Tribes, and Tribal Organizations, shall establish,
8 consistent with section 701, in every Service Area, pro-
9 grams involving treatment for—

10 "(1) victims of sexual abuse who are Indian
11 children 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 perpe-
13 trator is incarcerated or at the earliest possible
14 date if the perpetrator is not incarcerated; and

15 "(B) providing treatment after the perpe-
16 trator is released, until it is determined that the
17 perpetrator is not a threat to children.

18 "(c) COORDINATION.—The programs established
19 under subsection (a) shall be carried out in coordination
20 with programs and services authorized under the Indian
21 Child Protection and Family Violence Prevention Act (25
22 U.S.C. 3201 et seq.).

23 **"SEC. 714. BEHAVIORAL HEALTH RESEARCH.**

24 "The Secretary, in consultation with appropriate
25 Federal agencies, shall make grants to, or enter into con-

1 tracts with, Indian Tribes, Tribal Organizations, and
2 Urban Indian Organizations or enter into contracts with,
3 or make grants to appropriate institutions for, the conduct
4 of research on the incidence and prevalence of behavioral
5 health problems among Indians served by the Service, In-
6 dian Tribes, or Tribal Organizations and among Indians
7 in urban areas. Research priorities under this section shall
8 include—

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
17 of behavioral health problems with alcoholism and
18 other substance abuse, suicide, homicides, other in-
19 juries, 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 defini-
3 tions 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
9 NEURODEVELOPMENTAL DISORDERS OR ARND.—The
10 term 'alcohol-related neurodevelopmental disorders'
11 or 'ARND' means, with a history of maternal alco-
12 hol consumption during pregnancy, central nervous
13 system involvement such as developmental delay, in-
14 tellectual deficit, or neurologic abnormalities. Behav-
15 iorally, there can be problems with irritability, and
16 failure to thrive as infants. As children become older
17 there will likely be hyperactivity, attention deficit,
18 language dysfunction, and perceptual and judgment
19 problems.

20 "(3) BEHAVIORAL HEALTH AFTERCARE.—The
21 term 'behavioral health aftercare' includes those ac-
22 tivities and resources used to support recovery fol-
23 lowing inpatient, residential, intensive substance
24 abuse, or mental health outpatient or outpatient
25 treatment. The purpose is to help prevent or deal
26 with relapse by ensuring that by the time a client or

1 patient is discharged from a level of care, such as
2 outpatient treatment, an aftercare plan has been de-
3 veloped with the client. An aftercare plan may use
4 such resources as a community-based therapeutic
5 group, transitional living facilities, a 12-step spon-
6 sor, a local 12-step or other related support group,
7 and other community-based providers.

8 ''(4) DUAL DIAGNOSIS.—The term 'dual diag-
9 nosis' means coexisting substance abuse and mental
10 illness conditions or diagnosis. Such clients are
11 sometimes referred to as mentally ill chemical abus-
12 ers (MICAs).

13 ''(5) FETAL ALCOHOL DISORDERS.—The term
14 'fetal alcohol disorders' means fetal alcohol syn-
15 drome, partial fetal alcohol syndrome and alcohol re-
16 lated neurodevelopmental disorder (ARND).

17 ''(6) FETAL ALCOHOL SYNDROME OR FAS.—
18 The term 'fetal alcohol syndrome' or 'FAS' means a
19 syndrome in which, with a history of maternal alco-
20 hol consumption during pregnancy, the following cri-
21 teria are met:

22 ''(A) Central nervous system involvement
23 such as developmental delay, intellectual deficit,
24 microencephaly, or neurologic abnormalities.

1 ''(B) Craniofacial abnormalities with at
2 least 2 of the following: microophthalmia, short
3 palpebral fissures, poorly developed philtrum,
4 thin upper lip, flat nasal bridge, and short
5 upturned nose.

6 ''(C) Prenatal or postnatal growth delay.

7 ''(7) PARTIAL FAS.—The term 'partial FAS'
8 means, with a history of maternal alcohol consump-
9 tion during pregnancy, having most of the criteria of
10 FAS, though not meeting a minimum of at least 2
11 of the following: microophthalmia, short palpebral
12 fissures, poorly developed philtrum, thin upper lip,
13 flat nasal bridge, and short upturned nose.

14 ''(8) REHABILITATION.—The term 'rehabilita-
15 tion' means to restore the ability or capacity to en-
16 gage in usual and customary life activities through
17 education and therapy.

18 ''(9) SUBSTANCE ABUSE.—The term 'substance
19 abuse' includes inhalant abuse.

20 **''SEC. 716. AUTHORIZATION OF APPROPRIATIONS.**

21 ''There is authorized to be appropriated such sums
22 as may be necessary for each fiscal year through fiscal
23 year 2017 to carry out the provisions of this title.

"TITLE VIII—MISCELLANEOUS

"SEC. 801. REPORTS.

"For each fiscal year following the date of enactment of the Indian Health Care Improvement Act Amendments of 2007, the Secretary shall transmit to Congress a report containing the following:

"(1) A report on the progress made in meeting the objectives of this Act, including a review of programs established or assisted pursuant to this Act and assessments and recommendations of additional programs or additional assistance necessary to, at a minimum, provide health services to Indians and ensure a health status for Indians, which are at a parity with the health services available to and the health status of the general population.

"(2) A report on whether, and to what extent, new national health care programs, benefits, initiatives, or financing systems have had an impact on the purposes of this Act and any steps that the Secretary may have taken to consult with Indian Tribes, Tribal Organizations, and Urban Indian Organizations to address such impact, including a report on proposed changes in allocation of funding pursuant to section 808.

1 “(3) A report on the use of health services by
2 Indians—
3 “(A) on a national and area or other rel-
4 evant geographical basis;
5 “(B) by gender and age;
6 “(C) by source of payment and type of
7 service;
8 “(D) comparing such rates of use with
9 rates of use among comparable non-Indian pop-
10 ulations; and
11 “(E) provided under contracts.
12 “(4) A report of contractors to the Secretary on
13 Health Care Educational Loan Repayments every 6
14 months required by section 110.
15 “(5) A general audit report of the Secretary on
16 the Health Care Educational Loan Repayment Pro-
17 gram as required by section 110(n).
18 “(6) A report of the findings and conclusions of
19 demonstration programs on development of edu-
20 cational curricula for substance abuse counseling as
21 required in section 125(f).
22 “(7) A separate statement which specifies the
23 amount of funds requested to carry out the provi-
24 sions of section 201.

1 "(8) A report of the evaluations of health pro-
2 motion and disease prevention as required in section
3 203(c).
4 "(9) A biennial report to Congress on infectious
5 diseases as required by section 212.
6 "(10) A report on environmental and nuclear
7 health hazards as required by section 215.
8 "(11) An annual report on the status of all
9 health care facilities needs as required by section
10 301(c)(2)(B) and 301(d).
11 "(12) Reports on safe water and sanitary waste
12 disposal facilities as required by section 302(h).
13 "(13) An annual report on the expenditure of
14 non-Service funds for renovation as required by sec-
15 tions 304(b)(2).
16 "(14) A report identifying the backlog of main-
17 tenance and repair required at Service and tribal fa-
18 cilities required by section 313(a).
19 "(15) A report providing an accounting of reim-
20 bursement funds made available to the Secretary
21 under titles XVIII, XIX, and XXI of the Social Se-
22 curity Act.
23 "(16) A report on any arrangements for the
24 sharing of medical facilities or services, as author-
25 ized by section 406.

1 "(17) A report on evaluation and renewal of
2 Urban Indian programs under section 505.
3 "(18) A report on the evaluation of programs
4 as required by section 513(d).
5 "(19) A report on alcohol and substance abuse
6 as required by section 701(f).
7 "(20) A report on Indian youth mental health
8 services as required by section 707(h).
9 "(21) A report on the reallocation of base re-
10 sources if required by section 808.
11 **"SEC. 802. REGULATIONS.**
12 "(a) DEADLINES.—
13 "(1) PROCEDURES.—Not later than 90 days
14 after the date of enactment of the Indian Health
15 Care Improvement Act Amendments of 2007, the
16 Secretary shall initiate procedures under subchapter
17 III of chapter 5 of title 5, United States Code, to
18 negotiate and promulgate such regulations or
19 amendments thereto that are necessary to carry out
20 titles II (except section 202) and VII, the sections
21 of title III for which negotiated rulemaking is spe-
22 cifically required, and section 807. Unless otherwise
23 required, the Secretary may promulgate regulations
24 to carry out titles I, III, IV, and V, and section 202,
25 using the procedures required by chapter V of title

1 5, United States Code (commonly known as the 'Ad-
2 ministrative Procedure Act').

3 "(2) PROPOSED REGULATIONS.—Proposed reg-
4 ulations to implement this Act shall be published in
5 the Federal Register by the Secretary no later than
6 2 years after the date of enactment of the Indian
7 Health Care Improvement Act Amendments of 2007
8 and shall have no less than a 120-day comment pe-
9 riod.

10 "(3) FINAL REGULATIONS.—The Secretary
11 shall publish in the Federal Register final regula-
12 tions to implement this Act by not later than 3 years
13 after the date of enactment of the Indian Health
14 Care Improvement Act Amendments of 2007.

15 "(b) COMMITTEE.—A negotiated rulemaking com-
16 mittee established pursuant to section 565 of title 5,
17 United States Code, to carry out this section shall have
18 as its members only representatives of the Federal Gov-
19 ernment and representatives of Indian Tribes, and Tribal
20 Organizations, a majority of whom shall be nominated by
21 and be representatives of Indian Tribes and Tribal Orga-
22 nizations from each Service Area.

23 "(c) ADAPTATION OF PROCEDURES.—The Secretary
24 shall adapt the negotiated rulemaking procedures to the
25 unique context of self-governance and the government-to-

1 government relationship between the United States and
2 Indian Tribes.

3 "(d) LACK OF REGULATIONS.—The lack of promul-
4 gated regulations shall not limit the effect of this Act.

5 "(e) INCONSISTENT REGULATIONS.—The provisions
6 of this Act shall supersede any conflicting provisions of
7 law in effect on the day before the date of enactment of
8 the Indian Health Care Improvement Act Amendments of
9 2007, and the Secretary is authorized to repeal any regu-
10 lation inconsistent with the provisions of this Act.

11 **"SEC. 803. PLAN OF IMPLEMENTATION.**

12 "Not later than 9 months after the date of enactment
13 of the Indian Health Care Improvement Act Amendments
14 of 2007, the Secretary, in consultation with Indian Tribes,
15 Tribal Organizations, and Urban Indian Organizations,
16 shall submit to Congress a plan explaining the manner and
17 schedule, by title and section, by which the Secretary will
18 implement the provisions of this Act. This consultation
19 may be conducted jointly with the annual budget consulta-
20 tion pursuant to the Indian Self-Determination and Edu-
21 cation Assistance Act (25 U.S.C. 450 et seq).

22 **"SEC. 804. AVAILABILITY OF FUNDS.**

23 "The funds appropriated pursuant to this Act shall
24 remain available until expended.

1 **"SEC. 805. LIMITATION ON USE OF FUNDS APPROPRIATED**
2 **TO INDIAN HEALTH SERVICE.**

3 "Any limitation on the use of funds contained in an
4 Act providing appropriations for the Department for a pe-
5 riod with respect to the performance of abortions shall
6 apply for that period with respect to the performance of
7 abortions using funds contained in an Act providing ap-
8 propriations for the Service.

9 **"SEC. 806. ELIGIBILITY OF CALIFORNIA INDIANS.**

10 "(a) IN GENERAL.—The following California Indians
11 shall be eligible for health services provided by the Service:
12 "(1) Any member of a federally recognized In-
13 dian Tribe.
14 "(2) Any descendant of an Indian who was re-
15 siding in California on June 1, 1852, if such de-
16 scendant—
17 "(A) is a member of the Indian community
18 served by a local program of the Service; and
19 "(B) is regarded as an Indian by the com-
20 munity in which such descendant lives.
21 "(3) Any Indian who holds trust interests in
22 public domain, national forest, or reservation allot-
23 ments in California.
24 "(4) Any Indian in California who is listed on
25 the plans for distribution of the assets of rancherias
26 and reservations located within the State of Cali-

1 fornia under the Act of August 18, 1958 (72 Stat.
2 619), and any descendant of such an Indian.
3 ''(b) CLARIFICATION.—Nothing in this section may
4 be construed as expanding the eligibility of California Indi-
5 ans for health services provided by the Service beyond the
6 scope of eligibility for such health services that applied on
7 May 1, 1986.

8 **''SEC. 807. HEALTH SERVICES FOR INELIGIBLE PERSONS.**

9 ''(a) CHILDREN.—Any individual who—
10 ''(1) has not attained 19 years of age;
11 ''(2) is the natural or adopted child, stepchild,
12 foster child, legal ward, or orphan of an eligible In-
13 dian; and
14 ''(3) is not otherwise eligible for health services
15 provided by the Service,
16 shall be eligible for all health services provided by the
17 Service on the same basis and subject to the same rules
18 that apply to eligible Indians until such individual attains
19 19 years of age. The existing and potential health needs
20 of all such individuals shall be taken into consideration
21 by the Service in determining the need for, or the alloca-
22 tion of, the health resources of the Service. If such an indi-
23 vidual has been determined to be legally incompetent prior
24 to attaining 19 years of age, such individual shall remain

1 eligible for such services until 1 year after the date of a
2 determination of competency.

