

108TH CONGRESS
1ST SESSION

H. R. 2440

To improve the implementation of the Federal responsibility for the care and education of Indian people by improving the services and facilities of Federal health programs for Indians and encouraging maximum participation of Indians in such programs, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JUNE 11, 2003

Mr. YOUNG of Alaska (for himself, Mr. HAYWORTH, Mr. RENZI, Mr. COLE, Mr. HUNTER, Mr. MCKEON, Mr. PALLONE, Mr. RAHALL, Mr. GEORGE MILLER of California, Mr. KILDEE, Mr. DINGELL, Mr. WAXMAN, Mr. RANGEL, Mr. CONYERS, Mr. OBERSTAR, Mr. GRIJALVA, Ms. MILLENDER-McDONALD, Mr. FROST, Mr. KENNEDY of Rhode Island, Mr. FRANK of Massachusetts, Mr. FILNER, Mr. HONDA, Mr. CARSON of Oklahoma, Mr. ALLEN, Mr. ABERCROMBIE, Ms. LEE, Mrs. NAPOLITANO, Mr. FALEOMAVAEGA, Ms. MCCOLLUM, Mr. TOWNS, Mr. UDALL of New Mexico, Mr. UDALL of Colorado, Mr. KIND, Mr. LANTOS, Mr. INSLEE, Mr. STUPAK, Mr. BACA, Ms. KILPATRICK, Mrs. CHRISTENSEN, Mr. BLUMENAUER, and Ms. NORTON) introduced the following bill; which was referred to the Committee on Resources, and in addition to the Committees on Energy and Commerce, and Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To improve the implementation of the Federal responsibility for the care and education of Indian people by improving the services and facilities of Federal health programs for Indians and encouraging maximum participation of Indians in such programs, and for other purposes.

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

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Indian Health Care
 5 Improvement Act Amendments of 2003”.

6 **SEC. 2. INDIAN HEALTH CARE IMPROVEMENT ACT AMEND-**
 7 **ED.**

8 The Indian Health Care Improvement Act (25 U.S.C.
 9 1601 et seq.) is amended to read as follows:

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

11 “(a) **SHORT TITLE.**—This Act may be cited as the
 12 ‘Indian Health Care Improvement Act’.

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

Sec. 1. Short title.

Sec. 2. Indian Health Care Improvement Act amended.

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

“Sec. 2. Findings.

“Sec. 3. Declaration of National Indian health policy.

“Sec. 4. Definitions.

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

“Sec. 101. Purpose.

“Sec. 102. Health Professions Recruitment Program for Indians.

“Sec. 103. Health Professions Preparatory Scholarship Program for Indi-
 ans.

“Sec. 104. Indian health professions scholarships.

“Sec. 105. American Indians into psychology program.

“Sec. 106. Funding for tribes for scholarship programs.

“Sec. 107. Indian Health Service extern programs.

“Sec. 108. Continuing education allowances.

“Sec. 109. Community Health Representative Program.

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

“Sec. 111. Scholarship and loan repayment recovery fund.

“Sec. 112. Recruitment activities.

“Sec. 113. Indian recruitment and retention program.

“Sec. 114. Advanced training and research.

- “Sec. 115. Quentin N. Burdick American Indians into nursing program.
- “Sec. 116. Tribal cultural orientation.
- “Sec. 117. Inmed program.
- “Sec. 118. Health training programs of community colleges.
- “Sec. 119. Retention bonus.
- “Sec. 120. Nursing residency program.
- “Sec. 121. Community Health Aide Program for Alaska.
- “Sec. 122. Tribal health program administration.
- “Sec. 123. Health professional chronic shortage demonstration programs.
- “Sec. 124. Treatment of scholarships for certain purposes.
- “Sec. 125. National Health Service Corps.
- “Sec. 126. Substance abuse counselor educational curricula demonstration programs.
- “Sec. 127. Mental health training and community education programs.
- “Sec. 128. Designation of shortage areas.
- “Sec. 129. Authorization of appropriations.

