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IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 28, 2008

Referred to the Committee on Natural Resources, and in addition to the Committee 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

AN ACT

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 2008”.

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.

Sec. 104. Modification of term.

Sec. 105. GAO study and report on payments for contract health services.

Sec. 106. GAO study of membership criteria for federally recognized Indian
 tribes.

Sec. 107. GAO study of tribal justice systems.

**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 im-
 proved cooperation in the provision of items and services to In-
 dians under Social Security Act health benefit programs.

Sec. 203. Additional provisions to increase outreach to, and enrollment of, Indi-
 ans in SCHIP and Medicaid.

Sec. 204. Premiums and cost sharing protections under Medicaid, eligibility de-
 terminations 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 pro-
 viders and Indian managed care entities.

Sec. 209. Annual report on Indians served by Social Security Act health benefit
 programs.

Sec. 210. Development of recommendations to improve interstate coordination
 of Medicaid and SCHIP coverage of Indian children and other
 children who are outside of their State of residency because of
 educational or other needs.

Sec. 211. Establishment of National Child Welfare Resource Center for Tribes.

- “See. 113. Indian recruitment and retention program.
- “See. 114. Advanced training and research.
- “See. 115. Quentin N. Burdick American Indians Into Nursing Program.
- “See. 116. Tribal cultural orientation.
- “See. 117. INMED Program.
- “See. 118. Health training programs of community colleges.
- “See. 119. Retention bonus.
- “See. 120. Nursing residency program.
- “See. 121. Community Health Aide Program.
- “See. 122. Tribal Health Program administration.
- “See. 123. Health professional chronic shortage demonstration programs.
- “See. 124. National Health Service Corps.
- “See. 125. Substance abuse counselor educational curricula demonstration programs.
- “See. 126. Behavioral health training and community education programs.
- “See. 127. Authorization of appropriations.

“TITLE II—HEALTH SERVICES

- “See. 201. Indian Health Care Improvement Fund.
- “See. 202. Catastrophic Health Emergency Fund.
- “See. 203. Health promotion and disease prevention services.
- “See. 204. Diabetes prevention, treatment, and control.
- “See. 205. Shared services for long-term care.
- “See. 206. Health services research.
- “See. 207. Mammography and other cancer screening.
- “See. 208. Patient travel costs.
- “See. 209. Epidemiology centers.
- “See. 210. Comprehensive school health education programs.
- “See. 211. Indian youth program.
- “See. 212. Prevention, control, and elimination of communicable and infectious diseases.
- “See. 213. Other authority for provision of services.
- “See. 214. Indian women’s health care.
- “See. 215. Environmental and nuclear health hazards.
- “See. 216. Arizona as a contract health service delivery area.
- “See. 216A. North Dakota and South Dakota as a contract health service delivery area.
- “See. 217. California contract health services program.
- “See. 218. California as a contract health service delivery area.
- “See. 219. Contract health services for the Trenton service area.
- “See. 220. Programs operated by Indian Tribes and Tribal Organizations.
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- “See. 223. Prompt action on payment of claims.
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- “See. 225. Office of Indian Men’s Health.
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- “See. 302. Sanitation facilities.
- “See. 303. Preference to Indians and Indian firms.
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- “See. 305. Funding for the construction, expansion, and modernization of small ambulatory care facilities.
- “See. 306. Indian health care delivery demonstration projects.
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- “See. 310. Tribal leasing.
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- “See. 312. Location of facilities.
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- “See. 314. Tribal management of Federally-owned quarters.
- “See. 315. Applicability of Buy American Act requirement.
- “See. 316. Other funding for facilities.
- “See. 317. Authorization of appropriations.

“TITLE IV—ACCESS TO HEALTH SERVICES

- “See. 401. Treatment of payments under Social Security Act health benefits programs.
- “See. 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.
- “See. 403. Reimbursement from certain third parties of costs of health services.
- “See. 404. Crediting of reimbursements.
- “See. 405. Purchasing health care coverage.
- “See. 406. Sharing arrangements with Federal agencies.
- “See. 407. Eligible Indian veteran services.
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- “See. 409. Nondiscrimination under Federal health care programs in qualifications for reimbursement for services.
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- “See. 411. State Children’s Health Insurance Program (SCHIP).
- “See. 412. Exclusion waiver authority for affected Indian Health Programs and safe harbor transactions under the Social Security Act.
- “See. 413. Premium and cost sharing protections and eligibility determinations under Medicaid and SCHIP and protection of certain Indian property from Medicaid estate recovery.
- “See. 414. Treatment under Medicaid and SCHIP managed care.
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- “See. 505. Evaluations; renewals.
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- “See. 507. Reports and records.
- “See. 508. Limitation on contract authority.

- “See. 509. Facilities.
- “See. 510. Division of Urban Indian Health.
- “See. 511. Grants for alcohol and substance abuse-related services.
- “See. 512. Treatment of certain demonstration projects.
- “See. 513. Urban NIAAA transferred programs.
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- “See. 516. Grants for diabetes prevention, treatment, and control.
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“TITLE VII—BEHAVIORAL HEALTH PROGRAMS

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- “See. 702. Memoranda of agreement with the Department of the Interior.
- “See. 703. Comprehensive behavioral health prevention and treatment program.
- “See. 704. Mental health technician program.
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- “See. 715. Testimony by service employees in cases of rape and sexual assault.
- “See. 716. Behavioral health research.
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- “See. 801. Reports.
- “See. 802. Regulations.
- “See. 803. Plan of implementation.
- “See. 804. Availability of funds.
- “See. 805. Limitation relating to abortion.
- “See. 806. Eligibility of California Indians.
- “See. 807. Health services for ineligible persons.
- “See. 808. Reallocation of base resources.
- “See. 809. Results of demonstration projects.
- “See. 810. Provision of services in Montana.
- “See. 811. Tribal employment.
- “See. 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. Sense of Congress regarding law enforcement and methamphetamine issues in Indian Country.
- “Sec. 816. Tribal Health Program option for cost sharing.
- “Sec. 817. Testing for sexually transmitted diseases in cases of sexual violence.
- “Sec. 818. Study on tobacco-related disease and disproportionate health effects on tribal populations.
- “Sec. 819. Appropriations; availability.
- “Sec. 820. GAO report on coordination of services.
- “Sec. 821. Authorization of appropriations.

1 **“SEC. 2. FINDINGS.**

2 “Congress makes the following findings:

3 “(1) Federal health services to maintain and
4 improve the health of the Indians are consonant
5 with and required by the Federal Government’s his-
6 torical and unique legal relationship with, and re-
7 sulting responsibility to, the American Indian people.

8 “(2) A major national goal of the United States
9 is to provide the resources, processes, and structure
10 that will enable Indian Tribes and tribal members to
11 obtain the quantity and quality of health care serv-
12 ices and opportunities that will eradicate the health
13 disparities between Indians and the general popu-
14 lation of the United States.

15 “(3) A major national goal of the United States
16 is to provide the quantity and quality of health serv-
17 ices which will permit the health status of Indians
18 to be raised to the highest possible level and to en-

1 courage the maximum participation of Indians in the
2 planning and management of those services.

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

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

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

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

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

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

23 “(3) to ensure maximum Indian participation in
24 the direction of health care services so as to render
25 the persons administering such services and the

1 services themselves more responsive to the needs and
2 desires of Indian communities;

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

9 “(5) to require that all actions under this Act
10 shall be carried out with active and meaningful con-
11 sultation with Indian Tribes and Tribal Organiza-
12 tions, and conference with Urban Indian Organiza-
13 tions, to implement this Act and the national policy
14 of Indian self-determination;

15 “(6) to ensure that the United States and In-
16 dian Tribes work in a government-to-government re-
17 lationship to ensure quality health care for all tribal
18 members; and

19 “(7) to provide funding for programs and facili-
20 ties operated by Indian Tribes and Tribal Organiza-
21 tions in amounts that are not less than the amounts
22 provided to programs and facilities operated directly
23 by the Service.

24 **“SEC. 4. DEFINITIONS.**

25 “For purposes of this Act:

1 “(1) The term ‘accredited and accessible’ means
2 on or near a reservation and accredited by a na-
3 tional or regional organization with accrediting au-
4 thority.

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

10 “(3)(A) The term ‘behavioral health’ means the
11 blending of substance (alcohol, drugs, inhalants, and
12 tobacco) abuse and mental health prevention and
13 treatment, for the purpose of providing comprehen-
14 sive services.

15 “(B) The term ‘behavioral health’ includes the
16 joint development of substance abuse and mental
17 health treatment planning and coordinated case
18 management using a multidisciplinary approach.

19 “(4) The term ‘California Indians’ means those
20 Indians who are eligible for health services of the
21 Service pursuant to section 806.

22 “(5) The term ‘community college’ means—

23 “(A) a tribal college or university, or

24 “(B) a junior or community college.

1 “(6) The term ‘contract health service’ means
2 health services provided at the expense of the Serv-
3 ice or a Tribal Health Program by public or private
4 medical providers or hospitals, other than the Serv-
5 ice Unit or the Tribal Health Program at whose ex-
6 pense the services are provided.

7 “(7) The term ‘Department’ means, unless oth-
8 erwise designated, the Department of Health and
9 Human Services.

10 “(8) The term ‘Director’ means the Director of
11 the Service.

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 sani-
2 tary facilities;

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

5 “(F) promoting culturally competent care;
6 and

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

9 “(i) abuse prevention (mental and
10 physical);

11 “(ii) community health;

12 “(iii) community safety;

13 “(iv) consumer health education;

14 “(v) diet and nutrition;

15 “(vi) immunization and other preven-
16 tion of communicable diseases, including
17 HIV/AIDS;

18 “(vii) environmental health;

19 “(viii) exercise and physical fitness;

20 “(ix) avoidance of fetal alcohol spec-
21 trum disorders;

22 “(x) first aid and CPR education;

23 “(xi) human growth and development;

24 “(xii) injury prevention and personal
25 safety;

- 1 “(xiii) behavioral health;
- 2 “(xiv) monitoring of disease indicators
- 3 between health care provider visits,
- 4 through appropriate means, including
- 5 Internet-based health care management
- 6 systems;
- 7 “(xv) personal health and wellness
- 8 practices;
- 9 “(xvi) personal capacity building;
- 10 “(xvii) prenatal, pregnancy, and in-
- 11 fant care;
- 12 “(xviii) psychological well-being;
- 13 “(xix) family planning;
- 14 “(xx) safe and adequate water;
- 15 “(xxi) healthy work environments;
- 16 “(xxii) elimination, reduction, and
- 17 prevention of contaminants that create
- 18 unhealthy household conditions (including
- 19 mold and other allergens);
- 20 “(xxiii) stress control;
- 21 “(xxiv) substance abuse;
- 22 “(xxv) sanitary facilities;
- 23 “(xxvi) sudden infant death syndrome
- 24 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

1 a member of a tribe, band, or other organized
2 group of Indians, including those tribes, bands,
3 or groups terminated since 1940 and those
4 tribes, bands, or groups that are recognized by
5 the States in which they reside, or who is a de-
6 scendant in the first or second degree of any
7 such member.

8 “(B) The individual is an Eskimo, Aleut,
9 or other Alaska Native.

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

13 “(D) The individual is determined to be an
14 Indian under regulations promulgated by the
15 Secretary.

16 “(28) The term ‘Urban Indian Organization’
17 means a nonprofit corporate body that (A) is situ-
18 ated in an Urban Center; (B) is governed by an
19 Urban Indian-controlled board of directors; (C) pro-
20 vides for the participation of all interested Indian
21 groups and individuals; and (D) is capable of legally
22 cooperating with other public and private entities for
23 the purpose of performing the activities described in
24 section 503(a).

1 **“TITLE I—INDIAN HEALTH,**
2 **HUMAN RESOURCES, AND DE-**
3 **VELOPMENT**

4 **“SEC. 101. PURPOSE.**

5 “The purpose of this title is to increase, to the max-
6 imum extent feasible, the number of Indians entering the
7 health professions and providing health services, and to
8 assure an optimum supply of health professionals to the
9 Indian Health Programs and Urban Indian Organizations
10 involved in the provision of health services to Indians.

11 **“SEC. 102. HEALTH PROFESSIONS RECRUITMENT PROGRAM**
12 **FOR INDIANS.**

13 “(a) IN GENERAL.—The Secretary, acting through
14 the Service, shall make grants to public or nonprofit pri-
15 vate health or educational entities, Tribal Health Pro-
16 grams, or Urban Indian Organizations to assist such enti-
17 ties in meeting the costs of—

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

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

23 “(B) if they are not qualified to enroll in
24 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

1 section may be made in advance or by way of reim-
2 bursement, and at such intervals and on such condi-
3 tions as provided for in regulations issued pursuant
4 to this Act. To the extent not otherwise prohibited
5 by law, grants shall be for 3 years, as provided in
6 regulations issued pursuant to this Act.

7 **“SEC. 103. HEALTH PROFESSIONS PREPARATORY SCHOL-**
8 **ARSHIP PROGRAM FOR INDIANS.**

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

12 “(1) have successfully completed their high
13 school education or high school equivalency; and

14 “(2) have demonstrated the potential to suc-
15 cessfully complete courses of study in the health pro-
16 fessions.

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

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

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

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

7 “(c) OTHER CONDITIONS.—Scholarships under this
8 section—

9 “(1) may cover costs of tuition, books, trans-
10 portation, board, and other necessary related ex-
11 penses of a recipient while attending school;

12 “(2) shall not be denied solely on the basis of
13 the applicant’s scholastic achievement if such appli-
14 cant has been admitted to, or maintained good
15 standing at, an accredited institution; and

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

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

20 “(a) IN GENERAL.—

21 “(1) AUTHORITY.—The Secretary, acting
22 through the Service, shall make scholarship grants
23 to Indians who are enrolled full or part time in ac-
24 credited schools pursuing courses of study in the
25 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. 2541), 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 Director and shall not be delegated in
17 a contract or compact under the Indian Self-Deter-
18 mination and Education Assistance Act (25 U.S.C.
19 450 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. 254l(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 2008 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, or Tribal Organizations,
21 or confer with the affected Urban Indian Orga-
22 nizations, and may take into consideration
23 whether the obligation may be satisfied in a
24 teaching capacity at a tribal college or univer-

1 sity nursing program under subsection
2 (b)(1)(D).

3 “(5) EXTREME HARDSHIP.—Notwithstanding
4 any other provision of law, in any case of extreme
5 hardship or for other good cause shown, the Sec-
6 retary may waive, in whole or in part, the right of
7 the United States to recover funds made available
8 under this section.

9 “(6) BANKRUPTCY.—Notwithstanding any
10 other provision of law, with respect to a recipient of
11 an Indian Health Scholarship, no obligation for pay-
12 ment may be released by a discharge in bankruptcy
13 under title 11, United States Code, unless that dis-
14 charge is granted after the expiration of the 5-year
15 period beginning on the initial date on which that
16 payment is due, and only if the bankruptcy court
17 finds that the nondischarge of the obligation would
18 be unconscionable.

19 **“SEC. 105. AMERICAN INDIANS INTO PSYCHOLOGY PRO-**
20 **GRAM.**

21 “(a) GRANTS AUTHORIZED.—The Secretary, acting
22 through the Service, shall make grants of not more than
23 \$300,000 to each of 9 colleges and universities for the pur-
24 pose of developing and maintaining Indian psychology ca-
25 reer recruitment programs as a means of encouraging In-

1 dians to enter the behavioral health field. These programs
2 shall be located at various locations throughout the coun-
3 try to maximize their availability to Indian students and
4 new programs shall be established in different locations
5 from time to time.

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

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

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

23 “(1) provides outreach and recruitment for
24 health professions to Indian communities including
25 elementary, secondary, and accredited and accessible

1 community colleges that will be served by the pro-
2 gram;

3 “(2) incorporates a program advisory board
4 comprised of representatives from the tribes and
5 communities that will be served by the program;

6 “(3) provides summer enrichment programs to
7 expose Indian students to the various fields of psy-
8 chology through research, clinical, and experimental
9 activities;

10 “(4) provides stipends to undergraduate and
11 graduate students to pursue a career in psychology;

12 “(5) develops affiliation agreements with tribal
13 colleges and universities, the Service, university af-
14 filiated programs, and other appropriate accredited
15 and accessible entities to enhance the education of
16 Indian students;

17 “(6) to the maximum extent feasible, uses exist-
18 ing university tutoring, counseling, and student sup-
19 port services; and

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

22 “(e) ACTIVE DUTY SERVICE REQUIREMENT.—The
23 active duty service obligation prescribed under section
24 338C of the Public Health Service Act (42 U.S.C. 254m)
25 shall be met by each graduate who receives a stipend de-

1 scribed in subsection (d)(4) that is funded under this sec-
2 tion. Such obligation shall be met by service—

3 “(1) in an Indian Health Program;

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

6 “(3) in the private practice of psychology if, as
7 determined by the Secretary, in accordance with
8 guidelines promulgated by the Secretary, such prac-
9 tice is situated in a physician or other health profes-
10 sional shortage area and addresses the health care
11 needs of a substantial number of Indians.

12 “(f) AUTHORIZATION OF APPROPRIATIONS.—There
13 is authorized to be appropriated to carry out this section
14 \$2,700,000 for each of fiscal years 2008 through 2017.

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

16 “(a) IN GENERAL.—

17 “(1) GRANTS AUTHORIZED.—The Secretary,
18 acting through the Service, shall make grants to
19 Tribal Health Programs for the purpose of providing
20 scholarships for Indians to serve as health profes-
21 sionals in Indian communities.

22 “(2) AMOUNT.—Amounts available under para-
23 graph (1) for any fiscal year shall not exceed 5 per-
24 cent of the amounts available for each fiscal year for
25 Indian Health Scholarships under section 104.

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

5 “(b) REQUIREMENTS.—

6 “(1) IN GENERAL.—A Tribal Health Program
7 receiving a grant under subsection (a) shall provide
8 scholarships to Indians in accordance with the re-
9 quirements of this section.

10 “(2) COSTS.—With respect to costs of providing
11 any scholarship pursuant to subsection (a)—

12 “(A) 80 percent of the costs of the scholar-
13 ship shall be paid from the funds made avail-
14 able pursuant to subsection (a)(1) provided to
15 the Tribal Health Program; and

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

18 “(c) COURSE OF STUDY.—A Tribal Health Program
19 shall provide scholarships under this section only to Indi-
20 ans enrolled or accepted for enrollment in a course of
21 study (approved by the Secretary) in 1 of the health pro-
22 fessions contemplated by this Act.

23 “(d) CONTRACT.—

24 “(1) IN GENERAL.—In providing scholarships
25 under subsection (b), the Secretary and the Tribal

1 Health Program shall enter into a written contract
2 with each recipient of such scholarship.

3 “(2) REQUIREMENTS.—Such contract shall—

4 “(A) obligate such recipient to provide
5 service in an Indian Health Program or Urban
6 Indian Organization, in the same Service Area
7 where the Tribal Health Program providing the
8 scholarship is located, for—

9 “(i) a number of years for which the
10 scholarship is provided (or the part-time
11 equivalent thereof, as determined by the
12 Secretary), or for a period of 2 years,
13 whichever period is greater; or

14 “(ii) such greater period of time as
15 the recipient and the Tribal Health Pro-
16 gram may agree;

17 “(B) provide that the amount of the schol-
18 arship—

19 “(i) may only be expended for—

20 “(I) tuition expenses, other rea-
21 sonable educational expenses, and rea-
22 sonable living expenses incurred in at-
23 tendance at the educational institu-
24 tion; and

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

15 “(ii) may not exceed, for any year of
16 attendance for which the scholarship is
17 provided, the total amount required for the
18 year for the purposes authorized in clause
19 (i);

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

1 “(D) require the recipient of such scholar-
2 ship to meet the educational and licensure re-
3 quirements appropriate to each health profes-
4 sion.

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

12 “(e) BREACH OF CONTRACT.—

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

20 “(A) fails to maintain an acceptable level
21 of academic standing in the educational institu-
22 tion in which he or she is enrolled (such level
23 as determined by the educational institution
24 under regulations of the Secretary);

1 “(B) is dismissed from such educational
2 institution for disciplinary reasons;

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

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

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

22 “(3) CANCELLATION UPON DEATH OF RECIPI-
23 ENT.—Upon the death of an individual who receives
24 an Indian Health Scholarship, any outstanding obli-

1 gation of that individual for service or payment that
2 relates to that scholarship shall be canceled.

3 “(4) INFORMATION.—The Secretary may carry
4 out this subsection on the basis of information re-
5 ceived from Tribal Health Programs involved or on
6 the basis of information collected through such other
7 means as the Secretary deems appropriate.

8 “(f) RELATION TO SOCIAL SECURITY ACT.—The re-
9 cipient of a scholarship under this section shall agree, in
10 providing health care pursuant to the requirements here-
11 in—

12 “(1) not to discriminate against an individual
13 seeking care on the basis of the ability of the indi-
14 vidual to pay for such care or on the basis that pay-
15 ment for such care will be made pursuant to a pro-
16 gram established in title XVIII of the Social Secu-
17 rity Act or pursuant to the programs established in
18 title XIX or title XXI of such Act; and

19 “(2) to accept assignment under section
20 1842(b)(3)(B)(ii) of the Social Security Act for all
21 services for which payment may be made under part
22 B of title XVIII of such Act, and to enter into an
23 appropriate agreement with the State agency that
24 administers the State plan for medical assistance
25 under title XIX, or the State child health plan under

1 title XXI, of such Act to provide service to individ-
2 uals entitled to medical assistance or child health as-
3 sistance, respectively, under the plan.

4 “(g) CONTINUANCE OF FUNDING.—The Secretary
5 shall make payments under this section to a Tribal Health
6 Program for any fiscal year subsequent to the first fiscal
7 year of such payments unless the Secretary determines
8 that, for the immediately preceding fiscal year, the Tribal
9 Health Program has not complied with the requirements
10 of this section.

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

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

19 “(b) NOT COUNTED TOWARD ACTIVE DUTY SERVICE
20 OBLIGATION.—Periods of employment pursuant to this
21 subsection shall not be counted in determining fulfillment
22 of the service obligation incurred as a condition of the
23 scholarship.

24 “(c) TIMING; LENGTH OF EMPLOYMENT.—Any indi-
25 vidual enrolled in a program, including a high school pro-

1 gram, authorized under section 102(a) may be employed
2 by the Service or by a Tribal Health Program or an Urban
3 Indian Organization during any nonacademic period of the
4 year. Any such employment shall not exceed 120 days dur-
5 ing any calendar year.

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

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

19 “In order to encourage scholarship and stipend re-
20 cipients under sections 104, 105, 106, and 115 and health
21 professionals, including community health representatives
22 and emergency medical technicians, to join or continue in
23 an Indian Health Program, in the case of nurses, to obtain
24 training and certification as sexual assault nurse exam-
25 iners, and to provide their services in the rural and remote

1 areas where a significant portion of Indians reside, the
 2 Secretary, acting through the Service, may—

3 “(1) provide programs or allowances to transi-
 4 tion into an Indian Health Program, including li-
 5 censing, board or certification examination assist-
 6 ance, and technical assistance in fulfilling service ob-
 7 ligations under sections 104, 105, 106, and 115; and

8 “(2) provide programs or allowances to health
 9 professionals employed in an Indian Health Program
 10 to enable them for a period of time each year pre-
 11 scribed by regulation of the Secretary to take leave
 12 of their duty stations for professional consultation,
 13 management, leadership, refresher training courses,
 14 and, in the case of nurses, additional clinical sexual
 15 assault nurse examiner experience to maintain com-
 16 petency or certification.

17 **“SEC. 109. COMMUNITY HEALTH REPRESENTATIVE PRO-**
 18 **GRAM.**

19 “(a) IN GENERAL.—Under the authority of the Act
 20 of November 2, 1921 (25 U.S.C. 13) (commonly known
 21 as the ‘Snyder Act’), the Secretary, acting through the
 22 Service, shall maintain a Community Health Representa-
 23 tive Program under which Indian Health Programs—

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

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

5 “(b) DUTIES.—The Community Health Representa-
6 tive Program of the Service, shall—

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

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

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

18 “(B) provides instruction and practical ex-
19 perience in health promotion and disease pre-
20 vention activities, with appropriate consider-
21 ation given to lifestyle factors that have an im-
22 pact on Indian health status, such as alco-
23 holism, family dysfunction, and poverty;

24 “(3) maintain a system which identifies the
25 needs of community health representatives for con-

1 continuing education in health care, health promotion,
2 and disease prevention and develop programs that
3 meet the needs for continuing education;

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

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

9 “(6) promote traditional health care practices
10 of the Indian Tribes served consistent with the Serv-
11 ice standards for the provision of health care, health
12 promotion, and disease prevention.

13 **“SEC. 110. INDIAN HEALTH SERVICE LOAN REPAYMENT**
14 **PROGRAM.**

15 “(a) ESTABLISHMENT.—The Secretary, acting
16 through the Service, shall establish and administer a pro-
17 gram to be known as the Service Loan Repayment Pro-
18 gram (hereinafter referred to as the ‘Loan Repayment
19 Program’) in order to ensure an adequate supply of
20 trained health professionals necessary to maintain accredi-
21 tation of, and provide health care services to Indians
22 through, Indian Health Programs and Urban Indian Or-
23 ganizations.

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

4 “(1)(A) be enrolled—

5 “(i) in a course of study or program in an
6 accredited educational institution (as deter-
7 mined by the Secretary under section
8 338B(b)(1)(c)(i) of the Public Health Service
9 Act (42 U.S.C. 2541–1(b)(1)(c)(i))) and be
10 scheduled to complete such course of study in
11 the same year such individual applies to partici-
12 pate in such program; or

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

15 “(B) have—

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

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

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

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

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

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

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

8 “(c) APPLICATION.—

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

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

7 “(3) TIMELY AVAILABILITY OF FORMS.—The
8 Secretary shall make such application forms, con-
9 tract forms, and other information available to indi-
10 viduals desiring to participate in the Loan Repay-
11 ment Program on a date sufficiently early to ensure
12 that such individuals have adequate time to carefully
13 review and evaluate such forms and information.

14 “(d) PRIORITIES.—

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

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

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

22 “(2) APPROVALS.—Notwithstanding the pri-
23 ority determined under paragraph (1), the Secretary,
24 in determining which applications under the Loan

1 Repayment Program to approve (and which con-
2 tracts to accept), shall—

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

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

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

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

14 “(e) RECIPIENT CONTRACTS.—

15 “(1) CONTRACT REQUIRED.—An individual be-
16 comes a participant in the Loan Repayment Pro-
17 gram only upon the Secretary and the individual en-
18 tering into a written contract described in paragraph
19 (2).

20 “(2) CONTENTS OF CONTRACT.—The written
21 contract referred to in this section between the Sec-
22 retary and an individual shall contain—

23 “(A) an agreement under which—

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

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

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

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

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

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

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

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

1 mined under regulations of the
2 Secretary by the educational in-
3 stitution offering such course of
4 study or training); and

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

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

21 “(C) a provision that any financial obliga-
22 tion of the United States arising out of a con-
23 tract entered into under this section and any
24 obligation of the individual which is conditioned

1 thereon is contingent upon funds being appro-
2 priated for loan repayments under this section;

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

7 “(E) such other statements of the rights
8 and liabilities of the Secretary and of the indi-
9 vidual, not inconsistent with this section.

10 “(f) DEADLINE FOR DECISION ON APPLICATION.—

11 The Secretary shall provide written notice to an individual
12 within 21 days on—

13 “(1) the Secretary’s approving, under sub-
14 section (e)(1), of the individual’s participation in the
15 Loan Repayment Program, including extensions re-
16 sulting in an aggregate period of obligated service in
17 excess of 4 years; or

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

20 “(g) PAYMENTS.—

21 “(1) IN GENERAL.—A loan repayment provided
22 for an individual under a written contract under the
23 Loan Repayment Program shall consist of payment,
24 in accordance with paragraph (2), on behalf of the
25 individual of the principal, interest, and related ex-

1 penses on government and commercial loans received
2 by the individual regarding the undergraduate or
3 graduate education of the individual (or both), which
4 loans were made for—

5 “(A) tuition expenses;

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

9 “(C) reasonable living expenses as deter-
10 mined by the Secretary.

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

22 “(A) affects the ability of the Secretary to
23 maximize the number of contracts that can be
24 provided under the Loan Repayment Program

1 from the amounts appropriated for such con-
2 tracts;

3 “(B) provides an incentive to serve in In-
4 dian Health Programs and Urban Indian Orga-
5 nizations with the greatest shortages of health
6 professionals; and

7 “(C) provides an incentive with respect to
8 the health professional involved remaining in an
9 Indian Health Program or Urban Indian Orga-
10 nization with such a health professional short-
11 age, and continuing to provide primary health
12 services, after the completion of the period of
13 obligated service under the Loan Repayment
14 Program.

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

21 “(4) REIMBURSEMENTS FOR TAX LIABILITY.—
22 For the purpose of providing reimbursements for tax
23 liability resulting from a payment under paragraph
24 (2) on behalf of an individual, the Secretary—

1 “(A) in addition to such payments, may
2 make payments to the individual in an amount
3 equal to not less than 20 percent and not more
4 than 39 percent of the total amount of loan re-
5 payments made for the taxable year involved;
6 and

7 “(B) may make such additional payments
8 as the Secretary determines to be appropriate
9 with respect to such purpose.

10 “(5) PAYMENT SCHEDULE.—The Secretary
11 may enter into an agreement with the holder of any
12 loan for which payments are made under the Loan
13 Repayment Program to establish a schedule for the
14 making of such payments.

15 “(h) EMPLOYMENT CEILING.—Notwithstanding any
16 other provision of law, individuals who have entered into
17 written contracts with the Secretary under this section
18 shall not be counted against any employment ceiling af-
19 fecting the Department while those individuals are under-
20 going academic training.

21 “(i) RECRUITMENT.—The Secretary shall conduct re-
22 cruiting programs for the Loan Repayment Program and
23 other manpower programs of the Service at educational
24 institutions training health professionals or specialists
25 identified in subsection (a).

1 “(j) APPLICABILITY OF LAW.—Section 214 of the
2 Public Health Service Act (42 U.S.C. 215) shall not apply
3 to individuals during their period of obligated service
4 under the Loan Repayment Program.

5 “(k) ASSIGNMENT OF INDIVIDUALS.—The Secretary,
6 in assigning individuals to serve in Indian Health Pro-
7 grams or Urban Indian Organizations pursuant to con-
8 tracts entered into under this section, shall—

9 “(1) ensure that the staffing needs of Tribal
10 Health Programs and Urban Indian Organizations
11 receive consideration on an equal basis with pro-
12 grams that are administered directly by the Service;
13 and

14 “(2) give priority to assigning individuals to In-
15 dian Health Programs and Urban Indian Organiza-
16 tions that have a need for health professionals to
17 provide health care services as a result of individuals
18 having breached contracts entered into under this
19 section.

20 “(l) BREACH OF CONTRACT.—

21 “(1) SPECIFIC BREACHES.—An individual who
22 has entered into a written contract with the Sec-
23 retary under this section and has not received a
24 waiver under subsection (m) shall be liable, in lieu
25 of any service obligation arising under such contract,

1 to the United States for the amount which has been
2 paid on such individual's behalf under the contract
3 if that individual—

4 “(A) is enrolled in the final year of a
5 course of study and—

6 “(i) fails to maintain an acceptable
7 level of academic standing in the edu-
8 cational institution in which he or she is
9 enrolled (such level determined by the edu-
10 cational institution under regulations of
11 the Secretary);

12 “(ii) voluntarily terminates such en-
13 rollment; or

14 “(iii) is dismissed from such edu-
15 cational institution before completion of
16 such course of study; or

17 “(B) is enrolled in a graduate training pro-
18 gram and fails to complete such training pro-
19 gram.

20 “(2) OTHER BREACHES; FORMULA FOR
21 AMOUNT OWED.—If, for any reason not specified in
22 paragraph (1), an individual breaches his or her
23 written contract under this section by failing either
24 to begin, or complete, such individual's period of ob-
25 ligated service in accordance with subsection (e)(2),

1 the United States shall be entitled to recover from
2 such individual an amount to be determined in ac-
3 cordance with the following formula: $A=3Z(t-s/t)$
4 in which—

5 “(A) ‘A’ is the amount the United States
6 is entitled to recover;

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

14 “(C) ‘t’ is the total number of months in
15 the individual’s period of obligated service in
16 accordance with subsection (f); and

17 “(D) ‘s’ is the number of months of such
18 period served by such individual in accordance
19 with this section.

20 “(3) DEDUCTIONS IN MEDICARE PAYMENTS.—

21 Amounts not paid within such period shall be sub-
22 ject to collection through deductions in Medicare
23 payments pursuant to section 1892 of the Social Se-
24 curity Act.

1 “(4) TIME PERIOD FOR REPAYMENT.—Any
2 amount of damages which the United States is enti-
3 tled to recover under this subsection shall be paid to
4 the United States within the 1-year period beginning
5 on the date of the breach or such longer period be-
6 ginning on such date as shall be specified by the
7 Secretary.

8 “(5) RECOVERY OF DELINQUENCY.—

9 “(A) IN GENERAL.—If damages described
10 in paragraph (4) are delinquent for 3 months,
11 the Secretary shall, for the purpose of recov-
12 ering such damages—

13 “(i) use collection agencies contracted
14 with by the Administrator of General Serv-
15 ices; or

16 “(ii) enter into contracts for the re-
17 covery of such damages with collection
18 agencies selected by the Secretary.

19 “(B) REPORT.—Each contract for recov-
20 ering damages pursuant to this subsection shall
21 provide that the contractor will, not less than
22 once each 6 months, submit to the Secretary a
23 status report on the success of the contractor in
24 collecting such damages. Section 3718 of title
25 31, United States Code, shall apply to any such

1 contract to the extent not inconsistent with this
2 subsection.

3 “(m) WAIVER OR SUSPENSION OF OBLIGATION.—

4 “(1) IN GENERAL.—The Secretary shall by reg-
5 ulation provide for the partial or total waiver or sus-
6 pension of any obligation of service or payment by
7 an individual under the Loan Repayment Program
8 whenever compliance by the individual is impossible
9 or would involve extreme hardship to the individual
10 and if enforcement of such obligation with respect to
11 any individual would be unconscionable.

12 “(2) CANCELED UPON DEATH.—Any obligation
13 of an individual under the Loan Repayment Pro-
14 gram for service or payment of damages shall be
15 canceled upon the death of the individual.

16 “(3) HARDSHIP WAIVER.—The Secretary may
17 waive, in whole or in part, the rights of the United
18 States to recover amounts under this section in any
19 case of extreme hardship or other good cause shown,
20 as determined by the Secretary.

21 “(4) BANKRUPTCY.—Any obligation of an indi-
22 vidual under the Loan Repayment Program for pay-
23 ment of damages may be released by a discharge in
24 bankruptcy under title 11 of the United States Code
25 only if such discharge is granted after the expiration

1 of the 5-year period beginning on the first date that
2 payment of such damages is required, and only if
3 the bankruptcy court finds that nondischarge of the
4 obligation would be unconscionable.

5 “(n) REPORT.—The Secretary shall submit to the
6 President, for inclusion in the report required to be sub-
7 mitted to Congress under section 801, a report concerning
8 the previous fiscal year which sets forth by Service Area
9 the following:

10 “(1) A list of the health professional positions
11 maintained by Indian Health Programs and Urban
12 Indian Organizations for which recruitment or reten-
13 tion is difficult.

14 “(2) The number of Loan Repayment Program
15 applications filed with respect to each type of health
16 profession.

17 “(3) The number of contracts described in sub-
18 section (e) that are entered into with respect to each
19 health profession.

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

22 “(5) The number of scholarships that are pro-
23 vided under sections 104 and 106 with respect to
24 each health profession.

1 appropriated, or earned relative to the LRRF shall remain
2 available until expended.

3 “(b) USE OF FUNDS.—

4 “(1) BY SECRETARY.—Amounts in the LRRF
5 may be expended by the Secretary, acting through
6 the Service, to make payments to an Indian Health
7 Program—

8 “(A) to which a scholarship recipient under
9 section 104 and 106 or a loan repayment pro-
10 gram participant under section 110 has been
11 assigned to meet the obligated service require-
12 ments pursuant to such sections; and

13 “(B) that has a need for a health profes-
14 sional to provide health care services as a result
15 of such recipient or participant having breached
16 the contract entered into under section 104,
17 106, or section 110.

18 “(2) BY TRIBAL HEALTH PROGRAMS.—A Tribal
19 Health Program receiving payments pursuant to
20 paragraph (1) may expend the payments to provide
21 scholarships or recruit and employ, directly or by
22 contract, health professionals to provide health care
23 services.

24 “(c) INVESTMENT OF FUNDS.—The Secretary of the
25 Treasury shall invest such amounts of the LRRF as the

1 Secretary of Health and Human Services determines are
2 not required to meet current withdrawals from the LRRF.
3 Such investments may be made only in interest bearing
4 obligations of the United States. For such purpose, such
5 obligations may be acquired on original issue at the issue
6 price, or by purchase of outstanding obligations at the
7 market price.

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

11 “(e) EFFECTIVE DATE.—This section takes effect on
12 October 1, 2009.

13 **“SEC. 112. RECRUITMENT ACTIVITIES.**

14 “(a) REIMBURSEMENT FOR TRAVEL.—The Sec-
15 retary, acting through the Service, may reimburse health
16 professionals seeking positions with Indian Health Pro-
17 grams or Urban Indian Organizations, including individ-
18 uals considering entering into a contract under section
19 110 and their spouses, for actual and reasonable expenses
20 incurred in traveling to and from their places of residence
21 to an area in which they may be assigned for the purpose
22 of evaluating such area with respect to such assignment.

23 “(b) RECRUITMENT PERSONNEL.—The Secretary,
24 acting through the Service, shall assign 1 individual in

1 each Area Office to be responsible on a full-time basis for
2 recruitment activities.

3 **“SEC. 113. INDIAN RECRUITMENT AND RETENTION PRO-**
4 **GRAM.**

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

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

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

16 “(a) DEMONSTRATION PROGRAM.—The Secretary,
17 acting through the Service, shall establish a demonstration
18 project to enable health professionals who have worked in
19 an Indian Health Program or Urban Indian Organization
20 for a substantial period of time to pursue advanced train-
21 ing or research areas of study for which the Secretary de-
22 termines a need exists.

23 “(b) SERVICE OBLIGATION.—An individual who par-
24 ticipates in a program under subsection (a), where the
25 educational costs are borne by the Service, shall incur an

1 obligation to serve in an Indian Health Program or Urban
2 Indian Organization for a period of obligated service equal
3 to at least the period of time during which the individual
4 participates in such program. In the event that the indi-
5 vidual fails to complete such obligated service, the indi-
6 vidual shall be liable to the United States for the period
7 of service remaining. In such event, with respect to indi-
8 viduals entering the program after the date of enactment
9 of the Indian Health Care Improvement Act Amendments
10 of 2008, the United States shall be entitled to recover
11 from such individual an amount to be determined in ac-
12 cordance with the formula specified in subsection (l) of
13 section 110 in the manner provided for in such subsection.

14 “(c) EQUAL OPPORTUNITY FOR PARTICIPATION.—
15 Health professionals from Tribal Health Programs and
16 Urban Indian Organizations shall be given an equal oppor-
17 tunity to participate in the program under subsection (a).

18 **“SEC. 115. QUENTIN N. BURDICK AMERICAN INDIANS INTO**
19 **NURSING PROGRAM.**

20 “(a) GRANTS AUTHORIZED.—For the purpose of in-
21 creasing the number of nurses, nurse midwives, and nurse
22 practitioners who deliver health care services to Indians,
23 the Secretary, acting through the Service, shall provide
24 grants to the following:

25 “(1) Public or private schools of nursing.

1 “(2) Tribal colleges or universities.

2 “(3) Nurse midwife programs and advanced
3 practice nurse programs that are provided by any
4 tribal college or university accredited nursing pro-
5 gram, or in the absence of such, any other public or
6 private institutions.

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

9 “(1) To recruit individuals for programs which
10 train individuals to be nurses, nurse midwives, or
11 advanced practice nurses.

12 “(2) To provide scholarships to Indians enrolled
13 in such programs that may pay the tuition charged
14 for such program and other expenses incurred in
15 connection with such program, including books, fees,
16 room and board, and stipends for living expenses.

17 “(3) To provide a program that encourages
18 nurses, nurse midwives, and advanced practice
19 nurses to provide, or continue to provide, health care
20 services to Indians.

21 “(4) To provide a program that increases the
22 skills of, and provides continuing education to,
23 nurses, nurse midwives, and advanced practice
24 nurses.

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

3 “(c) APPLICATIONS.—Each application for a grant
4 under subsection (a) shall include such information as the
5 Secretary may require to establish the connection between
6 the program of the applicant and a health care facility
7 that primarily serves Indians.

8 “(d) PREFERENCES FOR GRANT RECIPIENTS.—In
9 providing grants under subsection (a), the Secretary shall
10 extend a preference to the following:

11 “(1) Programs that provide a preference to In-
12 dians.

13 “(2) Programs that train nurse midwives or ad-
14 vanced practice nurses.

15 “(3) Programs that are interdisciplinary.

16 “(4) Programs that are conducted in coopera-
17 tion with a program for gifted and talented Indian
18 students.

19 “(5) Programs conducted by tribal colleges and
20 universities.

21 “(e) QUENTIN N. BURDICK PROGRAM GRANT.—The
22 Secretary shall provide 1 of the grants authorized under
23 subsection (a) to establish and maintain a program at the
24 University of North Dakota to be known as the ‘Quentin
25 N. Burdick American Indians Into Nursing Program’.

1 Such program shall, to the maximum extent feasible, co-
2 ordinate with the Quentin N. Burdick Indian Health Pro-
3 grams established under section 117(b) and the Quentin
4 N. Burdick American Indians Into Psychology Program
5 established under section 105(b).

6 “(f) ACTIVE DUTY SERVICE OBLIGATION.—The ac-
7 tive duty service obligation prescribed under section 338C
8 of the Public Health Service Act (42 U.S.C. 254m) shall
9 be met by each individual who receives training or assist-
10 ance described in paragraph (1) or (2) of subsection (b)
11 that is funded by a grant provided under subsection (a).
12 Such obligation shall be met by service—

13 “(1) in the Service;

14 “(2) in a program of an Indian Tribe or Tribal
15 Organization conducted under the Indian Self-Deter-
16 mination and Education Assistance Act (25 U.S.C.
17 450 et seq.) (including programs under agreements
18 with the Bureau of Indian Affairs);

19 “(3) in a program assisted under title V of this
20 Act;

21 “(4) in the private practice of nursing if, as de-
22 termined by the Secretary, in accordance with guide-
23 lines promulgated by the Secretary, such practice is
24 situated in a physician or other health shortage area

1 and addresses the health care needs of a substantial
2 number of Indians; or

3 “(5) in a teaching capacity in a tribal college or
4 university nursing program (or a related health pro-
5 fession program) if, as determined by the Secretary,
6 health services provided to Indians would not de-
7 crease.

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

9 “(a) CULTURAL EDUCATION OF EMPLOYEES.—The
10 Secretary, acting through the Service, shall require that
11 appropriate employees of the Service who serve Indian
12 Tribes in each Service Area receive educational instruction
13 in the history and culture of such Indian Tribes and their
14 relationship to the Service.

15 “(b) PROGRAM.—In carrying out subsection (a), the
16 Secretary shall establish a program which shall, to the ex-
17 tent feasible—

18 “(1) be developed in consultation with the af-
19 fected Indian Tribes, Tribal Organizations, and
20 Urban Indian Organizations;

21 “(2) be carried out through tribal colleges or
22 universities;

23 “(3) include instruction in American Indian
24 studies; and

1 “(4) describe the use and place of traditional
2 health care practices of the Indian Tribes in the
3 Service Area.

4 **“SEC. 117. INMED PROGRAM.**

5 “(a) GRANTS AUTHORIZED.—The Secretary, acting
6 through the Service, is authorized to provide grants to col-
7 leges and universities for the purpose of maintaining and
8 expanding the Indian health careers recruitment program
9 known as the ‘Indians Into Medicine Program’ (herein-
10 after in this section referred to as ‘INMED’) as a means
11 of encouraging Indians to enter the health professions.

12 “(b) QUENTIN N. BURDICK GRANT.—The Secretary
13 shall provide 1 of the grants authorized under subsection
14 (a) to maintain the INMED program at the University
15 of North Dakota, to be known as the ‘Quentin N. Burdick
16 Indian Health Programs’, unless the Secretary makes a
17 determination, based upon program reviews, that the pro-
18 gram is not meeting the purposes of this section. Such
19 program shall, to the maximum extent feasible, coordinate
20 with the Quentin N. Burdick American Indians Into Psy-
21 chology Program established under section 105(b) and the
22 Quentin N. Burdick American Indians Into Nursing Pro-
23 gram established under section 115.

1 “(c) REGULATIONS.—The Secretary, pursuant to this
2 Act, shall develop regulations to govern grants pursuant
3 to this section.

4 “(d) REQUIREMENTS.—Applicants for grants pro-
5 vided under this section shall agree to provide a program
6 which—

7 “(1) provides outreach and recruitment for
8 health professions to Indian communities including
9 elementary and secondary schools and community
10 colleges located on reservations which will be served
11 by the program;

12 “(2) incorporates a program advisory board
13 comprised of representatives from the Indian Tribes
14 and Indian communities which will be served by the
15 program;

16 “(3) provides summer preparatory programs for
17 Indian students who need enrichment in the subjects
18 of math and science in order to pursue training in
19 the health professions;

20 “(4) provides tutoring, counseling, and support
21 to students who are enrolled in a health career pro-
22 gram of study at the respective college or university;
23 and

24 “(5) to the maximum extent feasible, employs
25 qualified Indians in the program.

1 **“SEC. 118. HEALTH TRAINING PROGRAMS OF COMMUNITY**
2 **COLLEGES.**

3 “(a) GRANTS TO ESTABLISH PROGRAMS.—

4 “(1) IN GENERAL.—The Secretary, acting
5 through the Service, shall award grants to accredited
6 and accessible community colleges for the purpose of
7 assisting such community colleges in the establish-
8 ment of programs which provide education in a
9 health profession leading to a degree or diploma in
10 a health profession for individuals who desire to
11 practice such profession on or near a reservation or
12 in an Indian Health Program.

13 “(2) AMOUNT OF GRANTS.—The amount of any
14 grant awarded to a community college under para-
15 graph (1) for the first year in which such a grant
16 is provided to the community college shall not exceed
17 \$250,000.

18 “(b) GRANTS FOR MAINTENANCE AND RECRUIT-
19 ING.—

20 “(1) IN GENERAL.—The Secretary, acting
21 through the Service, shall award grants to accredited
22 and accessible community colleges that have estab-
23 lished a program described in subsection (a)(1) for
24 the purpose of maintaining the program and recruit-
25 ing students for the program.

1 “(2) REQUIREMENTS.—Grants may only be
2 made under this section to a community college
3 which—

4 “(A) is accredited;

5 “(B) has a relationship with a hospital fa-
6 cility, Service facility, or hospital that could
7 provide training of nurses or health profes-
8 sionals;

9 “(C) has entered into an agreement with
10 an accredited college or university medical
11 school, the terms of which—

12 “(i) provide a program that enhances
13 the transition and recruitment of students
14 into advanced baccalaureate or graduate
15 programs that train health professionals;
16 and

17 “(ii) stipulate certifications necessary
18 to approve internship and field placement
19 opportunities at Indian Health Programs;

20 “(D) has a qualified staff which has the
21 appropriate certifications;

22 “(E) is capable of obtaining State or re-
23 gional accreditation of the program described in
24 subsection (a)(1); and

1 “(F) agrees to provide for Indian pref-
2 ference for applicants for programs under this
3 section.

4 “(c) TECHNICAL ASSISTANCE.—The Secretary shall
5 encourage community colleges described in subsection
6 (b)(2) to establish and maintain programs described in
7 subsection (a)(1) by—

8 “(1) entering into agreements with such col-
9 leges for the provision of qualified personnel of the
10 Service to teach courses of study in such programs;
11 and

12 “(2) providing technical assistance and support
13 to such colleges.

14 “(d) ADVANCED TRAINING.—

15 “(1) REQUIRED.—Any program receiving as-
16 sistance under this section that is conducted with re-
17 spect to a health profession shall also offer courses
18 of study which provide advanced training for any
19 health professional who—

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

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

24 “(2) MAY BE OFFERED AT ALTERNATE SITE.—

25 Such courses of study may be offered in conjunction

1 with the college or university with which the commu-
2 nity college has entered into the agreement required
3 under subsection (b)(2)(C).