3 "(b) SPOUSES.—Any spouse of an eligible Indian who
4 is not an Indian, or who is of Indian descent but is not
5 otherwise eligible for the health services provided by the
6 Service, shall be eligible for such health services if all such
7 spouses or spouses who are married to members of each
8 Indian Tribe being served are made eligible, as a class,
9 by an appropriate resolution of the governing body of the
10 Indian Tribe or Tribal Organization providing such serv-
11 ices. The health needs of persons made eligible under this
12 paragraph shall not be taken into consideration by the
13 Service in determining the need for, or allocation of, its
14 health resources.

15 "(c) PROVISION OF SERVICES TO OTHER INDIVID-
16 UALS.—

17 "(1) IN GENERAL.—The Secretary is authorized
18 to provide health services under this subsection
19 through health programs operated directly by the
20 Service to individuals who reside within the Service
21 Unit and who are not otherwise eligible for such
22 health services if—

23 "(A) the Indian Tribes served by such
24 Service Unit request such provision of health
25 services to such individuals; and

1 "(B) the Secretary and the served Indian
2 Tribes have jointly determined that—
3 "(i) the provision of such health serv-
4 ices will not result in a denial or diminu-
5 tion of health services to eligible Indians;
6 and
7 "(ii) there is no reasonable alternative
8 health facilities or services, within or with-
9 out the Service Unit, available to meet the
10 health needs of such individuals.
11 "(2) ISDEAA PROGRAMS.—In the case of
12 health programs and facilities operated under a con-
13 tract or compact entered into under the Indian Self-
14 Determination and Education Assistance Act (25
15 U.S.C. 450 et seq.), the governing body of the In-
16 dian Tribe or Tribal Organization providing health
17 services under such contract or compact is author-
18 ized to determine whether health services should be
19 provided under such contract to individuals who are
20 not eligible for such health services under any other
21 subsection of this section or under any other provi-
22 sion of law. In making such determinations, the gov-
23 erning body of the Indian Tribe or Tribal Organiza-
24 tion shall take into account the considerations de-
25 scribed in paragraph (1)(B).

1 "(3) PAYMENT FOR SERVICES.—

2 "(A) IN GENERAL.—Persons receiving
3 health services provided by the Service under
4 this subsection shall be liable for payment of
5 such health services under a schedule of charges
6 prescribed by the Secretary which, in the judg-
7 ment of the Secretary, results in reimbursement
8 in an amount not less than the actual cost of
9 providing the health services. Notwithstanding
10 section 404 of this Act or any other provision
11 of law, amounts collected under this subsection,
12 including Medicare, Medicaid, or SCHIP reim-
13 bursements under titles XVIII, XIX, and XXI
14 of the Social Security Act, shall be credited to
15 the account of the program providing the serv-
16 ice and shall be used for the purposes listed in
17 section 401(d)(2) and amounts collected under
18 this subsection shall be available for expendi-
19 ture within such program.

20 "(B) INDIGENT PEOPLE.—Health services
21 may be provided by the Secretary through the
22 Service under this subsection to an indigent in-
23 dividual who would not be otherwise eligible for
24 such health services but for the provisions of
25 paragraph (1) only if an agreement has been

1 entered into with a State or local government
2 under which the State or local government
3 agrees to reimburse the Service for the expenses
4 incurred by the Service in providing such health
5 services to such indigent individual.

6 "(4) REVOCATION OF CONSENT FOR SERV-
7 ICES.—

8 "(A) SINGLE TRIBE SERVICE AREA.—In
9 the case of a Service Area which serves only 1
10 Indian Tribe, the authority of the Secretary to
11 provide health services under paragraph (1)
12 shall terminate at the end of the fiscal year suc-
13 ceeding the fiscal year in which the governing
14 body of the Indian Tribe revokes its concur-
15 rence to the provision of such health services.

16 "(B) MULTITRIBAL SERVICE AREA.—In
17 the case of a multitribal Service Area, the au-
18 thority of the Secretary to provide health serv-
19 ices under paragraph (1) shall terminate at the
20 end of the fiscal year succeeding the fiscal year
21 in which at least 51 percent of the number of
22 Indian Tribes in the Service Area revoke their
23 concurrence to the provisions of such health
24 services.

1 “(d) OTHER SERVICES.—The Service may provide
2 health services under this subsection to individuals who
3 are not eligible for health services provided by the Service
4 under any other provision of law in order to—
5 “(1) achieve stability in a medical emergency;
6 “(2) prevent the spread of a communicable dis-
7 ease or otherwise deal with a public health hazard;
8 “(3) provide care to non-Indian women preg-
9 nant with an eligible Indian’s child for the duration
10 of the pregnancy through postpartum; or
11 “(4) provide care to immediate family members
12 of an eligible individual if such care is directly re-
13 lated to the treatment of the eligible individual.
14 “(e) HOSPITAL PRIVILEGES FOR PRACTITIONERS.—
15 Hospital privileges in health facilities operated and main-
16 tained by the Service or operated under a contract or com-
17 pact pursuant to the Indian Self-Determination and Edu-
18 cation Assistance Act (25 U.S.C. 450 et seq.) may be ex-
19 tended to non-Service health care practitioners who pro-
20 vide services to individuals described in subsection (a), (b),
21 (c), or (d). Such non-Service health care practitioners
22 may, as part of the privileging process, be designated as
23 employees of the Federal Government for purposes of sec-
24 tion 1346(b) and chapter 171 of title 28, United States
25 Code (relating to Federal tort claims) only with respect

1 to acts or omissions which occur in the course of providing
2 services to eligible individuals as a part of the conditions
3 under which such hospital privileges are extended.

4 ''(f) ELIGIBLE INDIAN.—For purposes of this sec-
5 tion, the term 'eligible Indian' means any Indian who is
6 eligible for health services provided by the Service without
7 regard to the provisions of this section.

8 **''SEC. 808. REALLOCATION OF BASE RESOURCES.**

9 ''(a) REPORT REQUIRED.—Notwithstanding any
10 other provision of law, any allocation of Service funds for
11 a fiscal year that reduces by 5 percent or more from the
12 previous fiscal year the funding for any recurring pro-
13 gram, project, or activity of a Service Unit may be imple-
14 mented only after the Secretary has submitted to Con-
15 gress, under section 801, a report on the proposed change
16 in allocation of funding, including the reasons for the
17 change and its likely effects.

18 ''(b) EXCEPTION.—Subsection (a) shall not apply if
19 the total amount appropriated to the Service for a fiscal
20 year is at least 5 percent less than the amount appro-
21 priated to the Service for the previous fiscal year.

22 **''SEC. 809. RESULTS OF DEMONSTRATION PROJECTS.**

23 ''The Secretary shall provide for the dissemination to
24 Indian Tribes, Tribal Organizations, and Urban Indian

1 Organizations of the findings and results of demonstration
2 projects conducted under this Act.

3 **"SEC. 810. PROVISION OF SERVICES IN MONTANA.**

4 "(a) CONSISTENT WITH COURT DECISION.—The
5 Secretary, acting through the Service, shall provide serv-
6 ices and benefits for Indians in Montana in a manner con-
7 sistent with the decision of the United States Court of Ap-
8 peals for the Ninth Circuit in McNabb for McNabb v.
9 Bowen, 829 F.2d 787 (9th Cir. 1987).

10 "(b) CLARIFICATION.—The provisions of subsection
11 (a) shall not be construed to be an expression of the sense
12 of Congress on the application of the decision described
13 in subsection (a) with respect to the provision of services
14 or benefits for Indians living in any State other than Mon-
15 tana.

16 **"SEC. 811. MORATORIUM.**

17 "During the period of the moratorium imposed on
18 implementation of the final rule published in the Federal
19 Register on September 16, 1987, by the Department of
20 Health and Human Services, relating to eligibility for the
21 health care services of the Indian Health Service, the In-
22 dian Health Service shall provide services pursuant to the
23 criteria for eligibility for such services that were in effect
24 on September 15, 1987, subject to the provisions of sec-
25 tions 806 and 807, until the Service has submitted to the

Committees on Appropriations of the Senate and the House of Representatives a budget request reflecting the increased costs associated with the proposed final rule, and the request has been included in an appropriations Act and enacted into law.

"SEC. 812. SEVERABILITY PROVISIONS.

''If any provision of this Act, any amendment made by the Act, or the application of such provision or amendment to any person or circumstances is held to be invalid, the remainder of this Act, the remaining amendments made by this Act, and the application of such provisions to persons or circumstances other than those to which it is held invalid, shall not be affected thereby.

"SEC. 813. ESTABLISHMENT OF NATIONAL BIPARTISAN COMMISSION ON INDIAN HEALTH CARE.

''(a) ESTABLISHMENT.—There is established the National Bipartisan Indian Health Care Commission (the 'Commission').

''(b) DUTIES OF COMMISSION.—The duties of the Commission are the following:

''(1) To establish a study committee composed of those members of the Commission appointed by the Director of the Service and at least 4 members of Congress from among the members of the Commission, the duties of which shall be the following:

1 "(A) To the extent necessary to carry out
2 its duties, collect and compile data necessary to
3 understand the extent of Indian needs with re-
4 gard to the provision of health services, regard-
5 less of the location of Indians, including holding
6 hearings and soliciting the views of Indians, In-
7 dian Tribes, Tribal Organizations, and Urban
8 Indian Organizations, which may include au-
9 thorizing and making funds available for feasi-
10 bility studies of various models for providing
11 and funding health services for all Indian bene-
12 ficiaries, including those who live outside of a
13 reservation, temporarily or permanently.

14 "(B) To make legislative recommendations
15 to the Commission regarding the delivery of
16 Federal health care services to Indians. Such
17 recommendations shall include those related to
18 issues of eligibility, benefits, the range of serv-
19 ice providers, the cost of such services, financ-
20 ing such services, and the optimal manner in
21 which to provide such services.

22 "(C) To determine the effect of the enact-
23 ment of such recommendations on (i) the exist-
24 ing system of delivery of health services for In-

1 dians, and (ii) the sovereign status of Indian
2 Tribes.
3 ''(D) Not later than 12 months after the
4 appointment of all members of the Commission,
5 to submit a written report of its findings and
6 recommendations to the full Commission. The
7 report shall include a statement of the minority
8 and majority position of the Committee and
9 shall be disseminated, at a minimum, to every
10 Indian Tribe, Tribal Organization, and Urban
11 Indian Organization for comment to the Com-
12 mission.
13 ''(E) To report regularly to the full Com-
14 mission regarding the findings and rec-
15 ommendations developed by the study com-
16 mittee in the course of carrying out its duties
17 under this section.
18 ''(2) To review and analyze the recommenda-
19 tions of the report of the study committee.
20 ''(3) To make legislative recommendations to
21 Congress regarding the delivery of Federal health
22 care services to Indians. Such recommendations
23 shall include those related to issues of eligibility,
24 benefits, the range of service providers, the cost of

1 such services, financing such services, and the opti-
2 mal manner in which to provide such services.
3 "(4) Not later than 18 months following the
4 date of appointment of all members of the Commis-
5 sion, submit a written report to Congress regarding
6 the delivery of Federal health care services to Indi-
7 ans. Such recommendations shall include those re-
8 lated to issues of eligibility, benefits, the range of
9 service providers, the cost of such services, financing
10 such services, and the optimal manner in which to
11 provide such services.
12 "(c) MEMBERS.—
13 "(1) APPOINTMENT.—The Commission shall be
14 composed of 25 members, appointed as follows:
15 "(A) Ten members of Congress, including
16 3 from the House of Representatives and 2
17 from the Senate, appointed by their respective
18 majority leaders, and 3 from the House of Rep-
19 resentatives and 2 from the Senate, appointed
20 by their respective minority leaders, and who
21 shall be members of the standing committees of
22 Congress that consider legislation affecting
23 health care to Indians.
24 "(B) Twelve persons chosen by the con-
25 gressional members of the Commission, 1 from

1 each Service Area as currently designated by
2 the Director of the Service to be chosen from
3 among 3 nominees from each Service Area put
4 forward by the Indian Tribes within the area,
5 with due regard being given to the experience
6 and expertise of the nominees in the provision
7 of health care to Indians and to a reasonable
8 representation on the commission of members
9 who are familiar with various health care deliv-
10 ery modes and who represent Indian Tribes of
11 various size populations.

12 ''(C) Three persons appointed by the Di-
13 rector who are knowledgeable about the provi-
14 sion of health care to Indians, at least 1 of
15 whom shall be appointed from among 3 nomi-
16 nees put forward by those programs whose
17 funds are provided in whole or in part by the
18 Service primarily or exclusively for the benefit
19 of Urban Indians.

20 ''(D) All those persons chosen by the con-
21 gressional members of the Commission and by
22 the Director shall be members of federally rec-
23 ognized Indian Tribes.

1 "(2) CHAIR; VICE CHAIR.—The Chair and Vice
2 Chair of the Commission shall be selected by the
3 congressional members of the Commission.
4 "(3) TERMS.—The terms of members of the
5 Commission shall be for the life of the Commission.
6 "(4) DEADLINE FOR APPOINTMENTS.—Con-
7 gressional members of the Commission shall be ap-
8 pointed not later than 180 days after the date of en-
9 actment of the Indian Health Care Improvement Act
10 Amendments of 2007, and the remaining members
11 of the Commission shall be appointed not later than
12 60 days following the appointment of the congres-
13 sional members.
14 "(5) VACANCY.—A vacancy in the Commission
15 shall be filled in the manner in which the original
16 appointment was made.
17 "(d) COMPENSATION.—
18 "(1) CONGRESSIONAL MEMBERS.—Each con-
19 gressional member of the Commission shall receive
20 no additional pay, allowances, or benefits by reason
21 of their service on the Commission and shall receive
22 travel expenses and per diem in lieu of subsistence
23 in accordance with sections 5702 and 5703 of title
24 5, United States Code.