“TITLE II—HEALTH SERVICES

- “Sec. 201. Indian Health Care Improvement Fund.
- “Sec. 202. Catastrophic Health Emergency Fund.
- “Sec. 203. Health promotion and disease prevention services.
- “Sec. 204. Diabetes prevention, treatment, and control.
- “Sec. 205. Shared services for long-term care.
- “Sec. 206. Health services research.
- “Sec. 207. Mammography and other cancer screening.
- “Sec. 208. Patient travel costs.
- “Sec. 209. Epidemiology centers.
- “Sec. 210. Comprehensive school health education programs.
- “Sec. 211. Indian Youth Program.
- “Sec. 212. Prevention, control, and elimination of communicable and infectious diseases.
- “Sec. 213. Authority for provision of other services.
- “Sec. 214. Indian women’s health care.
- “Sec. 215. Environmental and nuclear health hazards.
- “Sec. 216. Arizona as a contract health service delivery area.
- “Sec. 216A. North Dakota as a contract health service delivery area.
- “Sec. 216B. South Dakota as a contract health service delivery area.
- “Sec. 217. California contract health services program.
- “Sec. 218. California as a contract health service delivery area.
- “Sec. 219. Contract health services for the Trenton Service Area.
- “Sec. 220. Programs operated by Indian tribes and tribal organizations.
- “Sec. 221. Licensing.
- “Sec. 222. Notification of provision of emergency contract health services.
- “Sec. 223. Prompt action on payment of claims.
- “Sec. 224. Liability for payment.
- “Sec. 225. Authorization of appropriations.

“TITLE III—FACILITIES

- “Sec. 301. Consultation; construction and renovation of facilities; reports.
- “Sec. 302. Sanitation facilities.
- “Sec. 303. Preference to Indians and Indian firms.
- “Sec. 304. Expenditure of nonservice funds for renovation.
- “Sec. 305. Funding for the construction, expansion, and modernization of small ambulatory care facilities.

- “Sec. 306. Indian Health Care Delivery Demonstration Project.
- “Sec. 307. Land transfer.
- “Sec. 308. Leases, contracts, and other agreements.
- “Sec. 309. Loans, loan guarantees, and loan repayment.
- “Sec. 310. Tribal leasing.
- “Sec. 311. Indian Health Service/tribal facilities joint venture program.
- “Sec. 312. Location of facilities.
- “Sec. 313. Maintenance and improvement of health care facilities.
- “Sec. 314. Tribal management of federally owned quarters.
- “Sec. 315. Applicability of Buy American Act requirement.
- “Sec. 316. Other funding for facilities.
- “Sec. 317. Authorization of appropriations.

“TITLE IV—ACCESS TO HEALTH SERVICES

- “Sec. 401. Treatment of payments under Social Security Act health care programs.
- “Sec. 402. Grants to and funding agreements with the Service, Indian tribes, tribal organizations, and urban Indian organizations.
- “Sec. 403. Reimbursement from certain third parties of costs of health services.
- “Sec. 404. Crediting of reimbursements.
- “Sec. 405. Purchasing health care coverage.
- “Sec. 406. Sharing arrangements with Federal agencies.
- “Sec. 407. Payor of last resort.
- “Sec. 408. Nondiscrimination in qualifications for reimbursement for services.
- “Sec. 409. Consultation.
- “Sec. 410. State children’s health insurance program (SCHIP).
- “Sec. 411. Social Security Act sanctions.
- “Sec. 412. Cost sharing.
- “Sec. 413. Treatment under medicaid managed care.
- “Sec. 414. Navajo nation medicaid agency.
- “Sec. 415. Authorization of appropriations.