4 “(e) PRIORITY.—Where the requirements of sub-
5 section (b) are met, grant award priority shall be provided
6 to tribal colleges and universities in Service Areas where
7 they exist.

8 **“SEC. 119. RETENTION BONUS.**

9 “(a) BONUS AUTHORIZED.—The Secretary may pay
10 a retention bonus to any health professional employed by,
11 or assigned to, and serving in, an Indian Health Program
12 or Urban Indian Organization either as a civilian employee
13 or as a commissioned officer in the Regular or Reserve
14 Corps of the Public Health Service who—

15 “(1) is assigned to, and serving in, a position
16 for which recruitment or retention of personnel is
17 difficult;

18 “(2) the Secretary determines is needed by In-
19 dian Health Programs and Urban Indian Organiza-
20 tions;

21 “(3) has—

22 “(A) completed 2 years of employment
23 with an Indian Health Program or Urban In-
24 dian Organization; or

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

3 “(i) any Federal scholarship program;

4 or

5 “(ii) any Federal education loan re-
6 payment program; and

7 “(4) enters into an agreement with an Indian
8 Health Program or Urban Indian Organization for
9 continued employment for a period of not less than
10 1 year.

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

17 “(c) DEFAULT OF RETENTION AGREEMENT.—Any
18 health professional failing to complete the agreed upon
19 term of service, except where such failure is through no
20 fault of the individual, shall be obligated to refund to the
21 Government the full amount of the retention bonus for the
22 period covered by the agreement, plus interest as deter-
23 mined by the Secretary in accordance with section
24 110(l)(2)(B).

1 “(d) OTHER RETENTION BONUS.—The Secretary
2 may pay a retention bonus to any health professional em-
3 ployed by a Tribal Health Program if such health profes-
4 sional is serving in a position which the Secretary deter-
5 mines is—

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

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

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

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

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

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

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

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

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

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

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

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

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

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

24 “(B) provides instruction and practical ex-
25 perience in the provision of acute care, emer-

1 agency care, health promotion, disease preven-
2 tion, and the efficient and effective manage-
3 ment of clinic pharmacies, supplies, equipment,
4 and facilities; and

5 “(C) promotes the achievement of the
6 health status objectives specified in section
7 3(2);

8 “(3) establish and maintain a Community
9 Health Aide Certification Board to certify as com-
10 munity health aides or community health practi-
11 tioners individuals who have successfully completed
12 the training described in paragraph (1) or can dem-
13 onstrate equivalent experience;

14 “(4) develop and maintain a system which iden-
15 tifies the needs of community health aides and com-
16 munity health practitioners for continuing education
17 in the provision of health care, including the areas
18 described in paragraph (2)(B), and develop pro-
19 grams that meet the needs for such continuing edu-
20 cation;

21 “(5) develop and maintain a system that pro-
22 vides close supervision of community health aides
23 and community health practitioners;

24 “(6) develop a system under which the work of
25 community health aides and community health prac-

1 titioners is reviewed and evaluated to assure the pro-
2 vision of quality health care, health promotion, and
3 disease prevention services; and

4 “(7) ensure that pulpal therapy (not including
5 pulpotomies on deciduous teeth) or extraction of
6 adult teeth can be performed by a dental health aide
7 therapist only after consultation with a licensed den-
8 tist who determines that the procedure is a medical
9 emergency that cannot be resolved with palliative
10 treatment, and further that dental health aide thera-
11 pists are strictly prohibited from performing all
12 other oral or jaw surgeries, provided that uncompl-
13 icated extractions shall not be considered oral sur-
14 gery under this section.

15 “(c) PROGRAM REVIEW.—

16 “(1) NEUTRAL PANEL.—

17 “(A) ESTABLISHMENT.—The Secretary,
18 acting through the Service, shall establish a
19 neutral panel to carry out the study under
20 paragraph (2).

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

1 “(2) STUDY.—

2 “(A) IN GENERAL.—The neutral panel es-
3 tablished under paragraph (1) shall conduct a
4 study of the dental health aide therapist serv-
5 ices provided by the Community Health Aide
6 Program under this section to ensure that the
7 quality of care provided through those services
8 is adequate and appropriate.

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

13 “(C) INCLUSIONS.—The study shall in-
14 clude a determination by the neutral panel with
15 respect to—

16 “(i) the ability of the dental health
17 aide therapist services under this section to
18 address the dental care needs of Alaska
19 Natives;

20 “(ii) the quality of care provided
21 through those services, including any train-
22 ing, improvement, or additional oversight
23 required to improve the quality of care;
24 and

1 “(iii) whether safer and less costly al-
2 ternatives to the dental health aide thera-
3 pist services exist.

4 “(D) CONSULTATION.—In carrying out the
5 study under this paragraph, the neutral panel
6 shall consult with Alaska Tribal Organizations
7 with respect to the adequacy and accuracy of
8 the study.

9 “(3) REPORT.—The neutral panel shall submit
10 to the Secretary, the Committee on Indian Affairs of
11 the Senate, and the Committee on Natural Re-
12 sources of the House of Representatives a report de-
13 scribing the results of the study under paragraph
14 (2), including a description of—

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

17 “(B) any comments received from an Alas-
18 ka Tribal Organization under paragraph
19 (2)(D).

20 “(d) NATIONALIZATION OF PROGRAM.—

21 “(1) IN GENERAL.—Except as provided in para-
22 graph (2), the Secretary, acting through the Service,
23 may establish a national Community Health Aide
24 Program in accordance with the program under this

1 section, as the Secretary determines to be appro-
2 priate.

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

6 “(3) REQUIREMENT.—In establishing a na-
7 tional program under paragraph (1), the Secretary
8 shall not reduce the amount of funds provided for
9 the Community Health Aide Program described in
10 subsections (a) and (b).

11 **“SEC. 122. TRIBAL HEALTH PROGRAM ADMINISTRATION.**

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

15 **“SEC. 123. HEALTH PROFESSIONAL CHRONIC SHORTAGE
16 DEMONSTRATION PROGRAMS.**

17 “(a) DEMONSTRATION PROGRAMS AUTHORIZED.—
18 The Secretary, acting through the Service, may fund dem-
19 onstration programs for Tribal Health Programs to ad-
20 dress the chronic shortages of health professionals.

21 “(b) PURPOSES OF PROGRAMS.—The purposes of
22 demonstration programs funded under subsection (a) shall
23 be—

1 “(1) to provide direct clinical and practical ex-
2 perience at a Service Unit to health profession stu-
3 dents and residents from medical schools;

4 “(2) to improve the quality of health care for
5 Indians by assuring access to qualified health care
6 professionals; and

7 “(3) to provide academic and scholarly opportu-
8 nities for health professionals serving Indians by
9 identifying all academic and scholarly resources of
10 the region.

11 “(c) ADVISORY BOARD.—The demonstration pro-
12 grams established pursuant to subsection (a) shall incor-
13 porate a program advisory board composed of representa-
14 tives from the Indian Tribes and Indian communities in
15 the area which will be served by the program.

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

17 “The Secretary shall not—

18 “(1) remove a member of the National Health
19 Service Corps from an Indian Health Program or
20 Urban Indian Organization; or

21 “(2) withdraw funding used to support such
22 member, unless the Secretary, acting through the
23 Service, has ensured that the Indians receiving serv-
24 ices from such member will experience no reduction
25 in services.

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

3 “(a) **CONTRACTS AND GRANTS.**—The Secretary, act-
4 ing through the Service, may enter into contracts with,
5 or make grants to, accredited tribal colleges and univer-
6 sities and eligible accredited and accessible community col-
7 leges to establish demonstration programs to develop edu-
8 cational curricula for substance abuse counseling.

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

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

19 “(d) **CRITERIA FOR REVIEW AND APPROVAL OF AP-**
20 **PLICATIONS.**—Not later than 180 days after the date of
21 enactment of the Indian Health Care Improvement Act
22 Amendments of 2008, the Secretary, after consultation
23 with Indian Tribes and administrators of tribal colleges
24 and universities and eligible accredited and accessible com-
25 munity colleges, shall develop and issue criteria for the
26 review and approval of applications for funding (including

1 applications for renewals of funding) under this section.
 2 Such criteria shall ensure that demonstration programs
 3 established under this section promote the development of
 4 the capacity of such entities to educate substance abuse
 5 counselors.

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

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

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

19 “(1) Classroom education.

20 “(2) Clinical work experience.

21 “(3) Continuing education workshops.

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

24 “(a) STUDY; LIST.—The Secretary, acting through
 25 the Service, and the Secretary of the Interior, in consulta-

1 tion with Indian Tribes and Tribal Organizations, shall
2 conduct a study and compile a list of the types of staff
3 positions specified in subsection (b) whose qualifications
4 include, or should include, training in the identification,
5 prevention, education, referral, or treatment of mental ill-
6 ness, or dysfunctional and self destructive behavior.

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

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

12 “(A) elementary and secondary education;

13 “(B) social services and family and child
14 welfare;

15 “(C) law enforcement and judicial services;

16 and

17 “(D) alcohol and substance abuse;

18 “(2) staff positions within the Service; and

19 “(3) staff positions similar to those identified in
20 paragraphs (1) and (2) established and maintained
21 by Indian Tribes and Tribal Organizations (without
22 regard to the funding source).

23 “(c) TRAINING CRITERIA.—

24 “(1) IN GENERAL.—The appropriate Secretary
25 shall provide training criteria appropriate to each

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

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

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

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

9 “(e) PLAN.—Not later than 90 days after the date
10 of enactment of the Indian Health Care Improvement Act
11 Amendments of 2008, the Secretary shall develop a plan
12 under which the Service will increase the health care staff
13 providing behavioral health services by at least 500 posi-
14 tions within 5 years after the date of enactment of this
15 section, with at least 200 of such positions devoted to
16 child, adolescent, and family services. The plan developed
17 under this subsection shall be implemented under the Act
18 of November 2, 1921 (25 U.S.C. 13) (commonly known
19 as the ‘Snyder Act’).

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

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

1 **“TITLE II—HEALTH SERVICES**

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

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

9 “(1) eliminating the deficiencies in health sta-
10 tus and health resources of all Indian Tribes;

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

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

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

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

24 “(A) Clinical care, including inpatient care,
25 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 spectrum dis-
17 orders) among Indians.

18 “(G) Injury prevention programs, includ-
19 ing training.

20 “(H) Home health care.

21 “(I) Community health representatives.

22 “(J) Maintenance and improvement.

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

1 the Service under this Act or the Act of November 2, 1921
2 (25 U.S.C. 13) (commonly known as the ‘Snyder Act’),
3 or any other provision of law.

4 “(c) ALLOCATION; USE.—

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

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

23 “(d) PROVISIONS RELATING TO HEALTH STATUS
24 AND RESOURCE DEFICIENCIES.—For the purposes of this
25 section, the following definitions apply:

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

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

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

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

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

1 source deficiency of such Indian Tribe or Tribal Or-
2 ganization.

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

7 “(f) REPORT.—By no later than the date that is 3
8 years after the date of enactment of the Indian Health
9 Care Improvement Act Amendments of 2008, the Sec-
10 retary shall submit to Congress the current health status
11 and resource deficiency report of the Service for each
12 Service Unit, including newly recognized or acknowledged
13 Indian Tribes. Such report shall set out—

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

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

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

25 “(4) an estimate of—

1 “(A) the amount of health service funds
2 appropriated under the authority of this Act, or
3 any other Act, including the amount of any
4 funds transferred to the Service for the pre-
5 ceding fiscal year which is allocated to each
6 Service Unit, Indian Tribe, or Tribal Organiza-
7 tion;

8 “(B) the number of Indians eligible for
9 health services in each Service Unit or Indian
10 Tribe or Tribal Organization; and

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

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

22 “(h) CLARIFICATION.—Nothing in this section is in-
23 tended to diminish the primary responsibility of the Serv-
24 ice to eliminate existing backlogs in unmet health care
25 needs, nor are the provisions of this section intended to

1 discourage the Service from undertaking additional efforts
2 to achieve equity among Indian Tribes and Tribal Organi-
3 zations.

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

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

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

11 “(1) the amounts deposited under subsection
12 (f); and

13 “(2) the amounts appropriated to CHEF under
14 this section.

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

21 “(c) CONDITIONS ON USE OF FUND.—No part of
22 CHEF or its administration shall be subject to contract
23 or grant under any law, including the Indian Self-Deter-
24 mination and Education Assistance Act (25 U.S.C. 450
25 et seq.), nor shall CHEF funds be allocated, apportioned,

1 or delegated on an Area Office, Service Unit, or other
2 similar basis.

3 “(d) REGULATIONS.—The Secretary shall promul-
4 gate regulations consistent with the provisions of this sec-
5 tion to—

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

10 “(2) provide that a Service Unit shall not be el-
11 igible for reimbursement for the cost of treatment
12 from CHEF until its cost of treating any victim of
13 such catastrophic illness or disaster has reached a
14 certain threshold cost which the Secretary shall es-
15 tablish at—

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

17 “(B) for any subsequent year, not less
18 than the threshold cost of the previous year in-
19 creased by the percentage increase in the med-
20 ical care expenditure category of the consumer
21 price index for all urban consumers (United
22 States city average) for the 12-month period
23 ending with December of the previous year;

1 “(3) establish a procedure for the reimburse-
2 ment of the portion of the costs that exceeds such
3 threshold cost incurred by—

4 “(A) Service Units; or

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

7 “(4) establish a procedure for payment from
8 CHEF in cases in which the exigencies of the med-
9 ical circumstances warrant treatment prior to the
10 authorization of such treatment by the Service; and

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

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

23 “(f) DEPOSIT OF REIMBURSEMENT FUNDS.—There
24 shall be deposited into CHEF all reimbursements to which
25 the Service is entitled from any Federal, State, local, or

1 private source (including third party insurance) by reason
2 of treatment rendered to any victim of a disaster or cata-
3 strophic illness the cost of which was paid from CHEF.

4 **“SEC. 203. HEALTH PROMOTION AND DISEASE PREVENTION**
5 **SERVICES.**

6 “(a) FINDINGS.—Congress finds that health pro-
7 motion and disease prevention activities—

8 “(1) improve the health and well-being of Indi-
9 ans; and

10 “(2) reduce the expenses for health care of In-
11 dians.

12 “(b) PROVISION OF SERVICES.—The Secretary, act-
13 ing through the Service and Tribal Health Programs, shall
14 provide health promotion and disease prevention services
15 to Indians to achieve the health status objectives set forth
16 in section 3(2).

17 “(c) EVALUATION.—The Secretary, after obtaining
18 input from the affected Tribal Health Programs, shall
19 submit to the President for inclusion in the report which
20 is required to be submitted to Congress under section 801
21 an evaluation of—

22 “(1) the health promotion and disease preven-
23 tion needs of Indians;

24 “(2) the health promotion and disease preven-
25 tion activities which would best meet such needs;

1 “(3) the internal capacity of the Service and
2 Tribal Health Programs to meet such needs; and

3 “(4) the resources which would be required to
4 enable the Service and Tribal Health Programs to
5 undertake the health promotion and disease preven-
6 tion activities necessary to meet such needs.

7 **“SEC. 204. DIABETES PREVENTION, TREATMENT, AND CON-**
8 **TROL.**

9 “(a) DETERMINATIONS REGARDING DIABETES.—
10 The Secretary, acting through the Service, and in con-
11 sultation with Indian Tribes and Tribal Organizations,
12 shall determine—

13 “(1) by Indian Tribe and by Service Unit, the
14 incidence of, and the types of complications resulting
15 from, diabetes among Indians; and

16 “(2) based on the determinations made pursu-
17 ant to paragraph (1), the measures (including pa-
18 tient education and effective ongoing monitoring of
19 disease indicators) each Service Unit should take to
20 reduce the incidence of, and prevent, treat, and con-
21 trol the complications resulting from, diabetes
22 among Indian Tribes within that Service Unit.

23 “(b) DIABETES SCREENING.—To the extent medi-
24 cally indicated and with informed consent, the Secretary
25 shall screen each Indian who receives services from the

1 Service for diabetes and for conditions which indicate a
2 high risk that the individual will become diabetic and es-
3 tablish a cost-effective approach to ensure ongoing moni-
4 toring of disease indicators. Such screening and moni-
5 toring may be conducted by a Tribal Health Program and
6 may be conducted through appropriate Internet-based
7 health care management programs.

8 “(c) DIABETES PROJECTS.—The Secretary shall con-
9 tinue to maintain each model diabetes project in existence
10 on the date of enactment of the Indian Health Care Im-
11 provement Act Amendments of 2008, any such other dia-
12 betes programs operated by the Service or Tribal Health
13 Programs, and any additional diabetes projects, such as
14 the Medical Vanguard program provided for in title IV
15 of Public Law 108–87, as implemented to serve Indian
16 Tribes. Tribal Health Programs shall receive recurring
17 funding for the diabetes projects that they operate pursu-
18 ant to this section, both at the date of enactment of the
19 Indian Health Care Improvement Act Amendments of
20 2008 and for projects which are added and funded there-
21 after.

22 “(d) DIALYSIS PROGRAMS.—The Secretary is author-
23 ized to provide, through the Service, Indian Tribes, and
24 Tribal Organizations, dialysis programs, including the

1 purchase of dialysis equipment and the provision of nec-
2 essary staffing.

3 “(e) OTHER DUTIES OF THE SECRETARY.—

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

6 “(A) in each Area Office, consult with In-
7 dian Tribes and Tribal Organizations regarding
8 programs for the prevention, treatment, and
9 control of diabetes;

10 “(B) establish in each Area Office a reg-
11 istry of patients with diabetes to track the inci-
12 dence of diabetes and the complications from
13 diabetes in that area; and

14 “(C) ensure that data collected in each
15 Area Office regarding diabetes and related com-
16 plications among Indians are disseminated to
17 all other Area Offices, subject to applicable pa-
18 tient privacy laws.

19 “(2) DIABETES CONTROL OFFICERS.—

20 “(A) IN GENERAL.—The Secretary may es-
21 tablish and maintain in each Area Office a posi-
22 tion of diabetes control officer to coordinate and
23 manage any activity of that Area Office relating
24 to the prevention, treatment, or control of dia-
25 betes to assist the Secretary in carrying out a

1 program under this section or section 330C of
2 the Public Health Service Act (42 U.S.C. 254c-
3 3).

4 “(B) CERTAIN ACTIVITIES.—Any activity
5 carried out by a diabetes control officer under
6 subparagraph (A) that is the subject of a con-
7 tract or compact under the Indian Self-Deter-
8 mination and Education Assistance Act (25
9 U.S.C. 450 et seq.), and any funds made avail-
10 able to carry out such an activity, shall not be
11 divisible for purposes of that Act.

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

13 “(a) LONG-TERM CARE.—Notwithstanding any other
14 provision of law, the Secretary, acting through the Service,
15 is authorized to provide directly, or enter into contracts
16 or compacts under the Indian Self-Determination and
17 Education Assistance Act (25 U.S.C. 450 et seq.) with
18 Indian Tribes or Tribal Organizations for, the delivery of
19 long-term care (including health care services associated
20 with long-term care) provided in a facility to Indians. Such
21 agreements shall provide for the sharing of staff or other
22 services between the Service or a Tribal Health Program
23 and a long-term care or related facility owned and oper-
24 ated (directly or through a contract or compact under the
25 Indian Self-Determination and Education Assistance Act

1 (25 U.S.C. 450 et seq.)) by such Indian Tribe or Tribal
2 Organization.

3 “(b) CONTENTS OF AGREEMENTS.—An agreement
4 entered into pursuant to subsection (a)—

5 “(1) may, at the request of the Indian Tribe or
6 Tribal Organization, delegate to such Indian Tribe
7 or Tribal Organization such powers of supervision
8 and control over Service employees as the Secretary
9 deems necessary to carry out the purposes of this
10 section;

11 “(2) shall provide that expenses (including sala-
12 ries) relating to services that are shared between the
13 Service and the Tribal Health Program be allocated
14 proportionately between the Service and the Indian
15 Tribe or Tribal Organization; and

16 “(3) may authorize such Indian Tribe or Tribal
17 Organization to construct, renovate, or expand a
18 long-term care or other similar facility (including the
19 construction of a facility attached to a Service facil-
20 ity).

21 “(c) MINIMUM REQUIREMENT.—Any nursing facility
22 provided for under this section shall meet the require-
23 ments for nursing facilities under section 1919 of the So-
24 cial Security Act.

1 “(d) OTHER ASSISTANCE.—The Secretary shall pro-
2 vide such technical and other assistance as may be nec-
3 essary to enable applicants to comply with the provisions
4 of this section.

5 “(e) USE OF EXISTING OR UNDERUSED FACILI-
6 TIES.—The Secretary shall encourage the use of existing
7 facilities that are underused or allow the use of swing beds
8 for long-term or similar care.

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

10 “(a) IN GENERAL.—The Secretary, acting through
11 the Service, shall make funding available for research to
12 further the performance of the health service responsibil-
13 ities of Indian Health Programs.

14 “(b) COORDINATION OF RESOURCES AND ACTIVI-
15 TIES.—The Secretary shall also, to the maximum extent
16 practicable, coordinate departmental research resources
17 and activities to address relevant Indian Health Program
18 research needs.

19 “(c) AVAILABILITY.—Tribal Health Programs shall
20 be given an equal opportunity to compete for, and receive,
21 research funds under this section.

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

24 “(e) EVALUATION AND DISSEMINATION.—The Sec-
25 retary shall periodically—

1 “(1) evaluate the impact of research conducted
2 under this section; and

3 “(2) disseminate to Tribal Health Programs in-
4 formation regarding that research as the Secretary
5 determines to be appropriate.

6 **“SEC. 207. MAMMOGRAPHY AND OTHER CANCER SCREEN-**
7 **ING.**

8 “The Secretary, acting through the Service or Tribal
9 Health Programs, shall provide for screening as follows:

10 “(1) Screening mammography (as defined in
11 section 1861(jj) of the Social Security Act) for In-
12 dian women at a frequency appropriate to such
13 women under accepted and appropriate national
14 standards, and under such terms and conditions as
15 are consistent with standards established by the Sec-
16 retary to ensure the safety and accuracy of screen-
17 ing mammography under part B of title XVIII of
18 such Act.

19 “(2) Other cancer screening that receives an A
20 or B rating as recommended by the United States
21 Preventive Services Task Force established under
22 section 915(a)(1) of the Public Health Service Act
23 (42 U.S.C. 299b-4(a)(1)). The Secretary shall en-
24 sure that screening provided for under this para-

1 graph complies with the recommendations of the
2 Task Force with respect to—

3 “(A) frequency;

4 “(B) the population to be served;

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

7 “(D) evidence of effectiveness; and

8 “(E) other matters that the Secretary de-
9 termines appropriate.

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

11 “(a) DEFINITION OF QUALIFIED ESCORT.—In this
12 section, the term ‘qualified escort’ means—

13 “(1) an adult escort (including a parent, guard-
14 ian, or other family member) who is required be-
15 cause of the physical or mental condition, or age, of
16 the applicable patient;

17 “(2) a health professional for the purpose of
18 providing necessary medical care during travel by
19 the applicable patient; or

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

23 “(b) PROVISION OF FUNDS.—The Secretary, acting
24 through the Service and Tribal Health Programs, is au-
25 thorized to provide funds for the following patient travel

1 costs, including qualified escorts, associated with receiving
2 health care services provided (either through direct or con-
3 tract care or through a contract or compact under the In-
4 dian Self-Determination and Education Assistance Act
5 (25 U.S.C. 450 et seq.)) under this Act—

6 “(1) emergency air transportation and non-
7 emergency air transportation where ground trans-
8 portation is infeasible;

9 “(2) transportation by private vehicle (where no
10 other means of transportation is available), specially
11 equipped vehicle, and ambulance; and

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

15 **“SEC. 209. EPIDEMIOLOGY CENTERS.**

16 “(a) ESTABLISHMENT OF CENTERS.—The Secretary
17 shall establish an epidemiology center in each Service Area
18 to carry out the functions described in subsection (b). Any
19 new center established after the date of enactment of the
20 Indian Health Care Improvement Act Amendments of
21 2008 may be operated under a grant authorized by sub-
22 section (d), but funding under such a grant shall not be
23 divisible.

24 “(b) FUNCTIONS OF CENTERS.—In consultation with
25 and upon the request of Indian Tribes, Tribal Organiza-

1 tions, and Urban Indian communities, each Service Area
2 epidemiology center established under this section shall,
3 with respect to such Service Area—

4 “(1) collect data relating to, and monitor
5 progress made toward meeting, each of the health
6 status objectives of the Service, the Indian Tribes,
7 Tribal Organizations, and Urban Indian commu-
8 nities in the Service Area;

9 “(2) evaluate existing delivery systems, data
10 systems, and other systems that impact the improve-
11 ment of Indian health;

12 “(3) assist Indian Tribes, Tribal Organizations,
13 and Urban Indian Organizations in identifying their
14 highest priority health status objectives and the
15 services needed to achieve such objectives, based on
16 epidemiological data;

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

19 “(5) make recommendations to improve health
20 care delivery systems for Indians and Urban Indi-
21 ans;

22 “(6) provide requested technical assistance to
23 Indian Tribes, Tribal Organizations, and Urban In-
24 dian Organizations in the development of local
25 health service priorities and incidence and prevalence

1 rates of disease and other illness in the community;
2 and

3 “(7) provide disease surveillance and assist In-
4 dian Tribes, Tribal Organizations, and Urban Indian
5 communities to promote public health.

6 “(c) TECHNICAL ASSISTANCE.—The Director of the
7 Centers for Disease Control and Prevention shall provide
8 technical assistance to the centers in carrying out the re-
9 quirements of this section.

10 “(d) GRANTS FOR STUDIES.—

11 “(1) IN GENERAL.—The Secretary may make
12 grants to Indian Tribes, Tribal Organizations, In-
13 dian organizations, and eligible intertribal consortia
14 to conduct epidemiological studies of Indian commu-
15 nities.

16 “(2) ELIGIBLE INTERTRIBAL CONSORTIA.—An
17 intertribal consortium or Indian organization is eligi-
18 ble to receive a grant under this subsection if—

19 “(A) the intertribal consortium is incor-
20 porated for the primary purpose of improving
21 Indian health; and

22 “(B) the intertribal consortium is rep-
23 resentative of the Indian Tribes or urban In-
24 dian communities in which the intertribal con-
25 sortium is located.

1 “(3) APPLICATIONS.—An application for a
2 grant under this subsection shall be submitted in
3 such manner and at such time as the Secretary shall
4 prescribe.

5 “(4) REQUIREMENTS.—An applicant for a
6 grant under this subsection shall—

7 “(A) demonstrate the technical, adminis-
8 trative, and financial expertise necessary to
9 carry out the functions described in paragraph
10 (5);

11 “(B) consult and cooperate with providers
12 of related health and social services in order to
13 avoid duplication of existing services; and

14 “(C) demonstrate cooperation from Indian
15 Tribes or Urban Indian Organizations in the
16 area to be served.

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

19 “(A) to carry out the functions described
20 in subsection (b);

21 “(B) to provide information to and consult
22 with tribal leaders, urban Indian community
23 leaders, and related health staff on health care
24 and health service management issues; and

1 from pre-school through grade 12 in schools for the benefit
2 of Indian and Urban Indian children.

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

6 “(1) Developing health education materials both
7 for regular school programs and afterschool pro-
8 grams.

9 “(2) Training teachers in comprehensive school
10 health education materials.

11 “(3) Integrating school-based, community-
12 based, and other public and private health promotion
13 efforts.

14 “(4) Encouraging healthy, tobacco-free school
15 environments.

16 “(5) Coordinating school-based health programs
17 with existing services and programs available in the
18 community.

19 “(6) Developing school programs on nutrition
20 education, personal health, oral health, and fitness.

21 “(7) Developing behavioral health wellness pro-
22 grams.

23 “(8) Developing chronic disease prevention pro-
24 grams.

1 “(9) Developing substance abuse prevention
2 programs.

3 “(10) Developing injury prevention and safety
4 education programs.

5 “(11) Developing activities for the prevention
6 and control of communicable diseases.

7 “(12) Developing community and environmental
8 health education programs that include traditional
9 health care practitioners.

10 “(13) Violence prevention.

11 “(14) Such other health issues as are appro-
12 priate.

13 “(c) TECHNICAL ASSISTANCE.—Upon request, the
14 Secretary, acting through the Service, shall provide tech-
15 nical assistance to Indian Tribes and Tribal Organizations
16 in the development of comprehensive health education
17 plans and the dissemination of comprehensive health edu-
18 cation materials and information on existing health pro-
19 grams and resources.

20 “(d) CRITERIA FOR REVIEW AND APPROVAL OF AP-
21 PPLICATIONS.—The Secretary, acting through the Service,
22 and in consultation with Indian Tribes and Tribal Organi-
23 zations, shall establish criteria for the review and approval
24 of applications for grants awarded under this section.

1 “(e) DEVELOPMENT OF PROGRAM FOR BIA-FUNDED
2 SCHOOLS.—

3 “(1) IN GENERAL.—The Secretary of the Inte-
4 rior, acting through the Bureau of Indian Affairs
5 and in cooperation with the Secretary, acting
6 through the Service, and affected Indian Tribes and
7 Tribal Organizations, shall develop a comprehensive
8 school health education program for children from
9 preschool through grade 12 in schools for which sup-
10 port is provided by the Bureau of Indian Affairs.

11 “(2) REQUIREMENTS FOR PROGRAMS.—Such
12 programs shall include—

13 “(A) school programs on nutrition edu-
14 cation, personal health, oral health, and fitness;

15 “(B) behavioral health wellness programs;

16 “(C) chronic disease prevention programs;

17 “(D) substance abuse prevention pro-
18 grams;

19 “(E) injury prevention and safety edu-
20 cation programs; and

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

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

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

3 “(B) ensure the integration and coordina-
4 tion of school-based programs with existing
5 services and health programs available in the
6 community; and

7 “(C) encourage healthy, tobacco-free school
8 environments.

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

10 “(a) PROGRAM AUTHORIZED.—The Secretary, acting
11 through the Service, is authorized to establish and admin-
12 ister a program to provide grants to Indian Tribes, Tribal
13 Organizations, and Urban Indian Organizations for inno-
14 vative mental and physical disease prevention and health
15 promotion and treatment programs for Indian preadoles-
16 cent and adolescent youths.

17 “(b) USE OF FUNDS.—

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

20 “(A) develop prevention and treatment
21 programs for Indian youth which promote men-
22 tal and physical health and incorporate cultural
23 values, community and family involvement, and
24 traditional health care practitioners; and

1 “(B) develop and provide community train-
2 ing and education.

3 “(2) PROHIBITED USE.—Funds made available
4 under this section may not be used to provide serv-
5 ices described in section 707(c).

6 “(c) DUTIES OF THE SECRETARY.—The Secretary
7 shall—

8 “(1) disseminate to Indian Tribes and Tribal
9 Organizations information regarding models for the
10 delivery of comprehensive health care services to In-
11 dian and Urban Indian adolescents;

12 “(2) encourage the implementation of such
13 models; and

14 “(3) at the request of an Indian Tribe or Tribal
15 Organization, provide technical assistance in the im-
16 plementation of such models.

17 “(d) CRITERIA FOR REVIEW AND APPROVAL OF AP-
18 PLICATIONS.—The Secretary, in consultation with Indian
19 Tribes and Tribal Organizations, and in conference with
20 Urban Indian Organizations, shall establish criteria for
21 the review and approval of applications or proposals under
22 this section.

1 **“SEC. 212. PREVENTION, CONTROL, AND ELIMINATION OF**
2 **COMMUNICABLE AND INFECTIOUS DISEASES.**

3 “(a) GRANTS AUTHORIZED.—The Secretary, acting
4 through the Service, and after consultation with the Cen-
5 ters for Disease Control and Prevention, may make grants
6 available to Indian Tribes and Tribal Organizations for
7 the following:

8 “(1) Projects for the prevention, control, and
9 elimination of communicable and infectious diseases,
10 including tuberculosis, hepatitis, HIV, respiratory
11 syncytial virus, hanta virus, sexually transmitted dis-
12 eases, and H. Pylori.

13 “(2) Public information and education pro-
14 grams for the prevention, control, and elimination of
15 communicable and infectious diseases.

16 “(3) Education, training, and clinical skills im-
17 provement activities in the prevention, control, and
18 elimination of communicable and infectious diseases
19 for health professionals, including allied health pro-
20 fessionals.

21 “(4) Demonstration projects for the screening,
22 treatment, and prevention of hepatitis C virus
23 (HCV).

24 “(b) APPLICATION REQUIRED.—The Secretary may
25 provide funding under subsection (a) only if an application
26 or proposal for funding is submitted to the Secretary.

1 “(c) COORDINATION WITH HEALTH AGENCIES.—In-
2 dian Tribes and Tribal Organizations receiving funding
3 under this section are encouraged to coordinate their ac-
4 tivities with the Centers for Disease Control and Preven-
5 tion and State and local health agencies.

6 “(d) TECHNICAL ASSISTANCE; REPORT.—In carrying
7 out this section, the Secretary—

8 “(1) may, at the request of an Indian Tribe or
9 Tribal Organization, provide technical assistance;
10 and

11 “(2) shall prepare and submit a report to Con-
12 gress biennially on the use of funds under this sec-
13 tion and on the progress made toward the preven-
14 tion, control, and elimination of communicable and
15 infectious diseases among Indians and Urban Indi-
16 ans.

17 **“SEC. 213. OTHER AUTHORITY FOR PROVISION OF SERV-**
18 **ICES.**

19 “(a) FUNDING AUTHORIZED.—The Secretary, acting
20 through the Service, Indian Tribes, and Tribal Organiza-
21 tions, may provide funding under this Act to meet the ob-
22 jectives set forth in section 3 of this Act through health
23 care-related services and programs not otherwise described
24 in this Act for the following services:

25 “(1) Hospice care.

1 “(2) Assisted living services.

2 “(3) Long-term care services.

3 “(4) Home- and community-based services.

4 “(b) ELIGIBILITY.—The following individuals shall be
5 eligible to receive long-term care under this section:

6 “(1) Individuals who are unable to perform a
7 certain number of activities of daily living without
8 assistance.

9 “(2) Individuals with a mental impairment,
10 such as dementia, Alzheimer’s disease, or another
11 disabling mental illness, who may be able to perform
12 activities of daily living under supervision.

13 “(3) Such other individuals as an applicable In-
14 dian Health Program determines to be appropriate.

15 “(c) DEFINITIONS.—For the purposes of this section,
16 the following definitions shall apply:

17 “(1) The term ‘assisted living services’ means
18 any service provided by an assisted living facility (as
19 defined in section 232(b) of the National Housing
20 Act (12 U.S.C. 1715w(b))), except that such an as-
21 sisted living facility—

22 “(A) shall not be required to obtain a li-
23 cense; but

24 “(B) shall meet all applicable standards
25 for licensure.

1 “(2) The term ‘home- and community-based
2 services’ means 1 or more of the services specified
3 in paragraphs (1) through (9) of section 1929(a) of
4 the Social Security Act (42 U.S.C. 1396t(a))
5 (whether provided by the Service or by an Indian
6 Tribe or Tribal Organization pursuant to the Indian
7 Self-Determination and Education Assistance Act
8 (25 U.S.C. 450 et seq.)) that are or will be provided
9 in accordance with applicable standards.

10 “(3) The term ‘hospice care’ means the items
11 and services specified in subparagraphs (A) through
12 (H) of section 1861(dd)(1) of the Social Security
13 Act (42 U.S.C. 1395x(dd)(1)), and such other serv-
14 ices which an Indian Tribe or Tribal Organization
15 determines are necessary and appropriate to provide
16 in furtherance of this care.

17 “(4) The term ‘long-term care services’ has the
18 meaning given the term ‘qualified long-term care
19 services’ in section 7702B(c) of the Internal Rev-
20 enue Code of 1986.

21 “(d) AUTHORIZATION OF CONVENIENT CARE SERV-
22 ICES.—The Secretary, acting through the Service, Indian
23 Tribes, and Tribal Organizations, may also provide fund-
24 ing under this Act to meet the objectives set forth in sec-

1 tion 3 of this Act for convenient care services programs
2 pursuant to section 306(c)(2)(A).

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

4 “The Secretary, acting through the Service and In-
5 dian Tribes, Tribal Organizations, and Urban Indian Or-
6 ganizations, shall monitor and improve the quality of
7 health care for Indian women of all ages through the plan-
8 ning and delivery of programs administered by the Service,
9 in order to improve and enhance the treatment models of
10 care for Indian women.

11 **“SEC. 215. ENVIRONMENTAL AND NUCLEAR HEALTH HAZ-**
12 **ARDS.**

13 “(a) STUDIES AND MONITORING.—The Secretary
14 and the Service shall conduct, in conjunction with other
15 appropriate Federal agencies and in consultation with con-
16 cerned Indian Tribes and Tribal Organizations, studies
17 and ongoing monitoring programs to determine trends in
18 the health hazards to Indian miners and to Indians on
19 or near reservations and Indian communities as a result
20 of environmental hazards which may result in chronic or
21 life threatening health problems, such as nuclear resource
22 development, petroleum contamination, and contamination
23 of water sources and of the food chain. Such studies shall
24 include—

1 “(1) an evaluation of the nature and extent of
2 health problems caused by environmental hazards
3 currently exhibited among Indians and the causes of
4 such health problems;

5 “(2) an analysis of the potential effect of ongo-
6 ing and future environmental resource development
7 on or near reservations and Indian communities, in-
8 cluding the cumulative effect over time on health;

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

19 “(4) a summary of any findings and rec-
20 ommendations provided in Federal and State stud-
21 ies, reports, investigations, and inspections during
22 the 5 years prior to the date of enactment of the In-
23 dian Health Care Improvement Act Amendments of
24 2008 that directly or indirectly relate to the activi-

1 ties, practices, and conditions affecting the health or
2 safety of such Indians; and

3 “(5) the efforts that have been made by Federal
4 and State agencies and resource and economic devel-
5 opment companies to effectively carry out an edu-
6 cation program for such Indians regarding the
7 health and safety hazards of such development.

8 “(b) HEALTH CARE PLANS.—Upon completion of
9 such studies, the Secretary and the Service shall take into
10 account the results of such studies and develop health care
11 plans to address the health problems studied under sub-
12 section (a). The plans shall include—

13 “(1) methods for diagnosing and treating Indi-
14 ans currently exhibiting such health problems;

15 “(2) preventive care and testing for Indians
16 who may be exposed to such health hazards, includ-
17 ing the monitoring of the health of individuals who
18 have or may have been exposed to excessive amounts
19 of radiation or affected by other activities that have
20 had or could have a serious impact upon the health
21 of such individuals; and

22 “(3) a program of education for Indians who,
23 by reason of their work or geographic proximity to
24 such nuclear or other development activities, may ex-
25 perience health problems.

1 “(c) SUBMISSION OF REPORT AND PLAN TO CON-
2 GRESS.—The Secretary and the Service shall submit to
3 Congress the study prepared under subsection (a) no later
4 than 18 months after the date of enactment of the Indian
5 Health Care Improvement Act Amendments of 2008. The
6 health care plan prepared under subsection (b) shall be
7 submitted in a report no later than 1 year after the study
8 prepared under subsection (a) is submitted to Congress.
9 Such report shall include recommended activities for the
10 implementation of the plan, as well as an evaluation of
11 any activities previously undertaken by the Service to ad-
12 dress such health problems.

13 “(d) INTERGOVERNMENTAL TASK FORCE.—

14 “(1) ESTABLISHMENT; MEMBERS.—There is es-
15 tablished an Intergovernmental Task Force to be
16 composed of the following individuals (or their des-
17 ignees):

18 “(A) The Secretary of Energy.

19 “(B) The Secretary of the Environmental
20 Protection Agency.

21 “(C) The Director of the Bureau of Mines.

22 “(D) The Assistant Secretary for Occupa-
23 tional Safety and Health.

24 “(E) The Secretary of the Interior.

1 “(F) The Secretary of Health and Human
2 Services.

3 “(G) The Director.

4 “(2) DUTIES.—The Task Force shall—

5 “(A) identify existing and potential oper-
6 ations related to nuclear resource development
7 or other environmental hazards that affect or
8 may affect the health of Indians on or near a
9 reservation or in an Indian community; and

10 “(B) enter into activities to correct exist-
11 ing health hazards and ensure that current and
12 future health problems resulting from nuclear
13 resource or other development activities are
14 minimized or reduced.

15 “(3) CHAIRMAN; MEETINGS.—The Secretary of
16 Health and Human Services shall be the Chairman
17 of the Task Force. The Task Force shall meet at
18 least twice each year.

19 “(e) HEALTH SERVICES TO CERTAIN EMPLOYEES.—
20 In the case of any Indian who—

21 “(1) as a result of employment in or near a
22 uranium mine or mill or near any other environ-
23 mental hazard, suffers from a work-related illness or
24 condition;

1 “(2) is eligible to receive diagnosis and treat-
2 ment services from an Indian Health Program; and

3 “(3) by reason of such Indian’s employment, is
4 entitled to medical care at the expense of such mine
5 or mill operator or entity responsible for the environ-
6 mental hazard, the Indian Health Program shall, at
7 the request of such Indian, render appropriate med-
8 ical care to such Indian for such illness or condition
9 and may be reimbursed for any medical care so ren-
10 dered to which such Indian is entitled at the expense
11 of such operator or entity from such operator or en-
12 tity. Nothing in this subsection shall affect the
13 rights of such Indian to recover damages other than
14 such amounts paid to the Indian Health Program
15 from the employer for providing medical care for
16 such illness or condition.

17 **“SEC. 216. ARIZONA AS A CONTRACT HEALTH SERVICE DE-**
18 **LIVERY AREA.**

19 “(a) IN GENERAL.—For fiscal years beginning with
20 the fiscal year ending September 30, 1983, and ending
21 with the fiscal year ending September 30, 2016, the State
22 of Arizona shall be designated as a contract health service
23 delivery area by the Service for the purpose of providing
24 contract health care services to members of federally rec-
25 ognized Indian Tribes of Arizona.

1 “(b) MAINTENANCE OF SERVICES.—The Service
2 shall not curtail any health care services provided to Indi-
3 ans residing on reservations in the State of Arizona if such
4 curtailment is due to the provision of contract services in
5 such State pursuant to the designation of such State as
6 a contract health service delivery area pursuant to sub-
7 section (a).

8 **“SEC. 216A. NORTH DAKOTA AND SOUTH DAKOTA AS A CON-**
9 **TRACT HEALTH SERVICE DELIVERY AREA.**

10 “(a) IN GENERAL.—Beginning in fiscal year 2003,
11 the States of North Dakota and South Dakota shall be
12 designated as a contract health service delivery area by
13 the Service for the purpose of providing contract health
14 care services to members of federally recognized Indian
15 Tribes of North Dakota and South Dakota.

16 “(b) LIMITATION.—The Service shall not curtail any
17 health care services provided to Indians residing on any
18 reservation, or in any county that has a common boundary
19 with any reservation, in the State of North Dakota or
20 South Dakota if such curtailment is due to the provision
21 of contract services in such States pursuant to the des-
22 ignation of such States as a contract health service deliv-
23 ery area pursuant to subsection (a).

1 **“SEC. 217. CALIFORNIA CONTRACT HEALTH SERVICES PRO-**
2 **GRAM.**

3 “(a) **FUNDING AUTHORIZED.**—The Secretary is au-
4 thorized to fund a program using the California Rural In-
5 dian Health Board (hereafter in this section referred to
6 as the ‘CRIHB’) as a contract care intermediary to im-
7 prove the accessibility of health services to California Indi-
8 ans.

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

17 “(c) **ADMINISTRATIVE EXPENSES.**—Not more than 5
18 percent of the amounts provided to the CRIHB under this
19 section for any fiscal year may be for reimbursement for
20 administrative expenses incurred by the CRIHB during
21 such fiscal year.

22 “(d) **LIMITATION ON PAYMENT.**—No payment may
23 be made for treatment provided hereunder to the extent
24 payment may be made for such treatment under the In-
25 dian Catastrophic Health Emergency Fund described in
26 section 202 or from amounts appropriated or otherwise

1 made available to the California contract health service de-
2 livery area for a fiscal year.

3 “(e) ADVISORY BOARD.—There is established an ad-
4 visory board which shall advise the CRIHB in carrying
5 out this section. The advisory board shall be composed of
6 representatives, selected by the CRIHB, from not less
7 than 8 Tribal Health Programs serving California Indians
8 covered under this section at least $\frac{1}{2}$ of whom of whom
9 are not affiliated with the CRIHB.

10 **“SEC. 218. CALIFORNIA AS A CONTRACT HEALTH SERVICE**
11 **DELIVERY AREA.**

12 “The State of California, excluding the counties of
13 Alameda, Contra Costa, Los Angeles, Marin, Orange, Sac-
14 ramento, San Francisco, San Mateo, Santa Clara, Kern,
15 Merced, Monterey, Napa, San Benito, San Joaquin, San
16 Luis Obispo, Santa Cruz, Solano, Stanislaus, and Ven-
17 tura, shall be designated as a contract health service deliv-
18 ery area by the Service for the purpose of providing con-
19 tract health services to California Indians. However, any
20 of the counties listed herein may only be included in the
21 contract health services delivery area if funding is specifi-
22 cally provided by the Service for such services in those
23 counties.

1 **“SEC. 219. CONTRACT HEALTH SERVICES FOR THE TREN-**
2 **TON SERVICE AREA.**

3 “(a) AUTHORIZATION FOR SERVICES.—The Sec-
4 retary, acting through the Service, is directed to provide
5 contract health services to members of the Turtle Moun-
6 tain Band of Chippewa Indians that reside in the Trenton
7 Service Area of Divide, McKenzie, and Williams counties
8 in the State of North Dakota and the adjoining counties
9 of Richland, Roosevelt, and Sheridan in the State of Mon-
10 tana.

11 “(b) NO EXPANSION OF ELIGIBILITY.—Nothing in
12 this section may be construed as expanding the eligibility
13 of members of the Turtle Mountain Band of Chippewa In-
14 dians for health services provided by the Service beyond
15 the scope of eligibility for such health services that applied
16 on May 1, 1986.

17 **“SEC. 220. PROGRAMS OPERATED BY INDIAN TRIBES AND**
18 **TRIBAL ORGANIZATIONS.**

19 “The Service shall provide funds for health care pro-
20 grams and facilities operated by Tribal Health Programs
21 on the same basis as such funds are provided to programs
22 and facilities operated directly by the Service.

23 **“SEC. 221. LICENSING.**

24 “Health care professionals employed by a Tribal
25 Health Program shall, if licensed in any State, be exempt
26 from the licensing requirements of the State in which the

1 Tribal Health Program performs the services described in
2 its contract or compact under the Indian Self-Determina-
3 tion and Education Assistance Act (25 U.S.C. 450 et
4 seq.).

5 **“SEC. 222. NOTIFICATION OF PROVISION OF EMERGENCY**
6 **CONTRACT HEALTH SERVICES.**

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

13 **“SEC. 223. PROMPT ACTION ON PAYMENT OF CLAIMS.**

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

19 “(b) **EFFECT OF UNTIMELY RESPONSE.**—If the
20 Service fails to respond to a notification of a claim in ac-
21 cordance with subsection (a), the Service shall accept as
22 valid the claim submitted by the provider of a contract
23 care service.

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

4 **“SEC. 224. LIABILITY FOR PAYMENT.**

5 “(a) NO PATIENT LIABILITY.—A patient who re-
6 ceives contract health care services that are authorized by
7 the Service shall not be liable for the payment of any
8 charges or costs associated with the provision of such serv-
9 ices.

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

17 “(c) NO RECOURSE.—Following receipt of the notice
18 provided under subsection (b), or, if a claim has been
19 deemed accepted under section 223(b), the provider shall
20 have no further recourse against the patient who received
21 the services.

22 **“SEC. 225. OFFICE OF INDIAN MEN’S HEALTH.**

23 “(a) ESTABLISHMENT.—The Secretary may establish
24 within the Service an office to be known as the ‘Office

1 of Indian Men’s Health’ (referred to in this section as the
2 ‘Office’).

3 “(b) DIRECTOR.—

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

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

9 “(c) REPORT.—Not later than 2 years after the date
10 of enactment of the Indian Health Care Improvement Act
11 Amendments of 2008, the Secretary, acting through the
12 director of the Office, shall submit to Congress a report
13 describing—

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

16 “(2) any finding of the director with respect to
17 the health of Indian men.