1 "(2) OTHER MEMBERS.—Remaining members
2 of the Commission, while serving on the business of
3 the Commission (including travel time), shall be en-
4 titled to receive compensation at the per diem equiv-
5 alent of the rate provided for level IV of the Execu-
6 tive Schedule under section 5315 of title 5, United
7 States Code, and while so serving away from home
8 and the member's regular place of business, a mem-
9 ber may be allowed travel expenses, as authorized by
10 the Chairman of the Commission. For purpose of
11 pay (other than pay of members of the Commission)
12 and employment benefits, rights, and privileges, all
13 personnel of the Commission shall be treated as if
14 they were employees of the United States Senate.
15 "(e) MEETINGS.—The Commission shall meet at the
16 call of the Chair.
17 "(f) QUORUM.—A quorum of the Commission shall
18 consist of not less than 15 members, provided that no less
19 than 6 of the members of Congress who are Commission
20 members are present and no less than 9 of the members
21 who are Indians are present.
22 "(g) EXECUTIVE DIRECTOR; STAFF; FACILITIES.—
23 "(1) APPOINTMENT; PAY.—The Commission
24 shall appoint an executive director of the Commis-

1 sion. The executive director shall be paid the rate of
2 basic pay for level V of the Executive Schedule.
3 "(2) STAFF APPOINTMENT.—With the approval
4 of the Commission, the executive director may ap-
5 point such personnel as the executive director deems
6 appropriate.
7 "(3) STAFF PAY.—The staff of the Commission
8 shall be appointed without regard to the provisions
9 of title 5, United States Code, governing appoint-
10 ments in the competitive service, and shall be paid
11 without regard to the provisions of chapter 51 and
12 subchapter III of chapter 53 of such title (relating
13 to classification and General Schedule pay rates).
14 "(4) TEMPORARY SERVICES.—With the ap-
15 proval of the Commission, the executive director may
16 procure temporary and intermittent services under
17 section 3109(b) of title 5, United States Code.
18 "(5) FACILITIES.—The Administrator of Gen-
19 eral Services shall locate suitable office space for the
20 operation of the Commission. The facilities shall
21 serve as the headquarters of the Commission and
22 shall include all necessary equipment and incidentals
23 required for the proper functioning of the Commis-
24 sion.

1 “(h) HEARINGS.—(1) For the purpose of carrying
2 out its duties, the Commission may hold such hearings
3 and undertake such other activities as the Commission de-
4 termines to be necessary to carry out its duties, provided
5 that at least 6 regional hearings are held in different areas
6 of the United States in which large numbers of Indians
7 are present. Such hearings are to be held to solicit the
8 views of Indians regarding the delivery of health care serv-
9 ices to them. To constitute a hearing under this sub-
10 section, at least 5 members of the Commission, including
11 at least 1 member of Congress, must be present. Hearings
12 held by the study committee established in this section
13 may count toward the number of regional hearings re-
14 quired by this subsection.

15 “(2) Upon request of the Commission, the Comp-
16 troller General shall conduct such studies or investigations
17 as the Commission determines to be necessary to carry
18 out its duties.

19 “(3)(A) The Director of the Congressional Budget
20 Office or the Chief Actuary of the Centers for Medicare
21 & Medicaid Services, or both, shall provide to the Commis-
22 sion, upon the request of the Commission, such cost esti-
23 mates as the Commission determines to be necessary to
24 carry out its duties.

1 ‘‘(B) The Commission shall reimburse the Director
2 of the Congressional Budget Office for expenses relating
3 to the employment in the office of that Director of such
4 additional staff as may be necessary for the Director to
5 comply with requests by the Commission under subpara-
6 graph (A).

7 ‘‘(4) Upon the request of the Commission, the head
8 of any Federal agency is authorized to detail, without re-
9 imbursement, any of the personnel of such agency to the
10 Commission to assist the Commission in carrying out its
11 duties. Any such detail shall not interrupt or otherwise
12 affect the civil service status or privileges of the Federal
13 employee.

14 ‘‘(5) Upon the request of the Commission, the head
15 of a Federal agency shall provide such technical assistance
16 to the Commission as the Commission determines to be
17 necessary to carry out its duties.

18 ‘‘(6) The Commission may use the United States
19 mails in the same manner and under the same conditions
20 as Federal agencies and shall, for purposes of the frank,
21 be considered a commission of Congress as described in
22 section 3215 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
2 of the Chairman of the Commission, the head of such
3 agency shall furnish such information to the Commission.

4 ''(8) Upon the request of the Commission, the Ad-
5 ministrator of General Services shall provide to the Com-
6 mission on a reimbursable basis such administrative sup-
7 port services 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 FACA.—The Federal
18 Advisory Committee Act (5 U.S.C. App.) shall not apply
19 to the 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 evi-
10 dence in any judicial or administrative proceeding,
11 except as provided in subsection (c).

12 ''(2) TESTIMONY.—A person who reviews or
13 creates medical quality assurance records for any In-
14 dian Health Program or Urban Indian Organization
15 who participates in any proceeding that reviews or
16 creates such records may not be permitted or re-
17 quired to testify in any judicial or administrative
18 proceeding with respect to such records or with re-
19 spect to any finding, recommendation, evaluation,
20 opinion, or action taken by such person or body in
21 connection with such records except as provided in
22 this section.

23 ''(c) AUTHORIZED DISCLOSURE AND TESTIMONY.—

24 ''(1) IN GENERAL.—Subject to paragraph (2), a
25 medical quality assurance record described in sub-

1 section (a) may be disclosed, and a person referred
2 to in subsection (b) may give testimony in connec-
3 tion with such a record, only as follows:

4 ''(A) To a Federal executive agency or pri-
5 vate organization, if such medical quality assur-
6 ance record or testimony is needed by such
7 agency or organization to perform licensing or
8 accreditation functions related to any Indian
9 Health Program or to a health program of an
10 Urban Indian Organization to perform moni-
11 toring, required by law, of such program or or-
12 ganization.

13 ''(B) To an administrative or judicial pro-
14 ceeding commenced by a present or former In-
15 dian Health Program or Urban Indian Organi-
16 zation provider concerning the termination, sus-
17 pension, or limitation of clinical privileges of
18 such health care provider.

19 ''(C) To a governmental board or agency
20 or to a professional health care society or orga-
21 nization, if such medical quality assurance
22 record or testimony is needed by such board,
23 agency, society, or organization to perform li-
24 censing, credentialing, or the monitoring of pro-
25 fessional standards with respect to any health

1 care provider who is or was an employee of any
2 Indian Health Program or Urban Indian Orga-
3 nization.

4 "(D) To a hospital, medical center, or
5 other institution that provides health care serv-
6 ices, if such medical quality assurance record or
7 testimony is needed by such institution to as-
8 sess the professional qualifications of any health
9 care provider who is or was an employee of any
10 Indian Health Program or Urban Indian Orga-
11 nization and who has applied for or been grant-
12 ed authority or employment to provide health
13 care services in or on behalf of such program or
14 organization.

15 "(E) To an officer, employee, or contractor
16 of the Indian Health Program or Urban Indian
17 Organization that created the records or for
18 which the records were created. If that officer,
19 employee, or contractor has a need for such
20 record or testimony to perform official duties.

21 "(F) To a criminal or civil law enforce-
22 ment agency or instrumentality charged under
23 applicable law with the protection of the public
24 health or safety, if a qualified representative of
25 such agency or instrumentality makes a written

request that such record or testimony be provided for a purpose authorized by law.

"(G) In an administrative or judicial proceeding commenced by a criminal or civil law enforcement agency or instrumentality referred to in subparagraph (F), but only with respect to the subject of such proceeding.

"(2) IDENTITY OF PARTICIPANTS.—With the exception of the subject of a quality assurance action, the identity of any person receiving health care services from any Indian Health Program or Urban Indian Organization or the identity of any other person associated with such program or organization for purposes of a medical quality assurance program that is disclosed in a medical quality assurance record described in subsection (a) shall be deleted from that record or document before any disclosure of such record is made outside such program or organization. Such requirement does not apply to the release of information pursuant to section 552a of title 5.

"(d) DISCLOSURE FOR CERTAIN PURPOSES.—

"(1) IN GENERAL.—Nothing in this section shall be construed as authorizing or requiring the withholding from any person or entity aggregate sta-

1 tistical information regarding the results of any In-
2 dian Health Program or Urban Indian
3 Organizations's medical quality assurance programs.
4 "(2) WITHHOLDING FROM CONGRESS.—Noth-
5 ing in this section shall be construed as authority to
6 withhold any medical quality assurance record from
7 a committee of either House of Congress, any joint
8 committee of Congress, or the Government Account-
9 ability Office if such record pertains to any matter
10 within their respective jurisdictions.
11 "(e) PROHIBITION ON DISCLOSURE OF RECORD OR
12 TESTIMONY.—A person or entity having possession of or
13 access to a record or testimony described by this section
14 may not disclose the contents of such record or testimony
15 in any manner or for any purpose except as provided in
16 this section.
17 "(f) EXEMPTION FROM FREEDOM OF INFORMATION
18 ACT.—Medical quality assurance records described in sub-
19 section (a) may not be made available to any person under
20 section 552 of title 5.
21 "(g) LIMITATION ON CIVIL LIABILITY.—A person
22 who participates in or provides information to a person
23 or body that reviews or creates medical quality assurance
24 records described in subsection (a) shall not be civilly lia-
25 ble for such participation or for providing such informa-

1 tion if the participation or provision of information was
2 in good faith based on prevailing professional standards
3 at the time the medical quality assurance program activity
4 took place.

5 "(h) APPLICATION TO INFORMATION IN CERTAIN
6 OTHER RECORDS.—Nothing in this section shall be con-
7 strued as limiting access to the information in a record
8 created and maintained outside a medical quality assur-
9 ance program, including a patient's medical records, on
10 the grounds that the information was presented during
11 meetings of a review body that are part of a medical qual-
12 ity assurance program.

13 "(i) REGULATIONS.—The Secretary, acting through
14 the Service, shall promulgate regulations pursuant to sec-
15 tion 802.

16 "(j) DEFINITIONS.—In this section:

17 "(1) The term 'health care provider' means any
18 health care professional, including community health
19 aides and practitioners certified under section 121,
20 who are granted clinical practice privileges or em-
21 ployed to provide health care services in an Indian
22 Health Program or health program of an Urban In-
23 dian Organization, who is licensed or certified to
24 perform health care services by a governmental

1 board or agency or professional health care society
2 or organization.
3 "(2) The term 'medical quality assurance pro-
4 gram' means any activity carried out before, on, or
5 after the date of enactment of this Act by or for any
6 Indian Health Program or Urban Indian Organiza-
7 tion to assess the quality of medical care, including
8 activities conducted by or on behalf of individuals,
9 Indian Health Program or Urban Indian Organiza-
10 tion medical or dental treatment review committees,
11 or other review bodies responsible for quality assur-
12 ance, credentials, infection control, patient care as-
13 sessment (including treatment procedures, blood,
14 drugs, and therapeutics), medical records, health re-
15 sources management review and identification and
16 prevention of medical or dental incidents and risks.
17 "(3) The term 'medical quality assurance
18 record' means the proceedings, records, minutes, and
19 reports that emanate from quality assurance pro-
20 gram activities described in paragraph (2) and are
21 produced or compiled by or for an Indian Health
22 Program or Urban Indian Organization as part of a
23 medical quality assurance program.

1 **"SEC. 815. APPROPRIATIONS; AVAILABILITY.**

2 ''Any new spending authority (described in subpara-
3 graph (A) or (B) of section 401(c)(2) of the Congressional
4 Budget Act of 1974 (Public Law 93–344; 88 Stat. 317))
5 which is provided under this Act shall be effective for any
6 fiscal year only to such extent or in such amounts as are
7 provided in appropriation Acts.

8 **"SEC. 816. AUTHORIZATION OF APPROPRIATIONS.**

9 ''There are authorized to be appropriated such sums
10 as may be necessary for each fiscal year through fiscal
11 year 2017 to carry out this title.''.

12 (b) RATE OF PAY.—

13 (1) POSITIONS AT LEVEL IV.—Section 5315 of
14 title 5, United States Code, is amended by striking
15 ''Assistant Secretaries of Health and Human Serv-
16 ices (6).'' and inserting ''Assistant Secretaries of
17 Health and Human Services (7)''.

18 (2) POSITIONS AT LEVEL V.—Section 5316 of
19 title 5, United States Code, is amended by striking
20 ''Director, Indian Health Service, Department of
21 Health and Human Services''.