“TITLE V—HEALTH SERVICES FOR URBAN INDIANS

- “Sec. 501. Purpose.
- “Sec. 502. Contracts with, and grants to, urban Indian organizations.
- “Sec. 503. Contracts and grants for the provision of health care and referral services.
- “Sec. 504. Contracts and grants for the determination of unmet health care needs.
- “Sec. 505. Evaluations; renewals.
- “Sec. 506. Other contract and grant requirements.
- “Sec. 507. Reports and records.
- “Sec. 508. Limitation on contract authority.
- “Sec. 509. Facilities.
- “Sec. 510. Office of Urban Indian Health.
- “Sec. 511. Grants for alcohol and substance abuse-related services.
- “Sec. 512. Treatment of certain demonstration projects.
- “Sec. 513. Urban NIAAA transferred programs.
- “Sec. 514. Consultation with urban Indian organizations.
- “Sec. 515. Federal Tort Claims Act coverage.
- “Sec. 516. Urban youth treatment center demonstration.

- “Sec. 517. Use of Federal government facilities and sources of supply.
- “Sec. 518. Grants for diabetes prevention, treatment, and control.
- “Sec. 519. Community health representatives.
- “Sec. 520. Regulations.
- “Sec. 521. Eligibility for services.
- “Sec. 522. Authorization of appropriations.

“TITLE VI—ORGANIZATIONAL IMPROVEMENTS

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

“TITLE VII—BEHAVIORAL HEALTH PROGRAMS

- “Sec. 701. Behavioral health prevention and treatment services.
- “Sec. 702. Memoranda of agreement with the Department of the Interior.
- “Sec. 703. Comprehensive behavioral health prevention and treatment program.
- “Sec. 704. Mental health technician program.
- “Sec. 705. Licensing requirement for mental health care workers.
- “Sec. 706. Indian women treatment programs.
- “Sec. 707. Indian Youth Program.
- “Sec. 708. Inpatient and community-based mental health facilities design, construction, and staffing.
- “Sec. 709. Training and community education.
- “Sec. 710. Behavioral health program.
- “Sec. 711. Fetal alcohol disorder funding.
- “Sec. 712. Child sexual abuse and prevention treatment programs.
- “Sec. 713. Behavioral health research.
- “Sec. 714. Definitions.
- “Sec. 715. Authorization of appropriations.

“TITLE VIII—MISCELLANEOUS

- “Sec. 801. Reports.
- “Sec. 802. Regulations.
- “Sec. 803. Plan of implementation.
- “Sec. 804. Availability of funds.
- “Sec. 805. Limitation on use of funds appropriated to the Indian Health Service.
- “Sec. 806. Eligibility of California Indians.
- “Sec. 807. Health services for ineligible persons.
- “Sec. 808. Reallocation of base resources.
- “Sec. 809. Results of demonstration projects.
- “Sec. 810. Provision of services in Montana.
- “Sec. 811. Moratorium.
- “Sec. 812. Tribal employment.
- “Sec. 813. Prime vendor.
- “Sec. 814. Severability provisions.
- “Sec. 815. Establishment of National Bipartisan Commission on Indian Health Care Entitlement.
- “Sec. 816. Appropriations; availability.
- “Sec. 817. Confidentiality of medical quality assurance records: qualified immunity for participants.

“Sec. 818. Authorization of appropriations.

Sec. 3. Soboba sanitation facilities.

Sec. 4. Amendments to medicare program.

Sec. 5. Amendments to medicaid program and State Children’s Health Insurance Program (SCHIP).

1 **“SEC. 2. FINDINGS.**

2 “Congress finds the following:

3 “(1) Federal delivery of health services and
4 funding of Indian and Urban Indian Health Pro-
5 grams to maintain and improve the health of Indi-
6 ans are consonant with and required by the Federal
7 Government’s historical and unique legal relation-
8 ship with Indians, as reflected in the Constitution,
9 treaties, Federal statutes and the course of dealings
10 of the United States with Indian Tribes and the
11 United States’ resulting government-to-government
12 relationship with Indian Tribes and trust respon-
13 sibilities and obligations to Indians.

14 “(2) From the time of European occupation
15 and colonization through the 20th century, policies
16 and practices of the United States caused and/or
17 contributed to the severe health conditions of Indi-
18 ans.

19 “(3) Through the cession of over 400,000,000
20 acres of land to the United States in exchange for
21 promises, often reflected in treaties, of health care,
22 Indian Tribes have secured a de facto contract which
23 entitles Indians to health care in perpetuity, based

1 on the moral, legal, and historic obligation of the
2 United States.