18 **“SEC. 226. AUTHORIZATION OF APPROPRIATIONS.**

19 “There are 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 III—FACILITIES**“SEC. 301. CONSULTATION; CONSTRUCTION AND RENOVATION OF FACILITIES; REPORTS.**

“(a) PREREQUISITES FOR EXPENDITURE OF FUNDS.—Prior to the expenditure of, or the making of any binding commitment to expend, any funds appropriated for the planning, design, construction, or renovation of facilities pursuant to the Act of November 2, 1921 (25 U.S.C. 13) (commonly known as the ‘Snyder Act’), the Secretary, acting through the Service, shall—

“(1) consult with any Indian Tribe that would be significantly affected by such expenditure for the purpose of determining and, whenever practicable, honoring tribal preferences concerning size, location, type, and other characteristics of any facility on which such expenditure is to be made; and

“(2) ensure, whenever practicable and applicable, that such facility meets the construction standards of any accrediting body recognized by the Secretary for the purposes of the Medicare, Medicaid, and SCHIP programs under titles XVIII, XIX, and XXI of the Social Security Act by not later than 1 year after the date on which the construction or renovation of such facility is completed.

1 “(b) CLOSURES AND REDUCTIONS IN HOURS OF
2 SERVICE.—

3 “(1) EVALUATION REQUIRED.—Notwith-
4 standing any other provision of law, no facility oper-
5 ated by the Service, or any portion of such facility,
6 may be closed or have the hours of service of the fa-
7 cility reduced if the Secretary has not submitted to
8 Congress not less than 1 year, and not more than
9 2 years, before the date of the proposed closure or
10 reduction in hours of service an evaluation, com-
11 pleted not more than 2 years before the submission,
12 of the impact of the proposed closure or reduction
13 in hours of service that specifies, in addition to other
14 considerations—

15 “(A) the accessibility of alternative health
16 care resources for the population served by such
17 facility;

18 “(B) the cost-effectiveness of such closure
19 or reduction in hours of service;

20 “(C) the quality of health care to be pro-
21 vided to the population served by such facility
22 after such closure or reduction in hours of serv-
23 ice;

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

1 “(E) the views of the Indian Tribes served
2 by such facility concerning such closure or re-
3 duction in hours of service;

4 “(F) the level of use of such facility by all
5 eligible Indians; and

6 “(G) the distance between such facility and
7 the nearest operating Service hospital.

8 “(2) EXCEPTION FOR CERTAIN TEMPORARY
9 CLOSURES AND REDUCTIONS.—Paragraph (1) shall
10 not apply to any temporary closure or reduction in
11 hours of service of a facility or any portion of a fa-
12 cility if such closure or reduction in hours of service
13 is necessary for medical, environmental, or construc-
14 tion safety reasons.

15 “(c) HEALTH CARE FACILITY PRIORITY SYSTEM.—

16 “(1) IN GENERAL.—

17 “(A) PRIORITY SYSTEM.—The Secretary,
18 acting through the Service, shall maintain a
19 health care facility priority system, which—

20 “(i) shall be developed in consultation
21 with Indian Tribes and Tribal Organiza-
22 tions;

23 “(ii) shall give Indian Tribes’ needs
24 the highest priority;

1 “(iii)(I) may include the lists required
2 in paragraph (2)(B)(ii); and

3 “(II) shall include the methodology re-
4 quired in paragraph (2)(B)(v); and

5 “(III) may include such health care
6 facilities, and such renovation or expansion
7 needs of any health care facility, as the
8 Service may identify; and

9 “(iv) shall provide an opportunity for
10 the nomination of planning, design, and
11 construction projects by the Service, In-
12 dian Tribes, and Tribal Organizations for
13 consideration under the priority system at
14 least once every 3 years, or more fre-
15 quently as the Secretary determines to be
16 appropriate.

17 “(B) NEEDS OF FACILITIES UNDER
18 ISDEAA AGREEMENTS.—The Secretary shall en-
19 sure that the planning, design, construction,
20 renovation, and expansion needs of Service and
21 non-Service facilities operated under contracts
22 or compacts in accordance with the Indian Self-
23 Determination and Education Assistance Act
24 (25 U.S.C. 450 et seq.) are fully and equitably

1 integrated into the health care facility priority
2 system.

3 “(C) CRITERIA FOR EVALUATING
4 NEEDS.—For purposes of this subsection, the
5 Secretary, in evaluating the needs of facilities
6 operated under a contract or compact under the
7 Indian Self-Determination and Education As-
8 sistance Act (25 U.S.C. 450 et seq.), shall use
9 the criteria used by the Secretary in evaluating
10 the needs of facilities operated directly by the
11 Service.

12 “(D) PRIORITY OF CERTAIN PROJECTS
13 PROTECTED.—The priority of any project estab-
14 lished under the construction priority system in
15 effect on the date of enactment of the Indian
16 Health Care Improvement Act Amendments of
17 2008 shall not be affected by any change in the
18 construction priority system taking place after
19 that date if the project—

20 “(i) was identified in the fiscal year
21 2008 Service budget justification as—

22 “(I) 1 of the 10 top-priority inpa-
23 tient projects;

24 “(II) 1 of the 10 top-priority out-
25 patient projects;

1 “(III) 1 of the 10 top-priority
2 staff quarters developments; or

3 “(IV) 1 of the 10 top-priority
4 Youth Regional Treatment Centers;

5 “(ii) had completed both Phase I and
6 Phase II of the construction priority sys-
7 tem in effect on the date of enactment of
8 such Act; or

9 “(iii) is not included in clause (i) or
10 (ii) and is selected, as determined by the
11 Secretary—

12 “(I) on the initiative of the Sec-
13 retary; or

14 “(II) pursuant to a request of an
15 Indian Tribe or Tribal Organization.

16 “(2) REPORT; CONTENTS.—

17 “(A) INITIAL COMPREHENSIVE REPORT.—

18 “(i) DEFINITIONS.—In this subpara-
19 graph:

20 “(I) FACILITIES APPROPRIATION
21 ADVISORY BOARD.—The term ‘Facili-
22 ties Appropriation Advisory Board’
23 means the advisory board, comprised
24 of 12 members representing Indian
25 tribes and 2 members representing

1 the Service, established at the discre-
2 tion of the Director—

3 “(aa) to provide advice and
4 recommendations for policies and
5 procedures of the programs fund-
6 ed pursuant to facilities appro-
7 priations; and

8 “(bb) to address other facili-
9 ties issues.

10 “(II) FACILITIES NEEDS ASSESS-
11 MENT WORKGROUP.—The term ‘Fa-
12 cilities Needs Assessment Workgroup’
13 means the workgroup established at
14 the discretion of the Director—

15 “(aa) to review the health
16 care facilities construction pri-
17 ority system; and

18 “(bb) to make recommenda-
19 tions to the Facilities Appropria-
20 tion Advisory Board for revising
21 the priority system.

22 “(ii) INITIAL REPORT.—

23 “(I) IN GENERAL.—Not later
24 than 1 year after the date of enact-
25 ment of the Indian Health Care Im-

1 provement Act Amendments of 2008,
2 the Secretary shall submit to the
3 Committee on Indian Affairs of the
4 Senate and the Committee on Natural
5 Resources of the House of Represent-
6 atives a report that describes the com-
7 prehensive, national, ranked list of all
8 health care facilities needs for the
9 Service, Indian Tribes, and Tribal Or-
10 ganizations (including inpatient health
11 care facilities, outpatient health care
12 facilities, specialized health care facili-
13 ties (such as for long-term care and
14 alcohol and drug abuse treatment),
15 wellness centers, and staff quarters,
16 and the renovation and expansion
17 needs, if any, of such facilities) devel-
18 oped by the Service, Indian Tribes,
19 and Tribal Organizations for the Fa-
20 cilities Needs Assessment Workgroup
21 and the Facilities Appropriation Advi-
22 sory Board.

23 “(II) INCLUSIONS.—The initial
24 report shall include—

1 “(aa) the methodology and
2 criteria used by the Service in de-
3 termining the needs and estab-
4 lishing the ranking of the facili-
5 ties needs; and

6 “(bb) such other information
7 as the Secretary determines to be
8 appropriate.

9 “(iii) UPDATES OF REPORT.—Begin-
10 ning in calendar year 2011, the Secretary
11 shall—

12 “(I) update the report under
13 clause (ii) not less frequently than
14 once every 5 years; and

15 “(II) include the updated report
16 in the appropriate annual report
17 under subparagraph (B) for submis-
18 sion to Congress under section 801.

19 “(B) ANNUAL REPORTS.—The Secretary
20 shall submit to the President, for inclusion in
21 the report required to be transmitted to Con-
22 gress under section 801, a report which sets
23 forth the following:

1 “(i) A description of the health care
2 facility priority system of the Service es-
3 tablished under paragraph (1).

4 “(ii) Health care facilities lists, which
5 may include—

6 “(I) the 10 top-priority inpatient
7 health care facilities;

8 “(II) the 10 top-priority out-
9 patient health care facilities;

10 “(III) the 10 top-priority special-
11 ized health care facilities (such as
12 long-term care and alcohol and drug
13 abuse treatment); and

14 “(IV) the 10 top-priority staff
15 quarters developments associated with
16 health care facilities.

17 “(iii) The justification for such order
18 of priority.

19 “(iv) The projected cost of such
20 projects.

21 “(v) The methodology adopted by the
22 Service in establishing priorities under its
23 health care facility priority system.

1 “(3) REQUIREMENTS FOR PREPARATION OF RE-
2 PORTS.—In preparing the report required under
3 paragraph (2), the Secretary shall—

4 “(A) consult with and obtain information
5 on all health care facilities needs from Indian
6 Tribes and Tribal Organizations; and

7 “(B) review the total unmet needs of all
8 Indian Tribes and Tribal Organizations for
9 health care facilities (including staff quarters),
10 including needs for renovation and expansion of
11 existing facilities.

12 “(d) REVIEW OF METHODOLOGY USED FOR HEALTH
13 FACILITIES CONSTRUCTION PRIORITY SYSTEM.—

14 “(1) IN GENERAL.—Not later than 1 year after
15 the establishment of the priority system under sub-
16 section (c)(1)(A), the Comptroller General of the
17 United States shall prepare and finalize a report re-
18 viewing the methodologies applied, and the processes
19 followed, by the Service in making each assessment
20 of needs for the list under subsection (c)(2)(A)(ii)
21 and developing the priority system under subsection
22 (c)(1), including a review of—

23 “(A) the recommendations of the Facilities
24 Appropriation Advisory Board and the Facili-
25 ties Needs Assessment Workgroup (as those

1 terms are defined in subsection (e)(2)(A)(i));
2 and

3 “(B) the relevant criteria used in ranking
4 or prioritizing facilities other than hospitals or
5 clinics.

6 “(2) SUBMISSION TO CONGRESS.—The Comp-
7 troller General of the United States shall submit the
8 report under paragraph (1) to—

9 “(A) the Committees on Indian Affairs and
10 Appropriations of the Senate;

11 “(B) the Committees on Natural Re-
12 sources and Appropriations of the House of
13 Representatives; and

14 “(C) the Secretary.

15 “(e) FUNDING CONDITION.—All funds appropriated
16 under the Act of November 2, 1921 (25 U.S.C. 13) (com-
17 monly known as the ‘Snyder Act’), for the planning, de-
18 sign, construction, or renovation of health facilities for the
19 benefit of 1 or more Indian Tribes shall be subject to the
20 provisions of section 102 of the Indian Self-Determination
21 and Education Assistance Act (25 U.S.C. 450f) or sec-
22 tions 504 and 505 of that Act (25 U.S.C. 458aaa–3,
23 458aaa–4).

24 “(f) DEVELOPMENT OF INNOVATIVE APPROACHES.—
25 The Secretary shall consult and cooperate with Indian

1 Tribes and Tribal Organizations, and confer with Urban
2 Indian Organizations, in developing innovative approaches
3 to address all or part of the total unmet need for construc-
4 tion of health facilities, that may include—

5 “(1) the establishment of an area distribution
6 fund in which a portion of health facility construc-
7 tion funding could be devoted to all Service Areas;

8 “(2) approaches provided for in other provisions
9 of this title; and

10 “(3) other approaches, as the Secretary deter-
11 mines to be appropriate.

12 **“SEC. 302. SANITATION FACILITIES.**

13 “(a) FINDINGS.—Congress finds the following:

14 “(1) The provision of sanitation facilities is pri-
15 marily a health consideration and function.

16 “(2) Indian people suffer an inordinately high
17 incidence of disease, injury, and illness directly at-
18 tributable to the absence or inadequacy of sanitation
19 facilities.

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

1 “(4) Many Indian homes and Indian commu-
2 nities still lack sanitation facilities.

3 “(5) It is in the interest of the United States,
4 and it is the policy of the United States, that all In-
5 dian communities and Indian homes, new and exist-
6 ing, be provided with sanitation facilities.

7 “(b) FACILITIES AND SERVICES.—In furtherance of
8 the findings made in subsection (a), Congress reaffirms
9 the primary responsibility and authority of the Service to
10 provide the necessary sanitation facilities and services as
11 provided in section 7 of the Act of August 5, 1954 (42
12 U.S.C. 2004a). Under such authority, the Secretary, act-
13 ing through the Service, is authorized to provide the fol-
14 lowing:

15 “(1) Financial and technical assistance to In-
16 dian Tribes, Tribal Organizations, and Indian com-
17 munities in the establishment, training, and equip-
18 ping of utility organizations to operate and maintain
19 sanitation facilities, including the provision of exist-
20 ing plans, standard details, and specifications avail-
21 able in the Department, to be used at the option of
22 the Indian Tribe, Tribal Organization, or Indian
23 community.

24 “(2) Ongoing technical assistance and training
25 to Indian Tribes, Tribal Organizations, and Indian

1 communities in the management of utility organiza-
2 tions which operate and maintain sanitation facili-
3 ties.

4 “(3) Priority funding for operation and mainte-
5 nance assistance for, and emergency repairs to, sani-
6 tation facilities operated by an Indian Tribe, Tribal
7 Organization or Indian community when necessary
8 to avoid an imminent health threat or to protect the
9 investment in sanitation facilities and the investment
10 in the health benefits gained through the provision
11 of sanitation facilities.

12 “(c) FUNDING.—Notwithstanding any other provi-
13 sion of law—

14 “(1) the Secretary of Housing and Urban De-
15 velopment is authorized to transfer funds appro-
16 priated under the Native American Housing Assist-
17 ance and Self-Determination Act of 1996 (25 U.S.C.
18 4101 et seq.) to the Secretary of Health and Human
19 Services;

20 “(2) the Secretary of Health and Human Serv-
21 ices is authorized to accept and use such funds for
22 the purpose of providing sanitation facilities and
23 services for Indians under section 7 of the Act of
24 August 5, 1954 (42 U.S.C. 2004a);

1 “(3) unless specifically authorized when funds
2 are appropriated, the Secretary shall not use funds
3 appropriated under section 7 of the Act of August
4 5, 1954 (42 U.S.C. 2004a), to provide sanitation fa-
5 cilities to new homes constructed using funds pro-
6 vided by the Department of Housing and Urban De-
7 velopment;

8 “(4) the Secretary of Health and Human Serv-
9 ices is authorized to accept from any source, includ-
10 ing Federal and State agencies, funds for the pur-
11 pose of providing sanitation facilities and services
12 and place these funds into contracts or compacts
13 under the Indian Self-Determination and Education
14 Assistance Act (25 U.S.C. 450 et seq.);

15 “(5) the Secretary is authorized to establish a
16 program under which the Secretary may, in accord-
17 ance with this subsection and with paragraphs (2),
18 (3), (4), and (5) of section 330(d) of the Public
19 Health Service Act (42 U.S.C. 254b(d)) related to a
20 loan guarantee program, guarantee the principal and
21 interest on loans made by lenders to Indian Tribes
22 for new projects to construct eligible sanitation fa-
23 cilities to serve Indian homes, but only to the extent
24 that appropriations are provided in advance specifi-
25 cally for such program, and without reducing funds

1 made available for the provision of domestic and
2 community sanitation facilities for Indians, as au-
3 thorized by section 7 of the Act of August 5, 1954
4 (42 U.S.C. 2004a), the Indian Self-Determination
5 and Education Assistance Act (25 U.S.C. 450 et
6 seq.), and this Act;

7 “(6) except as otherwise prohibited by this sec-
8 tion, the Secretary may use funds appropriated
9 under the authority of section 7 of the Act of Au-
10 gust 5, 1954 (42 U.S.C. 2004a) to meet matching
11 or cost participation requirements under other Fed-
12 eral and non-Federal programs for new projects to
13 construct eligible sanitation facilities;

14 “(7) all Federal agencies are authorized to
15 transfer to the Secretary funds identified, granted,
16 loaned, or appropriated whereby the Department’s
17 applicable policies, rules, and regulations shall apply
18 in the implementation of such projects;

19 “(8) the Secretary of Health and Human Serv-
20 ices shall enter into interagency agreements with
21 Federal and State agencies for the purpose of pro-
22 viding financial assistance for sanitation facilities
23 and services under this Act;

24 “(9) the Secretary of Health and Human Serv-
25 ices shall, by regulation, establish standards applica-

1 ble to the planning, design, and construction of sani-
2 tation facilities funded under this Act; and

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

15 “(d) CERTAIN CAPABILITIES NOT PREREQUISITE.—
16 The financial and technical capability of an Indian Tribe,
17 Tribal Organization, or Indian community to safely oper-
18 ate, manage, and maintain a sanitation facility shall not
19 be a prerequisite to the provision or construction of sanita-
20 tion facilities by the Secretary.

21 “(e) FINANCIAL ASSISTANCE.—The Secretary is au-
22 thorized to provide financial assistance to Indian Tribes,
23 Tribal Organizations, and Indian communities for oper-
24 ation, management, and maintenance of their sanitation
25 facilities.

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

16 “(g) ISDEAA PROGRAM FUNDED ON EQUAL
17 BASIS.—Tribal Health Programs shall be eligible (on an
18 equal basis with programs that are administered directly
19 by the Service) for—

20 “(1) any funds appropriated pursuant to this
21 section; and

22 “(2) any funds appropriated for the purpose of
23 providing sanitation facilities.

24 “(h) REPORT.—

1 “(1) REQUIRED CONTENTS.—The Secretary, in
2 consultation with the Secretary of Housing and
3 Urban Development, Indian Tribes, Tribal Organiza-
4 tions, and tribally designated housing entities (as de-
5 fined in section 4 of the Native American Housing
6 Assistance and Self-Determination Act of 1996 (25
7 U.S.C. 4103)) shall submit to the President, for in-
8 clusion in the report required to be transmitted to
9 Congress under section 801, a report which sets
10 forth—

11 “(A) the current Indian sanitation facility
12 priority system of the Service;

13 “(B) the methodology for determining
14 sanitation deficiencies and needs;

15 “(C) the criteria on which the deficiencies
16 and needs will be evaluated;

17 “(D) the level of initial and final sanitation
18 deficiency for each type of sanitation facility for
19 each project of each Indian Tribe or Indian
20 community;

21 “(E) the amount and most effective use of
22 funds, derived from whatever source, necessary
23 to accommodate the sanitation facilities needs
24 of new homes assisted with funds under the
25 Native American Housing Assistance and Self-

1 Determination Act (25 U.S.C. 4101 et seq.),
2 and to reduce the identified sanitation defi-
3 ciency levels of all Indian Tribes and Indian
4 communities to level I sanitation deficiency as
5 defined in paragraph (3)(A); and

6 “(F) a 10-year plan to provide sanitation
7 facilities to serve existing Indian homes and In-
8 dian communities and new and renovated In-
9 dian homes.

10 “(2) UNIFORM METHODOLOGY.—The method-
11 ology used by the Secretary in determining, pre-
12 paring cost estimates for, and reporting sanitation
13 deficiencies for purposes of paragraph (1) shall be
14 applied uniformly to all Indian Tribes and Indian
15 communities.

16 “(3) SANITATION DEFICIENCY LEVELS.—For
17 purposes of this subsection, the sanitation deficiency
18 levels for an individual, Indian Tribe, or Indian com-
19 munity sanitation facility to serve Indian homes are
20 determined as follows:

21 “(A) A level I deficiency exists if a sanita-
22 tion facility serving an individual, Indian Tribe,
23 or Indian community—

1 “(i) complies with all applicable water
2 supply, pollution control, and solid waste
3 disposal laws; and

4 “(ii) deficiencies relate to routine re-
5 placement, repair, or maintenance needs.

6 “(B) A level II deficiency exists if a sanita-
7 tion facility serving an individual, Indian Tribe,
8 or Indian community substantially or recently
9 complied with all applicable water supply, pollu-
10 tion control, and solid waste laws and any defi-
11 ciencies relate to—

12 “(i) small or minor capital improve-
13 ments needed to bring the facility back
14 into compliance;

15 “(ii) capital improvements that are
16 necessary to enlarge or improve the facili-
17 ties in order to meet the current needs for
18 domestic sanitation facilities; or

19 “(iii) the lack of equipment or train-
20 ing by an Indian Tribe, Tribal Organiza-
21 tion, or an Indian community to properly
22 operate and maintain the sanitation facili-
23 ties.

24 “(C) A level III deficiency exists if a sani-
25 tation facility serving an individual, Indian

1 Tribe or Indian community meets 1 or more of
2 the following conditions—

3 “(i) water or sewer service in the
4 home is provided by a haul system with
5 holding tanks and interior plumbing;

6 “(ii) major significant interruptions to
7 water supply or sewage disposal occur fre-
8 quently, requiring major capital improve-
9 ments to correct the deficiencies; or

10 “(iii) there is no access to or no ap-
11 proved or permitted solid waste facility
12 available.

13 “(D) A level IV deficiency exists—

14 “(i) if a sanitation facility for an indi-
15 vidual home, an Indian Tribe, or an Indian
16 community exists but—

17 “(I) lacks—

18 “(aa) a safe water supply
19 system; or

20 “(bb) a waste disposal sys-
21 tem;

22 “(II) contains no piped water or
23 sewer facilities; or

24 “(III) has become inoperable due
25 to a major component failure; or

1 “(ii) if only a washeteria or central fa-
2 cility exists in the community.

3 “(E) A level V deficiency exists in the ab-
4 sence of a sanitation facility, where individual
5 homes do not have access to safe drinking
6 water or adequate wastewater (including sew-
7 age) disposal.

8 “(i) DEFINITIONS.—For purposes of this section, the
9 following terms apply:

10 “(1) INDIAN COMMUNITY.—The term ‘Indian
11 community’ means a geographic area, a significant
12 proportion of whose inhabitants are Indians and
13 which is served by or capable of being served by a
14 facility described in this section.

15 “(2) SANITATION FACILITIES.—The terms
16 ‘sanitation facility’ and ‘sanitation facilities’ mean
17 safe and adequate water supply systems, sanitary
18 sewage disposal systems, and sanitary solid waste
19 systems (and all related equipment and support in-
20 frastructure).

21 **“SEC. 303. PREFERENCE TO INDIANS AND INDIAN FIRMS.**

22 “(a) DISCRETIONARY AUTHORITY; COVERED ACTIVI-
23 TIES.—The Secretary, acting through the Service, may
24 utilize the negotiating authority of section 23 of the Act
25 of June 25, 1910 (25 U.S.C. 47), to give preference to

1 any Indian or any enterprise, partnership, corporation, or
2 other type of business organization owned and controlled
3 by an Indian or Indians including former or currently fed-
4 erally recognized Indian Tribes in the State of New York
5 (hereinafter referred to as an ‘Indian firm’) in the con-
6 struction and renovation of Service facilities pursuant to
7 section 301 and in the construction of safe water and sani-
8 tary waste disposal facilities pursuant to section 302. Such
9 preference may be accorded by the Secretary unless the
10 Secretary finds, pursuant to rules and regulations promul-
11 gated by the Secretary, that the project or function to be
12 contracted for will not be satisfactory or that the project
13 or function cannot be properly completed or maintained
14 under the proposed contract. The Secretary, in arriving
15 at such a finding, shall consider whether the Indian or
16 Indian firm will be deficient with respect to—

17 “(1) ownership and control by Indians;

18 “(2) equipment;

19 “(3) bookkeeping and accounting procedures;

20 “(4) substantive knowledge of the project or
21 function to be contracted for;

22 “(5) adequately trained personnel; or

23 “(6) other necessary components of contract
24 performance.

1 “(b) PAY RATES.—For the purpose of implementing
2 the provisions of this title, the Secretary shall assure that
3 the rates of pay for personnel engaged in the construction
4 or renovation of facilities constructed or renovated in
5 whole or in part by funds made available pursuant to this
6 title are not less than the prevailing local wage rates for
7 similar work as determined in accordance with sections
8 3141 through 3144, 3146, and 3147 of title 40, United
9 States Code.

10 **“SEC. 304. EXPENDITURE OF NON-SERVICE FUNDS FOR**
11 **RENOVATION.**

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

21 “(1) any plans or designs for such expansion,
22 renovation, or modernization; and

23 “(2) any expansion, renovation, or moderniza-
24 tion for which funds appropriated under any Federal
25 law were lawfully expended.

1 “(b) PRIORITY LIST.—

2 “(1) IN GENERAL.—The Secretary shall main-
3 tain a separate priority list to address the needs for
4 increased operating expenses, personnel, or equip-
5 ment for such facilities. The methodology for estab-
6 lishing priorities shall be developed through regula-
7 tions. The list of priority facilities will be revised an-
8 nually in consultation with Indian Tribes and Tribal
9 Organizations.

10 “(2) REPORT.—The Secretary shall submit to
11 the President, for inclusion in the report required to
12 be transmitted to Congress under section 801, the
13 priority list maintained pursuant to paragraph (1).

14 “(c) REQUIREMENTS.—The requirements of this sub-
15 section are met with respect to any expansion, renovation,
16 or modernization if—

17 “(1) the Indian Tribe or Tribal Organization—

18 “(A) provides notice to the Secretary of its
19 intent to expand, renovate, or modernize; and

20 “(B) applies to the Secretary to be placed
21 on a separate priority list to address the needs
22 of such new facilities for increased operating ex-
23 penses, personnel, or equipment; and

24 “(2) the expansion, renovation, or moderniza-
25 tion—

1 “(A) is approved by the appropriate area
2 Director for Federal facilities; and

3 “(B) is administered by the Indian Tribe
4 or Tribal Organization in accordance with any
5 applicable regulations prescribed by the Sec-
6 retary with respect to construction or renova-
7 tion of Service facilities.

8 “(d) ADDITIONAL REQUIREMENT FOR EXPANSION.—
9 In addition to the requirements under subsection (c), for
10 any expansion, the Indian Tribe or Tribal Organization
11 shall provide to the Secretary additional information pur-
12 suant to regulations, including additional staffing, equip-
13 ment, and other costs associated with the expansion.

14 “(e) CLOSURE OR CONVERSION OF FACILITIES.—If
15 any Service facility which has been expanded, renovated,
16 or modernized by an Indian Tribe or Tribal Organization
17 under this section ceases to be used as a Service facility
18 during the 20-year period beginning on the date such ex-
19 pansion, renovation, or modernization is completed, such
20 Indian Tribe or Tribal Organization shall be entitled to
21 recover from the United States an amount which bears
22 the same ratio to the value of such facility at the time
23 of such cessation as the value of such expansion, renova-
24 tion, or modernization (less the total amount of any funds
25 provided specifically for such facility under any Federal

1 program that were expended for such expansion, renova-
2 tion, or modernization) bore to the value of such facility
3 at the time of the completion of such expansion, renova-
4 tion, or modernization.

5 **“SEC. 305. FUNDING FOR THE CONSTRUCTION, EXPANSION,**
6 **AND MODERNIZATION OF SMALL AMBULA-**
7 **TORY CARE FACILITIES.**

8 “(a) GRANTS.—

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

20 “(2) GRANT AGREEMENT REQUIRED.—A grant
21 under paragraph (1) may only be made available to
22 a Tribal Health Program operating an Indian health
23 facility (other than a facility owned or constructed
24 by the Service, including a facility originally owned

1 or constructed by the Service and transferred to an
2 Indian Tribe or Tribal Organization).

3 “(b) USE OF GRANT FUNDS.—

4 “(1) ALLOWABLE USES.—A grant awarded
5 under this section may be used for the construction,
6 expansion, or modernization (including the planning
7 and design of such construction, expansion, or mod-
8 ernization) of an ambulatory care facility—

9 “(A) located apart from a hospital;

10 “(B) not funded under section 301 or sec-
11 tion 306; and

12 “(C) which, upon completion of such con-
13 struction or modernization will—

14 “(i) have a total capacity appropriate
15 to its projected service population;

16 “(ii) provide annually no fewer than
17 150 patient visits by eligible Indians and
18 other users who are eligible for services in
19 such facility in accordance with section
20 807(e)(2); and

21 “(iii) provide ambulatory care in a
22 Service Area (specified in the contract or
23 compact under the Indian Self-Determina-
24 tion and Education Assistance Act (25
25 U.S.C. 450 et seq.)) with a population of

1 no fewer than 1,500 eligible Indians and
2 other users who are eligible for services in
3 such facility in accordance with section
4 807(c)(2).

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

16 “(3) USE ONLY FOR CERTAIN PORTION OF
17 COSTS.—A grant provided under this section may be
18 used only for the cost of that portion of a construc-
19 tion, expansion, or modernization project that bene-
20 fits the Service population identified above in sub-
21 section (b)(1)(C) (ii) and (iii). The requirements of
22 clauses (ii) and (iii) of paragraph (1)(C) shall not
23 apply to an Indian Tribe or Tribal Organization ap-
24 plying for a grant under this section for a health
25 care facility located or to be constructed on an is-

1 land or when such facility is not located on a road
2 system providing direct access to an inpatient hos-
3 pital where care is available to the Service popu-
4 lation.

5 “(c) GRANTS.—

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

14 “(A) adequate financial support will be
15 available for the provision of services at such
16 facility;

17 “(B) such facility will be available to eligi-
18 ble Indians without regard to ability to pay or
19 source of payment; and

20 “(C) such facility will, as feasible without
21 diminishing the quality or quantity of services
22 provided to eligible Indians, serve noneligible
23 persons on a cost basis.

1 “(2) PRIORITY.—In awarding grants under this
2 section, the Secretary shall give priority to Indian
3 Tribes and Tribal Organizations that demonstrate—

4 “(A) a need for increased ambulatory care
5 services; and

6 “(B) insufficient capacity to deliver such
7 services.

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

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

24 “(e) FUNDING NONRECURRING.—Funding provided
25 under this section shall be nonrecurring and shall not be

1 available for inclusion in any individual Indian Tribe's
2 tribal share for an award under the Indian Self-Deter-
3 mination and Education Assistance Act (25 U.S.C. 450
4 et seq.) or for reallocation or redesign thereunder.

5 **“SEC. 306. INDIAN HEALTH CARE DELIVERY DEMONSTRATION PROJECTS.**
6

7 “(a) IN GENERAL.—The Secretary, acting through
8 the Service, is authorized to carry out, or to enter into
9 construction agreements under the Indian Self-Determina-
10 tion and Education Assistance Act (25 U.S.C. 450 et seq.)
11 with Indian Tribes or Tribal Organizations to carry out,
12 a health care delivery demonstration project to test alter-
13 native means of delivering health care and services to Indi-
14 ans through facilities.

15 “(b) USE OF FUNDS.—The Secretary, in approving
16 projects pursuant to this section, may authorize such con-
17 struction agreements for the construction and renovation
18 of hospitals, health centers, health stations, and other fa-
19 cilities to deliver health care services and is authorized
20 to—

21 “(1) waive any leasing prohibition;

22 “(2) permit carryover of funds appropriated for
23 the provision of health care services;

24 “(3) permit the use of other available funds;

1 “(4) permit the use of funds or property do-
2 nated from any source for project purposes;

3 “(5) provide for the reversion of donated real or
4 personal property to the donor; and

5 “(6) permit the use of Service funds to match
6 other funds, including Federal funds.

7 “(c) HEALTH CARE DEMONSTRATION PROJECTS.—

8 “(1) GENERAL PROJECTS.—

9 “(A) CRITERIA.—The Secretary may ap-
10 prove under this section demonstration projects
11 that meet the following criteria:

12 “(i) There is a need for a new facility
13 or program, such as a program for conven-
14 ient care services, or the reorientation of
15 an existing facility or program.

16 “(ii) A significant number of Indians,
17 including Indians with low health status,
18 will be served by the project.

19 “(iii) The project has the potential to
20 deliver services in an efficient and effective
21 manner.

22 “(iv) The project is economically via-
23 ble.

24 “(v) For projects carried out by an
25 Indian Tribe or Tribal Organization, the

1 Indian Tribe or Tribal Organization has
 2 the administrative and financial capability
 3 to administer the project.

4 “(vi) The project is integrated with
 5 providers of related health and social serv-
 6 ices and is coordinated with, and avoids
 7 duplication of, existing services in order to
 8 expand the availability of services.

9 “(B) PRIORITY.—In approving demonstra-
 10 tion projects under this paragraph, the Sec-
 11 retary shall give priority to demonstration
 12 projects, to the extent the projects meet the cri-
 13 teria described in subparagraph (A), located in
 14 any of the following Service Units:

15 “(i) Cass Lake, Minnesota.

16 “(ii) Mescalero, New Mexico.

17 “(iii) Owyhee, Nevada.

18 “(iv) Schurz, Nevada.

19 “(v) Ft. Yuma, California.

20 “(2) CONVENIENT CARE SERVICE PROJECTS.—

21 “(A) DEFINITION OF CONVENIENT CARE
 22 SERVICE.—In this paragraph, the term ‘conven-
 23 ient care service’ means any primary health
 24 care service, such as urgent care services, non-
 25 emergent care services, prevention services and

1 screenings, and any service authorized by sec-
2 tions 203 or 213(d), that is—

3 “(i) provided outside the regular
4 hours of operation of a health care facility;
5 or

6 “(ii) offered at an alternative setting,
7 including through telehealth.

8 “(B) APPROVAL.—In addition to projects
9 described in paragraph (1), in any fiscal year,
10 the Secretary is authorized to approve not more
11 than 10 applications for health care delivery
12 demonstration projects that—

13 “(i) include a convenient care services
14 program as an alternative means of deliv-
15 ering health care services to Indians; and

16 “(ii) meet the criteria described in
17 subparagraph (C).

18 “(C) CRITERIA.—The Secretary shall ap-
19 prove under subparagraph (B) demonstration
20 projects that meet all of the following criteria:

21 “(i) The criteria set forth in para-
22 graph (1)(A).

23 “(ii) There is a lack of access to
24 health care services at existing health care
25 facilities, which may be due to limited

1 hours of operation at those facilities or
2 other factors.

3 “(iii) The project—

4 “(I) expands the availability of
5 services; or

6 “(II) reduces—

7 “(aa) the burden on Con-
8 tract Health Services; or

9 “(bb) the need for emer-
10 gency room visits.

11 “(d) PEER REVIEW PANELS.—The Secretary may
12 provide for the establishment of peer review panels, as nec-
13 essary, to review and evaluate applications using the cri-
14 teria described in paragraphs (1)(A) and (2)(C) of sub-
15 section (c).

16 “(e) TECHNICAL ASSISTANCE.—The Secretary shall
17 provide such technical and other assistance as may be nec-
18 essary to enable applicants to comply with this section.

19 “(f) SERVICE TO INELIGIBLE PERSONS.—Subject to
20 section 807, the authority to provide services to persons
21 otherwise ineligible for the health care benefits of the
22 Service, and the authority to extend hospital privileges in
23 Service facilities to non-Service health practitioners as
24 provided in section 807, may be included, subject to the

1 terms of that section, in any demonstration project ap-
2 proved pursuant to this section.

3 “(g) **EQUITABLE TREATMENT.**—For purposes of
4 subsection (c), the Secretary, in evaluating facilities oper-
5 ated under any contract or compact under the Indian Self-
6 Determination and Education Assistance Act (25 U.S.C.
7 450 et seq.), shall use the same criteria that the Secretary
8 uses in evaluating facilities operated directly by the Serv-
9 ice.

10 “(h) **EQUITABLE INTEGRATION OF FACILITIES.**—
11 The Secretary shall ensure that the planning, design, con-
12 struction, renovation, and expansion needs of Service and
13 non-Service facilities that are the subject of a contract or
14 compact under the Indian Self-Determination and Edu-
15 cation Assistance Act (25 U.S.C. 450 et seq.) for health
16 services are fully and equitably integrated into the imple-
17 mentation of the health care delivery demonstration
18 projects under this section.

19 **“SEC. 307. LAND TRANSFER.**

20 “Notwithstanding any other provision of law, the Bu-
21 reau of Indian Affairs and all other agencies and depart-
22 ments of the United States are authorized to transfer, at
23 no cost, land and improvements to the Service for the pro-
24 vision of health care services. The Secretary is authorized
25 to accept such land and improvements for such purposes.

1 **“SEC. 308. LEASES, CONTRACTS, AND OTHER AGREEMENTS.**

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

16 **“SEC. 309. STUDY ON LOANS, LOAN GUARANTEES, AND**
17 **LOAN REPAYMENT.**

18 “(a) IN GENERAL.—The Secretary, in consultation
19 with the Secretary of the Treasury, Indian Tribes, and
20 Tribal Organizations, shall carry out a study to determine
21 the feasibility of establishing a loan fund to provide to In-
22 dian Tribes and Tribal Organizations direct loans or guar-
23 antees for loans for the construction of health care facili-
24 ties, including—

25 “(1) inpatient facilities;

26 “(2) outpatient facilities;

1 “(3) staff quarters; and

2 “(4) specialized care facilities, such as behav-
3 ioral health and elder care facilities.

4 “(b) DETERMINATIONS.—In carrying out the study
5 under subsection (a), the Secretary shall determine—

6 “(1) the maximum principal amount of a loan
7 or loan guarantee that should be offered to a recipi-
8 ent from the loan fund;

9 “(2) the percentage of eligible costs, not to ex-
10 ceed 100 percent, that may be covered by a loan or
11 loan guarantee from the loan fund (including costs
12 relating to planning, design, financing, site land de-
13 velopment, construction, rehabilitation, renovation,
14 conversion, improvements, medical equipment and
15 furnishings, and other facility-related costs and cap-
16 ital purchase (but excluding staffing));

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

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

23 “(5) the maximum percentage of funds from
24 the loan fund that should be allocated for payment

1 of costs associated with planning and applying for a
2 loan or loan guarantee;

3 “(6) whether acceptance by the Secretary of an
4 assignment of the revenue of an Indian Tribe or
5 Tribal Organization as security for any direct loan
6 or loan guarantee from the loan fund would be ap-
7 propriate;

8 “(7) whether, in the planning and design of
9 health facilities under this section, users eligible
10 under section 807(c) may be included in any projec-
11 tion of patient population;

12 “(8) whether funds of the Service provided
13 through loans or loan guarantees from the loan fund
14 should be eligible for use in matching other Federal
15 funds under other programs;

16 “(9) the appropriateness of, and best methods
17 for, coordinating the loan fund with the health care
18 priority system of the Service under section 301; and

19 “(10) any legislative or regulatory changes re-
20 quired to implement recommendations of the Sec-
21 retary based on results of the study.

22 “(c) REPORT.—Not later than September 30, 2009,
23 the Secretary shall submit to the Committee on Indian Af-
24 fairs of the Senate and the Committee on Natural Re-

1 sources and the Committee on Energy and Commerce of
2 the House of Representatives a report that describes—

3 “(1) the manner of consultation made as re-
4 quired by subsection (a); and

5 “(2) the results of the study, including any rec-
6 ommendations of the Secretary based on results of
7 the study.

8 **“SEC. 310. TRIBAL LEASING.**

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

12 **“SEC. 311. INDIAN HEALTH SERVICE/TRIBAL FACILITIES**
13 **JOINT VENTURE PROGRAM.**

14 “(a) IN GENERAL.—The Secretary, acting through
15 the Service, shall make arrangements with Indian Tribes
16 and Tribal Organizations to establish joint venture dem-
17 onstration projects under which an Indian Tribe or Tribal
18 Organization shall expend tribal, private, or other avail-
19 able funds, for the acquisition or construction of a health
20 facility for a minimum of 10 years, under a no-cost lease,
21 in exchange for agreement by the Service to provide the
22 equipment, supplies, and staffing for the operation and
23 maintenance of such a health facility. An Indian Tribe or
24 Tribal Organization may use tribal funds, private sector,
25 or other available resources, including loan guarantees, to

1 fulfill its commitment under a joint venture entered into
2 under this subsection. An Indian Tribe or Tribal Organi-
3 zation shall be eligible to establish a joint venture project
4 if, when it submits a letter of intent, it—

5 “(1) has begun but not completed the process
6 of acquisition or construction of a health facility to
7 be used in the joint venture project; or

8 “(2) has not begun the process of acquisition or
9 construction of a health facility for use in the joint
10 venture project.

11 “(b) REQUIREMENTS.—The Secretary shall make
12 such an arrangement with an Indian Tribe or Tribal Orga-
13 nization only if—

14 “(1) the Secretary first determines that the In-
15 dian Tribe or Tribal Organization has the adminis-
16 trative and financial capabilities necessary to com-
17 plete the timely acquisition or construction of the
18 relevant health facility; and

19 “(2) the Indian Tribe or Tribal Organization
20 meets the need criteria determined using the criteria
21 developed under the health care facility priority sys-
22 tem under section 301, unless the Secretary deter-
23 mines, pursuant to regulations, that other criteria
24 will result in a more cost-effective and efficient

1 method of facilitating and completing construction of
2 health care facilities.

3 “(c) CONTINUED OPERATION.—The Secretary shall
4 negotiate an agreement with the Indian Tribe or Tribal
5 Organization regarding the continued operation of the fa-
6 cility at the end of the initial 10 year no-cost lease period.

7 “(d) BREACH OF AGREEMENT.—An Indian Tribe or
8 Tribal Organization that has entered into a written agree-
9 ment with the Secretary under this section, and that
10 breaches or terminates without cause such agreement,
11 shall be liable to the United States for the amount that
12 has been paid to the Indian Tribe or Tribal Organization,
13 or paid to a third party on the Indian Tribe’s or Tribal
14 Organization’s behalf, under the agreement. The Sec-
15 retary has the right to recover tangible property (including
16 supplies) and equipment, less depreciation, and any funds
17 expended for operations and maintenance under this sec-
18 tion. The preceding sentence does not apply to any funds
19 expended for the delivery of health care services, per-
20 sonnel, or staffing.

21 “(e) RECOVERY FOR NONUSE.—An Indian Tribe or
22 Tribal Organization that has entered into a written agree-
23 ment with the Secretary under this subsection shall be en-
24 titled to recover from the United States an amount that
25 is proportional to the value of such facility if, at any time

1 within the 10-year term of the agreement, the Service
2 ceases to use the facility or otherwise breaches the agree-
3 ment.

4 “(f) DEFINITION.—For the purposes of this section,
5 the term ‘health facility’ or ‘health facilities’ includes
6 quarters needed to provide housing for staff of the rel-
7 evant Tribal Health Program.

8 **“SEC. 312. LOCATION OF FACILITIES.**

9 “(a) IN GENERAL.—In all matters involving the reor-
10 ganization or development of Service facilities or in the
11 establishment of related employment projects to address
12 unemployment conditions in economically depressed areas,
13 the Bureau of Indian Affairs and the Service shall give
14 priority to locating such facilities and projects on Indian
15 lands, or lands in Alaska owned by any Alaska Native vil-
16 lage, or village or regional corporation under the Alaska
17 Native Claims Settlement Act (43 U.S.C. 1601 et seq.),
18 or any land allotted to any Alaska Native, if requested
19 by the Indian owner and the Indian Tribe with jurisdiction
20 over such lands or other lands owned or leased by the In-
21 dian Tribe or Tribal Organization. Top priority shall be
22 given to Indian land owned by 1 or more Indian Tribes.

23 “(b) DEFINITION.—For purposes of this section, the
24 term ‘Indian lands’ means—

1 “(1) all lands within the exterior boundaries of
2 any reservation; and

3 “(2) any lands title to which is held in trust by
4 the United States for the benefit of any Indian
5 Tribe or individual Indian or held by any Indian
6 Tribe or individual Indian subject to restriction by
7 the United States against alienation.

8 **“SEC. 313. MAINTENANCE AND IMPROVEMENT OF HEALTH**
9 **CARE FACILITIES.**

10 “(a) REPORT.—The Secretary shall submit to the
11 President, for inclusion in the report required to be trans-
12 mitted to Congress under section 801, a report which iden-
13 tifies the backlog of maintenance and repair work required
14 at both Service and tribal health care facilities, including
15 new health care facilities expected to be in operation in
16 the next fiscal year. The report shall also identify the need
17 for renovation and expansion of existing facilities to sup-
18 port the growth of health care programs.

19 “(b) MAINTENANCE OF NEWLY CONSTRUCTED
20 SPACE.—The Secretary, acting through the Service, is au-
21 thorized to expend maintenance and improvement funds
22 to support maintenance of newly constructed space only
23 if such space falls within the approved supportable space
24 allocation for the Indian Tribe or Tribal Organization.

1 Supportable space allocation shall be defined through the
2 health care facility priority system under section 301(c).

3 “(c) REPLACEMENT FACILITIES.—In addition to
4 using maintenance and improvement funds for renovation,
5 modernization, and expansion of facilities, an Indian Tribe
6 or Tribal Organization may use maintenance and improve-
7 ment funds for construction of a replacement facility if
8 the costs of renovation of such facility would exceed a
9 maximum renovation cost threshold. The maximum ren-
10 ovation cost threshold shall be determined through the ne-
11 gotiated rulemaking process provided for under section
12 802.

13 **“SEC. 314. TRIBAL MANAGEMENT OF FEDERALLY-OWNED**
14 **QUARTERS.**

15 “(a) RENTAL RATES.—

16 “(1) ESTABLISHMENT.—Notwithstanding any
17 other provision of law, a Tribal Health Program
18 which operates a hospital or other health facility and
19 the federally-owned quarters associated therewith
20 pursuant to a contract or compact under the Indian
21 Self-Determination and Education Assistance Act
22 (25 U.S.C. 450 et seq.) shall have the authority to
23 establish the rental rates charged to the occupants
24 of such quarters by providing notice to the Secretary
25 of its election to exercise such authority.

1 “(2) OBJECTIVES.—In establishing rental rates
2 pursuant to authority of this subsection, a Tribal
3 Health Program shall endeavor to achieve the fol-
4 lowing objectives:

5 “(A) To base such rental rates on the rea-
6 sonable value of the quarters to the occupants
7 thereof.

8 “(B) To generate sufficient funds to pru-
9 dently provide for the operation and mainte-
10 nance of the quarters, and subject to the discre-
11 tion of the Tribal Health Program, to supply
12 reserve funds for capital repairs and replace-
13 ment of the quarters.

14 “(3) EQUITABLE FUNDING.—Any quarters
15 whose rental rates are established by a Tribal
16 Health Program pursuant to this subsection shall
17 remain eligible for quarters improvement and repair
18 funds to the same extent as all federally-owned quar-
19 ters used to house personnel in Services-supported
20 programs.

21 “(4) NOTICE OF RATE CHANGE.—A Tribal
22 Health Program which exercises the authority pro-
23 vided under this subsection shall provide occupants
24 with no less than 60 days notice of any change in
25 rental rates.

1 “(b) DIRECT COLLECTION OF RENT.—

2 “(1) IN GENERAL.—Notwithstanding any other
3 provision of law, and subject to paragraph (2), a
4 Tribal Health Program shall have the authority to
5 collect rents directly from Federal employees who oc-
6 cupy such quarters in accordance with the following:

7 “(A) The Tribal Health Program shall no-
8 tify the Secretary and the subject Federal em-
9 ployees of its election to exercise its authority
10 to collect rents directly from such Federal em-
11 ployees.

12 “(B) Upon receipt of a notice described in
13 subparagraph (A), the Federal employees shall
14 pay rents for occupancy of such quarters di-
15 rectly to the Tribal Health Program and the
16 Secretary shall have no further authority to col-
17 lect rents from such employees through payroll
18 deduction or otherwise.

19 “(C) Such rent payments shall be retained
20 by the Tribal Health Program and shall not be
21 made payable to or otherwise be deposited with
22 the United States.

23 “(D) Such rent payments shall be depos-
24 ited into a separate account which shall be used
25 by the Tribal Health Program for the mainte-

1 nance (including capital repairs and replace-
2 ment) and operation of the quarters and facili-
3 ties as the Tribal Health Program shall deter-
4 mine.

5 “(2) RETROCESSION OF AUTHORITY.—If a
6 Tribal Health Program which has made an election
7 under paragraph (1) requests retrocession of its au-
8 thority to directly collect rents from Federal employ-
9 ees occupying federally-owned quarters, such ret-
10 rocession shall become effective on the earlier of—

11 “(A) the first day of the month that begins
12 no less than 180 days after the Tribal Health
13 Program notifies the Secretary of its desire to
14 retrocede; or

15 “(B) such other date as may be mutually
16 agreed by the Secretary and the Tribal Health
17 Program.