22 (c) AMENDMENTS TO OTHER PROVISIONS OF LAW.—

23 (1) Section 3307(b)(1)(C) of the Children's
24 Health Act of 2000 (25 U.S.C. 1671 note; Public
25 Law 106–310) is amended by striking ''Director of

1 the Indian Health Service'' and inserting ''Assistant
2 Secretary for Indian Health''.
3 (2) The Indian Lands Open Dump Cleanup Act
4 of 1994 is amended—
5 (A) in section 3 (25 U.S.C. 3902)—
6 (i) by striking paragraph (2);
7 (ii) by redesignating paragraphs (1),
8 (3), (4), (5), and (6) as paragraphs (4),
9 (5), (2), (6), and (1), respectively, and
10 moving those paragraphs so as to appear
11 in numerical order; and
12 (iii) by inserting before paragraph (4)
13 (as redesignated by subclause (II)) the fol-
14 lowing:
15 ''(3) ASSISTANT SECRETARY.—The term 'As-
16 sistant Secretary' means the Assistant Secretary for
17 Indian Health.'';
18 (B) in section 5 (25 U.S.C. 3904), by
19 striking the section designation and heading
20 and inserting the following:
21 **''SEC. 5. AUTHORITY OF ASSISTANT SECRETARY FOR IN-**
22 **DIAN HEALTH.'';**
23 (C) in section 6(a) (25 U.S.C. 3905(a)), in
24 the subsection heading, by striking ''DIREC-
25 TOR'' and inserting ''ASSISTANT SECRETARY'';

1 (D) in section 9(a) (25 U.S.C. 3908(a)), in
2 the subsection heading, by striking ''DIREC-
3 TOR'' and inserting ''ASSISTANT SECRETARY'';
4 and
5 (E) by striking ''Director'' each place it
6 appears and inserting ''Assistant Secretary''.
7 (3) Section 5504(d)(2) of the Augustus F.
8 Hawkins-Robert T. Stafford Elementary and Sec-
9 ondary School Improvement Amendments of 1988
10 (25 U.S.C. 2001 note; Public Law 100–297) is
11 amended by striking ''Director of the Indian Health
12 Service'' and inserting ''Assistant Secretary for In-
13 dian Health''.
14 (4) Section 203(a)(1) of the Rehabilitation Act
15 of 1973 (29 U.S.C. 763(a)(1)) is amended by strik-
16 ing ''Director of the Indian Health Service'' and in-
17 serting ''Assistant Secretary for Indian Health''.
18 (5) Subsections (b) and (e) of section 518 of
19 the Federal Water Pollution Control Act (33 U.S.C.
20 1377) are amended by striking ''Director of the In-
21 dian Health Service'' each place it appears and in-
22 serting ''Assistant Secretary for Indian Health''.
23 (6) Section 317M(b) of the Public Health Serv-
24 ice Act (42 U.S.C. 247b–14(b)) is amended—

1 (A) by striking ''Director of the Indian
2 Health Service'' each place it appears and in-
3 serting ''Assistant Secretary for Indian
4 Health''; and
5 (B) in paragraph (2)(A), by striking ''the
6 Directors referred to in such paragraph'' and
7 inserting ''the Director of the Centers for Dis-
8 ease Control and Prevention and the Assistant
9 Secretary for Indian Health''.
10 (7) Section 417C(b) of the Public Health Serv-
11 ice Act (42 U.S.C. 285–9(b)) is amended by striking
12 ''Director of the Indian Health Service'' and insert-
13 ing ''Assistant Secretary for Indian Health''.
14 (8) Section 1452(i) of the Safe Drinking Water
15 Act (42 U.S.C. 300j–12(i)) is amended by striking
16 ''Director of the Indian Health Service'' each place
17 it appears and inserting ''Assistant Secretary for In-
18 dian Health''.
19 (9) Section 803B(d)(1) of the Native American
20 Programs Act of 1974 (42 U.S.C. 2991b–2(d)(1)) is
21 amended in the last sentence by striking ''Director
22 of the Indian Health Service'' and inserting ''Assist-
23 ant Secretary for Indian Health''.
24 (10) Section 203(b) of the Michigan Indian
25 Land Claims Settlement Act (Public Law 105–143;

1 111 Stat. 2666) is amended by striking ''Director of
2 the Indian Health Service'' and inserting ''Assistant
3 Secretary for Indian Health''.

4 **SEC. 102. SOBOBA SANITATION FACILITIES.**

5 The Act of December 17, 1970 (84 Stat. 1465), is
6 amended by adding at the end the following:

7 ''SEC. 9. Nothing in this Act shall preclude the
8 Soboba Band of Mission Indians and the Soboba Indian
9 Reservation from being provided with sanitation facilities
10 and services under the authority of section 7 of the Act
11 of August 5, 1954 (68 Stat. 674), as amended by the Act
12 of July 31, 1959 (73 Stat. 267).''.

13 **SEC. 103. NATIVE AMERICAN HEALTH AND WELLNESS**
14 **FOUNDATION.**

15 (a) IN GENERAL.—The Indian Self-Determination
16 and Education Assistance Act (25 U.S.C. 450 et seq.) is
17 amended by adding at the end the following:

18 **''TITLE VIII—NATIVE AMERICAN**
19 **HEALTH AND WELLNESS**
20 **FOUNDATION**

21 **''SEC. 801. DEFINITIONS.**

22 ''In this title:

23 ''(1) BOARD.—The term 'Board' means the
24 Board of Directors of the Foundation.

1 "(2) COMMITTEE.—The term 'Committee'
2 means the Committee for the Establishment of Na-
3 tive American Health and Wellness Foundation es-
4 tablished under section 802(f).
5 "(3) FOUNDATION.—The term 'Foundation'
6 means the Native American Health and Wellness
7 Foundation established under section 802.
8 "(4) SECRETARY.—The term 'Secretary' means
9 the Secretary of Health and Human Services.
10 "(5) SERVICE.—The term 'Service' means the
11 Indian Health Service of the Department of Health
12 and Human Services.

13 **"SEC. 802. NATIVE AMERICAN HEALTH AND WELLNESS**
14 **FOUNDATION.**

15 "(a) ESTABLISHMENT.—
16 "(1) IN GENERAL.—As soon as practicable
17 after the date of enactment of this title, the Sec-
18 retary shall establish, under the laws of the District
19 of Columbia and in accordance with this title, the
20 Native American Health and Wellness Foundation.
21 "(2) FUNDING DETERMINATIONS.—No funds,
22 gift, property, or other item of value (including any
23 interest accrued on such an item) acquired by the
24 Foundation shall—

1 "(A) be taken into consideration for pur-
2 poses of determining Federal appropriations re-
3 lating to the provision of health care and serv-
4 ices to Indians; or
5 "(B) otherwise limit, diminish, or affect
6 the Federal responsibility for the provision of
7 health care and services to Indians.
8 "(b) PERPETUAL EXISTENCE.—The Foundation
9 shall have perpetual existence.
10 "(c) NATURE OF CORPORATION.—The Foundation—
11 "(1) shall be a charitable and nonprofit feder-
12 ally chartered corporation; and
13 "(2) shall not be an agency or instrumentality
14 of the United States.
15 "(d) PLACE OF INCORPORATION AND DOMICILE.—
16 The Foundation shall be incorporated and domiciled in the
17 District of Columbia.
18 "(e) DUTIES.—The Foundation shall—
19 "(1) encourage, accept, and administer private
20 gifts of real and personal property, and any income
21 from or interest in such gifts, for the benefit of, or
22 in support of, the mission of the Service;
23 "(2) undertake and conduct such other activi-
24 ties as will further the health and wellness activities
25 and opportunities of Native Americans; and

1 "(3) participate with and assist Federal, State, 2 and tribal governments, agencies, entities, and indi- 3 viduals in undertaking and conducting activities that 4 will further the health and wellness activities and op- 5 portunities of Native Americans.

6 "(f) COMMITTEE FOR THE ESTABLISHMENT OF NA- 7 TIVE AMERICAN HEALTH AND WELLNESS FOUNDA- 8 TION.—

9 "(1) IN GENERAL.—The Secretary shall estab- 10 lish the Committee for the Establishment of Native 11 American Health and Wellness Foundation to assist 12 the Secretary in establishing the Foundation.

13 "(2) DUTIES.—Not later than 180 days after 14 the date of enactment of this section, the Committee 15 shall—

16 "(A) carry out such activities as are nec- 17 essary to incorporate the Foundation under the 18 laws of the District of Columbia, including act- 19 ing as incorporators of the Foundation;

20 "(B) ensure that the Foundation qualifies 21 for and maintains the status required to carry 22 out this section, until the Board is established;

23 "(C) establish the constitution and initial 24 bylaws of the Foundation;

1 ''(D) provide for the initial operation of
2 the Foundation, including providing for tem-
3 porary or interim quarters, equipment, and
4 staff; and

5 ''(E) appoint the initial members of the
6 Board in accordance with the constitution and
7 initial bylaws of the Foundation.

8 ''(g) BOARD OF DIRECTORS.—

9 ''(1) IN GENERAL.—The Board of Directors
10 shall be the governing body of the Foundation.

11 ''(2) POWERS.—The Board may exercise, or
12 provide for the exercise of, the powers of the Foun-
13 dation.

14 ''(3) SELECTION.—

15 ''(A) IN GENERAL.—Subject to subpara-
16 graph (B), the number of members of the
17 Board, the manner of selection of the members
18 (including the filling of vacancies), and the
19 terms of office of the members shall be as pro-
20 vided in the constitution and bylaws of the
21 Foundation.

22 ''(B) REQUIREMENTS.—

23 ''(i) NUMBER OF MEMBERS.—The
24 Board shall have at least 11 members, who
25 shall have staggered terms.

1 ‘‘(ii) INITIAL VOTING MEMBERS.—The
2 initial voting members of the Board—
3 ‘‘(I) shall be appointed by the
4 Committee not later than 180 days
5 after the date on which the Founda-
6 tion is established; and
7 ‘‘(II) shall have staggered terms.
8 ‘‘(iii) QUALIFICATION.—The members
9 of the Board shall be United States citi-
10 zens who are knowledgeable or experienced
11 in Native American health care and related
12 matters.
13 ‘‘(C) COMPENSATION.—A member of the
14 Board shall not receive compensation for service
15 as a member, but shall be reimbursed for actual
16 and necessary travel and subsistence expenses
17 incurred in the performance of the duties of the
18 Foundation.
19 ‘‘(h) OFFICERS.—
20 ‘‘(1) IN GENERAL.—The officers of the Founda-
21 tion shall be—
22 ‘‘(A) a secretary, elected from among the
23 members of the Board; and
24 ‘‘(B) any other officers provided for in the
25 constitution and bylaws of the Foundation.

1 "(2) CHIEF OPERATING OFFICER.—The sec-
2 retary of the Foundation may serve, at the direction
3 of the Board, as the chief operating officer of the
4 Foundation, or the Board may appoint a chief oper-
5 ating officer, who shall serve at the direction of the
6 Board.
7 "(3) ELECTION.—The manner of election, term
8 of office, and duties of the officers of the Founda-
9 tion shall be as provided in the constitution and by-
10 laws of the Foundation.
11 "(i) POWERS.—The Foundation—
12 "(1) shall adopt a constitution and bylaws for
13 the management of the property of the Foundation
14 and the regulation of the affairs of the Foundation;
15 "(2) may adopt and alter a corporate seal;
16 "(3) may enter into contracts;
17 "(4) may acquire (through a gift or otherwise),
18 own, lease, encumber, and transfer real or personal
19 property as necessary or convenient to carry out the
20 purposes of the Foundation;
21 "(5) may sue and be sued; and
22 "(6) may perform any other act necessary and
23 proper to carry out the purposes of the Foundation.
24 "(j) PRINCIPAL OFFICE.—

1 "(1) IN GENERAL.—The principal office of the
2 Foundation shall be in the District of Columbia.
3 "(2) ACTIVITIES; OFFICES.—The activities of
4 the Foundation may be conducted, and offices may
5 be maintained, throughout the United States in ac-
6 cordance with the constitution and bylaws of the
7 Foundation.
8 "(k) SERVICE OF PROCESS.—The Foundation shall
9 comply with the law on service of process of each State
10 in which the Foundation is incorporated and of each State
11 in which the Foundation carries on activities.
12 "(l) LIABILITY OF OFFICERS, EMPLOYEES, AND
13 AGENTS.—
14 "(1) IN GENERAL.—The Foundation shall be
15 liable for the acts of the officers, employees, and
16 agents of the Foundation acting within the scope of
17 their authority.
18 "(2) PERSONAL LIABILITY.—A member of the
19 Board shall be personally liable only for gross neg-
20 ligence in the performance of the duties of the mem-
21 ber.
22 "(m) RESTRICTIONS.—
23 "(1) LIMITATION ON SPENDING.—Beginning
24 with the fiscal year following the first full fiscal year
25 during which the Foundation is in operation, the ad-

1 ministrative costs of the Foundation shall not exceed
2 the percentage described in paragraph (2) of the
3 sum of—
4 ‘‘(A) the amounts transferred to the Foun-
5 dation under subsection (o) during the pre-
6 ceding fiscal year; and
7 ‘‘(B) donations received from private
8 sources during the preceding fiscal year.
9 ‘‘(2) PERCENTAGES.—The percentages referred
10 to in paragraph (1) are—
11 ‘‘(A) for the first fiscal year described in
12 that paragraph, 20 percent;
13 ‘‘(B) for the following fiscal year, 15 per-
14 cent; and
15 ‘‘(C) for each fiscal year thereafter, 10
16 percent.
17 ‘‘(3) APPOINTMENT AND HIRING.—The ap-
18 pointment of officers and employees of the Founda-
19 tion shall be subject to the availability of funds.
20 ‘‘(4) STATUS.—A member of the Board or offi-
21 cer, employee, or agent of the Foundation shall not
22 by reason of association with the Foundation be con-
23 sidered to be an officer, employee, or agent of the
24 United States.

1 "(n) AUDITS.—The Foundation shall comply with
2 section 10101 of title 36, United States Code, as if the
3 Foundation were a corporation under part B of subtitle
4 II of that title.

5 "(o) FUNDING.—

6 "(1) AUTHORIZATION OF APPROPRIATIONS.—
7 There is authorized to be appropriated to carry out
8 subsection (e)(1) $500,000 for each fiscal year, as
9 adjusted to reflect changes in the Consumer Price
10 Index for all-urban consumers published by the De-
11 partment of Labor.

12 "(2) TRANSFER OF DONATED FUNDS.—The
13 Secretary shall transfer to the Foundation funds
14 held by the Department of Health and Human Serv-
15 ices under the Act of August 5, 1954 (42 U.S.C.
16 2001 et seq.), if the transfer or use of the funds is
17 not prohibited by any term under which the funds
18 were donated.