3 “(4) The population growth of Indians that
4 began in the later part of the 20th century increases
5 the need for Federal health care services.

6 “(5) A major national goal of the United States
7 is to provide the quantity and quality of health serv-
8 ices which will permit the health status of Indians
9 regardless of where they live to be raised to the
10 highest possible level that is no less than that of the
11 general population and to provide for the maximum
12 participation of Indian Tribes, Tribal Organizations,
13 and Urban Indian Organizations in the planning, de-
14 livery and management of those health services.

15 “(6) Federal health services to Indians have re-
16 sulted in a reduction in the prevalence and incidence
17 of illnesses among, and unnecessary and premature
18 deaths of, Indians.

19 “(7) Despite such services, the unmet health
20 needs of Indians remain alarmingly severe and the
21 health status of Indians is far below the health sta-
22 tus of the general population of the United States.

23 “(8) The disparity to be addressed is formi-
24 dable. For example, Indians suffer a death rate for
25 diabetes mellitus that is 318 percent higher than the

1 all races rate for the United States, a pneumonia
2 and influenza death rate 52 percent greater, a tuber-
3 culosis death rate that is 650 percent greater, and
4 a death rate from alcoholism that is 670 percent
5 higher than that of the all races United States rate.

6 **“SEC. 3. DECLARATION OF NATIONAL INDIAN HEALTH POL-
7 ICY.**

8 “Congress hereby declares that it is the policy of this
9 Nation, in fulfillment of its special trust responsibilities
10 and legal obligations to Indians—

11 “(1) to assure the highest possible health status
12 for Indians and to provide all resources necessary to
13 effect that policy;

14 “(2) to raise the health status of Indians by the
15 year 2010 to at least the levels set forth in the goals
16 contained within the Healthy People 2010 or suc-
17 cessor objectives;

18 “(3) to the greatest extent possible, to allow In-
19 dians to set their own health care priorities and es-
20 tablish goals that reflect their unmet needs;

21 “(4) to increase the proportion of all degrees in
22 the health professions and allied and associated
23 health professions awarded to Indians so that the
24 proportion of Indian health professionals in each

1 Service Area is raised to at least the level of that of
2 the general population;

3 “(5) to require meaningful consultation with In-
4 dian Tribes, Tribal Organizations, and Urban Indian
5 Organizations to implement this Act and the na-
6 tional policy of Indian self-determination; and

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

12 **“SEC. 4. DEFINITIONS.**

13 “For purposes of this Act:

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

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

23 “(3) The term ‘California Indians’ shall mean
24 those Indians who are eligible for health services of
25 the Service pursuant to section 806.

1 “(4) The term ‘community college’ means—

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

3 “(B) a junior or community college.

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

10 “(6) The term ‘Department’ means, unless oth-
11 erwise designated, the Department of Health and
12 Human Services.

13 “(7) The term ‘Director’ means the Director of
14 the Indian Health Service.

15 “(8) The term ‘disease prevention’ means the
16 reduction, limitation, and prevention of disease and
17 its complications and reduction in the consequences
18 of disease, including, but not limited to—

19 “(A) controlling—

20 “(i) development of diabetes;

21 “(ii) high blood pressure;

22 “(iii) infectious agents;

23 “(iv) injuries;

24 “(v) occupational hazards and disabil-
25 ities;

1 “(vi) sexually transmittable diseases;
2 and
3 “(vii) toxic agents; and
4 “(B) providing—
5 “(i) fluoridation of water; and
6 “(ii) immunizations.

7 “(9) The term ‘fund’ or ‘funding’ means the
8 transfer of moneys from the Department to any eli-
9 gible entity or individual under this Act by any legal
10 means, including Funding Agreements, contracts,
11 memoranda of understanding, contracts pursuant to
12 section 23 of the Act of April 20, 1908 (25 U.S.C.
13 47; popularly known as the ‘Buy Indian Act’), or
14 otherwise.