18 “(c) RATES IN ALASKA.—To the extent that a Tribal
19 Health Program, pursuant to authority granted in sub-
20 section (a), establishes rental rates for federally-owned
21 quarters provided to a Federal employee in Alaska, such
22 rents may be based on the cost of comparable private rent-
23 al housing in the nearest established community with a
24 year-round population of 1,500 or more individuals.

1 **“SEC. 315. APPLICABILITY OF BUY AMERICAN ACT RE-**
2 **QUIREMENT.**

3 “(a) **APPLICABILITY.**—The Secretary shall ensure
4 that the requirements of the Buy American Act apply to
5 all procurements made with funds provided pursuant to
6 section 317. Indian Tribes and Tribal Organizations shall
7 be exempt from these requirements.

8 “(b) **EFFECT OF VIOLATION.**—If it has been finally
9 determined by a court or Federal agency that any person
10 intentionally affixed a label bearing a ‘Made in America’
11 inscription or any inscription with the same meaning, to
12 any product sold in or shipped to the United States that
13 is not made in the United States, such person shall be
14 ineligible to receive any contract or subcontract made with
15 funds provided pursuant to section 317, pursuant to the
16 debarment, suspension, and ineligibility procedures de-
17 scribed in sections 9.400 through 9.409 of title 48, Code
18 of Federal Regulations.

19 “(c) **DEFINITIONS.**—For purposes of this section, the
20 term ‘Buy American Act’ means title III of the Act enti-
21 tled ‘An Act making appropriations for the Treasury and
22 Post Office Departments for the fiscal year ending June
23 30, 1934, and for other purposes’, approved March 3,
24 1933 (41 U.S.C. 10a et seq.).

1 **“SEC. 316. OTHER FUNDING FOR FACILITIES.**

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

12 “(b) **INTERAGENCY AGREEMENTS.**—The Secretary is
13 authorized to enter into interagency agreements with
14 other Federal agencies or State agencies and other entities
15 and to accept funds from such Federal or State agencies
16 or other sources to provide for the planning, design, and
17 construction of health care facilities to be administered by
18 Indian Health Programs in order to carry out the pur-
19 poses of this Act and the purposes for which the funds
20 were appropriated or for which the funds were otherwise
21 provided.

22 “(c) **ESTABLISHMENT OF STANDARDS.**—The Sec-
23 retary, through the Service, shall establish standards by
24 regulation for the planning, design, and construction of
25 health care facilities serving Indians under this Act.

1 **“SEC. 317. 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 IV—ACCESS TO HEALTH**
6 **SERVICES**

7 **“SEC. 401. TREATMENT OF PAYMENTS UNDER SOCIAL SE-**
8 **CURITY ACT HEALTH BENEFITS PROGRAMS.**

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

17 “(b) NONPREFERENTIAL TREATMENT.—Nothing in
18 this Act authorizes the Secretary to provide services to an
19 Indian with coverage under title XVIII, XIX, or XXI of
20 the Social Security Act in preference to an Indian without
21 such coverage.

22 “(c) USE OF FUNDS.—

23 “(1) SPECIAL FUND.—

24 “(A) 100 PERCENT PASS-THROUGH OF
25 PAYMENTS DUE TO FACILITIES.—Notwith-
26 standing any other provision of law, but subject

1 to paragraph (2), payments to which a facility
2 of the Service is entitled by reason of a provi-
3 sion of the Social Security Act shall be placed
4 in a special fund to be held by the Secretary.
5 In making payments from such fund, the Sec-
6 retary shall ensure that each Service Unit of
7 the Service receives 100 percent of the amount
8 to which the facilities of the Service, for which
9 such Service Unit makes collections, are enti-
10 tled by reason of a provision of the Social Secu-
11 rity Act.

12 “(B) USE OF FUNDS.—Amounts received
13 by a facility of the Service under subparagraph
14 (A) shall first be used (to such extent or in
15 such amounts as are provided in appropriation
16 Acts) for the purpose of making any improve-
17 ments in the programs of the Service operated
18 by or through such facility which may be nec-
19 essary to achieve or maintain compliance with
20 the applicable conditions and requirements of
21 titles XVIII and XIX of the Social Security
22 Act. Any amounts so received that are in excess
23 of the amount necessary to achieve or maintain
24 such conditions and requirements shall, subject
25 to consultation with the Indian Tribes being

1 served by the Service Unit, be used for reducing
2 the health resource deficiencies (as determined
3 under section 201(d)) of such Indian Tribes.

4 “(2) DIRECT PAYMENT OPTION.—Paragraph
5 (1) shall not apply to a Tribal Health Program upon
6 the election of such Program under subsection (d) to
7 receive payments directly. No payment may be made
8 out of the special fund described in such paragraph
9 with respect to reimbursement made for services
10 provided by such Program during the period of such
11 election.

12 “(d) DIRECT BILLING.—

13 “(1) IN GENERAL.—Subject to complying with
14 the requirements of paragraph (2), a Tribal Health
15 Program may elect to directly bill for, and receive
16 payment for, health care items and services provided
17 by such Program for which payment is made under
18 title XVIII or XIX of the Social Security Act or
19 from any other third party payor.

20 “(2) DIRECT REIMBURSEMENT.—

21 “(A) USE OF FUNDS.—Each Tribal Health
22 Program making the election described in para-
23 graph (1) with respect to a program under a
24 title of the Social Security Act shall be reim-
25 bursed directly by that program for items and

1 services furnished without regard to subsection
2 (c)(1), but all amounts so reimbursed shall be
3 used by the Tribal Health Program for the pur-
4 pose of making any improvements in facilities
5 of the Tribal Health Program that may be nec-
6 essary to achieve or maintain compliance with
7 the conditions and requirements applicable gen-
8 erally to such items and services under the pro-
9 gram under such title and to provide additional
10 health care services, improvements in health
11 care facilities and Tribal Health Programs, any
12 health care related purpose, or otherwise to
13 achieve the objectives provided in section 3 of
14 this Act.

15 “(B) AUDITS.—The amounts paid to a
16 Tribal Health Program making the election de-
17 scribed in paragraph (1) with respect to a pro-
18 gram under a title of the Social Security Act
19 shall be subject to all auditing requirements ap-
20 plicable to the program under such title, as well
21 as all auditing requirements applicable to pro-
22 grams administered by an Indian Health Pro-
23 gram. Nothing in the preceding sentence shall
24 be construed as limiting the application of au-
25 diting requirements applicable to amounts paid

1 under title XVIII, XIX, or XXI of the Social
2 Security Act.

3 “(C) IDENTIFICATION OF SOURCE OF PAY-
4 MENTS.—Any Tribal Health Program that re-
5 ceives reimbursements or payments under title
6 XVIII, XIX, or XXI of the Social Security Act,
7 shall provide to the Service a list of each pro-
8 vider enrollment number (or other identifier)
9 under which such Program receives such reim-
10 bursements or payments.

11 “(3) EXAMINATION AND IMPLEMENTATION OF
12 CHANGES.—

13 “(A) IN GENERAL.—The Secretary, acting
14 through the Service and with the assistance of
15 the Administrator of the Centers for Medicare
16 & Medicaid Services, shall examine on an ongo-
17 ing basis and implement any administrative
18 changes that may be necessary to facilitate di-
19 rect billing and reimbursement under the pro-
20 gram established under this subsection, includ-
21 ing any agreements with States that may be
22 necessary to provide for direct billing under a
23 program under a title of the Social Security
24 Act.

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

12 “(4) WITHDRAWAL FROM PROGRAM.—A Tribal
13 Health Program that bills directly under the pro-
14 gram established under this subsection may with-
15 draw from participation in the same manner and
16 under the same conditions that an Indian Tribe or
17 Tribal Organization may retrocede a contracted pro-
18 gram to the Secretary under the authority of the In-
19 dian Self-Determination and Education Assistance
20 Act (25 U.S.C. 450 et seq.). All cost accounting and
21 billing authority under the program established
22 under this subsection shall be returned to the Sec-
23 retary upon the Secretary’s acceptance of the with-
24 drawal of participation in this program.

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

14 “(e) RELATED PROVISIONS UNDER THE SOCIAL SE-
15 CURITY ACT.—For provisions related to subsections (c)
16 and (d), see sections 1880, 1911, and 2107(e)(1)(D) of
17 the Social Security Act.

1 **“SEC. 402. GRANTS TO AND CONTRACTS WITH THE SERV-**
2 **ICE, INDIAN TRIBES, TRIBAL ORGANIZA-**
3 **TIONS, AND URBAN INDIAN ORGANIZATIONS**
4 **TO FACILITATE OUTREACH, ENROLLMENT,**
5 **AND COVERAGE OF INDIANS UNDER SOCIAL**
6 **SECURITY ACT HEALTH BENEFIT PROGRAMS**
7 **AND OTHER HEALTH BENEFITS PROGRAMS.**

8 “(a) INDIAN TRIBES AND TRIBAL ORGANIZA-
9 TIONS.—From funds appropriated to carry out this title
10 in accordance with section 417, the Secretary, acting
11 through the Service, shall make grants to or enter into
12 contracts with Indian Tribes and Tribal Organizations to
13 assist such Tribes and Tribal Organizations in estab-
14 lishing and administering programs on or near reserva-
15 tions and trust lands, including programs to provide out-
16 reach and enrollment through video, electronic delivery
17 methods, or telecommunication devices that allow real-
18 time or time-delayed communication between individual
19 Indians and the benefit program, to assist individual Indi-
20 ans—

21 “(1) to enroll for benefits under a program es-
22 tablished under title XVIII, XIX, or XXI of the So-
23 cial Security Act and other health benefits pro-
24 grams; and

25 “(2) with respect to such programs for which
26 the charging of premiums and cost sharing is not

1 prohibited under such programs, to pay premiums or
2 cost sharing for coverage for such benefits, which
3 may be based on financial need (as determined by
4 the Indian Tribe or Tribes or Tribal Organizations
5 being served based on a schedule of income levels de-
6 veloped or implemented by such Tribe, Tribes, or
7 Tribal Organizations).

8 “(b) CONDITIONS.—The Secretary, acting through
9 the Service, shall place conditions as deemed necessary to
10 effect the purpose of this section in any grant or contract
11 which the Secretary makes with any Indian Tribe or Trib-
12 al Organization pursuant to this section. Such conditions
13 shall include requirements that the Indian Tribe or Tribal
14 Organization successfully undertake—

15 “(1) to determine the population of Indians eli-
16 gible for the benefits described in subsection (a);

17 “(2) to educate Indians with respect to the ben-
18 efits available under the respective programs;

19 “(3) to provide transportation for such indi-
20 vidual Indians to the appropriate offices for enroll-
21 ment or applications for such benefits; and

22 “(4) to develop and implement methods of im-
23 proving the participation of Indians in receiving ben-
24 efits under such programs.

1 “(c) APPLICATION TO URBAN INDIAN ORGANIZA-
2 TIONS.—

3 “(1) IN GENERAL.—The provisions of sub-
4 section (a) shall apply with respect to grants and
5 other funding to Urban Indian Organizations with
6 respect to populations served by such organizations
7 in the same manner they apply to grants and con-
8 tracts with Indian Tribes and Tribal Organizations
9 with respect to programs on or near reservations.

10 “(2) REQUIREMENTS.—The Secretary shall in-
11 clude in the grants or contracts made or provided
12 under paragraph (1) requirements that are—

13 “(A) consistent with the requirements im-
14 posed by the Secretary under subsection (b);

15 “(B) appropriate to Urban Indian Organi-
16 zations and Urban Indians; and

17 “(C) necessary to effect the purposes of
18 this section.

19 “(d) FACILITATING COOPERATION.—The Secretary,
20 acting through the Centers for Medicare & Medicaid Serv-
21 ices, shall develop and disseminate best practices that will
22 serve to facilitate cooperation with, and agreements be-
23 tween, States and the Service, Indian Tribes, Tribal Orga-
24 nizations, or Urban Indian Organizations with respect to
25 the provision of health care items and services to Indians

1 under the programs established under title XVIII, XIX,
2 or XXI of the Social Security Act.

3 “(e) AGREEMENTS RELATING TO IMPROVING EN-
4 ROLLMENT OF INDIANS UNDER SOCIAL SECURITY ACT
5 HEALTH BENEFITS PROGRAMS.—For provisions relating
6 to agreements between the Secretary, acting through the
7 Service, and Indian Tribes, Tribal Organizations, and
8 Urban Indian Organizations for the collection, prepara-
9 tion, and submission of applications by Indians for assist-
10 ance under the Medicaid and State children’s health insur-
11 ance programs established under titles XIX and XXI of
12 the Social Security Act, and benefits under the Medicare
13 program established under title XVIII of such Act, see
14 subsections (a) and (b) of section 1139 of the Social Secu-
15 rity Act.

16 “(f) DEFINITION OF PREMIUMS AND COST SHAR-
17 ING.—In this section:

18 “(1) PREMIUM.—The term ‘premium’ includes
19 any enrollment fee or similar charge.

20 “(2) COST SHARING.—The term ‘cost sharing’
21 includes any deduction, deductible, copayment, coin-
22 surance, or similar charge.

1 **“SEC. 403. REIMBURSEMENT FROM CERTAIN THIRD PAR-**
2 **TIES OF COSTS OF HEALTH SERVICES.**

3 “(a) **RIGHT OF RECOVERY.**—Except as provided in
4 subsection (f), the United States, an Indian Tribe, or
5 Tribal Organization shall have the right to recover from
6 an insurance company, health maintenance organization,
7 employee benefit plan, third-party tortfeasor, or any other
8 responsible or liable third party (including a political sub-
9 division or local governmental entity of a State) the rea-
10 sonable charges billed by the Secretary, an Indian Tribe,
11 or Tribal Organization in providing health services
12 through the Service, an Indian Tribe, or Tribal Organiza-
13 tion to any individual to the same extent that such indi-
14 vidual, or any nongovernmental provider of such services,
15 would be eligible to receive damages, reimbursement, or
16 indemnification for such charges or expenses if—

17 “(1) such services had been provided by a non-
18 governmental provider; and

19 “(2) such individual had been required to pay
20 such charges or expenses and did pay such charges
21 or expenses.

22 “(b) **LIMITATIONS ON RECOVERIES FROM STATES.**—
23 Subsection (a) shall provide a right of recovery against
24 any State, only if the injury, illness, or disability for which
25 health services were provided is covered under—

26 “(1) workers’ compensation laws; or

1 “(2) a no-fault automobile accident insurance
2 plan or program.

3 “(c) NONAPPLICATION OF OTHER LAWS.—No law of
4 any State, or of any political subdivision of a State and
5 no provision of any contract, insurance or health mainte-
6 nance organization policy, employee benefit plan, self-in-
7 surance plan, managed care plan, or other health care plan
8 or program entered into or renewed after the date of the
9 enactment of the Indian Health Care Amendments of
10 1988, shall prevent or hinder the right of recovery of the
11 United States, an Indian Tribe, or Tribal Organization
12 under subsection (a).

13 “(d) NO EFFECT ON PRIVATE RIGHTS OF ACTION.—
14 No action taken by the United States, an Indian Tribe,
15 or Tribal Organization to enforce the right of recovery
16 provided under this section shall operate to deny to the
17 injured person the recovery for that portion of the person’s
18 damage not covered hereunder.

19 “(e) ENFORCEMENT.—

20 “(1) IN GENERAL.—The United States, an In-
21 dian Tribe, or Tribal Organization may enforce the
22 right of recovery provided under subsection (a) by—

23 “(A) intervening or joining in any civil ac-
24 tion or proceeding brought—

1 “(i) by the individual for whom health
2 services were provided by the Secretary, an
3 Indian Tribe, or Tribal Organization; or

4 “(ii) by any representative or heirs of
5 such individual, or

6 “(B) instituting a civil action, including a
7 civil action for injunctive relief and other relief
8 and including, with respect to a political sub-
9 division or local governmental entity of a State,
10 such an action against an official thereof.

11 “(2) NOTICE.—All reasonable efforts shall be
12 made to provide notice of action instituted under
13 paragraph (1)(B) to the individual to whom health
14 services were provided, either before or during the
15 pendency of such action.

16 “(3) RECOVERY FROM TORTFEASORS.—

17 “(A) IN GENERAL.—In any case in which
18 an Indian Tribe or Tribal Organization that is
19 authorized or required under a compact or con-
20 tract issued pursuant to the Indian Self-Deter-
21 mination and Education Assistance Act (25
22 U.S.C. 450 et seq.) to furnish or pay for health
23 services to a person who is injured or suffers a
24 disease on or after the date of enactment of the
25 Indian Health Care Improvement Act Amend-

1 ments of 2008 under circumstances that estab-
2 lish grounds for a claim of liability against the
3 tortfeasor with respect to the injury or disease,
4 the Indian Tribe or Tribal Organization shall
5 have a right to recover from the tortfeasor (or
6 an insurer of the tortfeasor) the reasonable
7 value of the health services so furnished, paid
8 for, or to be paid for, in accordance with the
9 Federal Medical Care Recovery Act (42 U.S.C.
10 2651 et seq.), to the same extent and under the
11 same circumstances as the United States may
12 recover under that Act.

13 “(B) TREATMENT.—The right of an In-
14 dian Tribe or Tribal Organization to recover
15 under subparagraph (A) shall be independent of
16 the rights of the injured or diseased person
17 served by the Indian Tribe or Tribal Organiza-
18 tion.

19 “(f) LIMITATION.—Absent specific written authoriza-
20 tion by the governing body of an Indian Tribe for the pe-
21 riod of such authorization (which may not be for a period
22 of more than 1 year and which may be revoked at any
23 time upon written notice by the governing body to the
24 Service), the United States shall not have a right of recov-
25 ery under this section if the injury, illness, or disability

1 for which health services were provided is covered under
2 a self-insurance plan funded by an Indian Tribe, Tribal
3 Organization, or Urban Indian Organization. Where such
4 authorization is provided, the Service may receive and ex-
5 pend such amounts for the provision of additional health
6 services consistent with such authorization.

7 “(g) COSTS AND ATTORNEYS’ FEES.—In any action
8 brought to enforce the provisions of this section, a pre-
9 vailing plaintiff shall be awarded its reasonable attorneys’
10 fees and costs of litigation.

11 “(h) NONAPPLICATION OF CLAIMS FILING REQUIRE-
12 MENTS.—An insurance company, health maintenance or-
13 ganization, self-insurance plan, managed care plan, or
14 other health care plan or program (under the Social Secu-
15 rity Act or otherwise) may not deny a claim for benefits
16 submitted by the Service or by an Indian Tribe or Tribal
17 Organization based on the format in which the claim is
18 submitted if such format complies with the format re-
19 quired for submission of claims under title XVIII of the
20 Social Security Act or recognized under section 1175 of
21 such Act.

22 “(i) APPLICATION TO URBAN INDIAN ORGANIZA-
23 TIONS.—The previous provisions of this section shall apply
24 to Urban Indian Organizations with respect to populations
25 served by such Organizations in the same manner they

1 apply to Indian Tribes and Tribal Organizations with re-
2 spect to populations served by such Indian Tribes and
3 Tribal Organizations.

4 “(j) STATUTE OF LIMITATIONS.—The provisions of
5 section 2415 of title 28, United States Code, shall apply
6 to all actions commenced under this section, and the ref-
7 erences therein to the United States are deemed to include
8 Indian Tribes, Tribal Organizations, and Urban Indian
9 Organizations.

10 “(k) SAVINGS.—Nothing in this section shall be con-
11 strued to limit any right of recovery available to the
12 United States, an Indian Tribe, or Tribal Organization
13 under the provisions of any applicable, Federal, State, or
14 Tribal law, including medical lien laws.

15 **“SEC. 404. CREDITING OF REIMBURSEMENTS.**

16 “(a) USE OF AMOUNTS.—

17 “(1) RETENTION BY PROGRAM.—Except as pro-
18 vided in section 202(f) (relating to the Catastrophic
19 Health Emergency Fund) and section 807 (relating
20 to health services for ineligible persons), all reim-
21 bursements received or recovered under any of the
22 programs described in paragraph (2), including
23 under section 807, by reason of the provision of
24 health services by the Service, by an Indian Tribe or
25 Tribal Organization, or by an Urban Indian Organi-

1 zation, shall be credited to the Service, such Indian
2 Tribe or Tribal Organization, or such Urban Indian
3 Organization, respectively, and may be used as pro-
4 vided in section 401. In the case of such a service
5 provided by or through a Service Unit, such
6 amounts shall be credited to such unit and used for
7 such purposes.

8 “(2) PROGRAMS COVERED.—The programs re-
9 ferred to in paragraph (1) are the following:

10 “(A) Titles XVIII, XIX, and XXI of the
11 Social Security Act.

12 “(B) This Act, including section 807.

13 “(C) Public Law 87–693.

14 “(D) Any other provision of law.

15 “(b) NO OFFSET OF AMOUNTS.—The Service may
16 not offset or limit any amount obligated to any Service
17 Unit or entity receiving funding from the Service because
18 of the receipt of reimbursements under subsection (a).

19 **“SEC. 405. PURCHASING HEALTH CARE COVERAGE.**

20 “(a) IN GENERAL.—Insofar as amounts are made
21 available under law (including a provision of the Social
22 Security Act, the Indian Self-Determination and Edu-
23 cation Assistance Act (25 U.S.C. 450 et seq.), or other
24 law, other than under section 402) to Indian Tribes, Trib-
25 al Organizations, and Urban Indian Organizations for

1 health benefits for Service beneficiaries, Indian Tribes,
2 Tribal Organizations, and Urban Indian Organizations
3 may use such amounts to purchase health benefits cov-
4 erage for such beneficiaries in any manner, including
5 through—

6 “(1) a tribally owned and operated health care
7 plan;

8 “(2) a State or locally authorized or licensed
9 health care plan;

10 “(3) a health insurance provider or managed
11 care organization;

12 “(4) a self-insured plan; or

13 “(5) a high deductible or health savings account
14 plan.

15 The purchase of such coverage by an Indian Tribe, Tribal
16 Organization, or Urban Indian Organization may be based
17 on the financial needs of such beneficiaries (as determined
18 by the Indian Tribe or Tribes being served based on a
19 schedule of income levels developed or implemented by
20 such Indian Tribe or Tribes).

21 “(b) EXPENSES FOR SELF-INSURED PLAN.—In the
22 case of a self-insured plan under subsection (a)(4), the
23 amounts may be used for expenses of operating the plan,
24 including administration and insurance to limit the finan-
25 cial risks to the entity offering the plan.

1 eligibility of any Indian to receive health services
2 through the Service;

3 “(2) the quality of health care services provided
4 to any Indian through the Service;

5 “(3) the priority access of any veteran to health
6 care services provided by the Department of Vet-
7 erans Affairs;

8 “(4) the quality of health care services provided
9 by the Department of Veterans Affairs or the De-
10 partment of Defense; or

11 “(5) the eligibility of any Indian who is a vet-
12 eran to receive health services through the Depart-
13 ment of Veterans Affairs.

14 “(c) REIMBURSEMENT.—The Service, Indian Tribe,
15 or Tribal Organization shall be reimbursed by the Depart-
16 ment of Veterans Affairs or the Department of Defense
17 (as the case may be) where services are provided through
18 the Service, an Indian Tribe, or a Tribal Organization to
19 beneficiaries eligible for services from either such Depart-
20 ment, notwithstanding any other provision of law.

21 “(d) CONSTRUCTION.—Nothing in this section may
22 be construed as creating any right of a non-Indian veteran
23 to obtain health services from the Service.

24 **“SEC. 407. ELIGIBLE INDIAN VETERAN SERVICES.**

25 “(a) FINDINGS; PURPOSE.—

1 “(1) FINDINGS.—Congress finds that—

2 “(A) collaborations between the Secretary
3 and the Secretary of Veterans Affairs regarding
4 the treatment of Indian veterans at facilities of
5 the Service should be encouraged to the max-
6 imum extent practicable; and

7 “(B) increased enrollment for services of
8 the Department of Veterans Affairs by veterans
9 who are members of Indian tribes should be en-
10 couraged to the maximum extent practicable.

11 “(2) PURPOSE.—The purpose of this section is
12 to reaffirm the goals stated in the document entitled
13 ‘Memorandum of Understanding Between the VA/
14 Veterans Health Administration And HHS/Indian
15 Health Service’ and dated February 25, 2003 (relat-
16 ing to cooperation and resource sharing between the
17 Veterans Health Administration and Service).

18 “(b) DEFINITIONS.—In this section:

19 “(1) ELIGIBLE INDIAN VETERAN.—The term
20 ‘eligible Indian veteran’ means an Indian or Alaska
21 Native veteran who receives any medical service that
22 is—

23 “(A) authorized under the laws adminis-
24 tered by the Secretary of Veterans Affairs; and

1 “(B) administered at a facility of the Serv-
2 ice (including a facility operated by an Indian
3 tribe or tribal organization through a contract
4 or compact with the Service under the Indian
5 Self-Determination and Education Assistance
6 Act (25 U.S.C. 450 et seq.)) pursuant to a local
7 memorandum of understanding.

8 “(2) LOCAL MEMORANDUM OF UNDER-
9 STANDING.—The term ‘local memorandum of under-
10 standing’ means a memorandum of understanding
11 between the Secretary (or a designee, including the
12 director of any Area Office of the Service) and the
13 Secretary of Veterans Affairs (or a designee) to im-
14 plement the document entitled ‘Memorandum of Un-
15 derstanding Between the VA/Veterans Health Ad-
16 ministration And HHS/Indian Health Service’ and
17 dated February 25, 2003 (relating to cooperation
18 and resource sharing between the Veterans Health
19 Administration and Indian Health Service).

20 “(c) ELIGIBLE INDIAN VETERANS’ EXPENSES.—

21 “(1) IN GENERAL.—Notwithstanding any other
22 provision of law, the Secretary shall provide for vet-
23 eran-related expenses incurred by eligible Indian vet-
24 erans as described in subsection (b)(1)(B).

1 “(2) METHOD OF PAYMENT.—The Secretary
2 shall establish such guidelines as the Secretary de-
3 termines to be appropriate regarding the method of
4 payments to the Secretary of Veterans Affairs under
5 paragraph (1).

6 “(d) TRIBAL APPROVAL OF MEMORANDA.—In nego-
7 tiating a local memorandum of understanding with the
8 Secretary of Veterans Affairs regarding the provision of
9 services to eligible Indian veterans, the Secretary shall
10 consult with each Indian tribe that would be affected by
11 the local memorandum of understanding.

12 “(e) FUNDING.—

13 “(1) TREATMENT.—Expenses incurred by the
14 Secretary in carrying out subsection (c)(1) shall not
15 be considered to be Contract Health Service ex-
16 penses.

17 “(2) USE OF FUNDS.—Of funds made available
18 to the Secretary in appropriations Acts for the Serv-
19 ice (excluding funds made available for facilities,
20 Contract Health Services, or contract support costs),
21 the Secretary shall use such sums as are necessary
22 to carry out this section.

23 **“SEC. 408. PAYOR OF LAST RESORT.**

24 “Indian Health Programs and health care programs
25 operated by Urban Indian Organizations shall be the

1 payor of last resort for services provided to persons eligible
2 for services from Indian Health Programs and Urban In-
3 dian Organizations, notwithstanding any Federal, State,
4 or local law to the contrary.

5 **“SEC. 409. NONDISCRIMINATION UNDER FEDERAL HEALTH**
6 **CARE PROGRAMS IN QUALIFICATIONS FOR**
7 **REIMBURSEMENT FOR SERVICES.**

8 “(a) REQUIREMENT TO SATISFY GENERALLY APPLI-
9 CABLE PARTICIPATION REQUIREMENTS.—

10 “(1) IN GENERAL.—A Federal health care pro-
11 gram must accept an entity that is operated by the
12 Service, an Indian Tribe, Tribal Organization, or
13 Urban Indian Organization as a provider eligible to
14 receive payment under the program for health care
15 services furnished to an Indian on the same basis as
16 any other provider qualified to participate as a pro-
17 vider of health care services under the program if
18 the entity meets generally applicable State or other
19 requirements for participation as a provider of
20 health care services under the program.

21 “(2) SATISFACTION OF STATE OR LOCAL LICEN-
22 SURE OR RECOGNITION REQUIREMENTS.—Any re-
23 quirement for participation as a provider of health
24 care services under a Federal health care program
25 that an entity be licensed or recognized under the

1 State or local law where the entity is located to fur-
2 nish health care services shall be deemed to have
3 been met in the case of an entity operated by the
4 Service, an Indian Tribe, Tribal Organization, or
5 Urban Indian Organization if the entity meets all
6 the applicable standards for such licensure or rec-
7 ognition, regardless of whether the entity obtains a
8 license or other documentation under such State or
9 local law. In accordance with section 221, the ab-
10 sence of the licensure of a health care professional
11 employed by such an entity under the State or local
12 law where the entity is located shall not be taken
13 into account for purposes of determining whether
14 the entity meets such standards, if the professional
15 is licensed in another State.

16 “(b) APPLICATION OF EXCLUSION FROM PARTICIPA-
17 TION IN FEDERAL HEALTH CARE PROGRAMS.—

18 “(1) EXCLUDED ENTITIES.—No entity operated
19 by the Service, an Indian Tribe, Tribal Organiza-
20 tion, or Urban Indian Organization that has been
21 excluded from participation in any Federal health
22 care program or for which a license is under suspen-
23 sion or has been revoked by the State where the en-
24 tity is located shall be eligible to receive payment or

1 reimbursement under any such program for health
2 care services furnished to an Indian.

3 “(2) EXCLUDED INDIVIDUALS.—No individual
4 who has been excluded from participation in any
5 Federal health care program or whose State license
6 is under suspension shall be eligible to receive pay-
7 ment or reimbursement under any such program for
8 health care services furnished by that individual, di-
9 rectly or through an entity that is otherwise eligible
10 to receive payment for health care services, to an In-
11 dian.

12 “(3) FEDERAL HEALTH CARE PROGRAM DE-
13 FINED.—In this subsection, the term, ‘Federal
14 health care program’ has the meaning given that
15 term in section 1128B(f) of the Social Security Act
16 (42 U.S.C. 1320a–7b(f)), except that, for purposes
17 of this subsection, such term shall include the health
18 insurance program under chapter 89 of title 5,
19 United States Code.

20 “(c) RELATED PROVISIONS.—For provisions related
21 to nondiscrimination against providers operated by the
22 Service, an Indian Tribe, Tribal Organization, or Urban
23 Indian Organization, see section 1139(c) of the Social Se-
24 curity Act (42 U.S.C. 1320b–9(c)).

1 **“SEC. 410. CONSULTATION.**

2 “For provisions related to consultation with rep-
3 resentatives of Indian Health Programs and Urban Indian
4 Organizations with respect to the health care programs
5 established under titles XVIII, XIX, and XXI of the Social
6 Security Act, see section 1139(d) of the Social Security
7 Act (42 U.S.C. 1320b–9(d)).

8 **“SEC. 411. STATE CHILDREN’S HEALTH INSURANCE PRO-**
9 **GRAM (SCHIP).**

10 “For provisions relating to—

11 “(1) outreach to families of Indian children
12 likely to be eligible for child health assistance under
13 the State children’s health insurance program estab-
14 lished under title XXI of the Social Security Act, see
15 sections 2105(c)(2)(C) and 1139(a) of such Act (42
16 U.S.C. 1397ee(c)(2), 1320b–9); and

17 “(2) ensuring that child health assistance is
18 provided under such program to targeted low-income
19 children who are Indians and that payments are
20 made under such program to Indian Health Pro-
21 grams and Urban Indian Organizations operating in
22 the State that provide such assistance, see sections
23 2102(b)(3)(D) and 2105(c)(6)(B) of such Act (42
24 U.S.C. 1397bb(b)(3)(D), 1397ee(c)(6)(B)).

1 **“SEC. 412. EXCLUSION WAIVER AUTHORITY FOR AFFECTED**
2 **INDIAN HEALTH PROGRAMS AND SAFE HAR-**
3 **BOR TRANSACTIONS UNDER THE SOCIAL SE-**
4 **CURITY ACT.**

5 “For provisions relating to—

6 “(1) exclusion waiver authority for affected In-
7 dian Health Programs under the Social Security
8 Act, see section 1128(k) of the Social Security Act
9 (42 U.S.C. 1320a-7(k)); and

10 “(2) certain transactions involving Indian
11 Health Programs deemed to be in safe harbors
12 under that Act, see section 1128B(b)(4) of the So-
13 cial Security Act (42 U.S.C. 1320a-7b(b)(4)).

14 **“SEC. 413. PREMIUM AND COST SHARING PROTECTIONS**
15 **AND ELIGIBILITY DETERMINATIONS UNDER**
16 **MEDICAID AND SCHIP AND PROTECTION OF**
17 **CERTAIN INDIAN PROPERTY FROM MEDICAID**
18 **ESTATE RECOVERY.**

19 “For provisions relating to—

20 “(1) premiums or cost sharing protections for
21 Indians furnished items or services directly by In-
22 dian Health Programs or through referral under the
23 contract health service under the Medicaid program
24 established under title XIX of the Social Security
25 Act, see sections 1916(j) and 1916A(a)(1) of the So-

1 as a State for the purposes of title XIX of the Social Secu-
2 rity Act, to provide services to Indians living within the
3 boundaries of the Navajo Nation through an entity estab-
4 lished having the same authority and performing the same
5 functions as single-State medicaid agencies responsible for
6 the administration of the State plan under title XIX of
7 the Social Security Act.

8 “(b) CONSIDERATIONS.—In conducting the study,
9 the Secretary shall consider the feasibility of—

10 “(1) assigning and paying all expenditures for
11 the provision of services and related administration
12 funds, under title XIX of the Social Security Act, to
13 Indians living within the boundaries of the Navajo
14 Nation that are currently paid to or would otherwise
15 be paid to the State of Arizona, New Mexico, or
16 Utah;

17 “(2) providing assistance to the Navajo Nation
18 in the development and implementation of such enti-
19 ty for the administration, eligibility, payment, and
20 delivery of medical assistance under title XIX of the
21 Social Security Act;

22 “(3) providing an appropriate level of matching
23 funds for Federal medical assistance with respect to
24 amounts such entity expends for medical assistance
25 for services and related administrative costs; and

1 “(4) authorizing the Secretary, at the option of
2 the Navajo Nation, to treat the Navajo Nation as a
3 State for the purposes of title XIX of the Social Se-
4 curity Act (relating to the State children’s health in-
5 surance program) under terms equivalent to those
6 described in paragraphs (2) through (4).

7 “(c) REPORT.—Not later than 3 years after the date
8 of enactment of the Indian Health Care Improvement Act
9 Amendments of 2008, the Secretary shall submit to the
10 Committee on Indian Affairs and Committee on Finance
11 of the Senate and the Committee on Natural Resources
12 and Committee on Energy and Commerce of the House
13 of Representatives a report that includes—

14 “(1) the results of the study under this section;

15 “(2) a summary of any consultation that oc-
16 curred between the Secretary and the Navajo Na-
17 tion, other Indian Tribes, the States of Arizona,
18 New Mexico, and Utah, counties which include Nav-
19 ajo Lands, and other interested parties, in con-
20 ducting this study;

21 “(3) projected costs or savings associated with
22 establishment of such entity, and any estimated im-
23 pact on services provided as described in this section
24 in relation to probable costs or savings; and

1 “(4) legislative actions that would be required
2 to authorize the establishment of such entity if such
3 entity is determined by the Secretary to be feasible.

4 **“SEC. 416. GENERAL EXCEPTIONS.**

5 “The requirements of this title shall not apply to any
6 excepted benefits described in paragraph (1)(A) or (3) of
7 section 2791(c) of the Public Health Service Act (42
8 U.S.C. 300gg–91).

9 **“SEC. 417. AUTHORIZATION OF APPROPRIATIONS.**

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

13 **“TITLE V—HEALTH SERVICES**
14 **FOR URBAN INDIANS**

15 **“SEC. 501. PURPOSE.**

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

19 **“SEC. 502. CONTRACTS WITH, AND GRANTS TO, URBAN IN-**
20 **DIAN ORGANIZATIONS.**

21 “Under authority of the Act of November 2, 1921
22 (25 U.S.C. 13) (commonly known as the ‘Snyder Act’),
23 the Secretary, acting through the Service, shall enter into
24 contracts with, or make grants to, Urban Indian Organi-
25 zations to assist such organizations in the establishment

1 and administration, within Urban Centers, of programs
2 which meet the requirements set forth in this title. Subject
3 to section 506, the Secretary, acting through the Service,
4 shall include such conditions as the Secretary considers
5 necessary to effect the purpose of this title in any contract
6 into which the Secretary enters with, or in any grant the
7 Secretary makes to, any Urban Indian Organization pur-
8 suant to this title.

9 **“SEC. 503. CONTRACTS AND GRANTS FOR THE PROVISION**
10 **OF HEALTH CARE AND REFERRAL SERVICES.**

11 “(a) REQUIREMENTS FOR GRANTS AND CON-
12 TRACTS.—Under authority of the Act of November 2,
13 1921 (25 U.S.C. 13) (commonly known as the ‘Snyder
14 Act’), the Secretary, acting through the Service, shall
15 enter into contracts with, and make grants to, Urban In-
16 dian Organizations for the provision of health care and
17 referral services for Urban Indians. Any such contract or
18 grant shall include requirements that the Urban Indian
19 Organization successfully undertake to—

20 “(1) estimate the population of Urban Indians
21 residing in the Urban Center or centers that the or-
22 ganization proposes to serve who are or could be re-
23 cipients of health care or referral services;

1 “(2) estimate the current health status of
2 Urban Indians residing in such Urban Center or
3 centers;

4 “(3) estimate the current health care needs of
5 Urban Indians residing in such Urban Center or
6 centers;

7 “(4) provide basic health education, including
8 health promotion and disease prevention education,
9 to Urban Indians;

10 “(5) make recommendations to the Secretary
11 and Federal, State, local, and other resource agen-
12 cies on methods of improving health service pro-
13 grams to meet the needs of Urban Indians; and

14 “(6) where necessary, provide, or enter into
15 contracts for the provision of, health care services
16 for Urban Indians.

17 “(b) CRITERIA.—The Secretary, acting through the
18 Service, shall, by regulation, prescribe the criteria for se-
19 lecting Urban Indian Organizations to enter into contracts
20 or receive grants under this section. Such criteria shall,
21 among other factors, include—

22 “(1) the extent of unmet health care needs of
23 Urban Indians in the Urban Center or centers in-
24 volved;

1 “(2) the size of the Urban Indian population in
2 the Urban Center or centers involved;

3 “(3) the extent, if any, to which the activities
4 set forth in subsection (a) would duplicate any
5 project funded under this title, or under any current
6 public health service project funded in a manner
7 other than pursuant to this title;

8 “(4) the capability of an Urban Indian Organi-
9 zation to perform the activities set forth in sub-
10 section (a) and to enter into a contract with the Sec-
11 retary or to meet the requirements for receiving a
12 grant under this section;

13 “(5) the satisfactory performance and success-
14 ful completion by an Urban Indian Organization of
15 other contracts with the Secretary under this title;

16 “(6) the appropriateness and likely effectiveness
17 of conducting the activities set forth in subsection
18 (a) in an Urban Center or centers; and

19 “(7) the extent of existing or likely future par-
20 ticipation in the activities set forth in subsection (a)
21 by appropriate health and health-related Federal,
22 State, local, and other agencies.

23 “(c) ACCESS TO HEALTH PROMOTION AND DISEASE
24 PREVENTION PROGRAMS.—The Secretary, acting through
25 the Service, shall facilitate access to or provide health pro-

1 motion and disease prevention services for Urban Indians
2 through grants made to Urban Indian Organizations ad-
3 ministering contracts entered into or receiving grants
4 under subsection (a).

5 “(d) IMMUNIZATION SERVICES.—

6 “(1) ACCESS OR SERVICES PROVIDED.—The
7 Secretary, acting through the Service, shall facilitate
8 access to, or provide, immunization services for
9 Urban Indians through grants made to Urban In-
10 dian Organizations administering contracts entered
11 into or receiving grants under this section.

12 “(2) DEFINITION.—For purposes of this sub-
13 section, the term ‘immunization services’ means
14 services to provide without charge immunizations
15 against vaccine-preventable diseases.

16 “(e) BEHAVIORAL HEALTH SERVICES.—

17 “(1) ACCESS OR SERVICES PROVIDED.—The
18 Secretary, acting through the Service, shall facilitate
19 access to, or provide, behavioral health services for
20 Urban Indians through grants made to Urban In-
21 dian Organizations administering contracts entered
22 into or receiving grants under subsection (a).

23 “(2) ASSESSMENT REQUIRED.—Except as pro-
24 vided by paragraph (3)(A), a grant may not be made
25 under this subsection to an Urban Indian Organiza-

1 tion until that organization has prepared, and the
2 Service has approved, an assessment of the fol-
3 lowing:

4 “(A) The behavioral health needs of the
5 Urban Indian population concerned.

6 “(B) The behavioral health services and
7 other related resources available to that popu-
8 lation.

9 “(C) The barriers to obtaining those serv-
10 ices and resources.

11 “(D) The needs that are unmet by such
12 services and resources.

13 “(3) PURPOSES OF GRANTS.—Grants may be
14 made under this subsection for the following:

15 “(A) To prepare assessments required
16 under paragraph (2).

17 “(B) To provide outreach, educational, and
18 referral services to Urban Indians regarding the
19 availability of direct behavioral health services,
20 to educate Urban Indians about behavioral
21 health issues and services, and effect coordina-
22 tion with existing behavioral health providers in
23 order to improve services to Urban Indians.

24 “(C) To provide outpatient behavioral
25 health services to Urban Indians, including the

1 identification and assessment of illness, thera-
2 peutic treatments, case management, support
3 groups, family treatment, and other treatment.

4 “(D) To develop innovative behavioral
5 health service delivery models which incorporate
6 Indian cultural support systems and resources.

7 “(f) PREVENTION OF CHILD ABUSE.—

8 “(1) ACCESS OR SERVICES PROVIDED.—The
9 Secretary, acting through the Service, shall facilitate
10 access to or provide services for Urban Indians
11 through grants to Urban Indian Organizations ad-
12 ministering contracts entered into or receiving
13 grants under subsection (a) to prevent and treat
14 child abuse (including sexual abuse) among Urban
15 Indians.

16 “(2) EVALUATION REQUIRED.—Except as pro-
17 vided by paragraph (3)(A), a grant may not be made
18 under this subsection to an Urban Indian Organiza-
19 tion until that organization has prepared, and the
20 Service has approved, an assessment that documents
21 the prevalence of child abuse in the Urban Indian
22 population concerned and specifies the services and
23 programs (which may not duplicate existing services
24 and programs) for which the grant is requested.

1 “(3) PURPOSES OF GRANTS.—Grants may be
2 made under this subsection for the following:

3 “(A) To prepare assessments required
4 under paragraph (2).

5 “(B) For the development of prevention,
6 training, and education programs for Urban In-
7 dians, including child education, parent edu-
8 cation, provider training on identification and
9 intervention, education on reporting require-
10 ments, prevention campaigns, and establishing
11 service networks of all those involved in Indian
12 child protection.

13 “(C) To provide direct outpatient treat-
14 ment services (including individual treatment,
15 family treatment, group therapy, and support
16 groups) to Urban Indians who are child victims
17 of abuse (including sexual abuse) or adult sur-
18 vivors of child sexual abuse, to the families of
19 such child victims, and to Urban Indian per-
20 petrators of child abuse (including sexual
21 abuse).

22 “(4) CONSIDERATIONS WHEN MAKING
23 GRANTS.—In making grants to carry out this sub-
24 section, the Secretary shall take into consideration—

1 “(A) the support for the Urban Indian Or-
2 ganization demonstrated by the child protection
3 authorities in the area, including committees or
4 other services funded under the Indian Child
5 Welfare Act of 1978 (25 U.S.C. 1901 et seq.),
6 if any;

7 “(B) the capability and expertise dem-
8 onstrated by the Urban Indian Organization to
9 address the complex problem of child sexual
10 abuse in the community; and

11 “(C) the assessment required under para-
12 graph (2).

13 “(g) OTHER GRANTS.—The Secretary, acting
14 through the Service, may enter into a contract with or
15 make grants to an Urban Indian Organization that pro-
16 vides or arranges for the provision of health care services
17 (through satellite facilities, provider networks, or other-
18 wise) to Urban Indians in more than 1 Urban Center.

19 **“SEC. 504. CONTRACTS AND GRANTS FOR THE DETERMINA-**
20 **TION OF UNMET HEALTH CARE NEEDS.**

21 “(a) GRANTS AND CONTRACTS AUTHORIZED.—
22 Under authority of the Act of November 2, 1921 (25
23 U.S.C. 13) (commonly known as the ‘Snyder Act’), the
24 Secretary, acting through the Service, may enter into con-
25 tracts with or make grants to Urban Indian Organizations

1 situated in Urban Centers for which contracts have not
2 been entered into or grants have not been made under sec-
3 tion 503.

4 “(b) PURPOSE.—The purpose of a contract or grant
5 made under this section shall be the determination of the
6 matters described in subsection (c)(1) in order to assist
7 the Secretary in assessing the health status and health
8 care needs of Urban Indians in the Urban Center involved
9 and determining whether the Secretary should enter into
10 a contract or make a grant under section 503 with respect
11 to the Urban Indian Organization which the Secretary has
12 entered into a contract with, or made a grant to, under
13 this section.

14 “(c) GRANT AND CONTRACT REQUIREMENTS.—Any
15 contract entered into, or grant made, by the Secretary
16 under this section shall include requirements that—

17 “(1) the Urban Indian Organization success-
18 fully undertakes to—

19 “(A) document the health care status and
20 unmet health care needs of Urban Indians in
21 the Urban Center involved; and

22 “(B) with respect to Urban Indians in the
23 Urban Center involved, determine the matters
24 described in paragraphs (2), (3), (4), and (7) of
25 section 503(b); and

1 “(2) the Urban Indian Organization complete
2 performance of the contract, or carry out the re-
3 quirements of the grant, within 1 year after the date
4 on which the Secretary and such organization enter
5 into such contract, or within 1 year after such orga-
6 nization receives such grant, whichever is applicable.

7 “(d) NO RENEWALS.—The Secretary may not renew
8 any contract entered into or grant made under this sec-
9 tion.

10 **“SEC. 505. EVALUATIONS; RENEWALS.**

11 “(a) PROCEDURES FOR EVALUATIONS.—The Sec-
12 retary, acting through the Service, shall develop proce-
13 dures to evaluate compliance with grant requirements and
14 compliance with and performance of contracts entered into
15 by Urban Indian Organizations under this title. Such pro-
16 cedures shall include provisions for carrying out the re-
17 quirements of this section.

18 “(b) EVALUATIONS.—The Secretary, acting through
19 the Service, shall evaluate the compliance of each Urban
20 Indian Organization which has entered into a contract or
21 received a grant under section 503 with the terms of such
22 contract or grant. For purposes of this evaluation, the
23 Secretary shall—

24 “(1) acting through the Service, conduct an an-
25 nual onsite evaluation of the organization; or

1 “(2) accept in lieu of such onsite evaluation evi-
2 dence of the organization’s provisional or full accred-
3 itation by a private independent entity recognized by
4 the Secretary for purposes of conducting quality re-
5 views of providers participating in the Medicare pro-
6 gram under title XVIII of the Social Security Act.

7 “(c) NONCOMPLIANCE; UNSATISFACTORY PERFORM-
8 ANCE.—If, as a result of the evaluations conducted under
9 this section, the Secretary determines that an Urban In-
10 dian Organization has not complied with the requirements
11 of a grant or complied with or satisfactorily performed a
12 contract under section 503, the Secretary shall, prior to
13 renewing such contract or grant, attempt to resolve with
14 the organization the areas of noncompliance or unsatisfac-
15 tory performance and modify the contract or grant to pre-
16 vent future occurrences of noncompliance or unsatisfac-
17 tory performance. If the Secretary determines that the
18 noncompliance or unsatisfactory performance cannot be
19 resolved and prevented in the future, the Secretary shall
20 not renew the contract or grant with the organization and
21 is authorized to enter into a contract or make a grant
22 under section 503 with another Urban Indian Organiza-
23 tion which is situated in the same Urban Center as the
24 Urban Indian Organization whose contract or grant is not
25 renewed under this section.

1 “(d) CONSIDERATIONS FOR RENEWALS.—In deter-
2 mining whether to renew a contract or grant with an
3 Urban Indian Organization under section 503 which has
4 completed performance of a contract or grant under sec-
5 tion 504, the Secretary shall review the records of the
6 Urban Indian Organization, the reports submitted under
7 section 507, and shall consider the results of the onsite
8 evaluations or accreditations under subsection (b).