19 **"SEC. 803. ADMINISTRATIVE SERVICES AND SUPPORT.**

20 "(a) PROVISION OF SUPPORT BY SECRETARY.—Sub-
21 ject to subsection (b), during the 5-year period beginning
22 on the date on which the Foundation is established, the
23 Secretary—

24 "(1) may provide personnel, facilities, and other
25 administrative support services to the Foundation;

1 "(2) may provide funds for initial operating
2 costs and to reimburse the travel expenses of the
3 members of the Board; and
4 "(3) shall require and accept reimbursements
5 from the Foundation for—
6 "(A) services provided under paragraph
7 (1); and
8 "(B) funds provided under paragraph (2).
9 "(b) REIMBURSEMENT.—Reimbursements accepted
10 under subsection (a)(3)—
11 "(1) shall be deposited in the Treasury of the
12 United States to the credit of the applicable appro-
13 priations account; and
14 "(2) shall be chargeable for the cost of pro-
15 viding services described in subsection (a)(1) and
16 travel expenses described in subsection (a)(2).
17 "(c) CONTINUATION OF CERTAIN SERVICES.—The
18 Secretary may continue to provide facilities and necessary
19 support services to the Foundation after the termination
20 of the 5-year period specified in subsection (a) if the facili-
21 ties and services—
22 "(1) are available; and
23 "(2) are provided on reimbursable cost basis.".
24 (b) TECHNICAL AMENDMENTS.—The Indian Self-De-
25 termination and Education Assistance Act is amended—

1 (1) by redesignating title V (25 U.S.C. 458bbb
2 et seq.) as title VII;
3 (2) by redesignating sections 501, 502, and 503
4 (25 U.S.C. 458bbb, 458bbb–1, 458bbb–2) as sec-
5 tions 701, 702, and 703, respectively; and
6 (3) in subsection (a)(2) of section 702 and
7 paragraph (2) of section 703 (as redesignated by
8 paragraph (2)), by striking ''section 501'' and in-
9 serting ''section 701''.

10 TITLE II—IMPROVEMENT OF IN-
11 DIAN HEALTH CARE PRO-
12 VIDED UNDER THE SOCIAL
13 SECURITY ACT

14 SEC. 201. EXPANSION OF PAYMENTS UNDER MEDICARE,
15 MEDICAID, AND SCHIP FOR ALL COVERED
16 SERVICES FURNISHED BY INDIAN HEALTH
17 PROGRAMS.

18 (a) MEDICAID.—
19 (1) EXPANSION TO ALL COVERED SERVICES.—
20 Section 1911 of the Social Security Act (42 U.S.C.
21 1396j) is amended—
22 (A) by amending the heading to read as
23 follows:

"SEC. 1911. INDIAN HEALTH PROGRAMS."; and

(B) by amending subsection (a) to read as follows:

"(a) ELIGIBILITY FOR PAYMENT FOR MEDICAL ASSISTANCE.—The Indian Health Service and an Indian Tribe, Tribal Organization, or an Urban Indian Organization shall be eligible for payment for medical assistance provided under a State plan or under waiver authority with respect to items and services furnished by the Indian Health Service, Indian Tribe, Tribal Organization, or Urban Indian Organization if the furnishing of such services meets all the conditions and requirements which are applicable generally to the furnishing of items and services under this title and under such plan or waiver authority.".

(2) COMPLIANCE WITH CONDITIONS AND REQUIREMENTS.—Subsection (b) of such section is amended to read as follows:

"(b) COMPLIANCE WITH CONDITIONS AND REQUIREMENTS.—A facility of the Indian Health Service or an Indian Tribe, Tribal Organization, or an Urban Indian Organization which is eligible for payment under subsection (a) with respect to the furnishing of items and services, but which does not meet all of the conditions and requirements of this title and under a State plan or waiver authority which are applicable generally to such facility, shall make such improvements as are necessary to achieve or

1 maintain compliance with such conditions and require-
2 ments in accordance with a plan submitted to and accept-
3 ed by the Secretary for achieving or maintaining compli-
4 ance with such conditions and requirements, and shall be
5 deemed to meet such conditions and requirements (and to
6 be eligible for payment under this title), without regard
7 to the extent of its actual compliance with such conditions
8 and requirements, during the first 12 months after the
9 month in which such plan is submitted.''.

10 (3) REVISION OF AUTHORITY TO ENTER INTO
11 AGREEMENTS.—Subsection (c) of such section is
12 amended to read as follows:

13 ''(c) AUTHORITY TO ENTER INTO AGREEMENTS.—
14 The Secretary may enter into an agreement with a State
15 for the purpose of reimbursing the State for medical as-
16 sistance provided by the Indian Health Service, an Indian
17 Tribe, Tribal Organization, or an Urban Indian Organiza-
18 tion (as so defined), directly, through referral, or under
19 contracts or other arrangements between the Indian
20 Health Service, an Indian Tribe, Tribal Organization, or
21 an Urban Indian Organization and another health care
22 provider to Indians who are eligible for medical assistance
23 under the State plan or under waiver authority.''.

24 (4) CROSS-REFERENCES TO SPECIAL FUND FOR
25 IMPROVEMENT OF IHS FACILITIES; DIRECT BILLING

1 OPTION; DEFINITIONS.—Such section is further
2 amended by striking subsection (d) and adding at
3 the end the following new subsections:
4 ''(d) SPECIAL FUND FOR IMPROVEMENT OF IHS FA-
5 CILITIES.—For provisions relating to the authority of the
6 Secretary to place payments to which a facility of the In-
7 dian Health Service is eligible for payment under this title
8 into a special fund established under section 401(c)(1) of
9 the Indian Health Care Improvement Act, and the require-
10 ment to use amounts paid from such fund for making im-
11 provements in accordance with subsection (b), see sub-
12 paragraphs (A) and (B) of section 401(c)(1) of such Act.
13 ''(e) DIRECT BILLING.—For provisions relating to
14 the authority of a Tribal Health Program or an Urban
15 Indian Organization to elect to directly bill for, and receive
16 payment for, health care items and services provided by
17 such Program or Organization for which payment is made
18 under this title, see section 401(d) of the Indian Health
19 Care Improvement Act.
20 ''(f) DEFINITIONS.—In this section, the terms 'In-
21 dian Health Program', 'Indian Tribe', 'Tribal Health Pro-
22 gram', 'Tribal Organization', and 'Urban Indian Organi-
23 zation' have the meanings given those terms in section 4
24 of the Indian Health Care Improvement Act.''.
25 (b) MEDICARE.—

1 (1) EXPANSION TO ALL COVERED SERVICES.—
2 Section 1880 of such Act (42 U.S.C. 1395qq) is
3 amended—
4 (A) by amending the heading to read as
5 follows:
6 **"SEC. 1880. INDIAN HEALTH PROGRAMS."; and**
7 (B) by amending subsection (a) to read as
8 follows:
9 "(a) ELIGIBILITY FOR PAYMENTS.—Subject to sub-
10 section (e), the Indian Health Service and an Indian
11 Tribe, Tribal Organization, or an Urban Indian Organiza-
12 tion shall be eligible for payments under this title with
13 respect to items and services furnished by the Indian
14 Health Service, Indian Tribe, Tribal Organization, or
15 Urban Indian Organization if the furnishing of such serv-
16 ices meets all the conditions and requirements which are
17 applicable generally to the furnishing of items and services
18 under this title.".
19 (2) COMPLIANCE WITH CONDITIONS AND RE-
20 QUIREMENTS.—Subsection (b) of such section is
21 amended to read as follows:
22 "(b) COMPLIANCE WITH CONDITIONS AND REQUIRE-
23 MENTS.—Subject to subsection (e), a facility of the Indian
24 Health Service or an Indian Tribe, Tribal Organization,
25 or an Urban Indian Organization which is eligible for pay-

1 ment under subsection (a) with respect to the furnishing
2 of items and services, but which does not meet all of the
3 conditions and requirements of this title which are applica-
4 ble generally to such facility, shall make such improve-
5 ments as are necessary to achieve or maintain compliance
6 with such conditions and requirements in accordance with
7 a plan submitted to and accepted by the Secretary for
8 achieving or maintaining compliance with such conditions
9 and requirements, and shall be deemed to meet such con-
10 ditions and requirements (and to be eligible for payment
11 under this title), without regard to the extent of its actual
12 compliance with such conditions and requirements, during
13 the first 12 months after the month in which such plan
14 is submitted.''.

15 (3) CROSS-REFERENCES TO SPECIAL FUND FOR
16 IMPROVEMENT OF IHS FACILITIES; DIRECT BILLING
17 OPTION; DEFINITIONS.—

18 (A) IN GENERAL.—Such section is further
19 amended by striking subsections (c) and (d)
20 and inserting the following new subsections:

21 ''(c) SPECIAL FUND FOR IMPROVEMENT OF IHS FA-
22 CILITIES.—For provisions relating to the authority of the
23 Secretary to place payments to which a facility of the In-
24 dian Health Service is eligible for payment under this title
25 into a special fund established under section 401(c)(1) of

1 the Indian Health Care Improvement Act, and the require-
2 ment to use amounts paid from such fund for making im-
3 provements in accordance with subsection (b), see sub-
4 paragraphs (A) and (B) of section 401(c)(1) of such Act.
5 ''(d) DIRECT BILLING.—For provisions relating to
6 the authority of a Tribal Health Program or an Urban
7 Indian Organization to elect to directly bill for, and receive
8 payment for, health care items and services provided by
9 such Program or Organization for which payment is made
10 under this title, see section 401(d) of the Indian Health
11 Care Improvement Act.''.
12 (B) CONFORMING AMENDMENT.—Para-
13 graph (3) of section 1880(e) of such Act (42
14 U.S.C. 1395qq(e)) is amended by inserting
15 ''and section 401(c)(1) of the Indian Health
16 Care Improvement Act'' after ''Subsection (c)''.
17 (4) DEFINITIONS.—Such section is further
18 amended by amending subsection (f) to read as fol-
19 lows:
20 ''(f) DEFINITIONS.—In this section, the terms 'In-
21 dian Health Program', 'Indian Tribe', 'Service Unit',
22 'Tribal Health Program', 'Tribal Organization', and
23 'Urban Indian Organization' have the meanings given
24 those terms in section 4 of the Indian Health Care Im-
25 provement Act.''.

1 (c) APPLICATION TO SCHIP.—Section 2107(e)(1) of
2 the Social Security Act (42 U.S.C. 1397gg(e)(1)) is
3 amended—

4 (1) by redesignating subparagraph (D) as sub-
5 paragraph (E); and

6 (2) by inserting after subparagraph (C), the fol-
7 lowing new subparagraph:

8 "(D) Section 1911 (relating to Indian
9 Health Programs, other than subsection (d) of
10 such section).".

11 **SEC. 202. INCREASED OUTREACH TO INDIANS UNDER MED-**
12 **ICAID AND SCHIP AND IMPROVED COOPERA-**
13 **TION IN THE PROVISION OF ITEMS AND**
14 **SERVICES TO INDIANS UNDER SOCIAL SECU-**
15 **RITY ACT HEALTH BENEFIT PROGRAMS.**

16 Section 1139 of the Social Security Act (42 U.S.C.
17 1320b–9) is amended to read as follows:

18 **"SEC. 1139. IMPROVED ACCESS TO, AND DELIVERY OF,**
19 **HEALTH CARE FOR INDIANS UNDER TITLES**
20 **XVIII, XIX, AND XXI.**

21 "(a) AGREEMENTS WITH STATES FOR MEDICAID
22 AND SCHIP OUTREACH ON OR NEAR RESERVATIONS TO
23 INCREASE THE ENROLLMENT OF INDIANS IN THOSE
24 PROGRAMS.—

1 "(1) IN GENERAL.—In order to improve the ac-
2 cess of Indians residing on or near a reservation to
3 obtain benefits under the Medicaid and State chil-
4 dren's health insurance programs established under
5 titles XIX and XXI, the Secretary shall encourage
6 the State to take steps to provide for enrollment on
7 or near the reservation. Such steps may include out-
8 reach efforts such as the outstationing of eligibility
9 workers, entering into agreements with the Indian
10 Health Service, Indian Tribes, Tribal Organizations,
11 and Urban Indian Organizations to provide out-
12 reach, education regarding eligibility and benefits,
13 enrollment, and translation services when such serv-
14 ices are appropriate.

15 "(2) CONSTRUCTION.—Nothing in subpara-
16 graph (A) shall be construed as affecting arrange-
17 ments entered into between States and the Indian
18 Health Service, Indian Tribes, Tribal Organizations,
19 or Urban Indian Organizations for such Service,
20 Tribes, or Organizations to conduct administrative
21 activities under such titles.

22 "(b) REQUIREMENT TO FACILITATE COOPERA-
23 TION.—The Secretary, acting through the Centers for
24 Medicare & Medicaid Services, shall take such steps as are
25 necessary to facilitate cooperation with, and agreements

1 between, States and the Indian Health Service, Indian
2 Tribes, Tribal Organizations, or Urban Indian Organiza-
3 tions with respect to the provision of health care items
4 and services to Indians under the programs established
5 under title XVIII, XIX, or XXI.

6 ''(c) DEFINITION OF INDIAN; INDIAN TRIBE; INDIAN
7 HEALTH PROGRAM; TRIBAL ORGANIZATION; URBAN IN-
8 DIAN ORGANIZATION.—In this section, the terms 'Indian',
9 'Indian Tribe', 'Indian Health Program', 'Tribal Organi-
10 zation', and 'Urban Indian Organization' have the mean-
11 ings given those terms in section 4 of the Indian Health
12 Care Improvement Act.''.