15 “(10) The term ‘Funding Agreement’ means
16 any agreement to transfer funds for the planning,
17 conduct, and administration of programs, services,
18 functions, and activities to Indian Tribes and Tribal
19 Organizations from the Secretary under the Indian
20 Self-Determination and Education Assistance Act.

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

1 tometry, pharmacy, psychology, public health, social
2 work, marriage and family therapy, chiropractic
3 medicine, environmental health and engineering, al-
4 lied health professions, and any other health profes-
5 sion.

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

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

13 “(B) encouraging adequate and appro-
14 priate diet, exercise, and sleep;

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

17 “(D) making available suitable housing,
18 safe water, and sanitary facilities;

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

21 “(F) promoting adequate opportunity for
22 spiritual, religious, and Traditional Health Care
23 Practices; and

24 “(G) providing adequate and appropriate
25 programs, including, but not limited to—

- 1 “(i) abuse prevention (mental and
2 physical);
- 3 “(ii) community health;
- 4 “(iii) community safety;
- 5 “(iv) consumer health education;
- 6 “(v) diet and nutrition;
- 7 “(vi) immunization and other preven-
8 tion of communicable diseases, including
9 HIV/AIDS;
- 10 “(vii) environmental health;
- 11 “(viii) exercise and physical fitness;
- 12 “(ix) avoidance of fetal alcohol dis-
13 orders;
- 14 “(x) first aid and CPR education;
- 15 “(xi) human growth and development;
- 16 “(xii) injury prevention and personal
17 safety;
- 18 “(xiii) mental health;
- 19 “(xiv) personal health and wellness
20 practices;
- 21 “(xv) personal capacity building;
- 22 “(xvi) prenatal, pregnancy, and infant
23 care;
- 24 “(xvii) psychological well-being;

1 “(xviii) reproductive health and family
2 planning;
3 “(xix) safe and adequate water;
4 “(xx) safe housing;
5 “(xxi) safe work environments;
6 “(xxii) stress control;
7 “(xxiii) substance abuse;
8 “(xxiv) sanitary facilities;
9 “(xxv) tobacco use cessation and re-
10 duction;
11 “(xxvi) violence prevention; and
12 “(xxvii) such other activities identified
13 by the Service, a Tribal Health Program,
14 or an Urban Indian Organization, to pro-
15 mote achievement of any of the objectives
16 described in section 3(2).

17 “(13) The term ‘Indian’ shall have the meaning
18 given that term in the Indian Self-Determination
19 and Education Assistance Act.

20 “(14) The term ‘Indian Health Program’ means
21 the following—

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

24 “(B) any Tribal Health Program; or

1 “(C) any Indian Tribe or Tribal Organiza-
2 tion to which the Secretary provides funding
3 pursuant to section 23 of the Act of April 30,
4 1908 (25 U.S.C. 47), popularly known as the
5 ‘Buy Indian Act’.

6 “(15) The term ‘Indian Tribe’ shall have the
7 meaning given that term in the Indian Self-Deter-
8 mination and Education Assistance Act.

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

13 “(17) The term ‘reservation’ means any feder-
14 ally recognized Indian Tribe’s reservation, Pueblo, or
15 colony, including former reservations in Oklahoma,
16 Indian allotments, and Alaska Native Regions estab-
17 lished pursuant to the Alaska Native Claims Settle-
18 ment Act (25 U.S.C. 1601 et seq.).

19 “(18) The term ‘Secretary’, unless otherwise
20 designated, means the Secretary of Health and
21 Human Services.

22 “(19) The term ‘Service’ means the Indian
23 Health Service.

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

1 “(21) The term ‘Service Unit’ means an admin-
2 istrative entity of the Service, or a Tribal Health
3 Program through which services are provided, di-
4 rectly or by contract, to eligible Indians within a de-
5 fined geographic area.