9 **“SEC. 506. OTHER CONTRACT AND GRANT REQUIREMENTS.**

10 “(a) PROCUREMENT.—Contracts with Urban Indian
11 Organizations entered into pursuant to this title shall be
12 in accordance with all Federal contracting laws and regu-
13 lations relating to procurement except that in the discre-
14 tion of the Secretary, such contracts may be negotiated
15 without advertising and need not conform to the provisions
16 of sections 1304 and 3131 through 3133 of title 40,
17 United States Code.

18 “(b) PAYMENTS UNDER CONTRACTS OR GRANTS.—

19 “(1) IN GENERAL.—Payments under any con-
20 tracts or grants pursuant to this title, notwith-
21 standing any term or condition of such contract or
22 grant—

23 “(A) may be made in a single advance pay-
24 ment by the Secretary to the Urban Indian Or-
25 ganization by no later than the end of the first

1 30 days of the funding period with respect to
2 which the payments apply, unless the Secretary
3 determines through an evaluation under section
4 505 that the organization is not capable of ad-
5 ministering such a single advance payment; and

6 “(B) if any portion thereof is unexpended
7 by the Urban Indian Organization during the
8 funding period with respect to which the pay-
9 ments initially apply, shall be carried forward
10 for expenditure with respect to allowable or re-
11 imbursable costs incurred by the organization
12 during 1 or more subsequent funding periods
13 without additional justification or documenta-
14 tion by the organization as a condition of car-
15 rying forward the availability for expenditure of
16 such funds.

17 “(2) SEMIANNUAL AND QUARTERLY PAYMENTS
18 AND REIMBURSEMENTS.—If the Secretary deter-
19 mines under paragraph (1)(A) that an Urban Indian
20 Organization is not capable of administering an en-
21 tire single advance payment, on request of the
22 Urban Indian Organization, the payments may be
23 made—

24 “(A) in semiannual or quarterly payments
25 by not later than 30 days after the date on

1 which the funding period with respect to which
2 the payments apply begins; or

3 “(B) by way of reimbursement.

4 “(c) REVISION OR AMENDMENT OF CONTRACTS.—

5 Notwithstanding any provision of law to the contrary, the
6 Secretary may, at the request and consent of an Urban
7 Indian Organization, revise or amend any contract entered
8 into by the Secretary with such organization under this
9 title as necessary to carry out the purposes of this title.

10 “(d) FAIR AND UNIFORM SERVICES AND ASSIST-

11 ANCE.—Contracts with or grants to Urban Indian Organi-
12 zations and regulations adopted pursuant to this title shall
13 include provisions to assure the fair and uniform provision
14 to Urban Indians of services and assistance under such
15 contracts or grants by such organizations.

16 **“SEC. 507. REPORTS AND RECORDS.**

17 “(a) REPORTS.—

18 “(1) IN GENERAL.—For each fiscal year during
19 which an Urban Indian Organization receives or ex-
20 pends funds pursuant to a contract entered into or
21 a grant received pursuant to this title, such Urban
22 Indian Organization shall submit to the Secretary
23 not more frequently than every 6 months, a report
24 that includes the following:

1 “(A) In the case of a contract or grant
2 under section 503, recommendations pursuant
3 to section 503(a)(5).

4 “(B) Information on activities conducted
5 by the organization pursuant to the contract or
6 grant.

7 “(C) An accounting of the amounts and
8 purpose for which Federal funds were ex-
9 pended.

10 “(D) A minimum set of data, using uni-
11 formly defined elements, as specified by the
12 Secretary after consultation with Urban Indian
13 Organizations.

14 “(2) HEALTH STATUS AND SERVICES.—

15 “(A) IN GENERAL.—Not later than 18
16 months after the date of enactment of the In-
17 dian Health Care Improvement Act Amend-
18 ments of 2008, the Secretary, acting through
19 the Service and working with a national mem-
20 bership-based consortium of Urban Indian Or-
21 ganizations, shall submit to Congress a report
22 evaluating—

23 “(i) the health status of Urban Indi-
24 ans;

1 “(ii) the services provided to Indians
2 pursuant to this title; and

3 “(iii) areas of unmet needs in the de-
4 livery of health services to Urban Indians,
5 including unmet health care facilities
6 needs.

7 “(B) CONSULTATION AND CONTRACTS.—
8 In preparing the report under paragraph (1),
9 the Secretary—

10 “(i) shall confer with Urban Indian
11 Organizations; and

12 “(ii) may enter into a contract with a
13 national organization representing Urban
14 Indian Organizations to conduct any as-
15 pect of the report.

16 “(b) AUDIT.—The reports and records of the Urban
17 Indian Organization with respect to a contract or grant
18 under this title shall be subject to audit by the Secretary
19 and the Comptroller General of the United States.

20 “(c) COSTS OF AUDITS.—The Secretary shall allow
21 as a cost of any contract or grant entered into or awarded
22 under section 502 or 503 the cost of an annual inde-
23 pendent financial audit conducted by—

24 “(1) a certified public accountant; or

1 “(2) a certified public accounting firm qualified
2 to conduct Federal compliance audits.

3 **“SEC. 508. LIMITATION ON CONTRACT AUTHORITY.**

4 “The authority of the Secretary to enter into con-
5 tracts or to award grants under this title shall be to the
6 extent, and in an amount, provided for in appropriation
7 Acts.

8 **“SEC. 509. FACILITIES.**

9 “(a) GRANTS.—The Secretary, acting through the
10 Service, may make grants to contractors or grant recipi-
11 ents under this title for the lease, purchase, renovation,
12 construction, or expansion of facilities, including leased fa-
13 cilities, in order to assist such contractors or grant recipi-
14 ents in complying with applicable licensure or certification
15 requirements.

16 “(b) LOAN FUND STUDY.—The Secretary, acting
17 through the Service, may carry out a study to determine
18 the feasibility of establishing a loan fund to provide to
19 Urban Indian Organizations direct loans or guarantees for
20 loans for the construction of health care facilities in a
21 manner consistent with section 309, including by submit-
22 ting a report in accordance with subsection (c) of that sec-
23 tion.

1 **“SEC. 510. DIVISION OF URBAN INDIAN HEALTH.**

2 “There is established within the Service a Division
3 of Urban Indian Health, which shall be responsible for—

4 “(1) carrying out the provisions of this title;

5 “(2) providing central oversight of the pro-
6 grams and services authorized under this title; and

7 “(3) providing technical assistance to Urban In-
8 dian Organizations working with a national member-
9 ship-based consortium of Urban Indian Organiza-
10 tions.

11 **“SEC. 511. GRANTS FOR ALCOHOL AND SUBSTANCE ABUSE-**
12 **RELATED SERVICES.**

13 “(a) GRANTS AUTHORIZED.—The Secretary, acting
14 through the Service, may make grants for the provision
15 of health-related services in prevention of, treatment of,
16 rehabilitation of, or school- and community-based edu-
17 cation regarding, alcohol and substance abuse, including
18 fetal alcohol spectrum disorders, in Urban Centers to
19 those Urban Indian Organizations with which the Sec-
20 retary has entered into a contract under this title or under
21 section 201.

22 “(b) GOALS.—Each grant made pursuant to sub-
23 section (a) shall set forth the goals to be accomplished
24 pursuant to the grant. The goals shall be specific to each
25 grant as agreed to between the Secretary and the grantee.

1 “(c) CRITERIA.—The Secretary shall establish cri-
2 teria for the grants made under subsection (a), including
3 criteria relating to the following:

4 “(1) The size of the Urban Indian population.

5 “(2) Capability of the organization to ade-
6 quately perform the activities required under the
7 grant.

8 “(3) Satisfactory performance standards for the
9 organization in meeting the goals set forth in such
10 grant. The standards shall be negotiated and agreed
11 to between the Secretary and the grantee on a
12 grant-by-grant basis.

13 “(4) Identification of the need for services.

14 “(d) ALLOCATION OF GRANTS.—The Secretary shall
15 develop a methodology for allocating grants made pursu-
16 ant to this section based on the criteria established pursu-
17 ant to subsection (c).

18 “(e) GRANTS SUBJECT TO CRITERIA.—Any grant re-
19 ceived by an Urban Indian Organization under this Act
20 for substance abuse prevention, treatment, and rehabilita-
21 tion shall be subject to the criteria set forth in subsection
22 (c).

1 **“SEC. 512. TREATMENT OF CERTAIN DEMONSTRATION**
2 **PROJECTS.**

3 “Notwithstanding any other provision of law, the
4 Tulsa Clinic and Oklahoma City Clinic demonstration
5 projects shall—

6 “(1) be permanent programs within the Serv-
7 ice’s direct care program;

8 “(2) continue to be treated as Service Units
9 and Operating Units in the allocation of resources
10 and coordination of care; and

11 “(3) continue to meet the requirements and
12 definitions of an Urban Indian Organization in this
13 Act, and shall not be subject to the provisions of the
14 Indian Self-Determination and Education Assistance
15 Act (25 U.S.C. 450 et seq.).

16 **“SEC. 513. URBAN NIAAA TRANSFERRED PROGRAMS.**

17 “(a) GRANTS AND CONTRACTS.—The Secretary,
18 through the Division of Urban Indian Health, shall make
19 grants to, or enter into contracts with, Urban Indian Or-
20 ganizations, to take effect not later than September 30,
21 2010, for the administration of Urban Indian alcohol pro-
22 grams that were originally established under the National
23 Institute on Alcoholism and Alcohol Abuse (hereafter in
24 this section referred to as ‘NIAAA’) and transferred to
25 the Service.

1 “(b) USE OF FUNDS.—Grants provided or contracts
2 entered into under this section shall be used to provide
3 support for the continuation of alcohol prevention and
4 treatment services for Urban Indian populations and such
5 other objectives as are agreed upon between the Service
6 and a recipient of a grant or contract under this section.

7 “(c) ELIGIBILITY.—Urban Indian Organizations that
8 operate Indian alcohol programs originally funded under
9 the NIAAA and subsequently transferred to the Service
10 are eligible for grants or contracts under this section.

11 “(d) REPORT.—The Secretary shall evaluate and re-
12 port to Congress on the activities of programs funded
13 under this section not less than every 5 years.

14 **“SEC. 514. CONFERRING WITH URBAN INDIAN ORGANIZA-**
15 **TIONS.**

16 “(a) IN GENERAL.—The Secretary shall ensure that
17 the Service confers or conferences, to the greatest extent
18 practicable, with Urban Indian Organizations.

19 “(b) DEFINITION OF CONFER; CONFERENCE.—In
20 this section, the terms ‘confer’ and ‘conference’ mean an
21 open and free exchange of information and opinions
22 that—

23 “(1) leads to mutual understanding and com-
24 prehension; and

1 “(2) emphasizes trust, respect, and shared re-
2 sponsibility.

3 **“SEC. 515. URBAN YOUTH TREATMENT CENTER DEM-**
4 **ONSTRATION.**

5 “(a) CONSTRUCTION AND OPERATION.—

6 “(1) IN GENERAL.—The Secretary, acting
7 through the Service, through grant or contract, shall
8 fund the construction and operation of at least 1
9 residential treatment center in each Service Area
10 that meets the eligibility requirements set forth in
11 subsection (b) to demonstrate the provision of alco-
12 hol and substance abuse treatment services to Urban
13 Indian youth in a culturally competent residential
14 setting.

15 “(2) TREATMENT.—Each residential treatment
16 center described in paragraph (1) shall be in addi-
17 tion to any facilities constructed under section
18 707(b).

19 “(b) ELIGIBILITY REQUIREMENTS.—To be eligible to
20 obtain a facility under subsection (a)(1), a Service Area
21 shall meet the following requirements:

22 “(1) There is an Urban Indian Organization in
23 the Service Area.

1 “(2) There reside in the Service Area Urban In-
2 dian youth with need for alcohol and substance
3 abuse treatment services in a residential setting.

4 “(3) There is a significant shortage of cul-
5 turally competent residential treatment services for
6 Urban Indian youth in the Service Area.

7 **“SEC. 516. GRANTS FOR DIABETES PREVENTION, TREAT-**
8 **MENT, AND CONTROL.**

9 “(a) GRANTS AUTHORIZED.—The Secretary may
10 make grants to those Urban Indian Organizations that
11 have entered into a contract or have received a grant
12 under this title for the provision of services for the preven-
13 tion and treatment of, and control of the complications
14 resulting from, diabetes among Urban Indians.

15 “(b) GOALS.—Each grant made pursuant to sub-
16 section (a) shall set forth the goals to be accomplished
17 under the grant. The goals shall be specific to each grant
18 as agreed to between the Secretary and the grantee.

19 “(c) ESTABLISHMENT OF CRITERIA.—The Secretary
20 shall establish criteria for the grants made under sub-
21 section (a) relating to—

22 “(1) the size and location of the Urban Indian
23 population to be served;

24 “(2) the need for prevention of and treatment
25 of, and control of the complications resulting from,

1 diabetes among the Urban Indian population to be
2 served;

3 “(3) performance standards for the organiza-
4 tion in meeting the goals set forth in such grant
5 that are negotiated and agreed to by the Secretary
6 and the grantee;

7 “(4) the capability of the organization to ade-
8 quately perform the activities required under the
9 grant; and

10 “(5) the willingness of the organization to col-
11 laborate with the registry, if any, established by the
12 Secretary under section 204(e) in the Area Office of
13 the Service in which the organization is located.

14 “(d) FUNDS SUBJECT TO CRITERIA.—Any funds re-
15 ceived by an Urban Indian Organization under this Act
16 for the prevention, treatment, and control of diabetes
17 among Urban Indians shall be subject to the criteria devel-
18 oped by the Secretary under subsection (c).

19 **“SEC. 517. COMMUNITY HEALTH REPRESENTATIVES.**

20 “The Secretary, acting through the Service, may
21 enter into contracts with, and make grants to, Urban In-
22 dian Organizations for the employment of Indians trained
23 as health service providers through the Community Health
24 Representatives Program under section 109 in the provi-

1 sion of health care, health promotion, and disease preven-
 2 tion services to Urban Indians.

3 **“SEC. 518. EFFECTIVE DATE.**

4 “The amendments made by the Indian Health Care
 5 Improvement Act Amendments of 2008 to this title shall
 6 take effect beginning on the date of enactment of that Act,
 7 regardless of whether the Secretary has promulgated regu-
 8 lations implementing such amendments.

9 **“SEC. 519. ELIGIBILITY FOR SERVICES.**

10 “Urban Indians shall be eligible for, and the ultimate
 11 beneficiaries of, health care or referral services provided
 12 pursuant to this title.

13 **“SEC. 520. AUTHORIZATION OF APPROPRIATIONS.**

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

17 **“TITLE VI—ORGANIZATIONAL**
 18 **IMPROVEMENTS**

19 **“SEC. 601. ESTABLISHMENT OF THE INDIAN HEALTH SERV-**
 20 **ICE AS AN AGENCY OF THE PUBLIC HEALTH**
 21 **SERVICE.**

22 “(a) ESTABLISHMENT.—

23 “(1) IN GENERAL.—In order to more effectively
 24 and efficiently carry out the responsibilities, authori-
 25 ties, and functions of the United States to provide

1 health care services to Indians and Indian Tribes, as
2 are or may be hereafter provided by Federal statute
3 or treaties, there is established within the Public
4 Health Service of the Department the Indian Health
5 Service.

6 “(2) DIRECTOR.—The Service shall be adminis-
7 tered by a Director, who shall be appointed by the
8 President, by and with the advice and consent of the
9 Senate. The Director shall report to the Secretary.
10 Effective with respect to an individual appointed by
11 the President, by and with the advice and consent
12 of the Senate, after January 1, 2008, the term of
13 service of the Director shall be 4 years. A Director
14 may serve more than 1 term.

15 “(3) INCUMBENT.—The individual serving in
16 the position of Director of the Service on the day be-
17 fore the date of enactment of the Indian Health
18 Care Improvement Act Amendments of 2008 shall
19 serve as Director.

20 “(4) ADVOCACY AND CONSULTATION.—The po-
21 sition of Director is established to, in a manner con-
22 sistent with the government-to-government relation-
23 ship between the United States and Indian Tribes—

24 “(A) facilitate advocacy for the develop-
25 ment of appropriate Indian health policy; and

1 “(B) promote consultation on matters re-
2 lating to Indian health.

3 “(b) AGENCY.—The Service shall be an agency within
4 the Public Health Service of the Department, and shall
5 not be an office, component, or unit of any other agency
6 of the Department.

7 “(c) DUTIES.—The Director shall—

8 “(1) perform all functions that were, on the day
9 before the date of enactment of the Indian Health
10 Care Improvement Act Amendments of 2008, car-
11 ried out by or under the direction of the individual
12 serving as Director of the Service on that day;

13 “(2) perform all functions of the Secretary re-
14 lating to the maintenance and operation of hospital
15 and health facilities for Indians and the planning
16 for, and provision and utilization of, health services
17 for Indians;

18 “(3) administer all health programs under
19 which health care is provided to Indians based upon
20 their status as Indians which are administered by
21 the Secretary, including programs under—

22 “(A) this Act;

23 “(B) the Act of November 2, 1921 (25
24 U.S.C. 13);

1 “(C) the Act of August 5, 1954 (42 U.S.C.
2 2001 et seq.);

3 “(D) the Act of August 16, 1957 (42
4 U.S.C. 2005 et seq.); and

5 “(E) the Indian Self-Determination and
6 Education Assistance Act (25 U.S.C. 450 et
7 seq.);

8 “(4) administer all scholarship and loan func-
9 tions carried out under title I;

10 “(5) directly advise the Secretary concerning
11 the development of all policy- and budget-related
12 matters affecting Indian health;

13 “(6) collaborate with the Assistant Secretary
14 for Health concerning appropriate matters of Indian
15 health that affect the agencies of the Public Health
16 Service;

17 “(7) advise each Assistant Secretary of the De-
18 partment concerning matters of Indian health with
19 respect to which that Assistant Secretary has au-
20 thority and responsibility;

21 “(8) advise the heads of other agencies and pro-
22 grams of the Department concerning matters of In-
23 dian health with respect to which those heads have
24 authority and responsibility;

1 “(9) coordinate the activities of the Department
2 concerning matters of Indian health; and

3 “(10) perform such other functions as the Sec-
4 retary may designate.

5 “(d) AUTHORITY.—

6 “(1) IN GENERAL.—The Secretary, acting
7 through the Director, shall have the authority—

8 “(A) except to the extent provided for in
9 paragraph (2), to appoint and compensate em-
10 ployees for the Service in accordance with title
11 5, United States Code;

12 “(B) to enter into contracts for the pro-
13 curement of goods and services to carry out the
14 functions of the Service; and

15 “(C) to manage, expend, and obligate all
16 funds appropriated for the Service.

17 “(2) PERSONNEL ACTIONS.—Notwithstanding
18 any other provision of law, the provisions of section
19 12 of the Act of June 18, 1934 (48 Stat. 986; 25
20 U.S.C. 472), shall apply to all personnel actions
21 taken with respect to new positions created within
22 the Service as a result of its establishment under
23 subsection (a).

1 **“SEC. 602. AUTOMATED MANAGEMENT INFORMATION SYS-**
2 **TEM.**

3 “(a) ESTABLISHMENT.—

4 “(1) IN GENERAL.—The Secretary shall estab-
5 lish an automated management information system
6 for the Service.

7 “(2) REQUIREMENTS OF SYSTEM.—The infor-
8 mation system established under paragraph (1) shall
9 include—

10 “(A) a financial management system;

11 “(B) a patient care information system for
12 each area served by the Service;

13 “(C) a privacy component that protects the
14 privacy of patient information held by, or on be-
15 half of, the Service;

16 “(D) a services-based cost accounting com-
17 ponent that provides estimates of the costs as-
18 sociated with the provision of specific medical
19 treatments or services in each Area office of the
20 Service;

21 “(E) an interface mechanism for patient
22 billing and accounts receivable system; and

23 “(F) a training component.

24 “(b) PROVISION OF SYSTEMS TO TRIBES AND ORGA-
25 NIZATIONS.—The Secretary shall provide each Tribal

1 Health Program automated management information sys-
2 tems which—

3 “(1) meet the management information needs
4 of such Tribal Health Program with respect to the
5 treatment by the Tribal Health Program of patients
6 of the Service; and

7 “(2) meet the management information needs
8 of the Service.

9 “(c) ACCESS TO RECORDS.—Notwithstanding any
10 other provision of law, each patient shall have reasonable
11 access to the medical or health records of such patient
12 which are held by, or on behalf of, the Service.

13 “(d) AUTHORITY TO ENHANCE INFORMATION TECH-
14 NOLOGY.—The Secretary, acting through the Director,
15 shall have the authority to enter into contracts, agree-
16 ments, or joint ventures with other Federal agencies,
17 States, private and nonprofit organizations, for the pur-
18 pose of enhancing information technology in Indian
19 Health Programs and facilities.

20 **“SEC. 603. 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 this title.

1 **“TITLE VII—BEHAVIORAL**
2 **HEALTH PROGRAMS**

3 **“SEC. 701. BEHAVIORAL HEALTH PREVENTION AND TREAT-**
4 **MENT SERVICES.**

5 “(a) PURPOSES.—The purposes of this section are as
6 follows:

7 “(1) To authorize and direct the Secretary, act-
8 ing through the Service, Indian Tribes and Tribal
9 Organizations to develop a comprehensive behavioral
10 health prevention and treatment program which em-
11 phasizes collaboration among alcohol and substance
12 abuse, social services, and mental health programs.

13 “(2) To provide information, direction, and
14 guidance relating to mental illness and dysfunction
15 and self-destructive behavior, including child abuse
16 and family violence, to those Federal, tribal, State,
17 and local agencies responsible for programs in In-
18 dian communities in areas of health care, education,
19 social services, child and family welfare, alcohol and
20 substance abuse, law enforcement, and judicial serv-
21 ices.

22 “(3) To assist Indian Tribes to identify services
23 and resources available to address mental illness and
24 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, and Tribal Orga-
17 nizations, shall encourage Indian Tribes and Tribal
18 Organizations to develop tribal plans and to partici-
19 pate in developing areawide plans for Indian Behav-
20 ioral Health Services. The plans shall include, to the
21 extent feasible, the following components:

22 “(A) An assessment of the scope of alcohol
23 or other substance abuse, mental illness, and
24 dysfunctional and self-destructive behavior, in-

1 including suicide, child abuse, and family vio-
2 lence, among Indians, including—

3 “(i) the number of Indians served who
4 are directly or indirectly affected by such
5 illness or behavior; or

6 “(ii) an estimate of the financial and
7 human cost attributable to such illness or
8 behavior.

9 “(B) An assessment of the existing and
10 additional resources necessary for the preven-
11 tion and treatment of such illness and behavior,
12 including an assessment of the progress toward
13 achieving the availability of the full continuum
14 of care described in subsection (c).

15 “(C) An estimate of the additional funding
16 needed by the Service, Indian Tribes, and Trib-
17 al Organizations to meet their responsibilities
18 under the plans.

19 “(2) COORDINATION WITH NATIONAL CLEAR-
20 INGHOUSES AND INFORMATION CENTERS.—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, and Service Areas relating to behavioral
2 health. The Secretary shall ensure access to these
3 plans and outcomes by any Indian Tribe, Tribal Or-
4 ganization, or the Service.

5 “(3) TECHNICAL ASSISTANCE.—The Secretary
6 shall provide technical assistance to Indian Tribes
7 and Tribal Organizations in preparation of plans
8 under this section and in developing standards of
9 care that may be used and adopted locally.

10 “(c) PROGRAMS.—The Secretary, acting through the
11 Service, Indian Tribes, and Tribal Organizations, shall
12 provide, to the extent feasible and if funding is available,
13 programs including the following:

14 “(1) COMPREHENSIVE CARE.—A comprehensive
15 continuum of behavioral health care which pro-
16 vides—

17 “(A) community-based prevention, inter-
18 vention, outpatient, and behavioral health
19 aftercare;

20 “(B) detoxification (social and medical);

21 “(C) acute hospitalization;

22 “(D) intensive outpatient/day treatment;

23 “(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;

6 “(I) diagnostic services; and

7 “(J) promotion of healthy approaches to
8 risk and safety issues, including injury preven-
9 tion.

10 “(2) CHILD CARE.—Behavioral health services
11 for Indians from birth through age 17, including—

12 “(A) preschool and school age fetal alcohol
13 spectrum disorder services, including assess-
14 ment and behavioral intervention;

15 “(B) mental health and substance abuse
16 services (emotional, organic, alcohol, drug, in-
17 halant, and tobacco);

18 “(C) identification and treatment of co-oc-
19 ccurring disorders and comorbidity;

20 “(D) prevention of alcohol, drug, inhalant,
21 and tobacco use;

22 “(E) early intervention, treatment, and
23 aftercare; and

24 “(F) identification and treatment of ne-
25 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 ccurring 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 a fetal alcohol-exposed pregnancy; and

15 “(F) sex specific treatment for sexual as-
16 sult and domestic violence.

17 “(4) FAMILY CARE.—Behavioral health services
18 for families, including—

19 “(A) early intervention, treatment, and
20 aftercare for affected families;

21 “(B) treatment for sexual assault and do-
22 mestic violence; and

23 “(C) promotion of healthy approaches re-
24 lating to parenting, domestic violence, and other
25 abuse issues.

1 “(5) ELDER CARE.—Behavioral health services
2 for Indians 56 years of age and older, 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 ccurring disorders (dual diagnosis) and comor-
10 bidity;

11 “(D) promotion of healthy approaches to
12 managing conditions related to aging;

13 “(E) sex specific treatment for sexual as-
14 sault, domestic violence, neglect, physical and
15 mental abuse and exploitation; and

16 “(F) identification and treatment of de-
17 mentias regardless of cause.

18 “(d) COMMUNITY BEHAVIORAL HEALTH PLAN.—

19 “(1) ESTABLISHMENT.—The governing body of
20 any Indian Tribe or Tribal Organization may adopt
21 a resolution for the establishment of a community
22 behavioral health plan providing for the identifica-
23 tion and coordination of available resources and pro-
24 grams to identify, prevent, or treat substance abuse,
25 mental illness, or dysfunctional and self-destructive

1 behavior, including child abuse and family violence,
2 among its members or its service population. This
3 plan should include behavioral health services, social
4 services, intensive outpatient services, and con-
5 tinuing aftercare.

6 “(2) TECHNICAL ASSISTANCE.—At the request
7 of an Indian Tribe or Tribal Organization, the Bu-
8 reau of Indian Affairs and the Service shall cooper-
9 ate with and provide technical assistance to the In-
10 dian Tribe or Tribal Organization in the develop-
11 ment and implementation of such plan.

12 “(3) FUNDING.—The Secretary, acting through
13 the Service, may make funding available to Indian
14 Tribes and Tribal Organizations which adopt a reso-
15 lution pursuant to paragraph (1) to obtain technical
16 assistance for the development of a community be-
17 havioral health plan and to provide administrative
18 support in the implementation of such plan.

19 “(e) COORDINATION FOR AVAILABILITY OF SERV-
20 ICES.—The Secretary, acting through the Service, Indian
21 Tribes, and Tribal Organizations, shall coordinate behav-
22 ioral health planning, to the extent feasible, with other
23 Federal agencies and with State agencies, to encourage
24 comprehensive behavioral health services for Indians re-
25 gardless of their place of residence.

1 “(f) MENTAL HEALTH CARE NEED ASSESSMENT.—
2 Not later than 1 year after the date of enactment of the
3 Indian Health Care Improvement Act Amendments of
4 2008, the Secretary, acting through the Service, shall
5 make an assessment of the need for inpatient mental
6 health care among Indians and the availability and cost
7 of inpatient mental health facilities which can meet such
8 need. In making such assessment, the Secretary shall con-
9 sider the possible conversion of existing, underused Service
10 hospital beds into psychiatric units to meet such need.

11 **“SEC. 702. MEMORANDA OF AGREEMENT WITH THE DE-**
12 **PARTMENT OF THE INTERIOR.**

13 “(a) CONTENTS.—Not later than 12 months after the
14 date of enactment of the Indian Health Care Improvement
15 Act Amendments of 2008, the Secretary, acting through
16 the Service, and the Secretary of the Interior shall develop
17 and enter into a memoranda of agreement, or review and
18 update any existing memoranda of agreement, as required
19 by section 4205 of the Indian Alcohol and Substance
20 Abuse Prevention and Treatment Act of 1986 (25 U.S.C.
21 2411) under which the Secretaries address the following:

22 “(1) The scope and nature of mental illness and
23 dysfunctional and self-destructive behavior, including
24 child abuse and family violence, among Indians.

1 “(2) The existing Federal, tribal, State, local,
2 and private services, resources, and programs avail-
3 able to provide behavioral health services for Indi-
4 ans.

5 “(3) The unmet need for additional services, re-
6 sources, and programs necessary to meet the needs
7 identified pursuant to paragraph (1).

8 “(4)(A) The right of Indians, as citizens of the
9 United States and of the States in which they re-
10 side, to have access to behavioral health services to
11 which all citizens have access.

12 “(B) The right of Indians to participate in, and
13 receive the benefit of, such services.

14 “(C) The actions necessary to protect the exer-
15 cise of such right.

16 “(5) The responsibilities of the Bureau of In-
17 dian Affairs and the Service, including mental illness
18 identification, prevention, education, referral, and
19 treatment services (including services through multi-
20 disciplinary resource teams), at the central, area,
21 and agency and Service Unit, Service Area, and
22 headquarters levels to address the problems identi-
23 fied in paragraph (1).

24 “(6) A strategy for the comprehensive coordina-
25 tion of the behavioral health services provided by the

1 Bureau of Indian Affairs and the Service to meet
2 the problems identified pursuant to paragraph (1),
3 including—

4 “(A) the coordination of alcohol and sub-
5 stance abuse programs of the Service, the Bu-
6 reau of Indian Affairs, and Indian Tribes and
7 Tribal Organizations (developed under the In-
8 dian Alcohol and Substance Abuse Prevention
9 and Treatment Act of 1986 (25 U.S.C. 2401 et
10 seq.)) with behavioral health initiatives pursu-
11 ant to this Act, particularly with respect to the
12 referral and treatment of dually diagnosed indi-
13 viduals requiring behavioral health and sub-
14 stance abuse treatment; and

15 “(B) ensuring that the Bureau of Indian
16 Affairs and Service programs and services (in-
17 cluding multidisciplinary resource teams) ad-
18 dressing child abuse and family violence are co-
19 ordinated with such non-Federal programs and
20 services.

21 “(7) Directing appropriate officials of the Bu-
22 reau of Indian Affairs and the Service, particularly
23 at the agency and Service Unit levels, to cooperate
24 fully with tribal requests made pursuant to commu-
25 nity behavioral health plans adopted under section

1 701(c) and section 4206 of the Indian Alcohol and
2 Substance Abuse Prevention and Treatment Act of
3 1986 (25 U.S.C. 2412).

4 “(8) Providing for an annual review of such
5 agreement by the Secretaries which shall be provided
6 to Congress and Indian Tribes and Tribal Organiza-
7 tions.

8 “(b) SPECIFIC PROVISIONS REQUIRED.—The memo-
9 randa of agreement updated or entered into pursuant to
10 subsection (a) shall include specific provisions pursuant to
11 which the Service shall assume responsibility for—

12 “(1) the determination of the scope of the prob-
13 lem of alcohol and substance abuse among Indians,
14 including the number of Indians within the jurisdic-
15 tion of the Service who are directly or indirectly af-
16 fected by alcohol and substance abuse and the finan-
17 cial and human cost;

18 “(2) an assessment of the existing and needed
19 resources necessary for the prevention of alcohol and
20 substance abuse and the treatment of Indians af-
21 fected by alcohol and substance abuse; and

22 “(3) an estimate of the funding necessary to
23 adequately support a program of prevention of alco-
24 hol and substance abuse and treatment of Indians
25 affected by alcohol and substance abuse.

1 care, educational, and community-based per-
2 sonnel;

3 “(E) specialized residential treatment pro-
4 grams for high-risk populations, including preg-
5 nant and postpartum women and their children;
6 and

7 “(F) diagnostic services.

8 “(2) TARGET POPULATIONS.—The target popu-
9 lation of such programs shall be members of Indian
10 Tribes. Efforts to train and educate key members of
11 the Indian community shall also target employees of
12 health, education, judicial, law enforcement, legal,
13 and social service programs.

14 “(b) CONTRACT HEALTH SERVICES.—

15 “(1) IN GENERAL.—The Secretary, acting
16 through the Service, Indian Tribes, and Tribal Orga-
17 nizations, may enter into contracts with public or
18 private providers of behavioral health treatment
19 services for the purpose of carrying out the program
20 required under subsection (a).

21 “(2) PROVISION OF ASSISTANCE.—In carrying
22 out this subsection, the Secretary shall provide as-
23 sistance to Indian Tribes and Tribal Organizations
24 to develop criteria for the certification of behavioral
25 health service providers and accreditation of service

1 facilities which meet minimum standards for such
2 services and facilities.

3 **“SEC. 704. MENTAL HEALTH TECHNICIAN PROGRAM.**

4 “(a) IN GENERAL.—Under the authority of the Act
5 of November 2, 1921 (25 U.S.C. 13) (commonly known
6 as the ‘Snyder Act’), the Secretary shall establish and
7 maintain a mental health technician program within the
8 Service which—

9 “(1) provides for the training of Indians as
10 mental health technicians; and

11 “(2) employs such technicians in the provision
12 of community-based mental health care that includes
13 identification, prevention, education, referral, and
14 treatment services.

15 “(b) PARAPROFESSIONAL TRAINING.—In carrying
16 out subsection (a), the Secretary, acting through the Serv-
17 ice, Indian Tribes, and Tribal Organizations, shall provide
18 high-standard paraprofessional training in mental health
19 care necessary to provide quality care to the Indian com-
20 munities to be served. Such training shall be based upon
21 a curriculum developed or approved by the Secretary
22 which combines education in the theory of mental health
23 care with supervised practical experience in the provision
24 of such care.

1 “(c) SUPERVISION AND EVALUATION OF TECHNI-
2 CIANS.—The Secretary, acting through the Service, Indian
3 Tribes, and Tribal Organizations, shall supervise and
4 evaluate the mental health technicians in the training pro-
5 gram.

6 “(d) TRADITIONAL HEALTH CARE PRACTICES.—The
7 Secretary, acting through the Service, shall ensure that
8 the program established pursuant to this subsection in-
9 volves the use and promotion of the traditional health care
10 practices of the Indian Tribes to be served.

11 **“SEC. 705. LICENSING REQUIREMENT FOR MENTAL**
12 **HEALTH CARE WORKERS.**

13 “(a) IN GENERAL.—Subject to the provisions of sec-
14 tion 221, and except as provided in subsection (b), any
15 individual employed as a psychologist, social worker, or
16 marriage and family therapist for the purpose of providing
17 mental health care services to Indians in a clinical setting
18 under this Act is required to be licensed as a psychologist,
19 social worker, or marriage and family therapist, respec-
20 tively.

21 “(b) TRAINEES.—An individual may be employed as
22 a trainee in psychology, social work, or marriage and fam-
23 ily therapy to provide mental health care services de-
24 scribed in subsection (a) if such individual—

1 “(1) works under the direct supervision of a li-
2 censed psychologist, social worker, or marriage and
3 family therapist, respectively;

4 “(2) is enrolled in or has completed at least 2
5 years of course work at a post-secondary, accredited
6 education program for psychology, social work, mar-
7 riage and family therapy, or counseling; and

8 “(3) meets such other training, supervision, and
9 quality review requirements as the Secretary may es-
10 tablish.

11 **“SEC. 706. INDIAN WOMEN TREATMENT PROGRAMS.**

12 “(a) GRANTS.—The Secretary, consistent with sec-
13 tion 701, may make grants to Indian Tribes, Tribal Orga-
14 nizations, and Urban Indian Organizations to develop and
15 implement a comprehensive behavioral health program of
16 prevention, intervention, treatment, and relapse preven-
17 tion services that specifically addresses the cultural, his-
18 torical, social, and child care needs of Indian women, re-
19 gardless of age.

20 “(b) USE OF GRANT FUNDS.—A grant made pursu-
21 ant to this section may be used to—

22 “(1) develop and provide community training,
23 education, and prevention programs for Indian
24 women relating to behavioral health issues, including
25 fetal alcohol spectrum disorders;

1 “(2) identify and provide psychological services,
2 counseling, advocacy, support, and relapse preven-
3 tion to Indian women and their families; and

4 “(3) develop prevention and intervention models
5 for Indian women which incorporate traditional
6 health care practices, cultural values, and commu-
7 nity and family involvement.

8 “(c) CRITERIA.—The Secretary, in consultation with
9 Indian Tribes and Tribal Organizations, shall establish
10 criteria for the review and approval of applications and
11 proposals for funding under this section.

12 “(d) ALLOCATION OF CERTAIN FUNDS.—Twenty
13 percent of the funds appropriated pursuant to this section
14 shall be used to make grants to Urban Indian Organiza-
15 tions.

16 **“SEC. 707. INDIAN YOUTH PROGRAM.**

17 “(a) DETOXIFICATION AND REHABILITATION.—The
18 Secretary, acting through the Service, consistent with sec-
19 tion 701, shall develop and implement a program for acute
20 detoxification and treatment for Indian youths, including
21 behavioral health services. The program shall include re-
22 gional treatment centers designed to include detoxification
23 and rehabilitation for both sexes on a referral basis and
24 programs developed and implemented by Indian Tribes or
25 Tribal Organizations at the local level under the Indian

1 Self-Determination and Education Assistance Act (25
2 U.S.C. 450 et seq.). Regional centers shall be integrated
3 with the intake and rehabilitation programs based in the
4 referring Indian community.

5 “(b) ALCOHOL AND SUBSTANCE ABUSE TREATMENT
6 CENTERS OR FACILITIES.—

7 “(1) ESTABLISHMENT.—

8 “(A) IN GENERAL.—The Secretary, acting
9 through the Service, Indian Tribes, and Tribal
10 Organizations, shall construct, renovate, or, as
11 necessary, purchase, and appropriately staff
12 and operate, at least 1 youth regional treatment
13 center or treatment network in each area under
14 the jurisdiction of an Area Office.

15 “(B) AREA OFFICE IN CALIFORNIA.—For
16 the purposes of this subsection, the Area Office
17 in California shall be considered to be 2 Area
18 Offices, 1 office whose jurisdiction shall be con-
19 sidered to encompass the northern area of the
20 State of California, and 1 office whose jurisdic-
21 tion shall be considered to encompass the re-
22 mainder of the State of California for the pur-
23 pose of implementing California treatment net-
24 works.

1 “(2) FUNDING.—For the purpose of staffing
2 and operating such centers or facilities, funding
3 shall be pursuant to the Act of November 2, 1921
4 (25 U.S.C. 13).

5 “(3) LOCATION.—A youth treatment center
6 constructed or purchased under this subsection shall
7 be constructed or purchased at a location within the
8 area described in paragraph (1) agreed upon (by ap-
9 propriate tribal resolution) by a majority of the In-
10 dian Tribes to be served by such center.

11 “(4) SPECIFIC PROVISION OF FUNDS.—

12 “(A) IN GENERAL.—Notwithstanding any
13 other provision of this title, the Secretary may,
14 from amounts authorized to be appropriated for
15 the purposes of carrying out this section, make
16 funds available to—

17 “(i) the Tanana Chiefs Conference,
18 Incorporated, for the purpose of leasing,
19 constructing, renovating, operating, and
20 maintaining a residential youth treatment
21 facility in Fairbanks, Alaska; and

22 “(ii) the Southeast Alaska Regional
23 Health Corporation to staff and operate a
24 residential youth treatment facility without
25 regard to the proviso set forth in section

1 4(l) of the Indian Self-Determination and
2 Education Assistance Act (25 U.S.C.
3 450b(1)).

4 “(B) PROVISION OF SERVICES TO ELIGI-
5 BLE YOUTHS.—Until additional residential
6 youth treatment facilities are established in
7 Alaska pursuant to this section, the facilities
8 specified in subparagraph (A) shall make every
9 effort to provide services to all eligible Indian
10 youths residing in Alaska.

11 “(c) INTERMEDIATE ADOLESCENT BEHAVIORAL
12 HEALTH SERVICES.—

13 “(1) IN GENERAL.—The Secretary, acting
14 through the Service, Indian Tribes, and Tribal Orga-
15 nizations, may provide intermediate behavioral
16 health services to Indian children and adolescents,
17 including—

18 “(A) pretreatment assistance;

19 “(B) inpatient, outpatient, and aftercare
20 services;

21 “(C) emergency care;

22 “(D) suicide prevention and crisis interven-
23 tion; and

24 “(E) prevention and treatment of mental
25 illness and dysfunctional and self-destructive

1 behavior, including child abuse and family vio-
2 lence.

3 “(2) USE OF FUNDS.—Funds provided under
4 this subsection may be used—

5 “(A) to construct or renovate an existing
6 health facility to provide intermediate behav-
7 ioral health services;

8 “(B) to hire behavioral health profes-
9 sionals;

10 “(C) to staff, operate, and maintain an in-
11 termediate mental health facility, group home,
12 sober housing, transitional housing or similar
13 facilities, or youth shelter where intermediate
14 behavioral health services are being provided;

15 “(D) to make renovations and hire appro-
16 priate staff to convert existing hospital beds
17 into adolescent psychiatric units; and

18 “(E) for intensive home- and community-
19 based services.

20 “(3) CRITERIA.—The Secretary, acting through
21 the Service, shall, in consultation with Indian Tribes
22 and Tribal Organizations, establish criteria for the
23 review and approval of applications or proposals for
24 funding made available pursuant to this subsection.

25 “(d) FEDERALLY-OWNED STRUCTURES.—

1 “(1) IN GENERAL.—The Secretary, in consulta-
2 tion with Indian Tribes and Tribal Organizations,
3 shall—

4 “(A) identify and use, where appropriate,
5 federally-owned structures suitable for local res-
6 idential or regional behavioral health treatment
7 for Indian youths; and

8 “(B) establish guidelines for determining
9 the suitability of any such federally-owned
10 structure to be used for local residential or re-
11 gional behavioral health treatment for Indian
12 youths.

13 “(2) TERMS AND CONDITIONS FOR USE OF
14 STRUCTURE.—Any structure described in paragraph
15 (1) may be used under such terms and conditions as
16 may be agreed upon by the Secretary and the agency
17 having responsibility for the structure and any In-
18 dian Tribe or Tribal Organization operating the pro-
19 gram.

20 “(e) REHABILITATION AND AFTERCARE SERVICES.—

21 “(1) IN GENERAL.—The Secretary, Indian
22 Tribes, or Tribal Organizations, in cooperation with
23 the Secretary of the Interior, shall develop and im-
24 plement within each Service Unit, community-based
25 rehabilitation and follow-up services for Indian

1 youths who are having significant behavioral health
2 problems, and require long-term treatment, commu-
3 nity reintegration, and monitoring to support the In-
4 dian youths after their return to their home commu-
5 nity.

6 “(2) ADMINISTRATION.—Services under para-
7 graph (1) shall be provided by trained staff within
8 the community who can assist the Indian youths in
9 their continuing development of self-image, positive
10 problem-solving skills, and nonalcohol or substance
11 abusing behaviors. Such staff may include alcohol
12 and substance abuse counselors, mental health pro-
13 fessionals, and other health professionals and para-
14 professionals, including community health represent-
15 atives.

16 “(f) INCLUSION OF FAMILY IN YOUTH TREATMENT
17 PROGRAM.—In providing the treatment and other services
18 to Indian youths authorized by this section, the Secretary,
19 acting through the Service, Indian Tribes, and Tribal Or-
20 ganizations, shall provide for the inclusion of family mem-
21 bers of such youths in the treatment programs or other
22 services as may be appropriate. Not less than 10 percent
23 of the funds appropriated for the purposes of carrying out
24 subsection (e) shall be used for outpatient care of adult

1 family members related to the treatment of an Indian
2 youth under that subsection.

3 “(g) MULTIDRUG ABUSE PROGRAM.—The Secretary,
4 acting through the Service, Indian Tribes, and Tribal Or-
5 ganizations, shall provide, consistent with section 701,
6 programs and services to prevent and treat the abuse of
7 multiple forms of substances, including alcohol, drugs,
8 inhalants, and tobacco, among Indian youths residing in
9 Indian communities, on or near reservations, and in urban
10 areas and provide appropriate mental health services to
11 address the incidence of mental illness among such youths.

12 “(h) INDIAN YOUTH MENTAL HEALTH.—The Sec-
13 retary, acting through the Service, shall collect data for
14 the report under section 801 with respect to—

15 “(1) the number of Indian youth who are being
16 provided mental health services through the Service
17 and Tribal Health Programs;

18 “(2) a description of, and costs associated with,
19 the mental health services provided for Indian youth
20 through the Service and Tribal Health Programs;

21 “(3) the number of youth referred to the Serv-
22 ice or Tribal Health Programs for mental health
23 services;

24 “(4) the number of Indian youth provided resi-
25 dential treatment for mental health and behavioral

1 problems through the Service and Tribal Health
2 Programs, reported separately for on- and off-res-
3 ervation facilities; and

4 “(5) the costs of the services described in para-
5 graph (4).

6 **“SEC. 708. INDIAN YOUTH TELEMENTAL HEALTH DEM-**
7 **ONSTRATION PROJECT.**

8 “(a) PURPOSE.—The purpose of this section is to au-
9 thorize the Secretary to carry out a demonstration project
10 to test the use of telemental health services in suicide pre-
11 vention, intervention and treatment of Indian youth, in-
12 cluding through—

13 “(1) the use of psychotherapy, psychiatric as-
14 sessments, diagnostic interviews, therapies for men-
15 tal health conditions predisposing to suicide, and al-
16 cohol and substance abuse treatment;

17 “(2) the provision of clinical expertise to, con-
18 sultation services with, and medical advice and train-
19 ing for frontline health care providers working with
20 Indian youth;

21 “(3) training and related support for commu-
22 nity leaders, family members and health and edu-
23 cation workers who work with Indian youth;

24 “(4) the development of culturally-relevant edu-
25 cational materials on suicide; and

1 “(5) data collection and reporting.

2 “(b) DEFINITIONS.—For the purpose of this section,
3 the following definitions shall apply:

4 “(1) DEMONSTRATION PROJECT.—The term
5 ‘demonstration project’ means the Indian youth tele-
6 mental health demonstration project authorized
7 under subsection (c).

8 “(2) TELEMENTAL HEALTH.—The term ‘tele-
9 mental health’ means the use of electronic informa-
10 tion and telecommunications technologies to support
11 long distance mental health care, patient and profes-
12 sional-related education, public health, and health
13 administration.

14 “(c) AUTHORIZATION.—

15 “(1) IN GENERAL.—The Secretary is authorized
16 to award grants under the demonstration project for
17 the provision of telemental health services to Indian
18 youth who—

19 “(A) have expressed suicidal ideas;

20 “(B) have attempted suicide; or

21 “(C) have mental health conditions that in-
22 crease or could increase the risk of suicide.

23 “(2) ELIGIBILITY FOR GRANTS.—Such grants
24 shall be awarded to Indian Tribes and Tribal Orga-
25 nizations that operate 1 or more facilities—

1 “(A) located in Alaska and part of the
2 Alaska Federal Health Care Access Network;

3 “(B) reporting active clinical telehealth ca-
4 pabilities; or

5 “(C) offering school-based telemental
6 health services relating to psychiatry to Indian
7 youth.

8 “(3) GRANT PERIOD.—The Secretary shall
9 award grants under this section for a period of up
10 to 4 years.

11 “(4) AWARDING OF GRANTS.—Not more than 5
12 grants shall be provided under paragraph (1), with
13 priority consideration given to Indian Tribes and
14 Tribal Organizations that—

15 “(A) serve a particular community or geo-
16 graphic area where there is a demonstrated
17 need to address Indian youth suicide;

18 “(B) enter in to collaborative partnerships
19 with Indian Health Service or Tribal Health
20 Programs or facilities to provide services under
21 this demonstration project;

22 “(C) serve an isolated community or geo-
23 graphic area which has limited or no access to
24 behavioral health services; or

1 “(D) operate a detention facility at which
2 Indian youth are detained.

3 “(d) USE OF FUNDS.—

4 “(1) IN GENERAL.—An Indian Tribe or Tribal
5 Organization shall use a grant received under sub-
6 section (c) for the following purposes:

7 “(A) To provide telemental health services
8 to Indian youth, including the provision of—

9 “(i) psychotherapy;

10 “(ii) psychiatric assessments and di-
11 agnostic interviews, therapies for mental
12 health conditions predisposing to suicide,
13 and treatment; and

14 “(iii) alcohol and substance abuse
15 treatment.