13 **SEC. 203. ADDITIONAL PROVISIONS TO INCREASE OUT-**
14 **REACH TO, AND ENROLLMENT OF, INDIANS**
15 **IN SCHIP AND MEDICAID.**

16 (a) NONAPPLICATION OF 10 PERCENT LIMIT ON
17 OUTREACH AND CERTAIN OTHER EXPENDITURES.—Sec-
18 tion 2105(c)(2) of the Social Security Act (42 U.S.C.
19 1397ee(c)(2)) is amended by adding at the end the fol-
20 lowing new subparagraph:

21 ''(C) NONAPPLICATION TO EXPENDITURES
22 FOR OUTREACH TO INCREASE THE ENROLL-
23 MENT OF INDIAN CHILDREN UNDER THIS TITLE
24 AND TITLE XIX.—The limitation under sub-
25 paragraph (A) on expenditures for items de-

1 scribed in subsection (a)(1)(D) shall not apply
2 in the case of expenditures for outreach activi-
3 ties to families of Indian children likely to be el-
4 igible for child health assistance under the plan
5 or medical assistance under the State plan
6 under title XIX (or under a waiver of such
7 plan), to inform such families of the availability
8 of, and to assist them in enrolling their children
9 in, such plans, including such activities con-
10 ducted under grants, contracts, or agreements
11 entered into under section 1139(a).''.

12 (b) ASSURANCE OF PAYMENTS TO INDIAN HEALTH
13 CARE PROVIDERS FOR CHILD HEALTH ASSISTANCE.—
14 Section 2102(b)(3)(D) of such Act (42 U.S.C.
15 1397bb(b)(3)(D)) is amended by striking ''(as defined in
16 section 4(c) of the Indian Health Care Improvement Act,
17 25 U.S.C. 1603(c))'' and inserting '', including how the
18 State will ensure that payments are made to Indian
19 Health Programs and Urban Indian Organizations oper-
20 ating in the State for the provision of such assistance''.

21 (c) INCLUSION OF OTHER INDIAN FINANCED
22 HEALTH CARE PROGRAMS IN EXEMPTION FROM PROHI-
23 BITION ON CERTAIN PAYMENTS.—Section 2105(c)(6)(B)
24 of such Act (42 U.S.C. 1397ee(c)(6)(B)) is amended by
25 striking ''insurance program, other than an insurance pro-

1 gram operated or financed by the Indian Health Service''
2 and inserting ''program, other than a health care program
3 operated or financed by the Indian Health Service or by
4 an Indian Tribe, Tribal Organization, or Urban Indian
5 Organization''.

6 (d) SATISFACTION OF MEDICAID DOCUMENTATION
7 REQUIREMENTS.—

8 (1) IN GENERAL.—Section 1903(x)(3)(B) of the
9 Social Security Act (42 U.S.C. 1396b(x)(3)(B)) is
10 amended—

11 (A) by redesignating clause (v) as clause
12 (vi); and

13 (B) by inserting after clause (iv), the fol-
14 lowing new clause:

15 ''(v)(I) Except as provided in subclause (II), a
16 document issued by a federally-recognized Indian
17 tribe evidencing membership or enrollment in, or af-
18 filiation with, such tribe.

19 ''(II) With respect to those federally-recognized
20 Indian tribes located within States having an inter-
21 national border whose membership includes individ-
22 uals who are not citizens of the United States, the
23 Secretary shall, after consulting with such tribes,
24 issue regulations authorizing the presentation of
25 such other forms of documentation (including tribal

1 documentation, if appropriate) that the Secretary
2 determines to be satisfactory documentary evidence
3 of citizenship or nationality for purposes of satis-
4 fying the requirement of this subsection.''.

5 (2) TRANSITION RULE.—During the period that
6 begins on July 1, 2006, and ends on the effective
7 date of final regulations issued under subclause (II)
8 of section 1903(x)(3)(B)(v) of the Social Security
9 Act (42 U.S.C. 1396b(x)(3)(B)(v)) (as added by
10 paragraph (1)), an individual who is a member of a
11 federally-recognized Indian tribe described in sub-
12 clause (II) of that section who presents a document
13 described in subclause (I) of such section that is
14 issued by such Indian tribe, shall be deemed to have
15 presented satisfactory evidence of citizenship or na-
16 tionality for purposes of satisfying the requirement
17 of subsection (x) of section 1903 of such Act.

18 (e) DEFINITIONS.—Section 2110(c) of such Act (42
19 U.S.C. 1397jj(c)) is amended by adding at the end the
20 following new paragraph:

21 ''(9) INDIAN; INDIAN HEALTH PROGRAM; IN-
22 DIAN TRIBE; ETC.—The terms 'Indian', 'Indian
23 Health Program', 'Indian Tribe', 'Tribal Organiza-
24 tion', and 'Urban Indian Organization' have the

1 meanings given those terms in section 4 of the In-
2 dian Health Care Improvement Act.''.

3 **SEC. 204. PREMIUMS AND COST SHARING PROTECTIONS**
4 **UNDER MEDICAID, ELIGIBILITY DETERMINA-**
5 **TIONS UNDER MEDICAID AND SCHIP, AND**
6 **PROTECTION OF CERTAIN INDIAN PROPERTY**
7 **FROM MEDICAID ESTATE RECOVERY.**

8 (a) PREMIUMS AND COST SHARING PROTECTION
9 UNDER MEDICAID.—
10 (1) IN GENERAL.—Section 1916 of the Social
11 Security Act (42 U.S.C. 1396o) is amended—
12 (A) in subsection (a), in the matter pre-
13 ceding paragraph (1), by striking ''and (i)'' and
14 inserting '', (i), and (j)''; and
15 (B) by adding at the end the following new
16 subsection:
17 ''(j) NO PREMIUMS OR COST SHARING FOR INDIANS
18 FURNISHED ITEMS OR SERVICES DIRECTLY BY INDIAN
19 HEALTH PROGRAMS OR THROUGH REFERRAL UNDER
20 THE CONTRACT HEALTH SERVICE.—
21 ''(1) NO COST SHARING FOR ITEMS OR SERV-
22 ICES FURNISHED TO INDIANS THROUGH INDIAN
23 HEALTH PROGRAMS.—
24 ''(A) IN GENERAL.—No enrollment fee,
25 premium, or similar charge, and no deduction,

1 copayment, cost sharing, or similar charge shall
2 be imposed against an Indian who is furnished
3 an item or service directly by the Indian Health
4 Service, an Indian Tribe, Tribal Organization,
5 or Urban Indian Organization or through refer-
6 ral under the contract health service for which
7 payment may be made under this title.

8 "(B) NO REDUCTION IN AMOUNT OF PAY-
9 MENT TO INDIAN HEALTH PROVIDERS.—Pay-
10 ment due under this title to the Indian Health
11 Service, an Indian Tribe, Tribal Organization,
12 or Urban Indian Organization, or a health care
13 provider through referral under the contract
14 health service for the furnishing of an item or
15 service to an Indian who is eligible for assist-
16 ance under such title, may not be reduced by
17 the amount of any enrollment fee, premium, or
18 similar charge, or any deduction, copayment,
19 cost sharing, or similar charge that would be
20 due from the Indian but for the operation of
21 subparagraph (A).

22 "(2) RULE OF CONSTRUCTION.—Nothing in
23 this subsection shall be construed as restricting the
24 application of any other limitations on the imposi-
25 tion of premiums or cost sharing that may apply to

1 an individual receiving medical assistance under this
2 title who is an Indian.
3 ‘‘(3) DEFINITIONS.—In this subsection, the
4 terms ‘contract health service’, ‘Indian’, ‘Indian
5 Tribe’, ‘Tribal Organization’, and ‘Urban Indian Or-
6 ganization’ have the meanings given those terms in
7 section 4 of the Indian Health Care Improvement
8 Act.’’.
9 (2) CONFORMING AMENDMENT.—Section
10 1916A (a)(1) of such Act (42 U.S.C. 1396o–1(a)(1))
11 is amended by striking ‘‘section 1916(g)’’ and in-
12 serting ‘‘subsections (g), (i), or (j) of section 1916’’.
13 (b) TREATMENT OF CERTAIN PROPERTY FOR MED-
14 ICAID AND SCHIP ELIGIBILITY.—
15 (1) MEDICAID.—Section 1902(e) of the Social
16 Security Act (42 U.S.C. 1396a) is amended by add-
17 ing at the end the following new paragraph:
18 ‘‘(13) Notwithstanding any other requirement
19 of this title or any other provision of Federal or
20 State law, a State shall disregard the following prop-
21 erty for purposes of determining the eligibility of an
22 individual who is an Indian (as defined in section 4
23 of the Indian Health Care Improvement Act) for
24 medical assistance under this title:

1 "(A) Property, including real property and
2 improvements, that is held in trust, subject to
3 Federal restrictions, or otherwise under the su-
4 pervision of the Secretary of the Interior, lo-
5 cated on a reservation, including any federally
6 recognized Indian Tribe's reservation, pueblo,
7 or colony, including former reservations in
8 Oklahoma, Alaska Native regions established by
9 the Alaska Native Claims Settlement Act, and
10 Indian allotments on or near a reservation as
11 designated and approved by the Bureau of In-
12 dian Affairs of the Department of the Interior.
13 "(B) For any federally recognized Tribe
14 not described in subparagraph (A), property lo-
15 cated within the most recent boundaries of a
16 prior Federal reservation.
17 "(C) Ownership interests in rents, leases,
18 royalties, or usage rights related to natural re-
19 sources (including extraction of natural re-
20 sources or harvesting of timber, other plants
21 and plant products, animals, fish, and shellfish)
22 resulting from the exercise of federally pro-
23 tected rights.
24 "(D) Ownership interests in or usage
25 rights to items not covered by subparagraphs

1 (A) through (C) that have unique religious,
2 spiritual, traditional, or cultural significance or
3 rights that support subsistence or a traditional
4 lifestyle according to applicable tribal law or
5 custom.''.

6 (2) APPLICATION TO SCHIP.—Section
7 2107(e)(1) of such Act (42 U.S.C. 1397gg(e)(1)) is
8 amended—

9 (A) by redesignating subparagraphs (B)
10 through (E), as subparagraphs (C) through
11 (F), respectively; and

12 (B) by inserting after subparagraph (A),
13 the following new subparagraph:

14 ''(B) Section 1902(e)(13) (relating to dis-
15 regard of certain property for purposes of mak-
16 ing eligibility determinations).''.

17 (c) CONTINUATION OF CURRENT LAW PROTECTIONS
18 OF CERTAIN INDIAN PROPERTY FROM MEDICAID ESTATE
19 RECOVERY.—Section 1917(b)(3) of the Social Security
20 Act (42 U.S.C. 1396p(b)(3)) is amended—

21 (1) by inserting ''(A)'' after ''(3)''; and

22 (2) by adding at the end the following new sub-
23 paragraph:

24 ''(B) The standards specified by the Sec-
25 retary under subparagraph (A) shall require

1 that the procedures established by the State
2 agency under subparagraph (A) exempt income,
3 resources, and property that are exempt from
4 the application of this subsection as of April 1,
5 2003, under manual instructions issued to carry
6 out this subsection (as in effect on such date)
7 because of the Federal responsibility for Indian
8 Tribes and Alaska Native Villages. Nothing in
9 this subparagraph shall be construed as pre-
10 venting the Secretary from providing additional
11 estate recovery exemptions under this title for
12 Indians.''.

13 **SEC. 205. NONDISCRIMINATION IN QUALIFICATIONS FOR**
14 **PAYMENT FOR SERVICES UNDER FEDERAL**
15 **HEALTH CARE PROGRAMS.**

16 Section 1139 of the Social Security Act (42 U.S.C.
17 1320b–9), as amended by section 202, is amended by re-
18 designating subsection (c) as subsection (d), and inserting
19 after subsection (b) the following new subsection:

20 ''(c) NONDISCRIMINATION IN QUALIFICATIONS FOR
21 PAYMENT FOR SERVICES UNDER FEDERAL HEALTH
22 CARE PROGRAMS.—

23 ''(1) REQUIREMENT TO SATISFY GENERALLY
24 APPLICABLE PARTICIPATION REQUIREMENTS.—

1 "(A) IN GENERAL.—A Federal health care
2 program must accept an entity that is operated
3 by the Indian Health Service, an Indian Tribe,
4 Tribal Organization, or Urban Indian Organiza-
5 tion as a provider eligible to receive payment
6 under the program for health care services fur-
7 nished to an Indian on the same basis as any
8 other provider qualified to participate as a pro-
9 vider of health care services under the program
10 if the entity meets generally applicable State or
11 other requirements for participation as a pro-
12 vider of health care services under the program.
13 "(B) SATISFACTION OF STATE OR LOCAL
14 LICENSURE OR RECOGNITION REQUIRE-
15 MENTS.—Any requirement for participation as
16 a provider of health care services under a Fed-
17 eral health care program that an entity be li-
18 censed or recognized under the State or local
19 law where the entity is located to furnish health
20 care services shall be deemed to have been met
21 in the case of an entity operated by the Indian
22 Health Service, an Indian Tribe, Tribal Organi-
23 zation, or Urban Indian Organization if the en-
24 tity meets all the applicable standards for such
25 licensure or recognition, regardless of whether

1 the entity obtains a license or other documenta-
2 tion under such State or local law. In accord-
3 ance with section 221 of the Indian Health
4 Care Improvement Act, the absence of the licen-
5 sure of a health care professional employed by
6 such an entity under the State or local law
7 where the entity is located shall not be taken
8 into account for purposes of determining wheth-
9 er the entity meets such standards, if the pro-
10 fessional is licensed in another State.