6 “(22) The term ‘Traditional Health Care Prac-
7 tices’ means the application by Native healing prac-
8 titioners of the Native healing sciences (as opposed
9 or in contradistinction to Western healing sciences)
10 which embody the influences or forces of innate
11 Tribal discovery, history, description, explanation
12 and knowledge of the states of wellness and illness
13 and which call upon these influences or forces, in-
14 cluding physical, mental, and spiritual forces in the
15 promotion, restoration, preservation, and mainte-
16 nance of health, well-being, and life’s harmony.

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

21 “(24) The term ‘Tribal Health Program’ means
22 an Indian Tribe or Tribal Organization that oper-
23 ates any health program, service, function, activity,
24 or facility funded, in whole or part, by the Service
25 through, or provided for in, a Funding Agreement

1 with the Service under the Indian Self-Determina-
2 tion and Education Assistance Act.

3 “(25) The term ‘Tribal Organization’ shall have
4 the meaning given that term in the Indian Self-De-
5 termination and Education Assistance Act.

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

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

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

22 “(B) The individual is an Eskimo, Aleut,
23 or other Alaskan Native.

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

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

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

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

19 **“SEC. 101. PURPOSE.**

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

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

3 “(a) IN GENERAL.—The Secretary, acting through
4 the Service, shall make funds available to public or non-
5 profit private health entities or Tribal Health Programs
6 to assist such entities in meeting the costs of—

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

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

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

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

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

26 “(b) FUNDING.—

1 “(1) APPLICATION.—Funds under this section
2 shall require that an application has been submitted
3 to, and approved by, the Secretary. Such application
4 shall be in such form, submitted in such manner,
5 and contain such information, as the Secretary shall
6 by regulation prescribe pursuant to this Act. The
7 Secretary shall give a preference to applications sub-
8 mitted by Tribal Health Programs or Urban Indian
9 Organizations.

10 “(2) AMOUNT OF FUNDS; PAYMENT.—The
11 amount of funds provided to entities under this sec-
12 tion shall be determined by the Secretary. Payments
13 pursuant to this section may be made in advance or
14 by way of reimbursement, and at such intervals and
15 on such conditions as provided for in regulations
16 issued pursuant to this Act. To the extent not other-
17 wise prohibited by law, funding commitments shall
18 be for 3 years, as provided in regulations published
19 pursuant to this Act.

20 “(c) DEFINITION OF INDIAN.—For purposes of this
21 section and sections 103 and 104, the term ‘Indian’ shall,
22 in addition to the meaning given that term in section 4,
23 also mean any individual who is an Urban Indian.

1 **“SEC. 103. HEALTH PROFESSIONS PREPARATORY SCHOL-**
2 **ARSHIP PROGRAM FOR INDIANS.**

3 “(a) SCHOLARSHIPS AUTHORIZED.—The Secretary,
4 acting through the Service, shall provide scholarships to
5 Indians who—

6 “(1) have successfully completed their high
7 school education or high school equivalency; and

8 “(2) have demonstrated the potential to suc-
9 cessfully complete courses of study in the health pro-
10 fessions.

11 “(b) PURPOSES.—Scholarships provided pursuant to
12 this section shall be for the following purposes:

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

18 “(2) Pregraduate education of any recipient
19 leading to a baccalaureate degree in an approved
20 course of study preparatory to a field of study in a
21 health profession, such scholarship not to exceed 4
22 years. An extension of up to 2 years (or the part-
23 time equivalent thereof, as determined by the Sec-
24 retary pursuant to regulations issued pursuant to
25 this Act) may be approved.

1 “(c) OTHER CONDITIONS.—Scholarships under this
2 section—

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

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

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

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

14 “(a) IN GENERAL.—

15 “(1) AUTHORITY.—The Secretary, acting
16 through the Service, shall make scholarships to Indi-
17 ans who are enrolled full or part time in accredited
18 schools pursuing courses of study in the health pro-
19 fessions. Such scholarships shall be designated In-
20 dian Health Scholarships and shall be made in ac-
21 cordance with section 338A of the Public Health
22 Services Act (42 U.S.C. 2541), except as provided in
23 subsection (b) of this section.