16 “(B) To provide clinician-interactive med-
17 ical advice, guidance and training, assistance in
18 diagnosis and interpretation, crisis counseling
19 and intervention, and related assistance to
20 Service, tribal, or urban clinicians and health
21 services providers working with youth being
22 served under this demonstration project.

23 “(C) To assist, educate and train commu-
24 nity leaders, health education professionals and
25 paraprofessionals, tribal outreach workers, and

1 family members who work with the youth re-
2 ceiving telemental health services under this
3 demonstration project, including with identifica-
4 tion of suicidal tendencies, crisis intervention
5 and suicide prevention, emergency skill develop-
6 ment, and building and expanding networks
7 among these individuals and with State and
8 local health services providers.

9 “(D) To develop and distribute culturally
10 appropriate community educational materials
11 on—

12 “(i) suicide prevention;

13 “(ii) suicide education;

14 “(iii) suicide screening;

15 “(iv) suicide intervention; and

16 “(v) ways to mobilize communities
17 with respect to the identification of risk
18 factors for suicide.

19 “(E) For data collection and reporting re-
20 lated to Indian youth suicide prevention efforts.

21 “(2) TRADITIONAL HEALTH CARE PRAC-
22 TICES.—In carrying out the purposes described in
23 paragraph (1), an Indian Tribe or Tribal Organiza-
24 tion may use and promote the traditional health care

1 practices of the Indian Tribes of the youth to be
2 served.

3 “(e) APPLICATIONS.—To be eligible to receive a grant
4 under subsection (c), an Indian Tribe or Tribal Organiza-
5 tion shall prepare and submit to the Secretary an applica-
6 tion, at such time, in such manner, and containing such
7 information as the Secretary may require, including—

8 “(1) a description of the project that the Indian
9 Tribe or Tribal Organization will carry out using the
10 funds provided under the grant;

11 “(2) a description of the manner in which the
12 project funded under the grant would—

13 “(A) meet the telemental health care needs
14 of the Indian youth population to be served by
15 the project; or

16 “(B) improve the access of the Indian
17 youth population to be served to suicide preven-
18 tion and treatment services;

19 “(3) evidence of support for the project from
20 the local community to be served by the project;

21 “(4) a description of how the families and lead-
22 ership of the communities or populations to be
23 served by the project would be involved in the devel-
24 opment and ongoing operations of the project;

1 “(5) a plan to involve the tribal community of
2 the youth who are provided services by the project
3 in planning and evaluating the mental health care
4 and suicide prevention efforts provided, in order to
5 ensure the integration of community, clinical, envi-
6 ronmental, and cultural components of the treat-
7 ment; and

8 “(6) a plan for sustaining the project after Fed-
9 eral assistance for the demonstration project has ter-
10 minated.

11 “(f) COLLABORATION; REPORTING TO NATIONAL
12 CLEARINGHOUSE.—

13 “(1) COLLABORATION.—The Secretary, acting
14 through the Service, shall encourage Indian Tribes
15 and Tribal Organizations receiving grants under this
16 section to collaborate to enable comparisons about
17 best practices across projects.

18 “(2) REPORTING TO NATIONAL CLEARING-
19 HOUSE.—The Secretary, acting through the Service,
20 shall also encourage Indian Tribes and Tribal Orga-
21 nizations receiving grants under this section to sub-
22 mit relevant, declassified project information to the
23 national clearinghouse authorized under section
24 701(b)(2) in order to better facilitate program per-

1 formance and improve suicide prevention, interven-
2 tion, and treatment services.

3 “(g) ANNUAL REPORT.—Each grant recipient shall
4 submit to the Secretary an annual report that—

5 “(1) describes the number of telemental health
6 services provided; and

7 “(2) includes any other information that the
8 Secretary may require.

9 “(h) REPORT TO CONGRESS.—Not later than 270
10 days after the termination of the demonstration project,
11 the Secretary shall submit to the Committee on Indian Af-
12 fairs of the Senate and the Committee on Natural Re-
13 sources and Committee on Energy and Commerce of the
14 House of Representatives a final report, based on the an-
15 nual reports provided by grant recipients under subsection
16 (h), that—

17 “(1) describes the results of the projects funded
18 by grants awarded under this section, including any
19 data available which indicates the number of at-
20 tempted suicides;

21 “(2) evaluates the impact of the telemental
22 health services funded by the grants in reducing the
23 number of completed suicides among Indian youth;

24 “(3) evaluates whether the demonstration
25 project should be—

1 “(A) expanded to provide more than 5
2 grants; and

3 “(B) designated a permanent program;
4 and

5 “(4) evaluates the benefits of expanding the
6 demonstration project to include Urban Indian Or-
7 ganizations.

8 “(i) AUTHORIZATION OF APPROPRIATIONS.—There is
9 authorized to be appropriated to carry out this section
10 \$1,500,000 for each of fiscal years 2008 through 2011.

11 **“SEC. 709. INPATIENT AND COMMUNITY-BASED MENTAL**
12 **HEALTH FACILITIES DESIGN, CONSTRUC-**
13 **TION, AND STAFFING.**

14 “Not later than 1 year after the date of enactment
15 of the Indian Health Care Improvement Act Amendments
16 of 2008, the Secretary, acting through the Service, Indian
17 Tribes, and Tribal Organizations, may provide, in each
18 area of the Service, not less than 1 inpatient mental health
19 care facility, or the equivalent, for Indians with behavioral
20 health problems. For the purposes of this subsection, Cali-
21 fornia shall be considered to be 2 Area Offices, 1 office
22 whose location shall be considered to encompass the north-
23 ern area of the State of California and 1 office whose ju-
24 risdiction shall be considered to encompass the remainder
25 of the State of California. The Secretary shall consider

1 the possible conversion of existing, underused Service hos-
2 pital beds into psychiatric units to meet such need.

3 **“SEC. 710. TRAINING AND COMMUNITY EDUCATION.**

4 “(a) PROGRAM.—The Secretary, in cooperation with
5 the Secretary of the Interior, shall develop and implement
6 or assist Indian Tribes and Tribal Organizations to de-
7 velop and implement, within each Service Unit or tribal
8 program, a program of community education and involve-
9 ment which shall be designed to provide concise and timely
10 information to the community leadership of each tribal
11 community. Such program shall include education about
12 behavioral health issues to political leaders, Tribal judges,
13 law enforcement personnel, members of tribal health and
14 education boards, health care providers including tradi-
15 tional practitioners, and other critical members of each
16 tribal community. Such program may also include commu-
17 nity-based training to develop local capacity and tribal
18 community provider training for prevention, intervention,
19 treatment, and aftercare.

20 “(b) INSTRUCTION.—The Secretary, acting through
21 the Service, shall, either directly or through Indian Tribes
22 and Tribal Organizations, provide instruction in the area
23 of behavioral health issues, including instruction in crisis
24 intervention and family relations in the context of alcohol
25 and substance abuse, child sexual abuse, youth alcohol and

1 substance abuse, and the causes and effects of fetal alco-
2 hol spectrum disorders to appropriate employees of the
3 Bureau of Indian Affairs and the Service, and to personnel
4 in schools or programs operated under any contract with
5 the Bureau of Indian Affairs or the Service, including su-
6 pervisors of emergency shelters and halfway houses de-
7 scribed in section 4213 of the Indian Alcohol and Sub-
8 stance Abuse Prevention and Treatment Act of 1986 (25
9 U.S.C. 2433).

10 “(c) TRAINING MODELS.—In carrying out the edu-
11 cation and training programs required by this section, the
12 Secretary, in consultation with Indian Tribes, Tribal Or-
13 ganizations, Indian behavioral health experts, and Indian
14 alcohol and substance abuse prevention experts, shall de-
15 velop and provide community-based training models. Such
16 models shall address—

17 “(1) the elevated risk of alcohol and behavioral
18 health problems faced by children of alcoholics;

19 “(2) the cultural, spiritual, and
20 multigenerational aspects of behavioral health prob-
21 lem prevention and recovery; and

22 “(3) community-based and multidisciplinary
23 strategies for preventing and treating behavioral
24 health problems.

1 **“SEC. 711. BEHAVIORAL HEALTH PROGRAM.**

2 “(a) INNOVATIVE PROGRAMS.—The Secretary, acting
3 through the Service, Indian Tribes, and Tribal Organiza-
4 tions, consistent with section 701, may plan, develop, im-
5 plement, and carry out programs to deliver innovative
6 community-based behavioral health services to Indians.

7 “(b) AWARDS; CRITERIA.—The Secretary may award
8 a grant for a project under subsection (a) to an Indian
9 Tribe or Tribal Organization and may consider the fol-
10 lowing criteria:

11 “(1) The project will address significant unmet
12 behavioral health needs among Indians.

13 “(2) The project will serve a significant number
14 of Indians.

15 “(3) The project has the potential to deliver
16 services in an efficient and effective manner.

17 “(4) The Indian Tribe or Tribal Organization
18 has the administrative and financial capability to ad-
19 minister the project.

20 “(5) The project may deliver services in a man-
21 ner consistent with traditional health care practices.

22 “(6) The project is coordinated with, and avoids
23 duplication of, existing services.

24 “(c) EQUITABLE TREATMENT.—For purposes of this
25 subsection, the Secretary shall, in evaluating project appli-
26 cations or proposals, use the same criteria that the Sec-

1 retary uses in evaluating any other application or proposal
2 for such funding.

3 **“SEC. 712. FETAL ALCOHOL SPECTRUM DISORDERS PRO-**
4 **GRAMS.**

5 “(a) PROGRAMS.—

6 “(1) ESTABLISHMENT.—The Secretary, con-
7 sistent with section 701, acting through the Service,
8 Indian Tribes, and Tribal Organizations, is author-
9 ized to establish and operate fetal alcohol spectrum
10 disorders programs as provided in this section for
11 the purposes of meeting the health status objectives
12 specified in section 3.

13 “(2) USE OF FUNDS.—

14 “(A) IN GENERAL.—Funding provided
15 pursuant to this section shall be used for the
16 following:

17 “(i) To develop and provide for Indi-
18 ans community and in-school training, edu-
19 cation, and prevention programs relating
20 to fetal alcohol spectrum disorders.

21 “(ii) To identify and provide behav-
22 ioral health treatment to high-risk Indian
23 women and high-risk women pregnant with
24 an Indian’s child.

1 “(iii) To identify and provide appro-
2 priate psychological services, educational
3 and vocational support, counseling, advoca-
4 cacy, and information to fetal alcohol spec-
5 trum disorders-affected Indians and their
6 families or caretakers.

7 “(iv) To develop and implement coun-
8 seling and support programs in schools for
9 fetal alcohol spectrum disorders-affected
10 Indian children.

11 “(v) To develop prevention and inter-
12 vention models which incorporate practi-
13 tioners of traditional health care practices,
14 cultural values, and community involve-
15 ment.

16 “(vi) To develop, print, and dissemi-
17 nate education and prevention materials on
18 fetal alcohol spectrum disorders.

19 “(vii) To develop and implement, in
20 consultation with Indian Tribes and Tribal
21 Organizations, and in conference with
22 Urban Indian Organizations, culturally
23 sensitive assessment and diagnostic tools
24 including dysmorphology clinics and multi-
25 disciplinary fetal alcohol spectrum dis-

1 orders clinics for use in Indian commu-
2 nities and Urban Centers.

3 “(B) ADDITIONAL USES.—In addition to
4 any purpose under subparagraph (A), funding
5 provided pursuant to this section may be used
6 for 1 or more of the following:

7 “(i) Early childhood intervention
8 projects from birth on to mitigate the ef-
9 fects of fetal alcohol spectrum disorders
10 among Indians.

11 “(ii) Community-based support serv-
12 ices for Indians and women pregnant with
13 Indian children.

14 “(iii) Community-based housing for
15 adult Indians with fetal alcohol spectrum
16 disorders.

17 “(3) CRITERIA FOR APPLICATIONS.—The Sec-
18 retary shall establish criteria for the review and ap-
19 proval of applications for funding under this section.

20 “(b) SERVICES.—The Secretary, acting through the
21 Service, Indian Tribes, and Tribal Organizations, shall—

22 “(1) develop and provide services for the pre-
23 vention, intervention, treatment, and aftercare for
24 those affected by fetal alcohol spectrum disorders in
25 Indian communities; and

1 “(2) provide supportive services, including serv-
2 ices to meet the special educational, vocational,
3 school-to-work transition, and independent living
4 needs of adolescent and adult Indians with fetal al-
5 cohol spectrum disorders.

6 “(c) TASK FORCE.—The Secretary shall establish a
7 task force to be known as the Fetal Alcohol Spectrum Dis-
8 orders Task Force to advise the Secretary in carrying out
9 subsection (b). Such task force shall be composed of rep-
10 resentatives from the following:

11 “(1) The National Institute on Drug Abuse.

12 “(2) The National Institute on Alcohol and Al-
13 coholism.

14 “(3) The Office of Substance Abuse Prevention.

15 “(4) The National Institute of Mental Health.

16 “(5) The Service.

17 “(6) The Office of Minority Health of the De-
18 partment of Health and Human Services.

19 “(7) The Administration for Native Americans.

20 “(8) The National Institute of Child Health
21 and Human Development (NICHD).

22 “(9) The Centers for Disease Control and Pre-
23 vention.

24 “(10) The Bureau of Indian Affairs.

25 “(11) Indian Tribes.

1 “(b) USE OF FUNDS.—Funding provided pursuant to
2 this section shall be used for the following:

3 “(1) To develop and provide community edu-
4 cation and prevention programs related to sexual
5 abuse of Indian children or children in an Indian
6 household.

7 “(2) To identify and provide behavioral health
8 treatment to victims of sexual abuse who are Indian
9 children or children in an Indian household, and to
10 their family members who are affected by sexual
11 abuse.

12 “(3) To develop prevention and intervention
13 models which incorporate traditional health care
14 practices, cultural values, and community involve-
15 ment.

16 “(4) To develop and implement culturally sen-
17 sitive assessment and diagnostic tools for use in In-
18 dian communities and Urban Centers.

19 “(5) To identify and provide behavioral health
20 treatment to Indian perpetrators and perpetrators
21 who are members of an Indian household—

22 “(A) making efforts to begin offender and
23 behavioral health treatment while the pepe-
24 trator is incarcerated or at the earliest possible
25 date if the perpetrator is not incarcerated; and

1 “(2) to provide behavioral health services, in-
2 cluding victim support services, and medical treat-
3 ment (including examinations performed by sexual
4 assault nurse examiners) to Indian victims of domes-
5 tic violence or sexual abuse;

6 “(3) to purchase rape kits,

7 “(4) to develop prevention and intervention
8 models, which may incorporate traditional health
9 care practices; and

10 “(5) to identify and provide behavioral health
11 treatment to perpetrators who are Indian or mem-
12 bers of an Indian household.

13 “(c) TRAINING AND CERTIFICATION.—

14 “(1) IN GENERAL.—Not later than 1 year after
15 the date of enactment of the Indian Health Care Im-
16 provement Act Amendments of 2008, the Secretary
17 shall establish appropriate protocols, policies, proce-
18 dures, standards of practice, and, if not available
19 elsewhere, training curricula and training and cer-
20 tification requirements for services for victims of do-
21 mestic violence and sexual abuse.

22 “(2) REPORT.—Not later than 18 months after
23 the date of enactment of the Indian Health Care Im-
24 provement Act Amendments of 2008, the Secretary
25 shall submit to the Committee on Indian Affairs of

1 the Senate and the Committee on Natural Resources
2 of the House of Representatives a report that de-
3 scribes the means and extent to which the Secretary
4 has carried out paragraph (1).

5 “(d) COORDINATION.—

6 “(1) IN GENERAL.—The Secretary, in coordina-
7 tion with the Attorney General, Federal and tribal
8 law enforcement agencies, Indian Health Programs,
9 and domestic violence or sexual assault victim orga-
10 nizations, shall develop appropriate victim services
11 and victim advocate training programs—

12 “(A) to improve domestic violence or sex-
13 ual abuse responses;

14 “(B) to improve forensic examinations and
15 collection;

16 “(C) to identify problems or obstacles in
17 the prosecution of domestic violence or sexual
18 abuse; and

19 “(D) to meet other needs or carry out
20 other activities required to prevent, treat, and
21 improve prosecutions of domestic violence and
22 sexual abuse.

23 “(2) REPORT.—Not later than 2 years after the
24 date of enactment of the Indian Health Care Im-
25 provement Act Amendments of 2008, the Secretary

1 shall submit to the Committee on Indian Affairs of
2 the Senate and the Committee on Natural Resources
3 of the House of Representatives a report that de-
4 scribes, with respect to the matters described in
5 paragraph (1), the improvements made and needed,
6 problems or obstacles identified, and costs necessary
7 to address the problems or obstacles, and any other
8 recommendations that the Secretary determines to
9 be appropriate.

10 **“SEC. 715. TESTIMONY BY SERVICE EMPLOYEES IN CASES**
11 **OF RAPE AND SEXUAL ASSAULT.**

12 “(a) APPROVAL BY DIRECTOR.—

13 “(1) IN GENERAL.—The Director shall approve
14 or disapprove, in writing, any request or subpoena
15 for a sexual assault nurse examiner employed by the
16 Service to provide testimony in a deposition, trial, or
17 other similar proceeding regarding information ob-
18 tained in carrying out the official duties of the nurse
19 examiner.

20 “(2) REQUIREMENT.—The Director shall ap-
21 prove a request or subpoena under paragraph (1) if
22 the request or subpoena does not violate the policy
23 of the Department to maintain strict impartiality
24 with respect to private causes of action.

1 “(3) TREATMENT.—If the Director fails to ap-
2 prove or disapprove a request or subpoena by the
3 date that is 30 days after the date of receipt of the
4 request or subpoena, the request or subpoena shall
5 be considered to be approved for purposes of this
6 subsection.

7 “(b) POLICIES AND PROTOCOL.—The Director, in co-
8 ordination with the Director of the Office on Violence
9 Against Women of the Department of Justice, in consulta-
10 tion with Indian Tribes and Tribal Organizations, and in
11 conference with Urban Indian Organizations, shall develop
12 standardized sexual assault policies and protocol for the
13 facilities of the Service.

14 **“SEC. 716. BEHAVIORAL HEALTH RESEARCH.**

15 “The Secretary, in consultation with appropriate
16 Federal agencies, shall make grants to, or enter into con-
17 tracts with, Indian Tribes, Tribal Organizations, and
18 Urban Indian Organizations or enter into contracts with,
19 or make grants to appropriate institutions for, the conduct
20 of research on the incidence and prevalence of behavioral
21 health problems among Indians served by the Service, In-
22 dian Tribes, or Tribal Organizations and among Indians
23 in urban areas. Research priorities under this section shall
24 include—

1 “(1) the multifactorial causes of Indian youth
2 suicide, including—

3 “(A) protective and risk factors and sci-
4 entific data that identifies those factors; and

5 “(B) the effects of loss of cultural identity
6 and the development of scientific data on those
7 effects;

8 “(2) the interrelationship and interdependence
9 of behavioral health problems with alcoholism and
10 other substance abuse, suicide, homicides, other in-
11 juries, and the incidence of family violence; and

12 “(3) the development of models of prevention
13 techniques.

14 The effect of the interrelationships and interdependencies
15 referred to in paragraph (2) on children, and the develop-
16 ment of prevention techniques under paragraph (3) appli-
17 cable to children, shall be emphasized.

18 **“SEC. 717. DEFINITIONS.**

19 “For the purpose of this title, the following defini-
20 tions shall apply:

21 “(1) **ASSESSMENT.**—The term ‘assessment’
22 means the systematic collection, analysis, and dis-
23 semination of information on health status, health
24 needs, and health problems.

1 “(4) DUAL DIAGNOSIS.—The term ‘dual diag-
 2 nosis’ means coexisting substance abuse and mental
 3 illness conditions or diagnosis. Such clients are
 4 sometimes referred to as mentally ill chemical abuser-
 5 ers (MICAs).

6 “(5) FETAL ALCOHOL SPECTRUM DIS-
 7 ORDERS.—

8 “(A) IN GENERAL.—The term ‘fetal alco-
 9 hol spectrum disorders’ includes a range of ef-
 10 fects that can occur in an individual whose
 11 mother drank alcohol during pregnancy, includ-
 12 ing physical, mental, behavioral, and/or learning
 13 disabilities with possible lifelong implications.

14 “(B) INCLUSIONS.—The term ‘fetal alcohol
 15 spectrum disorders’ may include—

16 “(i) fetal alcohol syndrome (FAS);

17 “(ii) fetal alcohol effect (FAE);

18 “(iii) alcohol-related birth defects; and

19 “(iv) alcohol-related
 20 neurodevelopmental disorders (ARND).

21 “(6) FETAL ALCOHOL SYNDROME OR FAS.—

22 The term ‘fetal alcohol syndrome’ or ‘FAS’ means
 23 any 1 of a spectrum of effects that may occur when
 24 a woman drinks alcohol during pregnancy, the diag-

1 nosis of which involves the confirmed presence of the
2 following 3 criteria:

3 “(A) Craniofacial abnormalities.

4 “(B) Growth deficits.

5 “(C) Central nervous system abnormalities.

6 “(7) REHABILITATION.—The term ‘rehabilita-
7 tion’ means to restore the ability or capacity to en-
8 gage in usual and customary life activities through
9 education and therapy.

10 “(8) SUBSTANCE ABUSE.—The term ‘substance
11 abuse’ includes inhalant abuse.

12 **“SEC. 718. AUTHORIZATION OF APPROPRIATIONS.**

13 “There is authorized to be appropriated such sums
14 as may be necessary for each fiscal year through fiscal
15 year 2017 to carry out the provisions of this title.

16 **“TITLE VIII—MISCELLANEOUS**

17 **“SEC. 801. REPORTS.**

18 “For each fiscal year following the date of enactment
19 of the Indian Health Care Improvement Act Amendments
20 of 2008, the Secretary shall transmit to Congress a report
21 containing the following:

22 “(1) A report on the progress made in meeting
23 the objectives of this Act, including a review of pro-
24 grams established or assisted pursuant to this Act
25 and assessments and recommendations of additional

1 programs or additional assistance necessary to, at a
2 minimum, provide health services to Indians and en-
3 sure a health status for Indians, which are at a par-
4 ity with the health services available to and the
5 health status of the general population.

6 “(2) A report on whether, and to what extent,
7 new national health care programs, benefits, initia-
8 tives, or financing systems have had an impact on
9 the purposes of this Act and any steps that the Sec-
10 retary may have taken to consult with Indian Tribes,
11 Tribal Organizations, and Urban Indian Organiza-
12 tions to address such impact, including a report on
13 proposed changes in allocation of funding pursuant
14 to section 808.

15 “(3) A report on the use of health services by
16 Indians—

17 “(A) on a national and area or other rel-
18 evant geographical basis;

19 “(B) by gender and age;

20 “(C) by source of payment and type of
21 service;

22 “(D) comparing such rates of use with
23 rates of use among comparable non-Indian pop-
24 ulations; and

25 “(E) provided under contracts.

1 “(4) A report of contractors to the Secretary on
2 Health Care Educational Loan Repayments every 6
3 months required by section 110.

4 “(5) A general audit report of the Secretary on
5 the Health Care Educational Loan Repayment Pro-
6 gram as required by section 110(n).

7 “(6) A report of the findings and conclusions of
8 demonstration programs on development of edu-
9 cational curricula for substance abuse counseling as
10 required in section 125(f).

11 “(7) A separate statement which specifies the
12 amount of funds requested to carry out the provi-
13 sions of section 201.

14 “(8) A report of the evaluations of health pro-
15 motion and disease prevention as required in section
16 203(c).

17 “(9) A biennial report to Congress on infectious
18 diseases as required by section 212.

19 “(10) A report on environmental and nuclear
20 health hazards as required by section 215.

21 “(11) An annual report on the status of all
22 health care facilities needs as required by section
23 301(c)(2)(B) and 301(d).

24 “(12) Reports on safe water and sanitary waste
25 disposal facilities as required by section 302(h).

1 “(13) An annual report on the expenditure of
2 non-Service funds for renovation as required by sec-
3 tions 304(b)(2).

4 “(14) A report identifying the backlog of main-
5 tenance and repair required at Service and tribal fa-
6 cilities required by section 313(a).

7 “(15) A report providing an accounting of reim-
8 bursement funds made available to the Secretary
9 under titles XVIII, XIX, and XXI of the Social Se-
10 curity Act.

11 “(16) A report on any arrangements for the
12 sharing of medical facilities or services, as author-
13 ized by section 406.

14 “(17) A report on evaluation and renewal of
15 Urban Indian programs under section 505.

16 “(18) A report on the evaluation of programs
17 as required by section 513(d).

18 “(19) A report on alcohol and substance abuse
19 as required by section 701(f).

20 “(20) A report on Indian youth mental health
21 services as required by section 707(h).

22 “(21) A report on the reallocation of base re-
23 sources if required by section 808.

24 **“SEC. 802. REGULATIONS.**

25 “(a) DEADLINES.—

1 “(1) PROCEDURES.—Not later than 90 days
2 after the date of enactment of the Indian Health
3 Care Improvement Act Amendments of 2008, the
4 Secretary shall initiate procedures under subchapter
5 III of chapter 5 of title 5, United States Code, to
6 negotiate and promulgate such regulations or
7 amendments thereto that are necessary to carry out
8 titles II (except section 202) and VII, the sections
9 of title III for which negotiated rulemaking is spe-
10 cifically required, and section 807. Unless otherwise
11 required, the Secretary may promulgate regulations
12 to carry out titles I, III, IV, and V, and section 202,
13 using the procedures required by chapter V of title
14 5, United States Code (commonly known as the ‘Ad-
15 ministrative Procedure Act’).

16 “(2) PROPOSED REGULATIONS.—Proposed reg-
17 ulations to implement this Act shall be published in
18 the Federal Register by the Secretary no later than
19 2 years after the date of enactment of the Indian
20 Health Care Improvement Act Amendments of 2008
21 and shall have no less than a 120-day comment pe-
22 riod.

23 “(3) FINAL REGULATIONS.—The Secretary
24 shall publish in the Federal Register final regula-
25 tions to implement this Act by not later than 3 years

1 after the date of enactment of the Indian Health
2 Care Improvement Act Amendments of 2008.

3 “(b) COMMITTEE.—A negotiated rulemaking com-
4 mittee established pursuant to section 565 of title 5,
5 United States Code, to carry out this section shall have
6 as its members only representatives of the Federal Gov-
7 ernment and representatives of Indian Tribes, and Tribal
8 Organizations, a majority of whom shall be nominated by
9 and be representatives of Indian Tribes and Tribal Orga-
10 nizations from each Service Area.

11 “(c) ADAPTATION OF PROCEDURES.—The Secretary
12 shall adapt the negotiated rulemaking procedures to the
13 unique context of self-governance and the government-to-
14 government relationship between the United States and
15 Indian Tribes.

16 “(d) LACK OF REGULATIONS.—The lack of promul-
17 gated regulations shall not limit the effect of this Act.

18 “(e) INCONSISTENT REGULATIONS.—The provisions
19 of this Act shall supersede any conflicting provisions of
20 law in effect on the day before the date of enactment of
21 the Indian Health Care Improvement Act Amendments of
22 2008, and the Secretary is authorized to repeal any regu-
23 lation inconsistent with the provisions of this Act.

1 **“SEC. 803. PLAN OF IMPLEMENTATION.**

2 “Not later than 9 months after the date of enactment
3 of the Indian Health Care Improvement Act Amendments
4 of 2008, the Secretary, in consultation with Indian Tribes
5 and Tribal Organizations, and in conference with Urban
6 Indian Organizations, shall submit to Congress a plan ex-
7 plaining the manner and schedule, by title and section,
8 by which the Secretary will implement the provisions of
9 this Act. This consultation may be conducted jointly with
10 the annual budget consultation pursuant to the Indian
11 Self-Determination and Education Assistance Act (25
12 U.S.C. 450 et seq).

13 **“SEC. 804. AVAILABILITY OF FUNDS.**

14 “The funds appropriated pursuant to this Act shall
15 remain available until expended.

16 **“SEC. 805. LIMITATION RELATING TO ABORTION.**

17 “(a) DEFINITION OF HEALTH BENEFITS COV-
18 ERAGE.—In this section, the term ‘health benefits cov-
19 erage’ means a health-related service or group of services
20 provided pursuant to a contract, compact, grant, or other
21 agreement.

22 “(b) LIMITATION.—

23 “(1) IN GENERAL.—Except as provided in para-
24 graph (2), no funds or facilities of the Service may
25 be used—

26 “(A) to provide any abortion; or

1 “(B) to provide, or pay any administrative
2 cost of, any health benefits coverage that in-
3 cludes coverage of an abortion.

4 “(2) EXCEPTIONS.—The limitation described in
5 paragraph (1) shall not apply in any case in which—

6 “(A) a pregnancy is the result of an act of
7 rape, or an act of incest against a minor; or

8 “(B) the woman suffers from a physical
9 disorder, physical injury, or physical illness
10 that, as certified by a physician, would place
11 the woman in danger of death unless an abor-
12 tion is performed, including a life-endangering
13 physical condition caused by or arising from the
14 pregnancy itself.

15 “(c) TRADITIONAL HEALTH CARE PRACTICES.—Al-
16 though the Secretary may promote traditional health care
17 practices, consistent with the Service standards for the
18 provision of health care, health promotion, and disease
19 prevention under this Act, the United States is not liable
20 for any provision of traditional health care practices pur-
21 suant to this Act that results in damage, injury, or death
22 to a patient. Nothing in this subsection shall be construed
23 to alter any liability or other obligation that the United
24 States may otherwise have under the Indian Self-Deter-

1 mination and Education Assistance Act (25 U.S.C. 450
2 et seq.) or this Act.

3 “(d) FIREARM PROGRAMS.—None of the funds made
4 available to carry out this Act may be used to carry out
5 any antifiarm program, gun buy-back program, or pro-
6 gram to discourage or stigmatize the private ownership of
7 firearms for collecting, hunting, or self-defense purposes.

8 **“SEC. 806. ELIGIBILITY OF CALIFORNIA INDIANS.**

9 “(a) IN GENERAL.—The following California Indians
10 shall be eligible for health services provided by the Service:

11 “(1) Any member of a federally recognized In-
12 dian Tribe.

13 “(2) Any descendant of an Indian who was re-
14 siding in California on June 1, 1852, if such de-
15 scendant—

16 “(A) is a member of the Indian community
17 served by a local program of the Service; and

18 “(B) is regarded as an Indian by the com-
19 munity in which such descendant lives.

20 “(3) Any Indian who holds trust interests in
21 public domain, national forest, or reservation allot-
22 ments in California.

23 “(4) Any Indian in California who is listed on
24 the plans for distribution of the assets of rancherias
25 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. TRIBAL EMPLOYMENT.**

17 “For purposes of section 2(2) of the Act of July 5,
18 1935 (49 Stat. 450, chapter 372), an Indian Tribe or
19 Tribal Organization carrying out a contract or compact
20 pursuant to the Indian Self-Determination and Education
21 Assistance Act (25 U.S.C. 450 et seq.) shall not be consid-
22 ered an ‘employer’.

23 **“SEC. 812. SEVERABILITY PROVISIONS.**

24 “If any provision of this Act, any amendment made
25 by the Act, or the application of such provision or amend-

1 ment to any person or circumstances is held to be invalid,
2 the remainder of this Act, the remaining amendments
3 made by this Act, and the application of such provisions
4 to persons or circumstances other than those to which it
5 is held invalid, shall not be affected thereby.

6 **“SEC. 813. ESTABLISHMENT OF NATIONAL BIPARTISAN**
7 **COMMISSION ON INDIAN HEALTH CARE.**

8 “(a) ESTABLISHMENT.—There is established the Na-
9 tional Bipartisan Indian Health Care Commission (the
10 ‘Commission’).

11 “(b) DUTIES OF COMMISSION.—The duties of the
12 Commission are the following:

13 “(1) To establish a study committee composed
14 of those members of the Commission appointed by
15 the Director and at least 4 members of Congress
16 from among the members of the Commission, the
17 duties of which shall be the following:

18 “(A) To the extent necessary to carry out
19 its duties, collect and compile data necessary to
20 understand the extent of Indian needs with re-
21 gard to the provision of health services, regard-
22 less of the location of Indians, including holding
23 hearings and soliciting the views of Indians, In-
24 dian Tribes, Tribal Organizations, and Urban
25 Indian Organizations, which may include au-

1 thorizing and making funds available for feasi-
2 bility studies of various models for providing
3 and funding health services for all Indian bene-
4 ficiaries, including those who live outside of a
5 reservation, temporarily or permanently.

6 “(B) To make legislative recommendations
7 to the Commission regarding the delivery of
8 Federal health care services to Indians. Such
9 recommendations shall include those related to
10 issues of eligibility, benefits, the range of serv-
11 ice providers, the cost of such services, financ-
12 ing such services, and the optimal manner in
13 which to provide such services.

14 “(C) To determine the effect of the enact-
15 ment of such recommendations on (i) the exist-
16 ing system of delivery of health services for In-
17 dians, and (ii) the sovereign status of Indian
18 Tribes.

19 “(D) Not later than 12 months after the
20 appointment of all members of the Commission,
21 to submit a written report of its findings and
22 recommendations to the full Commission. The
23 report shall include a statement of the minority
24 and majority position of the Committee and
25 shall be disseminated, at a minimum, to every

1 Indian Tribe, Tribal Organization, and Urban
2 Indian Organization for comment to the Com-
3 mission.

4 “(E) To report regularly to the full Com-
5 mission regarding the findings and rec-
6 ommendations developed by the study com-
7 mittee in the course of carrying out its duties
8 under this section.

9 “(2) To review and analyze the recommenda-
10 tions of the report of the study committee.

11 “(3) To make legislative recommendations to
12 Congress regarding the delivery of Federal health
13 care services to Indians. Such recommendations
14 shall include those related to issues of eligibility,
15 benefits, the range of service providers, the cost of
16 such services, financing such services, and the opti-
17 mal manner in which to provide such services.

18 “(4) Not later than 18 months following the
19 date of appointment of all members of the Commis-
20 sion, submit a written report to Congress regarding
21 the delivery of Federal health care services to Indi-
22 ans. Such recommendations shall include those re-
23 lated to issues of eligibility, benefits, the range of
24 service providers, the cost of such services, financing

1 such services, and the optimal manner in which to
2 provide such services.

3 “(c) MEMBERS.—

4 “(1) APPOINTMENT.—The Commission shall be
5 composed of 25 members, appointed as follows:

6 “(A) Ten members of Congress, including
7 3 from the House of Representatives and 2
8 from the Senate, appointed by their respective
9 majority leaders, and 3 from the House of Rep-
10 resentatives and 2 from the Senate, appointed
11 by their respective minority leaders, and who
12 shall be members of the standing committees of
13 Congress that consider legislation affecting
14 health care to Indians.

15 “(B) Twelve persons chosen by the con-
16 gressional members of the Commission, 1 from
17 each Service Area as currently designated by
18 the Director to be chosen from among 3 nomi-
19 nees from each Service Area put forward by the
20 Indian Tribes within the area, with due regard
21 being given to the experience and expertise of
22 the nominees in the provision of health care to
23 Indians and to a reasonable representation on
24 the commission of members who are familiar
25 with various health care delivery modes and

1 who represent Indian Tribes of various size
2 populations.

3 “(C) Three persons appointed by the Di-
4 rector who are knowledgeable about the provi-
5 sion of health care to Indians, at least 1 of
6 whom shall be appointed from among 3 nomi-
7 nees put forward by those programs whose
8 funds are provided in whole or in part by the
9 Service primarily or exclusively for the benefit
10 of Urban Indians.

11 “(D) All those persons chosen by the con-
12 gressional members of the Commission and by
13 the Director shall be members of federally rec-
14 ognized Indian Tribes.

15 “(2) CHAIR; VICE CHAIR.—The Chair and Vice
16 Chair of the Commission shall be selected by the
17 congressional members of the Commission.

18 “(3) TERMS.—The terms of members of the
19 Commission shall be for the life of the Commission.

20 “(4) DEADLINE FOR APPOINTMENTS.—Con-
21 gressional members of the Commission shall be ap-
22 pointed not later than 180 days after the date of en-
23 actment of the Indian Health Care Improvement Act
24 Amendments of 2008, and the remaining members
25 of the Commission shall be appointed not later than

1 60 days following the appointment of the congres-
2 sional members.

3 “(5) VACANCY.—A vacancy in the Commission
4 shall be filled in the manner in which the original
5 appointment was made.

6 “(d) COMPENSATION.—

7 “(1) CONGRESSIONAL MEMBERS.—Each con-
8 gressional member of the Commission shall receive
9 no additional pay, allowances, or benefits by reason
10 of their service on the Commission and shall receive
11 travel expenses and per diem in lieu of subsistence
12 in accordance with sections 5702 and 5703 of title
13 5, United States Code.

14 “(2) OTHER MEMBERS.—Remaining members
15 of the Commission, while serving on the business of
16 the Commission (including travel time), shall be en-
17 titled to receive compensation at the per diem equiv-
18 alent of the rate provided for level IV of the Execu-
19 tive Schedule under section 5315 of title 5, United
20 States Code, and while so serving away from home
21 and the member’s regular place of business, a mem-
22 ber may be allowed travel expenses, as authorized by
23 the Chairman of the Commission. For purpose of
24 pay (other than pay of members of the Commission)
25 and employment benefits, rights, and privileges, all

1 personnel of the Commission shall be treated as if
2 they were employees of the United States Senate.

3 “(e) MEETINGS.—The Commission shall meet at the
4 call of the Chair.

5 “(f) QUORUM.—A quorum of the Commission shall
6 consist of not less than 15 members, provided that no less
7 than 6 of the members of Congress who are Commission
8 members are present and no less than 9 of the members
9 who are Indians are present.

10 “(g) EXECUTIVE DIRECTOR; STAFF; FACILITIES.—

11 “(1) APPOINTMENT; PAY.—The Commission
12 shall appoint an executive director of the Commis-
13 sion. The executive director shall be paid the rate of
14 basic pay for level V of the Executive Schedule.

15 “(2) STAFF APPOINTMENT.—With the approval
16 of the Commission, the executive director may ap-
17 point such personnel as the executive director deems
18 appropriate.

19 “(3) STAFF PAY.—The staff of the Commission
20 shall be appointed without regard to the provisions
21 of title 5, United States Code, governing appoint-
22 ments in the competitive service, and shall be paid
23 without regard to the provisions of chapter 51 and
24 subchapter III of chapter 53 of such title (relating
25 to classification and General Schedule pay rates).

1 “(4) TEMPORARY SERVICES.—With the ap-
2 proval of the Commission, the executive director may
3 procure temporary and intermittent services under
4 section 3109(b) of title 5, United States Code.

5 “(5) FACILITIES.—The Administrator of Gen-
6 eral Services shall locate suitable office space for the
7 operation of the Commission. The facilities shall
8 serve as the headquarters of the Commission and
9 shall include all necessary equipment and incidentals
10 required for the proper functioning of the Commis-
11 sion.

12 “(h) HEARINGS.—(1) For the purpose of carrying
13 out its duties, the Commission may hold such hearings
14 and undertake such other activities as the Commission de-
15 termines to be necessary to carry out its duties, provided
16 that at least 6 regional hearings are held in different areas
17 of the United States in which large numbers of Indians
18 are present. Such hearings are to be held to solicit the
19 views of Indians regarding the delivery of health care serv-
20 ices to them. To constitute a hearing under this sub-
21 section, at least 5 members of the Commission, including
22 at least 1 member of Congress, must be present. Hearings
23 held by the study committee established in this section
24 may count toward the number of regional hearings re-
25 quired by this subsection.

1 “(2)(A) The Director of the Congressional Budget
2 Office or the Chief Actuary of the Centers for Medicare
3 & Medicaid Services, or both, shall provide to the Commis-
4 sion, upon the request of the Commission, such cost esti-
5 mates as the Commission determines to be necessary to
6 carry out its duties.

7 “(B) The Commission shall reimburse the Director
8 of the Congressional Budget Office for expenses relating
9 to the employment in the office of that Director of such
10 additional staff as may be necessary for the Director to
11 comply with requests by the Commission under subpara-
12 graph (A).

13 “(3) Upon the request of the Commission, the head
14 of any Federal agency is authorized to detail, without re-
15 imbursement, any of the personnel of such agency to the
16 Commission to assist the Commission in carrying out its
17 duties. Any such detail shall not interrupt or otherwise
18 affect the civil service status or privileges of the Federal
19 employee.

20 “(4) Upon the request of the Commission, the head
21 of a Federal agency shall provide such technical assistance
22 to the Commission as the Commission determines to be
23 necessary to carry out its duties.

24 “(5) The Commission may use the United States
25 mails in the same manner and under the same conditions

1 as Federal agencies and shall, for purposes of the frank,
2 be considered a commission of Congress as described in
3 section 3215 of title 39, United States Code.

4 “(6) The Commission may secure directly from any
5 Federal agency information necessary to enable it to carry
6 out its duties, if the information may be disclosed under
7 section 552 of title 4, United States Code. Upon request
8 of the Chairman of the Commission, the head of such
9 agency shall furnish such information to the Commission.

10 “(7) Upon the request of the Commission, the Ad-
11 ministrator of General Services shall provide to the Com-
12 mission on a reimbursable basis such administrative sup-
13 port services as the Commission may request.

14 “(8) For purposes of costs relating to printing and
15 binding, including the cost of personnel detailed from the
16 Government Printing Office, the Commission shall be
17 deemed to be a committee of Congress.

18 “(i) AUTHORIZATION OF APPROPRIATIONS.—There is
19 authorized to be appropriated \$4,000,000 to carry out the
20 provisions of this section, which sum shall not be deducted
21 from or affect any other appropriation for health care for
22 Indian persons.

23 “(j) NONAPPLICABILITY OF FACA.—The Federal
24 Advisory Committee Act (5 U.S.C. App.) shall not apply
25 to the Commission.

1 **“SEC. 814. CONFIDENTIALITY OF MEDICAL QUALITY ASSUR-**
2 **ANCE RECORDS; QUALIFIED IMMUNITY FOR**
3 **PARTICIPANTS.**

4 “(a) CONFIDENTIALITY OF RECORDS.—Medical qual-
5 ity assurance records created by or for any Indian Health
6 Program or a health program of an Urban Indian Organi-
7 zation as part of a medical quality assurance program are
8 confidential and privileged. Such records may not be dis-
9 closed to any person or entity, except as provided in sub-
10 section (c).

11 “(b) PROHIBITION ON DISCLOSURE AND TESTI-
12 MONY.—

13 “(1) IN GENERAL.—No part of any medical
14 quality assurance record described in subsection (a)
15 may be subject to discovery or admitted into evi-
16 dence in any judicial or administrative proceeding,
17 except as provided in subsection (c).

18 “(2) TESTIMONY.—A person who reviews or
19 creates medical quality assurance records for any In-
20 dian Health Program or Urban Indian Organization
21 who participates in any proceeding that reviews or
22 creates such records may not be permitted or re-
23 quired to testify in any judicial or administrative
24 proceeding with respect to such records or with re-
25 spect to any finding, recommendation, evaluation,
26 opinion, or action taken by such person or body in

1 connection with such records except as provided in
2 this section.

3 “(c) AUTHORIZED DISCLOSURE AND TESTIMONY.—

4 “(1) IN GENERAL.—Subject to paragraph (2), a
5 medical quality assurance record described in sub-
6 section (a) may be disclosed, and a person referred
7 to in subsection (b) may give testimony in connec-
8 tion with such a record, only as follows:

9 “(A) To a Federal executive agency or pri-
10 vate organization, if such medical quality assur-
11 ance record or testimony is needed by such
12 agency or organization to perform licensing or
13 accreditation functions related to any Indian
14 Health Program or to a health program of an
15 Urban Indian Organization to perform moni-
16 toring, required by law, of such program or or-
17 ganization.

18 “(B) To an administrative or judicial pro-
19 ceeding commenced by a present or former In-
20 dian Health Program or Urban Indian Organi-
21 zation provider concerning the termination, sus-
22 pension, or limitation of clinical privileges of
23 such health care provider.

24 “(C) To a governmental board or agency
25 or to a professional health care society or orga-

1 nization, if such medical quality assurance
2 record or testimony is needed by such board,
3 agency, society, or organization to perform li-
4 censing, credentialing, or the monitoring of pro-
5 fessional standards with respect to any health
6 care provider who is or was an employee of any
7 Indian Health Program or Urban Indian Orga-
8 nization.

9 “(D) To a hospital, medical center, or
10 other institution that provides health care serv-
11 ices, if such medical quality assurance record or
12 testimony is needed by such institution to as-
13 sess the professional qualifications of any health
14 care provider who is or was an employee of any
15 Indian Health Program or Urban Indian Orga-
16 nization and who has applied for or been grant-
17 ed authority or employment to provide health
18 care services in or on behalf of such program or
19 organization.

20 “(E) To an officer, employee, or contractor
21 of the Indian Health Program or Urban Indian
22 Organization that created the records or for
23 which the records were created. If that officer,
24 employee, or contractor has a need for such
25 record or testimony to perform official duties.

1 “(F) To a criminal or civil law enforce-
2 ment agency or instrumentality charged under
3 applicable law with the protection of the public
4 health or safety, if a qualified representative of
5 such agency or instrumentality makes a written
6 request that such record or testimony be pro-
7 vided for a purpose authorized by law.

8 “(G) In an administrative or judicial pro-
9 ceeding commenced by a criminal or civil law
10 enforcement agency or instrumentality referred
11 to in subparagraph (F), but only with respect
12 to the subject of such proceeding.

13 “(2) IDENTITY OF PARTICIPANTS.—With the
14 exception of the subject of a quality assurance ac-
15 tion, the identity of any person receiving health care
16 services from any Indian Health Program or Urban
17 Indian Organization or the identity of any other per-
18 son associated with such program or organization
19 for purposes of a medical quality assurance program
20 that is disclosed in a medical quality assurance
21 record described in subsection (a) shall be deleted
22 from that record or document before any disclosure
23 of such record is made outside such program or or-
24 ganization.

25 “(d) DISCLOSURE FOR CERTAIN PURPOSES.—

1 “(1) IN GENERAL.—Nothing in this section
2 shall be construed as authorizing or requiring the
3 withholding from any person or entity aggregate sta-
4 tistical information regarding the results of any In-
5 dian Health Program’s or Urban Indian Organiza-
6 tion’s medical quality assurance programs.

7 “(2) WITHHOLDING FROM CONGRESS.—Noth-
8 ing in this section shall be construed as authority to
9 withhold any medical quality assurance record from
10 a committee of either House of Congress, any joint
11 committee of Congress, or the Government Account-
12 ability Office if such record pertains to any matter
13 within their respective jurisdictions.

14 “(e) PROHIBITION ON DISCLOSURE OF RECORD OR
15 TESTIMONY.—A person or entity having possession of or
16 access to a record or testimony described by this section
17 may not disclose the contents of such record or testimony
18 in any manner or for any purpose except as provided in
19 this section.

20 “(f) EXEMPTION FROM FREEDOM OF INFORMATION
21 ACT.—Medical quality assurance records described in sub-
22 section (a) may not be made available to any person under
23 section 552 of title 5.

24 “(g) LIMITATION ON CIVIL LIABILITY.—A person
25 who participates in or provides information to a person

1 or body that reviews or creates medical quality assurance
2 records described in subsection (a) shall not be civilly lia-
3 ble for such participation or for providing such informa-
4 tion if the participation or provision of information was
5 in good faith based on prevailing professional standards
6 at the time the medical quality assurance program activity
7 took place.

8 “(h) APPLICATION TO INFORMATION IN CERTAIN
9 OTHER RECORDS.—Nothing in this section shall be con-
10 strued as limiting access to the information in a record
11 created and maintained outside a medical quality assur-
12 ance program, including a patient’s medical records, on
13 the grounds that the information was presented during
14 meetings of a review body that are part of a medical qual-
15 ity assurance program.

16 “(i) REGULATIONS.—The Secretary, acting through
17 the Service, is authorized to promulgate regulations pursu-
18 ant to section 802.

19 “(j) DEFINITIONS.—In this section:

20 “(1) The term ‘health care provider’ means any
21 health care professional, including community health
22 aides and practitioners certified under section 121,
23 who are granted clinical practice privileges or em-
24 ployed to provide health care services in an Indian
25 Health Program or health program of an Urban In-

1 dian Organization, who is licensed or certified to
2 perform health care services by a governmental
3 board or agency or professional health care society
4 or organization.