11 ''(2) PROHIBITION ON FEDERAL PAYMENTS TO
12 ENTITIES OR INDIVIDUALS EXCLUDED FROM PAR-
13 TICIPATION IN FEDERAL HEALTH CARE PROGRAMS
14 OR WHOSE STATE LICENSES ARE UNDER SUSPEN-
15 SION OR HAVE BEEN REVOKED.—

16 ''(A) EXCLUDED ENTITIES.—No entity op-
17 erated by the Indian Health Service, an Indian
18 Tribe, Tribal Organization, or Urban Indian
19 Organization that has been excluded from par-
20 ticipation in any Federal health care program
21 or for which a license is under suspension or
22 has been revoked by the State where the entity
23 is located shall be eligible to receive payment
24 under any such program for health care serv-
25 ices furnished to an Indian.

1 "(B) EXCLUDED INDIVIDUALS.—No individual who has been excluded from participation in any Federal health care program or whose State license is under suspension or has been revoked shall be eligible to receive payment under any such program for health care services furnished by that individual, directly or through an entity that is otherwise eligible to receive payment for health care services, to an Indian.

"(C) FEDERAL HEALTH CARE PROGRAM DEFINED.—In this subsection, the term, 'Federal health care program' has the meaning given that term in section 1128B(f), except that, for purposes of this subsection, such term shall include the health insurance program under chapter 89 of title 5, United States Code.".

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.

(a) IN GENERAL.—Section 1139 of the Social Security Act (42 U.S.C. 1320b–9), as amended by sections 202

1 and 205, is amended by redesignating subsection (d) as
2 subsection (e), and inserting after subsection (c) the fol-
3 lowing new subsection:

4 "(d) CONSULTATION WITH TRIBAL TECHNICAL AD-
5 VISORY GROUP (TTAG).—The Secretary shall maintain
6 within the Centers for Medicaid & Medicare Services
7 (CMS) a Tribal Technical Advisory Group, established in
8 accordance with requirements of the charter dated Sep-
9 tember 30, 2003, and in such group shall include a rep-
10 resentative of the Urban Indian Organizations and the
11 Service. The representative of the Urban Indian Organiza-
12 tion shall be deemed to be an elected officer of a tribal
13 government for purposes of applying section 204(b) of the
14 Unfunded Mandates Reform Act of 1995 (2 U.S.C.
15 1534(b)).".

16 (b) SOLICITATION OF ADVICE UNDER MEDICAID AND
17 SCHIP.—

18 (1) MEDICAID STATE PLAN AMENDMENT.—Sec-
19 tion 1902(a) of the Social Security Act (42 U.S.C.
20 1396a(a)) is amended—

21 (A) in paragraph (69), by striking "and"
22 at the end;

23 (B) in paragraph (70)(B)(iv), by striking
24 the period at the end and inserting "; and";
25 and

1 (C) by inserting after paragraph
2 (70)(B)(iv), the following new paragraph:
3 "(71) in the case of any State in which the In-
4 dian Health Service operates or funds health care
5 programs, or in which 1 or more Indian Health Pro-
6 grams or Urban Indian Organizations (as such
7 terms are defined in section 4 of the Indian Health
8 Care Improvement Act) provide health care in the
9 State for which medical assistance is available under
10 such title, provide for a process under which the
11 State seeks advice on a regular, ongoing basis from
12 designees of such Indian Health Programs and
13 Urban Indian Organizations on matters relating to
14 the application of this title that are likely to have a
15 direct effect on such Indian Health Programs and
16 Urban Indian Organizations and that—
17 "(A) shall include solicitation of advice
18 prior to submission of any plan amendments,
19 waiver requests, and proposals for demonstra-
20 tion projects likely to have a direct effect on In-
21 dians, Indian Health Programs, or Urban In-
22 dian Organizations; and
23 "(B) may include appointment of an advi-
24 sory committee and of a designee of such In-
25 dian Health Programs and Urban Indian Orga-

1 nizations to the medical care advisory committee advising the State on its State plan under this title.''.

(2) APPLICATION TO SCHIP.—Section 2107(e)(1) of such Act (42 U.S.C. 1397gg(e)(1)), as amended by section 204(b)(2), is amended—

(A) by redesignating subparagraphs (B) through (F) as subparagraphs (C) through (G), respectively; and

(B) by inserting after subparagraph (A), the following new subparagraph:

''(B) Section 1902(a)(71) (relating to the option of certain States to seek advice from designees of Indian Health Programs and Urban Indian Organizations).''.

(c) RULE OF CONSTRUCTION.—Nothing in the amendments made by this section shall be construed as superseding existing advisory committees, working groups, guidance, or other advisory procedures established by the Secretary of Health and Human Services or by any State with respect to the provision of health care to Indians.

1 **SEC. 207. EXCLUSION WAIVER AUTHORITY FOR AFFECTED**
2 **INDIAN HEALTH PROGRAMS AND SAFE HAR-**
3 **BOR TRANSACTIONS UNDER THE SOCIAL SE-**
4 **CURITY ACT.**

5 (a) EXCLUSION WAIVER AUTHORITY.—Section 1128
6 of the Social Security Act (42 U.S.C. 1320a–7) is amend-
7 ed by adding at the end the following new subsection:

8 ''(k) ADDITIONAL EXCLUSION WAIVER AUTHORITY
9 FOR AFFECTED INDIAN HEALTH PROGRAMS.—In addi-
10 tion to the authority granted the Secretary under sub-
11 sections (c)(3)(B) and (d)(3)(B) to waive an exclusion
12 under subsection (a)(1), (a)(3), (a)(4), or (b), the Sec-
13 retary may, in the case of an Indian Health Program,
14 waive such an exclusion upon the request of the adminis-
15 trator of an affected Indian Health Program (as defined
16 in section 4 of the Indian Health Care Improvement Act)
17 who determines that the exclusion would impose a hard-
18 ship on individuals entitled to benefits under or enrolled
19 in a Federal health care program.''.

20 (b) CERTAIN TRANSACTIONS INVOLVING INDIAN
21 HEALTH CARE PROGRAMS DEEMED TO BE IN SAFE HAR-
22 BORS.—Section 1128B(b) of the Social Security Act (42
23 U.S.C. 1320a–7b(b)) is amended by adding at the end the
24 following new paragraph:

25 ''(4) Subject to such conditions as the Secretary may
26 promulgate from time to time as necessary to prevent

1 fraud and abuse, for purposes of paragraphs (1) and (2)
2 and section 1128A(a), the following transfers shall not be
3 treated as remuneration:

4 "(A) TRANSFERS BETWEEN INDIAN HEALTH
5 PROGRAMS, INDIAN TRIBES, TRIBAL ORGANIZATIONS,
6 AND URBAN INDIAN ORGANIZATIONS.—Transfers of
7 anything of value between or among an Indian
8 Health Program, Indian Tribe, Tribal Organization,
9 or Urban Indian Organization, that are made for the
10 purpose of providing necessary health care items and
11 services to any patient served by such Program,
12 Tribe, or Organization and that consist of—

13 "(i) services in connection with the collec-
14 tion, transport, analysis, or interpretation of di-
15 agnostic specimens or test data;

16 "(ii) inventory or supplies;

17 "(iii) staff; or

18 "(iv) a waiver of all or part of premiums
19 or cost sharing.

20 "(B) TRANSFERS BETWEEN INDIAN HEALTH
21 PROGRAMS, INDIAN TRIBES, TRIBAL ORGANIZATIONS,
22 OR URBAN INDIAN ORGANIZATIONS AND PA-
23 TIENTS.—Transfers of anything of value between an
24 Indian Health Program, Indian Tribe, Tribal Orga-
25 nization, or Urban Indian Organization and any pa-

1 tient served or eligible for service from an Indian
2 Health Program, Indian Tribe, Tribal Organization,
3 or Urban Indian Organization, including any patient
4 served or eligible for service pursuant to section 807
5 of the Indian Health Care Improvement Act, but
6 only if such transfers—

7 ''(i) consist of expenditures related to pro-
8 viding transportation for the patient for the
9 provision of necessary health care items or serv-
10 ices, provided that the provision of such trans-
11 portation is not advertised, nor an incentive of
12 which the value is disproportionately large in
13 relationship to the value of the health care item
14 or service (with respect to the value of the item
15 or service itself or, for preventative items or
16 services, the future health care costs reasonably
17 expected to be avoided);

18 ''(ii) consist of expenditures related to pro-
19 viding housing to the patient (including a preg-
20 nant patient) and immediate family members or
21 an escort necessary to assuring the timely pro-
22 vision of health care items and services to the
23 patient, provided that the provision of such
24 housing is not advertised nor an incentive of
25 which the value is disproportionately large in

1 relationship to the value of the health care item
2 or service (with respect to the value of the item
3 or service itself or, for preventative items or
4 services, the future health care costs reasonably
5 expected to be avoided); or

6 "(iii) are for the purpose of paying pre-
7 miums or cost sharing on behalf of such a pa-
8 tient, provided that the making of such pay-
9 ment is not subject to conditions other than
10 conditions agreed to under a contract for the
11 delivery of contract health services.

12 "(C) CONTRACT HEALTH SERVICES.—A trans-
13 fer of anything of value negotiated as part of a con-
14 tract entered into between an Indian Health Pro-
15 gram, Indian Tribe, Tribal Organization, Urban In-
16 dian Organization, or the Indian Health Service and
17 a contract care provider for the delivery of contract
18 health services authorized by the Indian Health
19 Service, provided that—

20 "(i) such a transfer is not tied to volume
21 or value of referrals or other business generated
22 by the parties; and

23 "(ii) any such transfer is limited to the fair
24 market value of the health care items or serv-
25 ices provided or, in the case of a transfer of

items or services related to preventative care, the value of the future health care costs reasonably expected to be avoided.

"(D) OTHER TRANSFERS.—Any other transfer of anything of value involving an Indian Health Program, Indian Tribe, Tribal Organization, or Urban Indian Organization, or a patient served or eligible for service from an Indian Health Program, Indian Tribe, Tribal Organization, or Urban Indian Organization, that the Secretary, in consultation with the Attorney General, determines is appropriate, taking into account the special circumstances of such Indian Health Programs, Indian Tribes, Tribal Organizations, and Urban Indian Organizations, and of patients served by such Programs, Tribes, and Organizations.".

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.

(a) IN GENERAL.—Section 1932 of the Social Security Act (42 U.S.C. 1396u–2) is amended by adding at the end the following new subsection:

1 "(h) SPECIAL RULES WITH RESPECT TO INDIAN EN-
2 ROLLEES, INDIAN HEALTH CARE PROVIDERS, AND IN-
3 DIAN MANAGED CARE ENTITIES.—
4 "(1) ENROLLEE OPTION TO SELECT AN INDIAN
5 HEALTH CARE PROVIDER AS PRIMARY CARE PRO-
6 VIDER.—In the case of a non-Indian Medicaid man-
7 aged care entity that—
8 "(A) has an Indian enrolled with the enti-
9 ty; and
10 "(B) has an Indian health care provider
11 that is participating as a primary care provider
12 within the network of the entity,
13 insofar as the Indian is otherwise eligible to receive
14 services from such Indian health care provider and
15 the Indian health care provider has the capacity to
16 provide primary care services to such Indian, the
17 contract with the entity under section 1903(m) or
18 under section 1905(t)(3) shall require, as a condi-
19 tion of receiving payment under such contract, that
20 the Indian shall be allowed to choose such Indian
21 health care provider as the Indian's primary care
22 provider under the entity.
23 "(2) ASSURANCE OF PAYMENT TO INDIAN
24 HEALTH CARE PROVIDERS FOR PROVISION OF COV-
25 ERED SERVICES.—Each contract with a managed

1 care entity under section 1903(m) or under section
2 1905(t)(3) shall require any such entity that has a
3 significant percentage of Indian enrollees (as deter-
4 mined by the Secretary), as a condition of receiving
5 payment under such contract to satisfy the following
6 requirements:

7 "(A) DEMONSTRATION OF PARTICIPATING
8 INDIAN HEALTH CARE PROVIDERS OR APPLICA-
9 TION OF ALTERNATIVE PAYMENT ARRANGE-
10 MENTS.—Subject to subparagraph (E), to—

11 "(i) demonstrate that the number of
12 Indian health care providers that are par-
13 ticipating providers with respect to such
14 entity are sufficient to ensure timely access
15 to covered Medicaid managed care services
16 for those enrollees who are eligible to re-
17 ceive services from such providers; or

18 "(ii) agree to pay Indian health care
19 providers who are not participating pro-
20 viders with the entity for covered Medicaid
21 managed care services provided to those
22 enrollees who are eligible to receive services
23 from such providers at a rate equal to the
24 rate negotiated between such entity and
25 the provider involved or, if such a rate has

1 not been negotiated, at a rate that is not
2 less than the level and amount of payment
3 which the entity would make for the serv-
4 ices if the services were furnished by a par-
5 ticipating provider which is not an Indian
6 health care provider.

7 "(B) PROMPT PAYMENT.—To agree to
8 make prompt payment (in accordance with
9 rules applicable to managed care entities) to In-
10 dian health care providers that are participating
11 providers with respect to such entity or, in the
12 case of an entity to which subparagraph (A)(ii)
13 or (E) applies, that the entity is required to pay
14 in accordance with that subparagraph.

15 "(C) SATISFACTION OF CLAIM REQUIRE-
16 MENT.—To deem any requirement for the sub-
17 mission of a claim or other documentation for
18 services covered under subparagraph (A) by the
19 enrollee to be satisfied through the submission
20 of a claim or other documentation by an Indian
21 health care provider that is consistent with sec-
22 tion 403(h) of the Indian Health Care Improve-
23 ment Act.