24 “(2) ALLOCATION BY FORMULA.—Except as
25 provided in paragraph (3), the funding authorized

1 by this section shall be allocated by Service Area by
2 a formula developed in consultation with Indian
3 Tribes, Tribal Organizations, and Urban Indian Or-
4 ganizations. Such formula shall consider the human
5 resource development needs in each Service Area.

6 “(3) CONTINUITY OF PRIOR SCHOLARSHIPS.—
7 Paragraph (2) shall not apply with respect to indi-
8 vidual recipients of scholarships provided under this
9 section (as in effect 1 day prior to the date of the
10 enactment of the Indian Health Care Improvement
11 Act Amendments of 2003) until such time as the in-
12 dividual completes the course of study that is sup-
13 ported through such scholarship.

14 “(4) 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 Funding Agreement.

18 “(b) ACTIVE DUTY SERVICE OBLIGATION.—

19 “(1) OBLIGATION MET.—The active duty serv-
20 ice obligation under a written contract with the Sec-
21 retary under section 338A of the Public Health
22 Service Act (42 U.S.C. 2541) that an Indian has en-
23 tered into under that section shall, if that individual
24 is a recipient of an Indian Health Scholarship, be
25 met in full-time practice on an equivalent year-for-

1 year obligation, by service in one or more of the fol-
2 lowing:

3 “(A) In an Indian Health Program.

4 “(B) In a program assisted under title V.

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

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

1 “(A) No period of internship, residency, or
2 other advanced clinical training shall be counted
3 as satisfying any period of obligated service
4 under this subsection.

5 “(B) The active duty service obligation of
6 that individual shall commence not later than
7 90 days after the completion of that advanced
8 clinical training (or by a date specified by the
9 Secretary).

10 “(C) The active duty service obligation will
11 be served in the health profession of that indi-
12 vidual in a manner consistent with paragraph
13 (1).

14 “(D) A recipient of a scholarship under
15 this section may, at the election of the recipient,
16 meet the active duty service obligation described
17 in paragraph (1) by service in a program speci-
18 fied under that paragraph that—

19 “(i) is located on the reservation of
20 the Indian Tribe in which the recipient is
21 enrolled; or

22 “(ii) serves the Indian Tribe in which
23 the recipient is enrolled.

24 “(3) PRIORITY WHEN MAKING ASSIGNMENTS.—
25 Subject to paragraph (2), the Secretary, in making

1 assignments of Indian Health Scholarship recipients
2 required to meet the active duty service obligation
3 described in paragraph (1), shall give priority to as-
4 signing individuals to service in those programs
5 specified in paragraph (1) that have a need for
6 health professionals to provide health care services
7 as a result of individuals having breached contracts
8 entered into under this section.

9 “(c) PART-TIME STUDENTS.—In the case of an indi-
10 vidual receiving a scholarship under this section who is
11 enrolled part time in an approved course of study—

12 “(1) such scholarship shall be for a period of
13 years not to exceed the part-time equivalent of 4
14 years, as determined by the Area Office;

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

17 “(A) the part-time equivalent of 1 year for
18 each year for which the individual was provided
19 a scholarship (as determined by the Area Of-
20 fice); or

21 “(B) 2 years; and

22 “(3) the amount of the monthly stipend speci-
23 fied in section 338A(g)(1)(B) of the Public Health
24 Service Act (42 U.S.C. 254l(g)(1)(B)) shall be re-
25 duced pro rata (as determined by the Secretary)

1 based on the number of hours such student is en-
2 rolled.

3 “(d) BREACH OF CONTRACT.—

4 “(1) SPECIFIED BREACHES.—An individual
5 shall be liable to the United States for the amount
6 which has been paid to the individual, or on behalf
7 of the individual, under a contract entered into with
8 the Secretary under this section on or after the date
9 of the enactment of the Indian Health Care Im-
10 provement Act Amendments of 2003 if that indi-
11 vidual—

12 “(A) fails to maintain an acceptable level
13 of academic standing in the educational institu-
14 tion in which he or she is enrolled (such level
15 determined by the educational institution under
16 regulations of the Secretary);

17 “(B) is dismissed from such educational
18 institution for disciplinary reasons;

19 “(C) voluntarily terminates the training in
20 such an educational institution for which he or
21 she is provided a scholarship under such con-
22 tract before the completion of such training; or

23 “(D) fails to accept payment, or instructs
24 the educational institution in which he or she is
25 enrolled not to accept payment, in whole or in

1 part, of a scholarship under such contract, in
2 lieu of any service obligation arising under such
3 contract.