5 “(2) The term ‘medical quality assurance pro-
6 gram’ means any activity carried out before, on, or
7 after the date of enactment of this Act by or for any
8 Indian Health Program or Urban Indian Organiza-
9 tion to assess the quality of medical care, including
10 activities conducted by or on behalf of individuals,
11 Indian Health Program or Urban Indian Organiza-
12 tion medical or dental treatment review committees,
13 or other review bodies responsible for review of ad-
14 verse incidents, claims, quality assurance, creden-
15 tials, infection control, patient safety, patient care
16 assessment (including treatment procedures, blood,
17 drugs, and therapeutics), medical records, health re-
18 sources management review and identification and
19 prevention of medical or dental incidents and risks.

20 “(3) The term ‘medical quality assurance
21 record’ means the proceedings, records, minutes, and
22 reports that emanate from quality assurance pro-
23 gram activities described in paragraph (2) and are
24 produced or compiled by or for an Indian Health

1 Program or Urban Indian Organization as part of a
2 medical quality assurance program.

3 “(k) RELATIONSHIP TO OTHER LAW.—This section
4 shall continue in force and effect, except as otherwise spe-
5 cifically provided in any Federal law enacted after the date
6 of enactment of the Indian Health Care Improvement Act
7 Amendments of 2008.

8 **“SEC. 815. SENSE OF CONGRESS REGARDING LAW EN-**
9 **FORCEMENT AND METHAMPHETAMINE**
10 **ISSUES IN INDIAN COUNTRY.**

11 “It is the sense of Congress that Congress encourages
12 State, local, and Indian tribal law enforcement agencies
13 to enter into memoranda of agreement between and
14 among those agencies for purposes of streamlining law en-
15 forcement activities and maximizing the use of limited re-
16 sources—

17 “(1) to improve law enforcement services pro-
18 vided to Indian tribal communities; and

19 “(2) to increase the effectiveness of measures to
20 address problems relating to methamphetamine use
21 in Indian Country (as defined in section 1151 of
22 title 18, United States Code).

1 **“SEC. 816. TRIBAL HEALTH PROGRAM OPTION FOR COST**
2 **SHARING.**

3 “(a) IN GENERAL.—Nothing in this Act limits the
4 ability of a Tribal Health Program operating any health
5 program, service, function, activity, or facility funded, in
6 whole or part, by the Service through, or provided for in,
7 a compact with the Service pursuant to title V of the In-
8 dian Self-Determination and Education Assistance Act
9 (25 U.S.C. 458aaa et seq.) to charge an Indian for serv-
10 ices provided by the Tribal Health Program.

11 “(b) SERVICE.—Nothing in this Act authorizes the
12 Service—

13 “(1) to charge an Indian for services; or

14 “(2) to require any Tribal Health Program to
15 charge an Indian for services.

16 **“SEC. 817. TESTING FOR SEXUALLY TRANSMITTED DIS-**
17 **EASES IN CASES OF SEXUAL VIOLENCE.**

18 “The Attorney General shall ensure that, with respect
19 to any Federal criminal action involving a sexual assault,
20 rape, or other incident of sexual violence against an In-
21 dian—

22 “(1)(A) at the request of the victim, a defend-
23 ant is tested for the human immunodeficiency virus
24 (HIV) and such other sexually transmitted diseases
25 as are requested by the victim not later than 48

1 hours after the date on which the applicable infor-
2 mation or indictment is presented;

3 “(B) a notification of the test results is pro-
4 vided to the victim or the parent or guardian of the
5 victim and the defendant as soon as practicable after
6 the results are generated; and

7 “(C) such follow-up tests for HIV and other
8 sexually transmitted diseases are provided as are
9 medically appropriate, with the test results made
10 available in accordance with subparagraph (B); and

11 “(2) pursuant to section 714(a), HIV and other
12 sexually transmitted disease testing, treatment, and
13 counseling is provided for victims of sexual abuse.

14 **“SEC. 818. STUDY ON TOBACCO-RELATED DISEASE AND DIS-**
15 **PROPORTIONATE HEALTH EFFECTS ON TRIB-**
16 **AL POPULATIONS.**

17 “Not later than 180 days after the date of enactment
18 of the Indian Health Care Improvement Act Amendments
19 of 2008, the Secretary, in consultation with appropriate
20 Federal departments and agencies and acting through the
21 epidemiology centers established under section 209, shall
22 solicit from independent organizations bids to conduct,
23 and shall submit to Congress no later than 5 years after
24 enactment a report describing the results of, a study to

1 determine possible causes for the high prevalence of to-
2 bacco use among Indians.

3 **“SEC. 819. APPROPRIATIONS; AVAILABILITY.**

4 “Any new spending authority (described in subpara-
5 graph (A) or (B) of section 401(c)(2) of the Congressional
6 Budget Act of 1974 (Public Law 93–344; 88 Stat. 317))
7 which is provided under this Act shall be effective for any
8 fiscal year only to such extent or in such amounts as are
9 provided in appropriation Acts.

10 **“SEC. 820. GAO REPORT ON COORDINATION OF SERVICES.**

11 “(a) STUDY AND EVALUATION.—The Comptroller
12 General of the United States shall conduct a study, and
13 evaluate the effectiveness, of coordination of health care
14 services provided to Indians—

15 “(1) through Medicare, Medicaid, or SCHIP;

16 “(2) by the Service; or

17 “(3) using funds provided by—

18 “(A) State or local governments; or

19 “(B) Indian Tribes.

20 “(b) REPORT.—Not later than 18 months after the
21 date of enactment of the Indian Health Care Improvement
22 Act Amendments of 2007, the Comptroller General shall
23 submit to Congress a report—

24 “(1) describing the results of the evaluation
25 under subsection (a); and

1 “(2) containing recommendations of the Comp-
2 troller General regarding measures to support and
3 increase coordination of the provision of health care
4 services to Indians as described in subsection (a).

5 **“SEC. 821. 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 **SEC. 102. SOBOBA SANITATION FACILITIES.**

10 The Act of December 17, 1970 (84 Stat. 1465), is
11 amended by adding at the end the following:

12 “‘SEC. 9. Nothing in this Act shall preclude the
13 Soboba Band of Mission Indians and the Soboba Indian
14 Reservation from being provided with sanitation facilities
15 and services under the authority of section 7 of the Act
16 of August 5, 1954 (68 Stat. 674), as amended by the Act
17 of July 31, 1959 (73 Stat. 267).’”.

18 **SEC. 103. NATIVE AMERICAN HEALTH AND WELLNESS**
19 **FOUNDATION.**

20 (a) IN GENERAL.—The Indian Self-Determination
21 and Education Assistance Act (25 U.S.C. 450 et seq.) is
22 amended by adding at the end the following:

1 **“TITLE VIII—NATIVE AMERICAN**
2 **HEALTH AND WELLNESS**
3 **FOUNDATION**

4 **“SEC. 801. DEFINITIONS.**

5 “In this title:

6 “(1) BOARD.—The term ‘Board’ means the
7 Board of Directors of the Foundation.

8 “(2) COMMITTEE.—The term ‘Committee’
9 means the Committee for the Establishment of Na-
10 tive American Health and Wellness Foundation es-
11 tablished under section 802(f).

12 “(3) FOUNDATION.—The term ‘Foundation’
13 means the Native American Health and Wellness
14 Foundation established under section 802.

15 “(4) SECRETARY.—The term ‘Secretary’ means
16 the Secretary of Health and Human Services.

17 “(5) SERVICE.—The term ‘Service’ means the
18 Indian Health Service of the Department of Health
19 and Human Services.

20 **“SEC. 802. NATIVE AMERICAN HEALTH AND WELLNESS**
21 **FOUNDATION.**

22 “(a) ESTABLISHMENT.—

23 “(1) IN GENERAL.—As soon as practicable
24 after the date of enactment of this title, the Sec-
25 retary shall establish, under the laws of the District

1 of Columbia and in accordance with this title, the
2 Native American Health and Wellness Foundation.

3 “(2) FUNDING DETERMINATIONS.—No funds,
4 gift, property, or other item of value (including any
5 interest accrued on such an item) acquired by the
6 Foundation shall—

7 “(A) be taken into consideration for pur-
8 poses of determining Federal appropriations re-
9 lating to the provision of health care and serv-
10 ices to Indians; or

11 “(B) otherwise limit, diminish, or affect
12 the Federal responsibility for the provision of
13 health care and services to Indians.

14 “(b) PERPETUAL EXISTENCE.—The Foundation
15 shall have perpetual existence.

16 “(c) NATURE OF CORPORATION.—The Foundation—

17 “(1) shall be a charitable and nonprofit feder-
18 ally chartered corporation; and

19 “(2) shall not be an agency or instrumentality
20 of the United States.

21 “(d) PLACE OF INCORPORATION AND DOMICILE.—

22 The Foundation shall be incorporated and domiciled in the
23 District of Columbia.

24 “(e) DUTIES.—The Foundation shall—

1 “(1) encourage, accept, and administer private
2 gifts of real and personal property, and any income
3 from or interest in such gifts, for the benefit of, or
4 in support of, the mission of the Service;

5 “(2) undertake and conduct such other activi-
6 ties as will further the health and wellness activities
7 and opportunities of Native Americans; and

8 “(3) participate with and assist Federal, State,
9 and tribal governments, agencies, entities, and indi-
10 viduals in undertaking and conducting activities that
11 will further the health and wellness activities and op-
12 portunities of Native Americans.

13 “(f) COMMITTEE FOR THE ESTABLISHMENT OF NA-
14 TIVE AMERICAN HEALTH AND WELLNESS FOUNDA-
15 TION.—

16 “(1) IN GENERAL.—The Secretary shall estab-
17 lish the Committee for the Establishment of Native
18 American Health and Wellness Foundation to assist
19 the Secretary in establishing the Foundation.

20 “(2) DUTIES.—Not later than 180 days after
21 the date of enactment of this section, the Committee
22 shall—

23 “(A) carry out such activities as are nec-
24 essary to incorporate the Foundation under the

1 laws of the District of Columbia, including act-
2 ing as incorporators of the Foundation;

3 “(B) ensure that the Foundation qualifies
4 for and maintains the status required to carry
5 out this section, until the Board is established;

6 “(C) establish the constitution and initial
7 bylaws of the Foundation;

8 “(D) provide for the initial operation of
9 the Foundation, including providing for tem-
10 porary or interim quarters, equipment, and
11 staff; and

12 “(E) appoint the initial members of the
13 Board in accordance with the constitution and
14 initial bylaws of the Foundation.

15 “(g) BOARD OF DIRECTORS.—

16 “(1) IN GENERAL.—The Board of Directors
17 shall be the governing body of the Foundation.

18 “(2) POWERS.—The Board may exercise, or
19 provide for the exercise of, the powers of the Foun-
20 dation.

21 “(3) SELECTION.—

22 “(A) IN GENERAL.—Subject to subpara-
23 graph (B), the number of members of the
24 Board, the manner of selection of the members
25 (including the filling of vacancies), and the

1 terms of office of the members shall be as pro-
2 vided in the constitution and bylaws of the
3 Foundation.

4 “(B) REQUIREMENTS.—

5 “(i) NUMBER OF MEMBERS.—The
6 Board shall have at least 11 members, who
7 shall have staggered terms.

8 “(ii) INITIAL VOTING MEMBERS.—The
9 initial voting members of the Board—

10 “(I) shall be appointed by the
11 Committee not later than 180 days
12 after the date on which the Founda-
13 tion is established; and

14 “(II) shall have staggered terms.

15 “(iii) QUALIFICATION.—The members
16 of the Board shall be United States citi-
17 zens who are knowledgeable or experienced
18 in Native American health care and related
19 matters.

20 “(C) COMPENSATION.—A member of the
21 Board shall not receive compensation for service
22 as a member, but shall be reimbursed for actual
23 and necessary travel and subsistence expenses
24 incurred in the performance of the duties of the
25 Foundation.

1 “(h) OFFICERS.—

2 “(1) IN GENERAL.—The officers of the Founda-
3 tion shall be—

4 “(A) a secretary, elected from among the
5 members of the Board; and

6 “(B) any other officers provided for in the
7 constitution and bylaws of the Foundation.

8 “(2) CHIEF OPERATING OFFICER.—The sec-
9 retary of the Foundation may serve, at the direction
10 of the Board, as the chief operating officer of the
11 Foundation, or the Board may appoint a chief oper-
12 ating officer, who shall serve at the direction of the
13 Board.

14 “(3) ELECTION.—The manner of election, term
15 of office, and duties of the officers of the Founda-
16 tion shall be as provided in the constitution and by-
17 laws of the Foundation.

18 “(i) POWERS.—The Foundation—

19 “(1) shall adopt a constitution and bylaws for
20 the management of the property of the Foundation
21 and the regulation of the affairs of the Foundation;

22 “(2) may adopt and alter a corporate seal;

23 “(3) may enter into contracts;

24 “(4) may acquire (through a gift or otherwise),
25 own, lease, encumber, and transfer real or personal

1 property as necessary or convenient to carry out the
2 purposes of the Foundation;

3 “(5) may sue and be sued; and

4 “(6) may perform any other act necessary and
5 proper to carry out the purposes of the Foundation.

6 “(j) PRINCIPAL OFFICE.—

7 “(1) IN GENERAL.—The principal office of the
8 Foundation shall be in the District of Columbia.

9 “(2) ACTIVITIES; OFFICES.—The activities of
10 the Foundation may be conducted, and offices may
11 be maintained, throughout the United States in ac-
12 cordance with the constitution and bylaws of the
13 Foundation.

14 “(k) SERVICE OF PROCESS.—The Foundation shall
15 comply with the law on service of process of each State
16 in which the Foundation is incorporated and of each State
17 in which the Foundation carries on activities.

18 “(l) LIABILITY OF OFFICERS, EMPLOYEES, AND
19 AGENTS.—

20 “(1) IN GENERAL.—The Foundation shall be
21 liable for the acts of the officers, employees, and
22 agents of the Foundation acting within the scope of
23 their authority.

24 “(2) PERSONAL LIABILITY.—A member of the
25 Board shall be personally liable only for gross neg-

1 ligence in the performance of the duties of the mem-
2 ber.

3 “(m) RESTRICTIONS.—

4 “(1) LIMITATION ON SPENDING.—Beginning
5 with the fiscal year following the first full fiscal year
6 during which the Foundation is in operation, the ad-
7 ministrative costs of the Foundation shall not exceed
8 the percentage described in paragraph (2) of the
9 sum of—

10 “(A) the amounts transferred to the Foun-
11 dation under subsection (o) during the pre-
12 ceding fiscal year; and

13 “(B) donations received from private
14 sources during the preceding fiscal year.

15 “(2) PERCENTAGES.—The percentages referred
16 to in paragraph (1) are—

17 “(A) for the first fiscal year described in
18 that paragraph, 20 percent;

19 “(B) for the following fiscal year, 15 per-
20 cent; and

21 “(C) for each fiscal year thereafter, 10
22 percent.

23 “(3) APPOINTMENT AND HIRING.—The ap-
24 pointment of officers and employees of the Founda-
25 tion shall be subject to the availability of funds.

1 “(4) STATUS.—A member of the Board or offi-
2 cer, employee, or agent of the Foundation shall not
3 by reason of association with the Foundation be con-
4 sidered to be an officer, employee, or agent of the
5 United States.

6 “(n) AUDITS.—The Foundation shall comply with
7 section 10101 of title 36, United States Code, as if the
8 Foundation were a corporation under part B of subtitle
9 II of that title.

10 “(o) FUNDING.—

11 “(1) AUTHORIZATION OF APPROPRIATIONS.—
12 There is authorized to be appropriated to carry out
13 subsection (e)(1) \$500,000 for each fiscal year, as
14 adjusted to reflect changes in the Consumer Price
15 Index for all-urban consumers published by the De-
16 partment of Labor.

17 “(2) TRANSFER OF DONATED FUNDS.—The
18 Secretary shall transfer to the Foundation funds
19 held by the Department of Health and Human Serv-
20 ices under the Act of August 5, 1954 (42 U.S.C.
21 2001 et seq.), if the transfer or use of the funds is
22 not prohibited by any term under which the funds
23 were donated.

1 **“SEC. 803. ADMINISTRATIVE SERVICES AND SUPPORT.**

2 “(a) PROVISION OF SUPPORT BY SECRETARY.—Sub-
3 ject to subsection (b), during the 5-year period beginning
4 on the date on which the Foundation is established, the
5 Secretary—

6 “(1) may provide personnel, facilities, and other
7 administrative support services to the Foundation;

8 “(2) may provide funds for initial operating
9 costs and to reimburse the travel expenses of the
10 members of the Board; and

11 “(3) shall require and accept reimbursements
12 from the Foundation for—

13 “(A) services provided under paragraph
14 (1); and

15 “(B) funds provided under paragraph (2).

16 “(b) REIMBURSEMENT.—Reimbursements accepted
17 under subsection (a)(3)—

18 “(1) shall be deposited in the Treasury of the
19 United States to the credit of the applicable appro-
20 priations account; and

21 “(2) shall be chargeable for the cost of pro-
22 viding services described in subsection (a)(1) and
23 travel expenses described in subsection (a)(2).

24 “(c) CONTINUATION OF CERTAIN SERVICES.—The
25 Secretary may continue to provide facilities and necessary
26 support services to the Foundation after the termination

1 of the 5-year period specified in subsection (a) if the facili-
2 ties and services—

3 “(1) are available; and

4 “(2) are provided on reimbursable cost basis.”.

5 (b) TECHNICAL AMENDMENTS.—The Indian Self-De-
6 termination and Education Assistance Act is amended—

7 (1) by redesignating title V (25 U.S.C. 458bbb
8 et seq.) as title VII;

9 (2) by redesignating sections 501, 502, and 503
10 (25 U.S.C. 458bbb, 458bbb–1, 458bbb–2) as sec-
11 tions 701, 702, and 703, respectively; and

12 (3) in subsection (a)(2) of section 702 and
13 paragraph (2) of section 703 (as redesignated by
14 paragraph (2)), by striking “section 501” and in-
15 serting “section 701”.

16 **SEC. 104. MODIFICATION OF TERM.**

17 (a) IN GENERAL.—Except as provided in subsection
18 (b), the Indian Health Care Improvement Act (as amend-
19 ed by section 101) and each provision of the Social Secu-
20 rity Act amended by title II are amended (as applicable)—

21 (1) by striking “Urban Indian Organizations”
22 each place it appears and inserting “urban Indian
23 organizations”;

1 (2) by striking “Urban Indian Organization”
2 each place it appears and inserting “urban Indian
3 organization”;

4 (3) by striking “Urban Indians” each place it
5 appears and inserting “urban Indians”;

6 (4) by striking “Urban Indian” each place it
7 appears and inserting “urban Indian”;

8 (5) by striking “Urban Centers” each place it
9 appears and inserting “urban centers”; and

10 (6) by striking “Urban Center” each place it
11 appears and inserting “urban center”.

12 (b) EXCEPTION.—The amendments made by sub-
13 section (a) shall not apply with respect to—

14 (1) the matter preceding paragraph (1) of sec-
15 tion 510 of the Indian Health Care Improvement
16 Act (as amended by section 101); and

17 (2) “Urban Indian” the first place it appears in
18 section 513(a) of the Indian Health Care Improve-
19 ment Act (as amended by section 101).

20 (c) MODIFICATION OF DEFINITION.—Section 4 of the
21 Indian Health Care Improvement Act (as amended by sec-
22 tion 101) is amended by striking paragraph (27) and in-
23 serting the following:

24 “(27) The term ‘urban Indian’ means any indi-
25 vidual who resides in an urban center and who

1 meets 1 or more of the 4 criteria in subparagraphs
2 (A) through (D) of paragraph (12).”.

3 **SEC. 105. GAO STUDY AND REPORT ON PAYMENTS FOR**
4 **CONTRACT HEALTH SERVICES.**

5 (a) STUDY.—

6 (1) IN GENERAL.—The Comptroller General of
7 the United States (in this section referred to as the
8 “Comptroller General”) shall conduct a study on the
9 utilization of health care furnished by health care
10 providers under the contract health services program
11 funded by the Indian Health Service and operated
12 by the Indian Health Service, an Indian Tribe, or a
13 Tribal Organization (as those terms are defined in
14 section 4 of the Indian Health Care Improvement
15 Act).

16 (2) ANALYSIS.—The study conducted under
17 paragraph (1) shall include an analysis of—

18 (A) the amounts reimbursed under the
19 contract health services program described in
20 paragraph (1) for health care furnished by enti-
21 ties, individual providers, and suppliers, includ-
22 ing a comparison of reimbursement for such
23 health care through other public programs and
24 in the private sector;

1 (B) barriers to accessing care under such
2 contract health services program, including, but
3 not limited to, barriers relating to travel dis-
4 tances, cultural differences, and public and pri-
5 vate sector reluctance to furnish care to pa-
6 tients under such program;

7 (C) the adequacy of existing Federal fund-
8 ing for health care under such contract health
9 services program; and

10 (D) any other items determined appro-
11 priate by the Comptroller General.

12 (b) REPORT.—Not later than 18 months after the
13 date of enactment of this Act, the Comptroller General
14 shall submit to Congress a report on the study conducted
15 under subsection (a), together with recommendations re-
16 garding—

17 (1) the appropriate level of Federal funding
18 that should be established for health care under the
19 contract health services program described in sub-
20 section (a)(1); and

21 (2) how to most efficiently utilize such funding.

22 (c) CONSULTATION.—In conducting the study under
23 subsection (a) and preparing the report under subsection
24 (b), the Comptroller General shall consult with the Indian
25 Health Service, Indian Tribes, and Tribal Organizations.

1 **SEC. 106. GAO STUDY OF MEMBERSHIP CRITERIA FOR FED-**
2 **ERALLY RECOGNIZED INDIAN TRIBES.**

3 Not later than 1 year after the date of enactment
4 of this Act, the Comptroller General of the United States
5 shall conduct a study of membership criteria for federally
6 recognized Indian tribes, including—

7 (1) the number of federally recognized Indian
8 tribes in existence on the date on which the study
9 is conducted;

10 (2) the number of those Indian tribes that use
11 blood quantum as a criterion for membership in the
12 Indian tribe and the importance assigned to that cri-
13 terion;

14 (3) the percentage of members of federally rec-
15 ognized Indian tribes that possesses degrees of In-
16 dian blood of—

17 (A) $\frac{1}{4}$;

18 (B) $\frac{1}{8}$; and

19 (C) $\frac{1}{16}$; and

20 (4) the variance in wait times and rationing of
21 health care services within the Service between fed-
22 erally recognized Indian Tribes that use blood quan-
23 tum as a criterion for membership and those Indian
24 Tribes that do not use blood quantum as such a cri-
25 terion.

1 **SEC. 107. GAO STUDY OF TRIBAL JUSTICE SYSTEMS.**

2 (a) IN GENERAL.—Not later than 1 year after the
3 date of enactment of this Act, the Comptroller General
4 of the United States shall conduct, and submit to Con-
5 gress a report describing the results of, a study of the
6 tribal justice systems of Indian tribes located in the States
7 of North Dakota and South Dakota.

8 (b) INCLUSIONS.—The study under subsection (a)
9 shall include, with respect to the tribal system of each In-
10 dian tribe described in subsection (a) and the tribal justice
11 system as a whole—

12 (1)(A) a description of how the tribal justice
13 systems function, or are supposed to function; and

14 (B) a description of the components of the trib-
15 al justice systems, such as tribal trial courts, courts
16 of appeal, applicable tribal law, judges, qualifications
17 of judges, the selection and removal of judges, turn-
18 over of judges, the creation of precedent, the record-
19 ing of precedent, the jurisdictional authority of the
20 tribal court system, and the separation of powers be-
21 tween the tribal court system, the tribal council, and
22 the head of the tribal government;

23 (2) a review of the origins of the tribal justice
24 systems, such as the development of the systems
25 pursuant to the Act of June 18, 1934 (25 U.S.C.
26 461 et seq.) (commonly known as the “Indian Reor-

1 organization Act”), which promoted tribal constitu-
 2 tions and addressed the tribal court system;

3 (3) an analysis of the weaknesses of the tribal
 4 justice systems, including the adequacy of law en-
 5 forcement personnel and detention facilities, in par-
 6 ticular in relation to crime rates; and

7 (4) an analysis of the measures that tribal offi-
 8 cials suggest could be carried out to improve the
 9 tribal justice systems, including an analysis of how
 10 Federal law could improve and stabilize the tribal
 11 court system.

12 **TITLE II—IMPROVEMENT OF IN-**
 13 **DIAN HEALTH CARE PRO-**
 14 **VIDED UNDER THE SOCIAL**
 15 **SECURITY ACT**

16 **SEC. 201. EXPANSION OF PAYMENTS UNDER MEDICARE,**
 17 **MEDICAID, AND SCHIP FOR ALL COVERED**
 18 **SERVICES FURNISHED BY INDIAN HEALTH**
 19 **PROGRAMS.**

20 (a) MEDICAID.—

21 (1) EXPANSION TO ALL COVERED SERVICES.—

22 Section 1911 of the Social Security Act (42 U.S.C.
 23 1396j) is amended—

24 (A) by amending the heading to read as

25 follows:

1 **“SEC. 1911. INDIAN HEALTH PROGRAMS.”;**

2 and

3 (B) by amending subsection (a) to read as
4 follows:

5 “(a) **ELIGIBILITY FOR PAYMENT FOR MEDICAL AS-**
6 **SISTANCE.**—The Indian Health Service and an Indian
7 Tribe, Tribal Organization, or an Urban Indian Organiza-
8 tion shall be eligible for payment for medical assistance
9 provided under a State plan or under waiver authority
10 with respect to items and services furnished by the Indian
11 Health Service, Indian Tribe, Tribal Organization, or
12 Urban Indian Organization if the furnishing of such serv-
13 ices meets all the conditions and requirements which are
14 applicable generally to the furnishing of items and services
15 under this title and under such plan or waiver authority.”.

16 (2) **COMPLIANCE WITH CONDITIONS AND RE-**
17 **QUIREMENTS.**—Subsection (b) of such section is
18 amended to read as follows:

19 “(b) **COMPLIANCE WITH CONDITIONS AND REQUIRE-**
20 **MENTS.**—A facility of the Indian Health Service or an In-
21 dian Tribe, Tribal Organization, or an Urban Indian Or-
22 ganization which is eligible for payment under subsection
23 (a) with respect to the furnishing of items and services,
24 but which does not meet all of the conditions and require-
25 ments of this title and under a State plan or waiver au-
26 thority which are applicable generally to such facility, shall

1 make such improvements as are necessary to achieve or
2 maintain compliance with such conditions and require-
3 ments in accordance with a plan submitted to and accept-
4 ed by the Secretary for achieving or maintaining compli-
5 ance with such conditions and requirements, and shall be
6 deemed to meet such conditions and requirements (and to
7 be eligible for payment under this title), without regard
8 to the extent of its actual compliance with such conditions
9 and requirements, during the first 12 months after the
10 month in which such plan is submitted.”.

11 (3) REVISION OF AUTHORITY TO ENTER INTO
12 AGREEMENTS.—Subsection (c) of such section is
13 amended to read as follows:

14 “(c) AUTHORITY TO ENTER INTO AGREEMENTS.—
15 The Secretary may enter into an agreement with a State
16 for the purpose of reimbursing the State for medical as-
17 sistance provided by the Indian Health Service, an Indian
18 Tribe, Tribal Organization, or an Urban Indian Organiza-
19 tion (as so defined), directly, through referral, or under
20 contracts or other arrangements between the Indian
21 Health Service, an Indian Tribe, Tribal Organization, or
22 an Urban Indian Organization and another health care
23 provider to Indians who are eligible for medical assistance
24 under the State plan or under waiver authority.”.

1 (4) CROSS-REFERENCES TO SPECIAL FUND FOR
2 IMPROVEMENT OF IHS FACILITIES; DIRECT BILLING
3 OPTION; DEFINITIONS.—Such section is further
4 amended by striking subsection (d) and adding at
5 the end the following new subsections:

6 “(d) SPECIAL FUND FOR IMPROVEMENT OF IHS FA-
7 CILITIES.—For provisions relating to the authority of the
8 Secretary to place payments to which a facility of the In-
9 dian Health Service is eligible for payment under this title
10 into a special fund established under section 401(c)(1) of
11 the Indian Health Care Improvement Act, and the require-
12 ment to use amounts paid from such fund for making im-
13 provements in accordance with subsection (b), see sub-
14 paragraphs (A) and (B) of section 401(c)(1) of such Act.

15 “(e) DIRECT BILLING.—For provisions relating to
16 the authority of a Tribal Health Program or an Urban
17 Indian Organization to elect to directly bill for, and receive
18 payment for, health care items and services provided by
19 such Program or Organization for which payment is made
20 under this title, see section 401(d) of the Indian Health
21 Care Improvement Act.

22 “(f) DEFINITIONS.—In this section, the terms ‘In-
23 dian Health Program’, ‘Indian Tribe’, ‘Tribal Health Pro-
24 gram’, ‘Tribal Organization’, and ‘Urban Indian Organi-

1 zation' have the meanings given those terms in section 4
2 of the Indian Health Care Improvement Act.”.

3 (b) MEDICARE.—

4 (1) EXPANSION TO ALL COVERED SERVICES.—

5 Section 1880 of such Act (42 U.S.C. 1395qq) is
6 amended—

7 (A) by amending the heading to read as
8 follows:

9 **“SEC. 1880. INDIAN HEALTH PROGRAMS.”;**

10 and

11 (B) by amending subsection (a) to read as
12 follows:

13 “(a) ELIGIBILITY FOR PAYMENTS.—Subject to sub-
14 section (e), the Indian Health Service and an Indian
15 Tribe, Tribal Organization, or an Urban Indian Organiza-
16 tion shall be eligible for payments under this title with
17 respect to items and services furnished by the Indian
18 Health Service, Indian Tribe, Tribal Organization, or
19 Urban Indian Organization if the furnishing of such serv-
20 ices meets all the conditions and requirements which are
21 applicable generally to the furnishing of items and services
22 under this title.”.

23 (2) COMPLIANCE WITH CONDITIONS AND RE-
24 QUIREMENTS.—Subsection (b) of such section is
25 amended to read as follows:

1 “(b) COMPLIANCE WITH CONDITIONS AND REQUIRE-
2 MENTS.—Subject to subsection (e), a facility of the Indian
3 Health Service or an Indian Tribe, Tribal Organization,
4 or an Urban Indian Organization which is eligible for pay-
5 ment under subsection (a) with respect to the furnishing
6 of items and services, but which does not meet all of the
7 conditions and requirements of this title which are applica-
8 ble generally to such facility, shall make such improve-
9 ments as are necessary to achieve or maintain compliance
10 with such conditions and requirements in accordance with
11 a plan submitted to and accepted by the Secretary for
12 achieving or maintaining compliance with such conditions
13 and requirements, and shall be deemed to meet such con-
14 ditions and requirements (and to be eligible for payment
15 under this title), without regard to the extent of its actual
16 compliance with such conditions and requirements, during
17 the first 12 months after the month in which such plan
18 is submitted.”.

19 (3) CROSS-REFERENCES TO SPECIAL FUND FOR
20 IMPROVEMENT OF IHS FACILITIES; DIRECT BILLING
21 OPTION; DEFINITIONS.—

22 (A) IN GENERAL.—Such section is further
23 amended by striking subsections (c) and (d)
24 and inserting the following new subsections:

1 “(c) SPECIAL FUND FOR IMPROVEMENT OF IHS FA-
2 CILITIES.—For provisions relating to the authority of the
3 Secretary to place payments to which a facility of the In-
4 dian Health Service is eligible for payment under this title
5 into a special fund established under section 401(c)(1) of
6 the Indian Health Care Improvement Act, and the require-
7 ment to use amounts paid from such fund for making im-
8 provements in accordance with subsection (b), see sub-
9 paragraphs (A) and (B) of section 401(c)(1) of such Act.

10 “(d) DIRECT BILLING.—For provisions relating to
11 the authority of a Tribal Health Program or an Urban
12 Indian Organization to elect to directly bill for, and receive
13 payment for, health care items and services provided by
14 such Program or Organization for which payment is made
15 under this title, see section 401(d) of the Indian Health
16 Care Improvement Act.”.

17 (B) CONFORMING AMENDMENT.—Para-
18 graph (3) of section 1880(e) of such Act (42
19 U.S.C. 1395qq(e)) is amended by inserting
20 “and section 401(c)(1) of the Indian Health
21 Care Improvement Act” after “Subsection (c)”.

22 (4) DEFINITIONS.—Such section is further
23 amended by amending subsection (f) to read as fol-
24 lows:

1 “(f) DEFINITIONS.—In this section, the terms ‘In-
2 dian Health Program’, ‘Indian Tribe’, ‘Service Unit’,
3 ‘Tribal Health Program’, ‘Tribal Organization’, and
4 ‘Urban Indian Organization’ have the meanings given
5 those terms in section 4 of the Indian Health Care Im-
6 provement Act.”.

7 (c) APPLICATION TO SCHIP.—Section 2107(e)(1) of
8 the Social Security Act (42 U.S.C. 1397gg(e)(1)) is
9 amended—

10 (1) by redesignating subparagraph (D) as sub-
11 paragraph (E); and

12 (2) by inserting after subparagraph (C), the fol-
13 lowing new subparagraph:

14 “(D) Section 1911 (relating to Indian
15 Health Programs, other than subsection (d) of
16 such section).”.

17 **SEC. 202. INCREASED OUTREACH TO INDIANS UNDER MED-**
18 **ICAID AND SCHIP AND IMPROVED COOPERA-**
19 **TION IN THE PROVISION OF ITEMS AND**
20 **SERVICES TO INDIANS UNDER SOCIAL SECU-**
21 **RITY ACT HEALTH BENEFIT PROGRAMS.**

22 Section 1139 of the Social Security Act (42 U.S.C.
23 1320b–9) is amended to read as follows:

1 **“SEC. 1139. IMPROVED ACCESS TO, AND DELIVERY OF,**
2 **HEALTH CARE FOR INDIANS UNDER TITLES**
3 **XVIII, XIX, AND XXI.**

4 “(a) AGREEMENTS WITH STATES FOR MEDICAID
5 AND SCHIP OUTREACH ON OR NEAR RESERVATIONS TO
6 INCREASE THE ENROLLMENT OF INDIANS IN THOSE
7 PROGRAMS.—

8 “(1) IN GENERAL.—In order to improve the ac-
9 cess of Indians residing on or near a reservation to
10 obtain benefits under the Medicaid and State chil-
11 dren’s health insurance programs established under
12 titles XIX and XXI, the Secretary shall encourage
13 the State to take steps to provide for enrollment on
14 or near the reservation. Such steps may include out-
15 reach efforts such as the outstationing of eligibility
16 workers, entering into agreements with the Indian
17 Health Service, Indian Tribes, Tribal Organizations,
18 and Urban Indian Organizations to provide out-
19 reach, education regarding eligibility and benefits,
20 enrollment, and translation services when such serv-
21 ices are appropriate.

22 “(2) CONSTRUCTION.—Nothing in subpara-
23 graph (A) shall be construed as affecting arrange-
24 ments entered into between States and the Indian
25 Health Service, Indian Tribes, Tribal Organizations,
26 or Urban Indian Organizations for such Service,

1 Tribes, or Organizations to conduct administrative
2 activities under such titles.

3 “(b) REQUIREMENT TO FACILITATE COOPERA-
4 TION.—The Secretary, acting through the Centers for
5 Medicare & Medicaid Services, shall take such steps as are
6 necessary to facilitate cooperation with, and agreements
7 between, States and the Indian Health Service, Indian
8 Tribes, Tribal Organizations, or Urban Indian Organiza-
9 tions with respect to the provision of health care items
10 and services to Indians under the programs established
11 under title XVIII, XIX, or XXI.

12 “(c) DEFINITION OF INDIAN; INDIAN TRIBE; INDIAN
13 HEALTH PROGRAM; TRIBAL ORGANIZATION; URBAN IN-
14 DIAN ORGANIZATION.—In this section, the terms ‘Indian’,
15 ‘Indian Tribe’, ‘Indian Health Program’, ‘Tribal Organi-
16 zation’, and ‘Urban Indian Organization’ have the mean-
17 ings given those terms in section 4 of the Indian Health
18 Care Improvement Act.”.

19 **SEC. 203. ADDITIONAL PROVISIONS TO INCREASE OUT-
20 REACH TO, AND ENROLLMENT OF, INDIANS
21 IN SCHIP AND MEDICAID.**

22 (a) NONAPPLICATION OF 10 PERCENT LIMIT ON
23 OUTREACH AND CERTAIN OTHER EXPENDITURES.—Sec-
24 tion 2105(c)(2) of the Social Security Act (42 U.S.C.

1 1397ee(c)(2)) is amended by adding at the end the fol-
2 lowing new subparagraph:

3 “(C) NONAPPLICATION TO EXPENDITURES
4 FOR OUTREACH TO INCREASE THE ENROLL-
5 MENT OF INDIAN CHILDREN UNDER THIS TITLE
6 AND TITLE XIX.—The limitation under sub-
7 paragraph (A) on expenditures for items de-
8 scribed in subsection (a)(1)(D) shall not apply
9 in the case of expenditures for outreach activi-
10 ties to families of Indian children likely to be el-
11 igible for child health assistance under the plan
12 or medical assistance under the State plan
13 under title XIX (or under a waiver of such
14 plan), to inform such families of the availability
15 of, and to assist them in enrolling their children
16 in, such plans, including such activities con-
17 ducted under grants, contracts, or agreements
18 entered into under section 1139(a).”.

19 (b) ASSURANCE OF PAYMENTS TO INDIAN HEALTH
20 CARE PROVIDERS FOR CHILD HEALTH ASSISTANCE.—
21 Section 2102(b)(3)(D) of such Act (42 U.S.C.
22 1397bb(b)(3)(D)) is amended by striking “(as defined in
23 section 4(c) of the Indian Health Care Improvement Act,
24 25 U.S.C. 1603(c))” and inserting “, including how the
25 State will ensure that payments are made to Indian

1 Health Programs and Urban Indian Organizations oper-
2 ating in the State for the provision of such assistance”.

3 (c) INCLUSION OF OTHER INDIAN FINANCED
4 HEALTH CARE PROGRAMS IN EXEMPTION FROM PROHI-
5 BITION ON CERTAIN PAYMENTS.—Section 2105(c)(6)(B)
6 of such Act (42 U.S.C. 1397ee(c)(6)(B)) is amended by
7 striking “insurance program, other than an insurance pro-
8 gram operated or financed by the Indian Health Service”
9 and inserting “program, other than a health care program
10 operated or financed by the Indian Health Service or by
11 an Indian Tribe, Tribal Organization, or Urban Indian
12 Organization”.

13 (d) SATISFACTION OF MEDICAID DOCUMENTATION
14 REQUIREMENTS.—Section 1903(x)(3)(B) of the Social Se-
15 curity Act (42 U.S.C. 1396b(x)(3)(B)) is amended—

16 (1) by redesignating clause (v) as clause (vii);
17 and

18 (2) by inserting after clause (iv), the following
19 new clauses:

20 “(v) Except as provided in clause (vi), a docu-
21 ment issued by a federally recognized Indian tribe
22 evidencing membership or enrollment in, or affili-
23 ation with, such tribe (such as a tribal enrollment
24 card or certificate of degree of Indian blood).

1 “(vi)(I) With respect to those federally recog-
2 nized Indian tribes located within States having an
3 international border whose membership includes in-
4 dividuals who are not citizens of the United States
5 documentation (including tribal documentation, if
6 appropriate) that the Secretary determines to be sat-
7 isfactory documentary evidence of United States citi-
8 zenship or nationality under the regulations adopted
9 pursuant to subclause (II).

10 “(II) Not later than 90 days after the date of
11 enactment of this subclause, the Secretary, in con-
12 sultation with the tribes referred to in subclause (I),
13 shall promulgate interim final regulations specifying
14 the forms of documentation (including tribal docu-
15 mentation, if appropriate) deemed to be satisfactory
16 evidence of the United States citizenship or nation-
17 ality of a member of any such Indian tribe for pur-
18 poses of satisfying the requirements of this sub-
19 section.

20 “(III) During the period that begins on the
21 date of enactment of this clause and ends on the ef-
22 fective date of the interim final regulations promul-
23 gated under subclause (II), a document issued by a
24 federally recognized Indian tribe referred to in sub-
25 clause (I) evidencing membership or enrollment in,

1 or affiliation with, such tribe (such as a tribal enroll-
2 ment card or certificate of degree of Indian blood)
3 accompanied by a signed attestation that the indi-
4 vidual is a citizen of the United States and a certifi-
5 cation by the appropriate officer or agent of the In-
6 dian tribe that the membership or other records
7 maintained by the Indian tribe indicate that the in-
8 dividual was born in the United States is deemed to
9 be a document described in this subparagraph for
10 purposes of satisfying the requirements of this sub-
11 section.”.

12 (e) DEFINITIONS.—Section 2110(c) of such Act (42
13 U.S.C. 1397jj(c)) is amended by adding at the end the
14 following new paragraph:

15 “(9) INDIAN; INDIAN HEALTH PROGRAM; IN-
16 DIAN TRIBE; ETC.—The terms ‘Indian’, ‘Indian
17 Health Program’, ‘Indian Tribe’, ‘Tribal Organiza-
18 tion’, and ‘Urban Indian Organization’ have the
19 meanings given those terms in section 4 of the In-
20 dian Health Care Improvement Act.”.

1 **SEC. 204. PREMIUMS AND COST SHARING PROTECTIONS**
2 **UNDER MEDICAID, ELIGIBILITY DETERMINA-**
3 **TIONS UNDER MEDICAID AND SCHIP, AND**
4 **PROTECTION OF CERTAIN INDIAN PROPERTY**
5 **FROM MEDICAID ESTATE RECOVERY.**

6 (a) PREMIUMS AND COST SHARING PROTECTION
7 UNDER MEDICAID.—

8 (1) IN GENERAL.—Section 1916 of the Social
9 Security Act (42 U.S.C. 1396o) is amended—

10 (A) in subsection (a), in the matter pre-
11 ceding paragraph (1), by striking “and (i)” and
12 inserting “, (i), and (j)”; and

13 (B) by adding at the end the following new
14 subsection:

15 “(j) NO PREMIUMS OR COST SHARING FOR INDIANS
16 FURNISHED ITEMS OR SERVICES DIRECTLY BY INDIAN
17 HEALTH PROGRAMS OR THROUGH REFERRAL UNDER
18 THE CONTRACT HEALTH SERVICE.—

19 “(1) NO COST SHARING FOR INDIANS FUR-
20 NISHED ITEMS OR SERVICES DIRECTLY BY OR
21 THROUGH INDIAN HEALTH PROGRAMS.—

22 “(A) NO ENROLLMENT FEES, PREMIUMS,
23 OR COPAYMENTS.—

24 “(i) IN GENERAL.—No enrollment fee,
25 premium, or similar charge, and no deduc-
26 tion, copayment, cost sharing, or similar

1 charge shall be imposed against an Indian
2 who is furnished an item or service directly
3 by the Indian Health Service, an Indian
4 Tribe, a Tribal Organization, or an urban
5 Indian organization, or by a health care
6 provider through referral under the con-
7 tract health service for which payment may
8 be made under this title.

9 “(ii) EXCEPTION.—Clause (i) shall
10 not apply to an individual only eligible for
11 the programs or services under sections
12 102 and 103 or title V of the Indian
13 Health Care Improvement Act.

14 “(B) NO REDUCTION IN AMOUNT OF PAY-
15 MENT TO INDIAN HEALTH PROVIDERS.—Pay-
16 ment due under this title to the Indian Health
17 Service, an Indian Tribe, Tribal Organization,
18 or Urban Indian Organization, or a health care
19 provider through referral under the contract
20 health service for the furnishing of an item or
21 service to an Indian who is eligible for assist-
22 ance under such title, may not be reduced by
23 the amount of any enrollment fee, premium, or
24 similar charge, or any deduction, copayment,
25 cost sharing, or similar charge that would be

1 due from the Indian but for the operation of
2 subparagraph (A).

3 “(2) RULE OF CONSTRUCTION.—Nothing in
4 this subsection shall be construed as restricting the
5 application of any other limitations on the imposi-
6 tion of premiums or cost sharing that may apply to
7 an individual receiving medical assistance under this
8 title who is an Indian.

9 “(3) DEFINITIONS.—In this subsection, the
10 terms ‘contract health service’, ‘Indian’, ‘Indian
11 Tribe’, ‘Tribal Organization’, and ‘Urban Indian Or-
12 ganization’ have the meanings given those terms in
13 section 4 of the Indian Health Care Improvement
14 Act.”.

15 (2) CONFORMING AMENDMENT.—Section
16 1916A(a)(1) of such Act (42 U.S.C. 1396o–1(a)(1))
17 is amended by striking “section 1916(g)” and in-
18 serting “subsections (g), (i), or (j) of section 1916”.

19 (3) EFFECTIVE DATE.—The amendments made
20 by this subsection take effect on October 1, 2009.

21 (b) TREATMENT OF CERTAIN PROPERTY FOR MED-
22 ICAID AND SCHIP ELIGIBILITY.—

23 (1) MEDICAID.—Section 1902(e) of the Social
24 Security Act (42 U.S.C. 1396a) is amended by add-
25 ing at the end the following new paragraph:

1 “(13) Notwithstanding any other requirement
2 of this title or any other provision of Federal or
3 State law, a State shall disregard the following prop-
4 erty for purposes of determining the eligibility of an
5 individual who is an Indian (as defined in section 4
6 of the Indian Health Care Improvement Act) for
7 medical assistance under this title:

8 “(A) Property, including real property and
9 improvements, that is held in trust, subject to
10 Federal restrictions, or otherwise under the su-
11 pervision of the Secretary of the Interior, lo-
12 cated on a reservation, including any federally
13 recognized Indian Tribe’s reservation, pueblo,
14 or colony, including former reservations in
15 Oklahoma, Alaska Native regions established by
16 the Alaska Native Claims Settlement Act, and
17 Indian allotments on or near a reservation as
18 designated and approved by the Bureau of In-
19 dian Affairs of the Department of the Interior.

20 “(B) For any federally recognized Tribe
21 not described in subparagraph (A), property lo-
22 cated within the most recent boundaries of a
23 prior Federal reservation.

24 “(C) Ownership interests in rents, leases,
25 royalties, or usage rights related to natural re-

1 sources (including extraction of natural re-
2 sources or harvesting of timber, other plants
3 and plant products, animals, fish, and shellfish)
4 resulting from the exercise of federally pro-
5 tected rights.

6 “(D) Ownership interests in or usage
7 rights to items not covered by subparagraphs
8 (A) through (C) that have unique religious,
9 spiritual, traditional, or cultural significance or
10 rights that support subsistence or a traditional
11 lifestyle according to applicable tribal law or
12 custom.”.

13 (2) APPLICATION TO SCHIP.—Section
14 2107(e)(1) of such Act (42 U.S.C. 1397gg(e)(1)) is
15 amended—

16 (A) by redesignating subparagraphs (B)
17 through (E), as subparagraphs (C) through
18 (F), respectively; and

19 (B) by inserting after subparagraph (A),
20 the following new subparagraph:

21 “(B) Section 1902(e)(13) (relating to dis-
22 regard of certain property for purposes of mak-
23 ing eligibility determinations).”.

24 (c) CONTINUATION OF CURRENT LAW PROTECTIONS
25 OF CERTAIN INDIAN PROPERTY FROM MEDICAID ESTATE

1 RECOVERY.—Section 1917(b)(3) of the Social Security
2 Act (42 U.S.C. 1396p(b)(3)) is amended—

3 (1) by inserting “(A)” after “(3)”; and

4 (2) by adding at the end the following new sub-
5 paragraph:

6 “(B) The standards specified by the Sec-
7 retary under subparagraph (A) shall require
8 that the procedures established by the State
9 agency under subparagraph (A) exempt income,
10 resources, and property that are exempt from
11 the application of this subsection as of April 1,
12 2003, under manual instructions issued to carry
13 out this subsection (as in effect on such date)
14 because of the Federal responsibility for Indian
15 Tribes and Alaska Native Villages. Nothing in
16 this subparagraph shall be construed as pre-
17 venting the Secretary from providing additional
18 estate recovery exemptions under this title for
19 Indians.”.