24 "(D) COMPLIANCE WITH GENERALLY AP-
25 PLICABLE REQUIREMENTS.—

1 "(i) IN GENERAL.—Subject to clause
2 (ii), as a condition of payment under sub-
3 paragraph (A), an Indian health care pro-
4 vider shall comply with the generally appli-
5 cable requirements of this title, the State
6 plan, and such entity with respect to cov-
7 ered Medicaid managed care services pro-
8 vided by the Indian health care provider to
9 the same extent that non-Indian providers
10 participating with the entity must comply
11 with such requirements.

12 "(ii) LIMITATIONS ON COMPLIANCE
13 WITH MANAGED CARE ENTITY GENERALLY
14 APPLICABLE REQUIREMENTS.—An Indian
15 health care provider—

16 "(I) shall not be required to com-
17 ply with a generally applicable re-
18 quirement of a managed care entity
19 described in clause (i) as a condition
20 of payment under subparagraph (A) if
21 such compliance would conflict with
22 any other statutory or regulatory re-
23 quirements applicable to the Indian
24 health care provider; and

1 "(II) shall only need to comply
2 with those generally applicable re-
3 quirements of a managed care entity
4 described in clause (i) as a condition
5 of payment under subparagraph (A)
6 that are necessary for the entity's
7 compliance with the State plan, such
8 as those related to care management,
9 quality assurance, and utilization
10 management.

11 "(E) APPLICATION OF SPECIAL PAYMENT
12 REQUIREMENTS FOR FEDERALLY-QUALIFIED
13 HEALTH CENTERS AND ENCOUNTER RATE FOR
14 SERVICES PROVIDED BY CERTAIN INDIAN
15 HEALTH CARE PROVIDERS.—

16 "(i) FEDERALLY-QUALIFIED HEALTH
17 CENTERS.—

18 "(I) MANAGED CARE ENTITY
19 PAYMENT REQUIREMENT.—To agree
20 to pay any Indian health care provider
21 that is a federally-qualified health
22 center but not a participating provider
23 with respect to the entity, for the pro-
24 vision of covered Medicaid managed
25 care services by such provider to an

1 Indian enrollee of the entity at a rate
2 equal to the amount of payment that
3 the entity would pay a federally-quali-
4 fied health center that is a partici-
5 pating provider with respect to the en-
6 tity but is not an Indian health care
7 provider for such services.

8 "(II) CONTINUED APPLICATION
9 OF STATE REQUIREMENT TO MAKE
10 SUPPLEMENTAL PAYMENT.—Nothing
11 in subclause (I) or subparagraph (A)
12 or (B) shall be construed as waiving
13 the application of section 1902(bb)(5)
14 regarding the State plan requirement
15 to make any supplemental payment
16 due under such section to a federally-
17 qualified health center for services
18 furnished by such center to an en-
19 rollee of a managed care entity (re-
20 gardless of whether the federally-
21 qualified health center is or is not a
22 participating provider with the entity).

23 "(ii) CONTINUED APPLICATION OF
24 ENCOUNTER RATE FOR SERVICES PRO-
25 VIDED BY CERTAIN INDIAN HEALTH CARE

PROVIDERS.—If the amount paid by a managed care entity to an Indian health care provider that is not a federally-qualified health center and that has elected to receive payment under this title as an Indian Health Service provider under the July 11, 1996, Memorandum of Agreement between the Health Care Financing Administration (now the Centers for Medicare & Medicaid Services) and the Indian Health Service for services provided by such provider to an Indian enrollee with the managed care entity is less than the encounter rate that applies to the provision of such services under such memorandum, the State plan shall provide for payment to the Indian health care provider of the difference between the applicable encounter rate under such memorandum and the amount paid by the managed care entity to the provider for such services.

"(F) CONSTRUCTION.—Nothing in this paragraph shall be construed as waiving the application of section 1902(a)(30)(A) (relating to application of standards to assure that pay-

1 ments are consistent with efficiency, economy,
2 and quality of care).
3 "(3) OFFERING OF MANAGED CARE THROUGH
4 INDIAN MEDICAID MANAGED CARE ENTITIES.—If—
5 "(A) a State elects to provide services
6 through Medicaid managed care entities under
7 its Medicaid managed care program; and
8 "(B) an Indian health care provider that is
9 funded in whole or in part by the Indian Health
10 Service, or a consortium composed of 1 or more
11 Tribes, Tribal Organizations, or Urban Indian
12 Organizations, and which also may include the
13 Indian Health Service, has established an In-
14 dian Medicaid managed care entity in the State
15 that meets generally applicable standards re-
16 quired of such an entity under such Medicaid
17 managed care program,
18 the State shall offer to enter into an agreement with
19 the entity to serve as a Medicaid managed care enti-
20 ty with respect to eligible Indians served by such en-
21 tity under such program.
22 "(4) SPECIAL RULES FOR INDIAN MANAGED
23 CARE ENTITIES.—The following are special rules re-
24 garding the application of a Medicaid managed care
25 program to Indian Medicaid managed care entities:

1 "(A) ENROLLMENT.—
2 "(i) LIMITATION TO INDIANS.—An In-
3 dian Medicaid managed care entity may re-
4 strict enrollment under such program to
5 Indians and to members of specific Tribes
6 in the same manner as Indian Health Pro-
7 grams may restrict the delivery of services
8 to such Indians and tribal members.
9 "(ii) NO LESS CHOICE OF PLANS.—
10 Under such program the State may not
11 limit the choice of an Indian among Med-
12 icaid managed care entities only to Indian
13 Medicaid managed care entities or to be
14 more restrictive than the choice of man-
15 aged care entities offered to individuals
16 who are not Indians.
17 "(iii) DEFAULT ENROLLMENT.—
18 "(I) IN GENERAL.—If such pro-
19 gram of a State requires the enroll-
20 ment of Indians in a Medicaid man-
21 aged care entity in order to receive
22 benefits, the State, taking into consid-
23 eration the criteria specified in sub-
24 section (a)(4)(D)(ii)(I), shall provide
25 for the enrollment of Indians de-

1 scribed in subclause (II) who are not
2 otherwise enrolled with such an entity
3 in an Indian Medicaid managed care
4 entity described in such clause.

5 "(II) INDIAN DESCRIBED.—An
6 Indian described in this subclause,
7 with respect to an Indian Medicaid
8 managed care entity, is an Indian
9 who, based upon the service area and
10 capacity of the entity, is eligible to be
11 enrolled with the entity consistent
12 with subparagraph (A).

13 "(iv) EXCEPTION TO STATE LOCK-
14 IN.—A request by an Indian who is en-
15 rolled under such program with a non-In-
16 dian Medicaid managed care entity to
17 change enrollment with that entity to en-
18 rollment with an Indian Medicaid managed
19 care entity shall be considered cause for
20 granting such request under procedures
21 specified by the Secretary.

22 "(B) FLEXIBILITY IN APPLICATION OF
23 SOLVENCY.—In applying section 1903(m)(1) to
24 an Indian Medicaid managed care entity—

1 "(i) any reference to a 'State' in sub-
2 paragraph (A)(ii) of that section shall be
3 deemed to be a reference to the 'Sec-
4 retary'; and
5 "(ii) the entity shall be deemed to be
6 a public entity described in subparagraph
7 (C)(ii) of that section.
8 "(C) EXCEPTIONS TO ADVANCE DIREC-
9 TIVES.—The Secretary may modify or waive the
10 requirements of section 1902(w) (relating to
11 provision of written materials on advance direc-
12 tives) insofar as the Secretary finds that the re-
13 quirements otherwise imposed are not an appro-
14 priate or effective way of communicating the in-
15 formation to Indians.
16 "(D) FLEXIBILITY IN INFORMATION AND
17 MARKETING.—
18 "(i) MATERIALS.—The Secretary may
19 modify requirements under subsection
20 (a)(5) to ensure that information described
21 in that subsection is provided to enrollees
22 and potential enrollees of Indian Medicaid
23 managed care entities in a culturally ap-
24 propriate and understandable manner that
25 clearly communicates to such enrollees and

potential enrollees their rights, protections, and benefits.

"(ii) DISTRIBUTION OF MARKETING MATERIALS.—The provisions of subsection (d)(2)(B) requiring the distribution of marketing materials to an entire service area shall be deemed satisfied in the case of an Indian Medicaid managed care entity that distributes appropriate materials only to those Indians who are potentially eligible to enroll with the entity in the service area.

"(5) MALPRACTICE INSURANCE.—Insofar as, under a Medicaid managed care program, a health care provider is required to have medical malpractice insurance coverage as a condition of contracting as a provider with a Medicaid managed care entity, an Indian health care provider that is—

"(A) a federally-qualified health center that is covered under the Federal Tort Claims Act (28 U.S.C. 1346(b), 2671 et seq.);

"(B) providing health care services pursuant to a contract or compact under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.) that are covered

1 under the Federal Tort Claims Act (28 U.S.C.
2 1346(b), 2671 et seq.); or
3 ''(C) the Indian Health Service providing
4 health care services that are covered under the
5 Federal Tort Claims Act (28 U.S.C. 1346(b),
6 2671 et seq.);
7 are deemed to satisfy such requirement.
8 ''(6) DEFINITIONS.—For purposes of this sub-
9 section:
10 ''(A) INDIAN HEALTH CARE PROVIDER.—
11 The term 'Indian health care provider' means
12 an Indian Health Program or an Urban Indian
13 Organization.
14 ''(B) INDIAN; INDIAN HEALTH PROGRAM;
15 SERVICE; TRIBE; TRIBAL ORGANIZATION; URBAN
16 INDIAN ORGANIZATION.—The terms 'Indian',
17 'Indian Health Program', 'Service', 'Tribe',
18 'tribal organization', 'Urban Indian Organiza-
19 tion' have the meanings given such terms in
20 section 4 of the Indian Health Care Improve-
21 ment Act.
22 ''(C) INDIAN MEDICAID MANAGED CARE
23 ENTITY.—The term 'Indian Medicaid managed
24 care entity' means a managed care entity that
25 is controlled (within the meaning of the last

1 sentence of section 1903(m)(1)(C)) by the In-
2 dian Health Service, a Tribe, Tribal Organiza-
3 tion, or Urban Indian Organization, or a con-
4 sortium, which may be composed of 1 or more
5 Tribes, Tribal Organizations, or Urban Indian
6 Organizations, and which also may include the
7 Service.

8 ''(D) NON-INDIAN MEDICAID MANAGED
9 CARE ENTITY.—The term 'non-Indian Medicaid
10 managed care entity' means a managed care en-
11 tity that is not an Indian Medicaid managed
12 care entity.

13 ''(E) COVERED MEDICAID MANAGED CARE
14 SERVICES.—The term 'covered Medicaid man-
15 aged care services' means, with respect to an
16 individual enrolled with a managed care entity,
17 items and services that are within the scope of
18 items and services for which benefits are avail-
19 able with respect to the individual under the
20 contract between the entity and the State in-
21 volved.

22 ''(F) MEDICAID MANAGED CARE PRO-
23 GRAM.—The term 'Medicaid managed care pro-
24 gram' means a program under sections
25 1903(m) and 1932 and includes a managed

1 care program operating under a waiver under
2 section 1915(b) or 1115 or otherwise.''.
3 (b) APPLICATION TO SCHIP.—Section 2107(e)(1) of
4 such Act (42 U.S.C. 1397gg(1)), as amended by section
5 206(b)(2), is amended by adding at the end the following
6 new subparagraph:
7 ''(H) Subsections (a)(2)(C) and (h) of sec-
8 tion 1932.''.

9 **SEC. 209. ANNUAL REPORT ON INDIANS SERVED BY SOCIAL**
10 **SECURITY ACT HEALTH BENEFIT PROGRAMS.**

11 Section 1139 of the Social Security Act (42 U.S.C.
12 1320b–9), as amended by the sections 202, 205, and 206,
13 is amended by redesignating subsection (e) as subsection
14 (f), and inserting after subsection (d) the following new
15 subsection:
16 ''(e) ANNUAL REPORT ON INDIANS SERVED BY
17 HEALTH BENEFIT PROGRAMS FUNDED UNDER THIS
18 ACT.—Beginning January 1, 2007, and annually there-
19 after, the Secretary, acting through the Administrator of
20 the Centers for Medicare & Medicaid Services and the Di-
21 rector of the Indian Health Service, shall submit a report
22 to Congress regarding the enrollment and health status
23 of Indians receiving items or services under health benefit
24 programs funded under this Act during the preceding
25 year. Each such report shall include the following:

1 "(1) The total number of Indians enrolled in, or
2 receiving items or services under, such programs,
3 disaggregated with respect to each such program.
4 "(2) The number of Indians described in para-
5 graph (1) that also received health benefits under
6 programs funded by the Indian Health Service.
7 "(3) General information regarding the health
8 status of the Indians described in paragraph (1),
9 disaggregated with respect to specific diseases or
10 conditions and presented in a manner that is con-
11 sistent with protections for privacy of individually
12 identifiable health information under section 264(c)
13 of the Health Insurance Portability and Account-
14 ability Act of 1996.
15 "(4) A detailed statement of the status of facili-
16 ties of the Indian Health Service or an Indian Tribe,
17 Tribal Organization, or an Urban Indian Organiza-
18 tion with respect to such facilities' compliance with
19 the applicable conditions and requirements of titles
20 XVIII, XIX, and XXI, and, in the case of title XIX
21 or XXI, under a State plan under such title or
22 under waiver authority, and of the progress being
23 made by such facilities (under plans submitted
24 under section 1880(b), 1911(b) or otherwise) toward

1 the achievement and maintenance of such compli-
2 ance.
3 "(5) Such other information as the Secretary
4 determines is appropriate.".

○