20 **SEC. 205. NONDISCRIMINATION IN QUALIFICATIONS FOR**
21 **PAYMENT FOR SERVICES UNDER FEDERAL**
22 **HEALTH CARE PROGRAMS.**

23 Section 1139 of the Social Security Act (42 U.S.C.
24 1320b–9), as amended by section 202, is amended by re-

1 designating subsection (c) as subsection (d), and inserting
2 after subsection (b) the following new subsection:

3 “(c) NONDISCRIMINATION IN QUALIFICATIONS FOR
4 PAYMENT FOR SERVICES UNDER FEDERAL HEALTH
5 CARE PROGRAMS.—

6 “(1) REQUIREMENT TO SATISFY GENERALLY
7 APPLICABLE PARTICIPATION REQUIREMENTS.—

8 “(A) IN GENERAL.—A Federal health care
9 program must accept an entity that is operated
10 by the Indian Health Service, an Indian Tribe,
11 Tribal Organization, or Urban Indian Organiza-
12 tion as a provider eligible to receive payment
13 under the program for health care services fur-
14 nished to an Indian on the same basis as any
15 other provider qualified to participate as a pro-
16 vider of health care services under the program
17 if the entity meets generally applicable State or
18 other requirements for participation as a pro-
19 vider of health care services under the program.

20 “(B) SATISFACTION OF STATE OR LOCAL
21 LICENSURE OR RECOGNITION REQUIRE-
22 MENTS.—Any requirement for participation as
23 a provider of health care services under a Fed-
24 eral health care program that an entity be li-
25 censed or recognized under the State or local

1 law where the entity is located to furnish health
2 care services shall be deemed to have been met
3 in the case of an entity operated by the Indian
4 Health Service, an Indian Tribe, Tribal Organi-
5 zation, or Urban Indian Organization if the en-
6 tity meets all the applicable standards for such
7 licensure or recognition, regardless of whether
8 the entity obtains a license or other documenta-
9 tion under such State or local law. In accord-
10 ance with section 221 of the Indian Health
11 Care Improvement Act, the absence of the licen-
12 sure of a health care professional employed by
13 such an entity under the State or local law
14 where the entity is located shall not be taken
15 into account for purposes of determining wheth-
16 er the entity meets such standards, if the pro-
17 fessional is licensed in another State.

18 “(2) PROHIBITION ON FEDERAL PAYMENTS TO
19 ENTITIES OR INDIVIDUALS EXCLUDED FROM PAR-
20 TICIPATION IN FEDERAL HEALTH CARE PROGRAMS
21 OR WHOSE STATE LICENSES ARE UNDER SUSPEN-
22 SION OR HAVE BEEN REVOKED.—

23 “(A) EXCLUDED ENTITIES.—No entity op-
24 erated by the Indian Health Service, an Indian
25 Tribe, Tribal Organization, or Urban Indian

1 Organization that has been excluded from par-
2 ticipation in any Federal health care program
3 or for which a license is under suspension or
4 has been revoked by the State where the entity
5 is located shall be eligible to receive payment
6 under any such program for health care serv-
7 ices furnished to an Indian.

8 “(B) EXCLUDED INDIVIDUALS.—No indi-
9 vidual who has been excluded from participation
10 in any Federal health care program or whose
11 State license is under suspension or has been
12 revoked shall be eligible to receive payment
13 under any such program for health care serv-
14 ices furnished by that individual, directly or
15 through an entity that is otherwise eligible to
16 receive payment for health care services, to an
17 Indian.

18 “(C) FEDERAL HEALTH CARE PROGRAM
19 DEFINED.—In this subsection, the term, ‘Fed-
20 eral health care program’ has the meaning
21 given that term in section 1128B(f), except
22 that, for purposes of this subsection, such term
23 shall include the health insurance program
24 under chapter 89 of title 5, United States
25 Code.”.

1 **SEC. 206. CONSULTATION ON MEDICAID, SCHIP, AND**
2 **OTHER HEALTH CARE PROGRAMS FUNDED**
3 **UNDER THE SOCIAL SECURITY ACT INVOLV-**
4 **ING INDIAN HEALTH PROGRAMS AND URBAN**
5 **INDIAN ORGANIZATIONS.**

6 (a) IN GENERAL.—Section 1139 of the Social Secu-
7 rity Act (42 U.S.C. 1320b–9), as amended by sections 202
8 and 205, is amended by redesignating subsection (d) as
9 subsection (e), and inserting after subsection (c) the fol-
10 lowing new subsection:

11 “(d) CONSULTATION WITH TRIBAL TECHNICAL AD-
12 VISORY GROUP (TTAG).—The Secretary shall maintain
13 within the Centers for Medicaid & Medicare Services
14 (CMS) a Tribal Technical Advisory Group, established in
15 accordance with requirements of the charter dated Sep-
16 tember 30, 2003, and in such group shall include a rep-
17 resentative of the Urban Indian Organizations and the
18 Service. The representative of the Urban Indian Organiza-
19 tion shall be deemed to be an elected officer of a tribal
20 government for purposes of applying section 204(b) of the
21 Unfunded Mandates Reform Act of 1995 (2 U.S.C.
22 1534(b)).”.

23 (b) SOLICITATION OF ADVICE UNDER MEDICAID AND
24 SCHIP.—

1 (1) MEDICAID STATE PLAN AMENDMENT.—Sec-
2 tion 1902(a) of the Social Security Act (42 U.S.C.
3 1396a(a)) is amended—

4 (A) in paragraph (69), by striking “and”
5 at the end;

6 (B) in paragraph (70)(B)(iv), by striking
7 the period at the end and inserting “; and”;
8 and

9 (C) by inserting after paragraph
10 (70)(B)(iv), the following new paragraph:

11 “(71) in the case of any State in which the In-
12 dian Health Service operates or funds health care
13 programs, or in which 1 or more Indian Health Pro-
14 grams or Urban Indian Organizations (as such
15 terms are defined in section 4 of the Indian Health
16 Care Improvement Act) provide health care in the
17 State for which medical assistance is available under
18 such title, provide for a process under which the
19 State seeks advice on a regular, ongoing basis from
20 designees of such Indian Health Programs and
21 Urban Indian Organizations on matters relating to
22 the application of this title that are likely to have a
23 direct effect on such Indian Health Programs and
24 Urban Indian Organizations and that—

1 “(A) shall include solicitation of advice
2 prior to submission of any plan amendments,
3 waiver requests, and proposals for demonstra-
4 tion projects likely to have a direct effect on In-
5 dians, Indian Health Programs, or Urban In-
6 dian Organizations; and

7 “(B) may include appointment of an advi-
8 sory committee and of a designee of such In-
9 dian Health Programs and Urban Indian Orga-
10 nizations to the medical care advisory com-
11 mittee advising the State on its State plan
12 under this title.”.

13 (2) APPLICATION TO SCHIP.—Section
14 2107(e)(1) of such Act (42 U.S.C. 1397gg(e)(1)), as
15 amended by section 204(b)(2), is amended—

16 (A) by redesignating subparagraphs (B)
17 through (F) as subparagraphs (C) through (G),
18 respectively; and

19 (B) by inserting after subparagraph (A),
20 the following new subparagraph:

21 “(B) Section 1902(a)(71) (relating to the
22 option of certain States to seek advice from
23 designees of Indian Health Programs and
24 Urban Indian Organizations).”.

1 (c) RULE OF CONSTRUCTION.—Nothing in the
 2 amendments made by this section shall be construed as
 3 superseding existing advisory committees, working groups,
 4 guidance, or other advisory procedures established by the
 5 Secretary of Health and Human Services or by any State
 6 with respect to the provision of health care to Indians.

7 (d) EFFECTIVE DATE.—This section and the amend-
 8 ments made by this section take effect on October 1, 2009.

9 **SEC. 207. EXCLUSION WAIVER AUTHORITY FOR AFFECTED**
 10 **INDIAN HEALTH PROGRAMS AND SAFE HAR-**
 11 **BOR TRANSACTIONS UNDER THE SOCIAL SE-**
 12 **CURITY ACT.**

13 (a) EXCLUSION WAIVER AUTHORITY.—Section 1128
 14 of the Social Security Act (42 U.S.C. 1320a-7) is amend-
 15 ed by adding at the end the following new subsection:

16 “(k) ADDITIONAL EXCLUSION WAIVER AUTHORITY
 17 FOR AFFECTED INDIAN HEALTH PROGRAMS.—In addi-
 18 tion to the authority granted the Secretary under sub-
 19 sections (c)(3)(B) and (d)(3)(B) to waive an exclusion
 20 under subsection (a)(1), (a)(3), (a)(4), or (b), the Sec-
 21 retary may, in the case of an Indian Health Program,
 22 waive such an exclusion upon the request of the adminis-
 23 trator of an affected Indian Health Program (as defined
 24 in section 4 of the Indian Health Care Improvement Act)
 25 who determines that the exclusion would impose a hard-

1 ship on individuals entitled to benefits under or enrolled
2 in a Federal health care program.”.

3 (b) CERTAIN TRANSACTIONS INVOLVING INDIAN
4 HEALTH CARE PROGRAMS DEEMED TO BE IN SAFE HAR-
5 BORS.—Section 1128B(b) of the Social Security Act (42
6 U.S.C. 1320a–7b(b)) is amended by adding at the end the
7 following new paragraph:

8 “(4) Subject to such conditions as the Secretary may
9 promulgate from time to time as necessary to prevent
10 fraud and abuse, for purposes of paragraphs (1) and (2)
11 and section 1128A(a), the following transfers shall not be
12 treated as remuneration:

13 “(A) TRANSFERS BETWEEN INDIAN HEALTH
14 PROGRAMS, INDIAN TRIBES, TRIBAL ORGANIZATIONS,
15 AND URBAN INDIAN ORGANIZATIONS.—Transfers of
16 anything of value between or among an Indian
17 Health Program, Indian Tribe, Tribal Organization,
18 or Urban Indian Organization, that are made for the
19 purpose of providing necessary health care items and
20 services to any patient served by such Program,
21 Tribe, or Organization and that consist of—

22 “(i) services in connection with the collec-
23 tion, transport, analysis, or interpretation of di-
24 agnostic specimens or test data;

25 “(ii) inventory or supplies;

1 “(iii) staff; or

2 “(iv) a waiver of all or part of premiums
3 or cost sharing.

4 “(B) TRANSFERS BETWEEN INDIAN HEALTH
5 PROGRAMS, INDIAN TRIBES, TRIBAL ORGANIZATIONS,
6 OR URBAN INDIAN ORGANIZATIONS AND PA-
7 TIENTS.—Transfers of anything of value between an
8 Indian Health Program, Indian Tribe, Tribal Orga-
9 nization, or Urban Indian Organization and any pa-
10 tient served or eligible for service from an Indian
11 Health Program, Indian Tribe, Tribal Organization,
12 or Urban Indian Organization, including any patient
13 served or eligible for service pursuant to section 807
14 of the Indian Health Care Improvement Act, but
15 only if such transfers—

16 “(i) consist of expenditures related to pro-
17 viding transportation for the patient for the
18 provision of necessary health care items or serv-
19 ices, provided that the provision of such trans-
20 portation is not advertised, nor an incentive of
21 which the value is disproportionately large in
22 relationship to the value of the health care item
23 or service (with respect to the value of the item
24 or service itself or, for preventative items or

1 services, the future health care costs reasonably
2 expected to be avoided);

3 “(ii) consist of expenditures related to pro-
4 viding housing to the patient (including a preg-
5 nant patient) and immediate family members or
6 an escort necessary to assuring the timely pro-
7 vision of health care items and services to the
8 patient, provided that the provision of such
9 housing is not advertised nor an incentive of
10 which the value is disproportionately large in
11 relationship to the value of the health care item
12 or service (with respect to the value of the item
13 or service itself or, for preventative items or
14 services, the future health care costs reasonably
15 expected to be avoided); or

16 “(iii) are for the purpose of paying pre-
17 miums or cost sharing on behalf of such a pa-
18 tient, provided that the making of such pay-
19 ment is not subject to conditions other than
20 conditions agreed to under a contract for the
21 delivery of contract health services.

22 “(C) CONTRACT HEALTH SERVICES.—A trans-
23 fer of anything of value negotiated as part of a con-
24 tract entered into between an Indian Health Pro-
25 gram, Indian Tribe, Tribal Organization, Urban In-

1 dian Organization, or the Indian Health Service and
2 a contract care provider for the delivery of contract
3 health services authorized by the Indian Health
4 Service, provided that—

5 “(i) such a transfer is not tied to volume
6 or value of referrals or other business generated
7 by the parties; and

8 “(ii) any such transfer is limited to the fair
9 market value of the health care items or serv-
10 ices provided or, in the case of a transfer of
11 items or services related to preventative care,
12 the value of the future health care costs reason-
13 ably expected to be avoided.

14 “(D) OTHER TRANSFERS.—Any other transfer
15 of anything of value involving an Indian Health Pro-
16 gram, Indian Tribe, Tribal Organization, or Urban
17 Indian Organization, or a patient served or eligible
18 for service from an Indian Health Program, Indian
19 Tribe, Tribal Organization, or Urban Indian Organi-
20 zation, that the Secretary, in consultation with the
21 Attorney General, determines is appropriate, taking
22 into account the special circumstances of such In-
23 dian Health Programs, Indian Tribes, Tribal Orga-
24 nizations, and Urban Indian Organizations, and of

1 patients served by such Programs, Tribes, and Orga-
 2 nizations.”.

3 **SEC. 208. RULES APPLICABLE UNDER MEDICAID AND**
 4 **SCHIP TO MANAGED CARE ENTITIES WITH**
 5 **RESPECT TO INDIAN ENROLLEES AND IN-**
 6 **DIAN HEALTH CARE PROVIDERS AND INDIAN**
 7 **MANAGED CARE ENTITIES.**

8 (a) IN GENERAL.—Section 1932 of the Social Secu-
 9 rity Act (42 U.S.C. 1396u-2) is amended by adding at
 10 the end the following new subsection:

11 “(h) SPECIAL RULES WITH RESPECT TO INDIAN EN-
 12 ROLLEES, INDIAN HEALTH CARE PROVIDERS, AND IN-
 13 DIAN MANAGED CARE ENTITIES.—

14 “(1) ENROLLEE OPTION TO SELECT AN INDIAN
 15 HEALTH CARE PROVIDER AS PRIMARY CARE PRO-
 16 VIDER.—In the case of a non-Indian Medicaid man-
 17 aged care entity that—

18 “(A) has an Indian enrolled with the enti-
 19 ty; and

20 “(B) has an Indian health care provider
 21 that is participating as a primary care provider
 22 within the network of the entity,

23 insofar as the Indian is otherwise eligible to receive
 24 services from such Indian health care provider and
 25 the Indian health care provider has the capacity to

1 provide primary care services to such Indian, the
2 contract with the entity under section 1903(m) or
3 under section 1905(t)(3) shall require, as a condi-
4 tion of receiving payment under such contract, that
5 the Indian shall be allowed to choose such Indian
6 health care provider as the Indian's primary care
7 provider under the entity.

8 “(2) ASSURANCE OF PAYMENT TO INDIAN
9 HEALTH CARE PROVIDERS FOR PROVISION OF COV-
10 ERED SERVICES.—Each contract with a managed
11 care entity under section 1903(m) or under section
12 1905(t)(3) shall require any such entity that has a
13 significant percentage of Indian enrollees (as deter-
14 mined by the Secretary), as a condition of receiving
15 payment under such contract to satisfy the following
16 requirements:

17 “(A) DEMONSTRATION OF PARTICIPATING
18 INDIAN HEALTH CARE PROVIDERS OR APPLICA-
19 TION OF ALTERNATIVE PAYMENT ARRANGE-
20 MENTS.—Subject to subparagraph (E), to—

21 “(i) demonstrate that the number of
22 Indian health care providers that are par-
23 ticipating providers with respect to such
24 entity are sufficient to ensure timely access
25 to covered Medicaid managed care services

1 for those enrollees who are eligible to re-
2 ceive services from such providers; or

3 “(ii) agree to pay Indian health care
4 providers who are not participating pro-
5 viders with the entity for covered Medicaid
6 managed care services provided to those
7 enrollees who are eligible to receive services
8 from such providers at a rate equal to the
9 rate negotiated between such entity and
10 the provider involved or, if such a rate has
11 not been negotiated, at a rate that is not
12 less than the level and amount of payment
13 which the entity would make for the serv-
14 ices if the services were furnished by a par-
15 ticipating provider which is not an Indian
16 health care provider.

17 “(B) PROMPT PAYMENT.—To agree to
18 make prompt payment (in accordance with
19 rules applicable to managed care entities) to In-
20 dian health care providers that are participating
21 providers with respect to such entity or, in the
22 case of an entity to which subparagraph (A)(ii)
23 or (E) applies, that the entity is required to pay
24 in accordance with that subparagraph.

1 “(C) SATISFACTION OF CLAIM REQUIRE-
2 MENT.—To deem any requirement for the sub-
3 mission of a claim or other documentation for
4 services covered under subparagraph (A) by the
5 enrollee to be satisfied through the submission
6 of a claim or other documentation by an Indian
7 health care provider that is consistent with sec-
8 tion 403(h) of the Indian Health Care Improve-
9 ment Act.

10 “(D) COMPLIANCE WITH GENERALLY AP-
11 PLICABLE REQUIREMENTS.—

12 “(i) IN GENERAL.—Subject to clause
13 (ii), as a condition of payment under sub-
14 paragraph (A), an Indian health care pro-
15 vider shall comply with the generally appli-
16 cable requirements of this title, the State
17 plan, and such entity with respect to cov-
18 ered Medicaid managed care services pro-
19 vided by the Indian health care provider to
20 the same extent that non-Indian providers
21 participating with the entity must comply
22 with such requirements.

23 “(ii) LIMITATIONS ON COMPLIANCE
24 WITH MANAGED CARE ENTITY GENERALLY

1 APPLICABLE REQUIREMENTS.—An Indian
2 health care provider—

3 “(I) shall not be required to com-
4 ply with a generally applicable re-
5 quirement of a managed care entity
6 described in clause (i) as a condition
7 of payment under subparagraph (A) if
8 such compliance would conflict with
9 any other statutory or regulatory re-
10 quirements applicable to the Indian
11 health care provider; and

12 “(II) shall only need to comply
13 with those generally applicable re-
14 quirements of a managed care entity
15 described in clause (i) as a condition
16 of payment under subparagraph (A)
17 that are necessary for the entity’s
18 compliance with the State plan, such
19 as those related to care management,
20 quality assurance, and utilization
21 management.

22 “(E) APPLICATION OF SPECIAL PAYMENT
23 REQUIREMENTS FOR FEDERALLY-QUALIFIED
24 HEALTH CENTERS AND ENCOUNTER RATE FOR

1 SERVICES PROVIDED BY CERTAIN INDIAN
2 HEALTH CARE PROVIDERS.—

3 “(i) FEDERALLY-QUALIFIED HEALTH
4 CENTERS.—

5 “(I) MANAGED CARE ENTITY
6 PAYMENT REQUIREMENT.—To agree
7 to pay any Indian health care provider
8 that is a Federally-qualified health
9 center but not a participating provider
10 with respect to the entity, for the pro-
11 vision of covered Medicaid managed
12 care services by such provider to an
13 Indian enrollee of the entity at a rate
14 equal to the amount of payment that
15 the entity would pay a Federally-
16 qualified health center that is a par-
17 ticipating provider with respect to the
18 entity but is not an Indian health care
19 provider for such services.

20 “(II) CONTINUED APPLICATION
21 OF STATE REQUIREMENT TO MAKE
22 SUPPLEMENTAL PAYMENT.—Nothing
23 in subclause (I) or subparagraph (A)
24 or (B) shall be construed as waiving
25 the application of section 1902(bb)(5)

1 regarding the State plan requirement
2 to make any supplemental payment
3 due under such section to a Federally-
4 qualified health center for services
5 furnished by such center to an en-
6 rollee of a managed care entity (re-
7 gardless of whether the Federally-
8 qualified health center is or is not a
9 participating provider with the entity).

10 “(ii) CONTINUED APPLICATION OF
11 ENCOUNTER RATE FOR SERVICES PRO-
12 VIDED BY CERTAIN INDIAN HEALTH CARE
13 PROVIDERS.—If the amount paid by a
14 managed care entity to an Indian health
15 care provider that is not a Federally-quali-
16 fied health center and that has elected to
17 receive payment under this title as an In-
18 dian Health Service provider under the
19 July 11, 1996, Memorandum of Agreement
20 between the Health Care Financing Ad-
21 ministration (now the Centers for Medicare
22 & Medicaid Services) and the Indian
23 Health Service for services provided by
24 such provider to an Indian enrollee with
25 the managed care entity is less than the

1 encounter rate that applies to the provision
2 of such services under such memorandum,
3 the State plan shall provide for payment to
4 the Indian health care provider of the dif-
5 ference between the applicable encounter
6 rate under such memorandum and the
7 amount paid by the managed care entity to
8 the provider for such services.

9 “(F) CONSTRUCTION.—Nothing in this
10 paragraph shall be construed as waiving the ap-
11 plication of section 1902(a)(30)(A) (relating to
12 application of standards to assure that pay-
13 ments are consistent with efficiency, economy,
14 and quality of care).

15 “(3) OFFERING OF MANAGED CARE THROUGH
16 INDIAN MEDICAID MANAGED CARE ENTITIES.—If—

17 “(A) a State elects to provide services
18 through Medicaid managed care entities under
19 its Medicaid managed care program; and

20 “(B) an Indian health care provider that is
21 funded in whole or in part by the Indian Health
22 Service, or a consortium composed of 1 or more
23 Tribes, Tribal Organizations, or Urban Indian
24 Organizations, and which also may include the
25 Indian Health Service, has established an In-

1 dian Medicaid managed care entity in the State
2 that meets generally applicable standards re-
3 quired of such an entity under such Medicaid
4 managed care program,

5 the State shall offer to enter into an agreement with
6 the entity to serve as a Medicaid managed care enti-
7 ty with respect to eligible Indians served by such en-
8 tity under such program.

9 “(4) SPECIAL RULES FOR INDIAN MANAGED
10 CARE ENTITIES.—The following are special rules re-
11 garding the application of a Medicaid managed care
12 program to Indian Medicaid managed care entities:

13 “(A) ENROLLMENT.—

14 “(i) LIMITATION TO INDIANS.—An In-
15 dian Medicaid managed care entity may re-
16 strict enrollment under such program to
17 Indians and to members of specific Tribes
18 in the same manner as Indian Health Pro-
19 grams may restrict the delivery of services
20 to such Indians and tribal members.

21 “(ii) NO LESS CHOICE OF PLANS.—
22 Under such program the State may not
23 limit the choice of an Indian among Med-
24 icaid managed care entities only to Indian
25 Medicaid managed care entities or to be

1 more restrictive than the choice of man-
2 aged care entities offered to individuals
3 who are not Indians.

4 “(iii) DEFAULT ENROLLMENT.—

5 “(I) IN GENERAL.—If such pro-
6 gram of a State requires the enroll-
7 ment of Indians in a Medicaid man-
8 aged care entity in order to receive
9 benefits, the State, taking into consid-
10 eration the criteria specified in sub-
11 section (a)(4)(D)(ii)(I), shall provide
12 for the enrollment of Indians de-
13 scribed in subclause (II) who are not
14 otherwise enrolled with such an entity
15 in an Indian Medicaid managed care
16 entity described in such clause.

17 “(II) INDIAN DESCRIBED.—An
18 Indian described in this subclause,
19 with respect to an Indian Medicaid
20 managed care entity, is an Indian
21 who, based upon the service area and
22 capacity of the entity, is eligible to be
23 enrolled with the entity consistent
24 with subparagraph (A).

1 “(iv) EXCEPTION TO STATE LOCK-
2 IN.—A request by an Indian who is en-
3 rolled under such program with a non-In-
4 dian Medicaid managed care entity to
5 change enrollment with that entity to en-
6 rollment with an Indian Medicaid managed
7 care entity shall be considered cause for
8 granting such request under procedures
9 specified by the Secretary.

10 “(B) FLEXIBILITY IN APPLICATION OF
11 SOLVENCY.—In applying section 1903(m)(1) to
12 an Indian Medicaid managed care entity—

13 “(i) any reference to a ‘State’ in sub-
14 paragraph (A)(ii) of that section shall be
15 deemed to be a reference to the ‘Sec-
16 retary’; and

17 “(ii) the entity shall be deemed to be
18 a public entity described in subparagraph
19 (C)(ii) of that section.

20 “(C) EXCEPTIONS TO ADVANCE DIREC-
21 TIVES.—The Secretary may modify or waive the
22 requirements of section 1902(w) (relating to
23 provision of written materials on advance direc-
24 tives) insofar as the Secretary finds that the re-
25 quirements otherwise imposed are not an appro-

1 appropriate or effective way of communicating the in-
2 formation to Indians.

3 “(D) FLEXIBILITY IN INFORMATION AND
4 MARKETING.—

5 “(i) MATERIALS.—The Secretary may
6 modify requirements under subsection
7 (a)(5) to ensure that information described
8 in that subsection is provided to enrollees
9 and potential enrollees of Indian Medicaid
10 managed care entities in a culturally ap-
11 propriate and understandable manner that
12 clearly communicates to such enrollees and
13 potential enrollees their rights, protections,
14 and benefits.

15 “(ii) DISTRIBUTION OF MARKETING
16 MATERIALS.—The provisions of subsection
17 (d)(2)(B) requiring the distribution of
18 marketing materials to an entire service
19 area shall be deemed satisfied in the case
20 of an Indian Medicaid managed care entity
21 that distributes appropriate materials only
22 to those Indians who are potentially eligi-
23 ble to enroll with the entity in the service
24 area.

1 “(5) MALPRACTICE INSURANCE.—Insofar as,
2 under a Medicaid managed care program, a health
3 care provider is required to have medical malpractice
4 insurance coverage as a condition of contracting as
5 a provider with a Medicaid managed care entity, an
6 Indian health care provider that is—

7 “(A) a Federally-qualified health center
8 that is covered under the Federal Tort Claims
9 Act (28 U.S.C. 1346(b), 2671 et seq.);

10 “(B) providing health care services pursu-
11 ant to a contract or compact under the Indian
12 Self-Determination and Education Assistance
13 Act (25 U.S.C. 450 et seq.) that are covered
14 under the Federal Tort Claims Act (28 U.S.C.
15 1346(b), 2671 et seq.); or

16 “(C) the Indian Health Service providing
17 health care services that are covered under the
18 Federal Tort Claims Act (28 U.S.C. 1346(b),
19 2671 et seq.);

20 are deemed to satisfy such requirement.

21 “(6) DEFINITIONS.—For purposes of this sub-
22 section:

23 “(A) INDIAN HEALTH CARE PROVIDER.—

24 The term ‘Indian health care provider’ means

1 an Indian Health Program or an Urban Indian
2 Organization.

3 “(B) INDIAN; INDIAN HEALTH PROGRAM;
4 SERVICE; TRIBE; TRIBAL ORGANIZATION; URBAN
5 INDIAN ORGANIZATION.—The terms ‘Indian’,
6 ‘Indian Health Program’, ‘Service’, ‘Tribe’,
7 ‘tribal organization’, ‘Urban Indian Organiza-
8 tion’ have the meanings given such terms in
9 section 4 of the Indian Health Care Improve-
10 ment Act.

11 “(C) INDIAN MEDICAID MANAGED CARE
12 ENTITY.—The term ‘Indian Medicaid managed
13 care entity’ means a managed care entity that
14 is controlled (within the meaning of the last
15 sentence of section 1903(m)(1)(C)) by the In-
16 dian Health Service, a Tribe, Tribal Organiza-
17 tion, or Urban Indian Organization, or a con-
18 sortium, which may be composed of 1 or more
19 Tribes, Tribal Organizations, or Urban Indian
20 Organizations, and which also may include the
21 Service.

22 “(D) NON-INDIAN MEDICAID MANAGED
23 CARE ENTITY.—The term ‘non-Indian Medicaid
24 managed care entity’ means a managed care en-

1 tity that is not an Indian Medicaid managed
2 care entity.

3 “(E) COVERED MEDICAID MANAGED CARE
4 SERVICES.—The term ‘covered Medicaid man-
5 aged care services’ means, with respect to an
6 individual enrolled with a managed care entity,
7 items and services that are within the scope of
8 items and services for which benefits are avail-
9 able with respect to the individual under the
10 contract between the entity and the State in-
11 volved.

12 “(F) MEDICAID MANAGED CARE PRO-
13 GRAM.—The term ‘Medicaid managed care pro-
14 gram’ means a program under sections
15 1903(m) and 1932 and includes a managed
16 care program operating under a waiver under
17 section 1915(b) or 1115 or otherwise.”.

18 (b) APPLICATION TO SCHIP.—Section 2107(e)(1) of
19 such Act (42 U.S.C. 1397gg(1)), as amended by section
20 206(b)(2), is amended by adding at the end the following
21 new subparagraph:

22 “(H) Subsections (a)(2)(C) and (h) of sec-
23 tion 1932.”.

24 (c) EFFECTIVE DATE.—This section and the amend-
25 ments made by this section take effect on October 1, 2009.

1 **SEC. 209. ANNUAL REPORT ON INDIANS SERVED BY SOCIAL**
2 **SECURITY ACT HEALTH BENEFIT PROGRAMS.**

3 Section 1139 of the Social Security Act (42 U.S.C.
4 1320b–9), as amended by the sections 202, 205, and 206,
5 is amended by redesignating subsection (e) as subsection
6 (f), and inserting after subsection (d) the following new
7 subsection:

8 “(e) ANNUAL REPORT ON INDIANS SERVED BY
9 HEALTH BENEFIT PROGRAMS FUNDED UNDER THIS
10 ACT.—Beginning January 1, 2008, and annually there-
11 after, the Secretary, acting through the Administrator of
12 the Centers for Medicare & Medicaid Services and the Di-
13 rector of the Indian Health Service, shall submit a report
14 to Congress regarding the enrollment and health status
15 of Indians receiving items or services under health benefit
16 programs funded under this Act during the preceding
17 year. Each such report shall include the following:

18 “(1) The total number of Indians enrolled in, or
19 receiving items or services under, such programs,
20 disaggregated with respect to each such program.

21 “(2) The number of Indians described in para-
22 graph (1) that also received health benefits under
23 programs funded by the Indian Health Service.

24 “(3) General information regarding the health
25 status of the Indians described in paragraph (1),
26 disaggregated with respect to specific diseases or

1 conditions and presented in a manner that is con-
2 sistent with protections for privacy of individually
3 identifiable health information under section 264(c)
4 of the Health Insurance Portability and Account-
5 ability Act of 1996.

6 “(4) A detailed statement of the status of facili-
7 ties of the Indian Health Service or an Indian Tribe,
8 Tribal Organization, or an Urban Indian Organiza-
9 tion with respect to such facilities’ compliance with
10 the applicable conditions and requirements of titles
11 XVIII, XIX, and XXI, and, in the case of title XIX
12 or XXI, under a State plan under such title or
13 under waiver authority, and of the progress being
14 made by such facilities (under plans submitted
15 under section 1880(b), 1911(b) or otherwise) toward
16 the achievement and maintenance of such compli-
17 ance.

18 “(5) Such other information as the Secretary
19 determines is appropriate.”.

1 **SEC. 210. DEVELOPMENT OF RECOMMENDATIONS TO IM-**
2 **PROVE INTERSTATE COORDINATION OF MED-**
3 **ICAID AND SCHIP COVERAGE OF INDIAN**
4 **CHILDREN AND OTHER CHILDREN WHO ARE**
5 **OUTSIDE OF THEIR STATE OF RESIDENCY BE-**
6 **CAUSE OF EDUCATIONAL OR OTHER NEEDS.**

7 (a) **STUDY.**—The Secretary shall conduct a study to
8 identify barriers to interstate coordination of enrollment
9 and coverage under the Medicaid program under title XIX
10 of the Social Security Act and the State Children’s Health
11 Insurance Program under title XXI of such Act of chil-
12 dren who are eligible for medical assistance or child health
13 assistance under such programs and who, because of edu-
14 cational needs, migration of families, emergency evacu-
15 ations, or otherwise, frequently change their State of resi-
16 dency or otherwise are temporarily present outside of the
17 State of their residency. Such study shall include an exam-
18 ination of the enrollment and coverage coordination issues
19 faced by Indian children who are eligible for medical as-
20 sistance or child health assistance under such programs
21 in their State of residence and who temporarily reside in
22 an out-of-State boarding school or peripheral dormitory
23 funded by the Bureau of Indian Affairs.

24 (b) **REPORT.**—Not later than 18 months after the
25 date of enactment of this Act, the Secretary, in consulta-
26 tion with directors of State Medicaid programs under title

1 XIX of the Social Security Act and directors of State Chil-
2 dren's Health Insurance Programs under title XXI of such
3 Act, shall submit a report to Congress that contains rec-
4 ommendations for such legislative and administrative ac-
5 tions as the Secretary determines appropriate to address
6 the enrollment and coverage coordination barriers identi-
7 fied through the study required under subsection (a).

8 **SEC. 211. ESTABLISHMENT OF NATIONAL CHILD WELFARE**
9 **RESOURCE CENTER FOR TRIBES.**

10 (a) ESTABLISHMENT.—The Secretary of Health and
11 Human Services shall establish a National Child Welfare
12 Resource Center for Tribes that is—

13 (1) specifically and exclusively dedicated to
14 meeting the needs of Indian tribes and tribal organi-
15 zations through the provision of assistance described
16 in subsection (b); and

17 (2) not part of any existing national child wel-
18 fare resource center.

19 (b) ASSISTANCE PROVIDED.—

20 (1) IN GENERAL.—The National Child Welfare
21 Resource Center for Tribes shall provide informa-
22 tion, advice, educational materials, and technical as-
23 sistance to Indian tribes and tribal organizations
24 with respect to the types of services, administrative
25 functions, data collection, program management,

1 and reporting that are provided for under State
2 plans under parts B and E of title IV of the Social
3 Security Act.

4 (2) IMPLEMENTATION AUTHORITY.—The Sec-
5 retary may provide the assistance described in para-
6 graph (1) either directly or through grant or con-
7 tract with public or private organizations knowledge-
8 able and experienced in the field of Indian tribal af-
9 fairs and child welfare.

10 (c) APPROPRIATIONS.—There is appropriated to the
11 Secretary of Health and Human Services, out of any
12 money in the Treasury of the United States not otherwise
13 appropriated, \$1,000,000 for each of fiscal years 2009
14 through 2013 to carry out the purposes of this section.

15 **SEC. 212. ADJUSTMENT TO THE MEDICARE ADVANTAGE**
16 **STABILIZATION FUND.**

17 Section 1858(e)(2)(A)(i) of the Social Security Act
18 (42 U.S.C. 1395w-27a(e)(2)(A)(i)), as amended by sec-
19 tion 110 of the Medicare, Medicaid, and SCHIP Extension
20 Act of 2007 (Public Law 110-173), is amended by strik-
21 ing “\$1,790,000,000” and inserting “\$1,657,000,000”.

1 **SEC. 213. MORATORIUM ON IMPLEMENTATION OF**
2 **CHANGES TO CASE MANAGEMENT AND TAR-**
3 **GETED CASE MANAGEMENT PAYMENT RE-**
4 **QUIREMENTS UNDER MEDICAID.**

5 (a) MORATORIUM.—

6 (1) DELAYED IMPLEMENTATION OF DECEMBER
7 4, 2007, INTERIM FINAL RULE.—The interim final
8 rule published on December 4, 2007, at pages
9 68,077 through 68,093 of volume 72 of the Federal
10 Register (relating to parts 431, 440, and 441 of title
11 42 of the Code of Federal Regulations) shall not
12 take effect before April 1, 2009.

13 (2) CONTINUATION OF 2007 PAYMENT POLICIES
14 AND PRACTICES.—Notwithstanding any other provi-
15 sion of law, the Secretary of Health and Human
16 Services shall not, prior to April 1, 2009, take any
17 action (through promulgation of regulation, issuance
18 of regulatory guidance, use of Federal payment
19 audit procedures, or other administrative action, pol-
20 icy or practice, including a Medical Assistance Man-
21 ual transmittal or issuance of a letter to State Med-
22 icaid directors) to restrict coverage or payment
23 under title XIX of the Social Security Act for case
24 management and targeted case management services
25 if such action is more restrictive than the adminis-
26 trative action, policy, or practice that applies to cov-

1 erage of, or payment for, such services under title
2 XIX of the Social Security Act on December 3,
3 2007. Any such action taken by the Secretary of
4 Health and Human Services during the period that
5 begins on December 4, 2007, and ends on March 31,
6 2009, that is based in whole or in part on the in-
7 terim final rule described in subsection (a) is null
8 and void.

9 (b) INCLUSION OF MEDICARE PROVIDERS AND SUP-
10 PLIERS IN FEDERAL PAYMENT LEVY AND ADMINISTRA-
11 TIVE OFFSET PROGRAM.—

12 (1) IN GENERAL.—Section 1874 of the Social
13 Security Act (42 U.S.C. 1395kk) is amended by
14 adding at the end the following new subsection:

15 “(d) INCLUSION OF MEDICARE PROVIDER AND SUP-
16 PLIER PAYMENTS IN FEDERAL PAYMENT LEVY PRO-
17 GRAM.—

18 “(1) IN GENERAL.—The Centers for Medicare
19 & Medicaid Services shall take all necessary steps to
20 participate in the Federal Payment Levy Program
21 under section 6331(h) of the Internal Revenue Code
22 of 1986 as soon as possible and shall ensure that—

23 “(A) at least 50 percent of all payments
24 under parts A and B are processed through

1 such program beginning within 1 year after the
2 date of the enactment of this section;

3 “(B) at least 75 percent of all payments
4 under parts A and B are processed through
5 such program beginning within 2 years after
6 such date; and

7 “(C) all payments under parts A and B
8 are processed through such program beginning
9 not later than September 30, 2011.

10 “(2) ASSISTANCE.—The Financial Management
11 Service and the Internal Revenue Service shall pro-
12 vide assistance to the Centers for Medicare & Med-
13 icaid Services to ensure that all payments described
14 in paragraph (1) are included in the Federal Pay-
15 ment Levy Program by the deadlines specified in
16 that subsection.”.

17 (2) APPLICATION OF ADMINISTRATIVE OFFSET
18 PROVISIONS TO MEDICARE PROVIDER OR SUPPLIER
19 PAYMENTS.—Section 3716 of title 31, United States
20 Code, is amended—

21 (A) by inserting “the Department of
22 Health and Human Services,” after “United
23 States Postal Service,” in subsection (c)(1)(A);
24 and

1 (B) by adding at the end of subsection
2 (c)(3) the following new subparagraph:

3 “(D) This section shall apply to payments
4 made after the date which is 90 days after the
5 enactment of this subparagraph (or such earlier
6 date as designated by the Secretary of Health
7 and Human Services) with respect to claims or
8 debts, and to amounts payable, under title
9 XVIII of the Social Security Act.”.

10 (3) EFFECTIVE DATE.—The amendments made
11 by this subsection shall take effect on the date of the
12 enactment of this Act.

13 **SEC. 214. INCREASED CIVIL MONEY PENALTIES AND CRIMI-**
14 **NAL FINES FOR MEDICARE FRAUD AND**
15 **ABUSE.**

16 (a) INCREASED CIVIL MONEY PENALTIES.—Section
17 1128A of the Social Security Act (42 U.S.C. 1320a-7a)
18 is amended—

19 (1) in subsection (a), in the flush matter fol-
20 lowing paragraph (7)—

21 (A) by striking “\$10,000” each place it
22 appears and inserting “\$20,000”;

23 (B) by striking “\$15,000” and inserting
24 “\$30,000”; and

1 (C) by striking “\$50,000” and inserting
2 “\$100,000”; and

3 (2) in subsection (b)—

4 (A) in paragraph (1), in the flush matter
5 following subparagraph (B), by striking
6 “\$2,000” and inserting “\$4,000”;

7 (B) in paragraph (2), by striking “\$2,000”
8 and inserting “\$4,000”; and

9 (C) in paragraph (3)(A)(i), by striking
10 “\$5,000” and inserting “\$10,000”.

11 (b) INCREASED CRIMINAL FINES.—Section 1128B of
12 the Social Security Act (42 U.S.C. 1320a–7b) is amend-
13 ed—

14 (1) in subsection (a), in the flush matter fol-
15 lowing paragraph (6)—

16 (A) by striking “\$25,000” and inserting
17 “\$100,000”; and

18 (B) by striking “\$10,000” and inserting
19 “\$20,000”;

20 (2) in subsection (b)—

21 (A) in paragraph (1), in the flush matter
22 following subparagraph (B), by striking
23 “\$25,000” and inserting “\$100,000”; and

1 (B) in paragraph (2), in the flush matter
2 following subparagraph (B), by striking
3 “\$25,000” and inserting “\$100,000”;

4 (3) in subsection (c), by striking “\$25,000” and
5 inserting “\$100,000”;

6 (4) in subsection (d), in the second flush matter
7 following subparagraph (B), by striking “\$25,000”
8 and inserting “\$100,000”; and

9 (5) in subsection (e), by striking “\$2,000” and
10 inserting “\$4,000”.

11 (c) EFFECTIVE DATE.—The amendments made by
12 this section shall apply to civil money penalties and fines
13 imposed for actions taken on or after the date of enact-
14 ment of this Act.

15 **SEC. 215. INCREASED SENTENCES FOR FELONIES INVOLV-**
16 **ING MEDICARE FRAUD AND ABUSE.**

17 (a) FALSE STATEMENTS AND REPRESENTATIONS.—
18 Section 1128B(a) of the Social Security Act (42 U.S.C.
19 1320a–7b(a)) is amended, in clause (i) of the flush matter
20 following paragraph (6), by striking “not more than 5
21 years” and inserting “not more than 10 years”.

22 (b) ANTI-KICKBACK.—Section 1128B(b) of the So-
23 cial Security Act (42 U.S.C. 1320a–7b(b)) is amended—

24 (1) in paragraph (1), in the flush matter fol-
25 lowing subparagraph (B), by striking “not more

1 than 5 years” and inserting “not more than 10
2 years”; and

3 (2) in paragraph (2), in the flush matter fol-
4 lowing subparagraph (B), by striking “not more
5 than 5 years” and inserting “not more than 10
6 years”.

7 (c) FALSE STATEMENT OR REPRESENTATION WITH
8 RESPECT TO CONDITIONS OR OPERATIONS OF FACILI-
9 TIES.—Section 1128B(c) of the Social Security Act (42
10 U.S.C. 1320a–7b(c)) is amended by striking “not more
11 than 5 years” and inserting “not more than 10 years”.

12 (d) EXCESS CHARGES.—Section 1128B(d) of the So-
13 cial Security Act (42 U.S.C. 1320a–7b(d)) is amended, in
14 the second flush matter following subparagraph (B), by
15 striking “not more than 5 years” and inserting “not more
16 than 10 years”.

17 (e) EFFECTIVE DATE.—The amendments made by
18 this section shall apply to criminal penalties imposed for
19 actions taken on or after the date of enactment of this
20 Act.

21 **TITLE III—MISCELLANEOUS**

22 **SEC. 301. RESOLUTION OF APOLOGY TO NATIVE PEOPLES** 23 **OF UNITED STATES.**

24 (a) FINDINGS.—Congress finds that—

1 (1) the ancestors of today's Native Peoples in-
2 habited the land of the present-day United States
3 since time immemorial and for thousands of years
4 before the arrival of people of European descent;

5 (2) for millennia, Native Peoples have honored,
6 protected, and stewarded this land we cherish;

7 (3) Native Peoples are spiritual people with a
8 deep and abiding belief in the Creator, and for mil-
9 lennia Native Peoples have maintained a powerful
10 spiritual connection to this land, as evidenced by
11 their customs and legends;

12 (4) the arrival of Europeans in North America
13 opened a new chapter in the history of Native Peo-
14 ples;

15 (5) while establishment of permanent European
16 settlements in North America did stir conflict with
17 nearby Indian tribes, peaceful and mutually bene-
18 ficial interactions also took place;

19 (6) the foundational English settlements in
20 Jamestown, Virginia, and Plymouth, Massachusetts,
21 owed their survival in large measure to the compas-
22 sion and aid of Native Peoples in the vicinities of the
23 settlements;

24 (7) in the infancy of the United States, the
25 founders of the Republic expressed their desire for

1 a just relationship with the Indian tribes, as evi-
2 denced by the Northwest Ordinance enacted by Con-
3 gress in 1787, which begins with the phrase, “The
4 utmost good faith shall always be observed toward
5 the Indians”;

6 (8) Indian tribes provided great assistance to
7 the fledgling Republic as it strengthened and grew,
8 including invaluable help to Meriwether Lewis and
9 William Clark on their epic journey from St. Louis,
10 Missouri, to the Pacific Coast;

11 (9) Native Peoples and non-Native settlers en-
12 gaged in numerous armed conflicts in which unfortu-
13 nately, both took innocent lives, including those of
14 women and children;

15 (10) the Federal Government violated many of
16 the treaties ratified by Congress and other diplo-
17 matic agreements with Indian tribes;

18 (11) the United States forced Indian tribes and
19 their citizens to move away from their traditional
20 homelands and onto federally established and con-
21 trolled reservations, in accordance with such Acts as
22 the Act of May 28, 1830 (4 Stat. 411, chapter 148)
23 (commonly known as the “Indian Removal Act”);

24 (12) many Native Peoples suffered and per-
25 ished—

1 (A) during the execution of the official
2 Federal Government policy of forced removal,
3 including the infamous Trail of Tears and Long
4 Walk;

5 (B) during bloody armed confrontations
6 and massacres, such as the Sand Creek Mas-
7 sacre in 1864 and the Wounded Knee Massacre
8 in 1890; and

9 (C) on numerous Indian reservations;

10 (13) the Federal Government condemned the
11 traditions, beliefs, and customs of Native Peoples
12 and endeavored to assimilate them by such policies
13 as the redistribution of land under the Act of Feb-
14 ruary 8, 1887 (25 U.S.C. 331; 24 Stat. 388, chapter
15 119) (commonly known as the “General Allotment
16 Act”), and the forcible removal of Native children
17 from their families to faraway boarding schools
18 where their Native practices and languages were de-
19 graded and forbidden;

20 (14) officials of the Federal Government and
21 private United States citizens harmed Native Peo-
22 ples by the unlawful acquisition of recognized tribal
23 land and the theft of tribal resources and assets
24 from recognized tribal land;

1 (15) the policies of the Federal Government to-
2 ward Indian tribes and the breaking of covenants
3 with Indian tribes have contributed to the severe so-
4 cial ills and economic troubles in many Native com-
5 munities today;

6 (16) despite the wrongs committed against Na-
7 tive Peoples by the United States, Native Peoples
8 have remained committed to the protection of this
9 great land, as evidenced by the fact that, on a per
10 capita basis, more Native Peoples have served in the
11 United States Armed Forces and placed themselves
12 in harm's way in defense of the United States in
13 every major military conflict than any other ethnic
14 group;

15 (17) Indian tribes have actively influenced the
16 public life of the United States by continued co-
17 operation with Congress and the Department of the
18 Interior, through the involvement of Native individ-
19 uals in official Federal Government positions, and by
20 leadership of their own sovereign Indian tribes;

21 (18) Indian tribes are resilient and determined
22 to preserve, develop, and transmit to future genera-
23 tions their unique cultural identities;

24 (19) the National Museum of the American In-
25 dian was established within the Smithsonian Institu-

1 tion as a living memorial to Native Peoples and their
2 traditions; and

3 (20) Native Peoples are endowed by their Cre-
4 ator with certain unalienable rights, and among
5 those are life, liberty, and the pursuit of happiness.

6 (b) ACKNOWLEDGMENT AND APOLOGY.—The United
7 States, acting through Congress—

8 (1) recognizes the special legal and political re-
9 lationship Indian tribes have with the United States
10 and the solemn covenant with the land we share;

11 (2) commends and honors Native Peoples for
12 the thousands of years that they have stewarded and
13 protected this land;

14 (3) recognizes that there have been years of of-
15 ficial depredations, ill-conceived policies, and the
16 breaking of covenants by the Federal Government
17 regarding Indian tribes;

18 (4) apologizes on behalf of the people of the
19 United States to all Native Peoples for the many in-
20 stances of violence, maltreatment, and neglect in-
21 flicted on Native Peoples by citizens of the United
22 States;

23 (5) expresses its regret for the ramifications of
24 former wrongs and its commitment to build on the
25 positive relationships of the past and present to

1 move toward a brighter future where all the people
2 of this land live reconciled as brothers and sisters,
3 and harmoniously steward and protect this land to-
4 gether;

5 (6) urges the President to acknowledge the
6 wrongs of the United States against Indian tribes in
7 the history of the United States in order to bring
8 healing to this land; and

9 (7) commends the State governments that have
10 begun reconciliation efforts with recognized Indian
11 tribes located in their boundaries and encourages all
12 State governments similarly to work toward recon-
13 ciling relationships with Indian tribes within their
14 boundaries.

15 (c) DISCLAIMER.—Nothing in this section—

16 (1) authorizes or supports any claim against
17 the United States; or

18 (2) serves as a settlement of any claim against
19 the United States.

Passed the Senate February 26, 2008.

Attest:

NANCY ERICKSON,

Secretary.