4 “(2) OTHER BREACHES.—If for any reason not
5 specified in paragraph (1) an individual breaches a
6 written contract by failing either to begin such indi-
7 vidual’s service obligation required under such con-
8 tract or to complete such service obligation, the
9 United States shall be entitled to recover from the
10 individual an amount determined in accordance with
11 the formula specified in subsection (l) of section 110
12 in the manner provided for in such subsection.

13 “(3) CANCELLATION UPON DEATH OF RECIPI-
14 ENT.—Upon the death of an individual who receives
15 an Indian Health Scholarship, any outstanding obli-
16 gation of that individual for service or payment that
17 relates to that scholarship shall be canceled.

18 “(4) WAIVERS AND SUSPENSIONS.—The Sec-
19 retary shall provide for the partial or total waiver or
20 suspension of any obligation of service or payment of
21 a recipient of an Indian Health Scholarship if the
22 Secretary, in consultation with the Area Office, In-
23 dian Tribes, Tribal Organizations, and Urban Indian
24 Organizations, determines that—

1 “(A) it is not possible for the recipient to
2 meet that obligation or make that payment;

3 “(B) requiring that recipient to meet that
4 obligation or make that payment would result
5 in extreme hardship to the recipient; or

6 “(C) the enforcement of the requirement to
7 meet the obligation or make the payment would
8 be unconscionable.

9 “(5) EXTREME HARDSHIP.—Notwithstanding
10 any other provision of law, in any case of extreme
11 hardship or for other good cause shown, the Sec-
12 retary may waive, in whole or in part, the right of
13 the United States to recover funds made available
14 under this section.

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

1 **“SEC. 105. AMERICAN INDIANS INTO PSYCHOLOGY PRO-**
2 **GRAM.**

3 “(a) GRANTS AUTHORIZED.—The Secretary, acting
4 through the Service, shall provide funding grants to at
5 least 3 colleges and universities for the purpose of devel-
6 oping and maintaining Indian psychology career recruit-
7 ment programs as a means of encouraging Indians to
8 enter the mental health field. These programs shall be lo-
9 cated at various locations throughout the country to maxi-
10 mize their availability to Indian students and new pro-
11 grams shall be established in different locations from time
12 to time.

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

24 “(c) REGULATIONS.—The Secretary shall issue regu-
25 lations pursuant to this Act for the competitive awarding
26 of funds provided under this section.

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

4 “(1) provides outreach and recruitment for
5 health professions to Indian communities including
6 elementary, secondary, and accredited and accessible
7 community colleges that will be served by the pro-
8 gram;

9 “(2) incorporates a program advisory board
10 comprised of representatives from the tribes and
11 communities that will be served by the program;

12 “(3) provides summer enrichment programs to
13 expose Indian students to the various fields of psy-
14 chology through research, clinical, and experimental
15 activities;

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

18 “(5) develops affiliation agreements with tribal
19 colleges and universities, the Service, university af-
20 filiated programs, and other appropriate accredited
21 and accessible entities to enhance the education of
22 Indian students;

23 “(6) to the maximum extent feasible, uses exist-
24 ing university tutoring, counseling, and student sup-
25 port services; and

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

3 “(e) ACTIVE DUTY SERVICE REQUIREMENT.—The
4 active duty service obligation prescribed under section
5 338C of the Public Health Service Act (42 U.S.C. 254m)
6 shall be met by each graduate who receives a stipend de-
7 scribed in subsection (d)(4) that is funded under this sec-
8 tion. Such obligation shall be met by service—

9 “(1) in an Indian Health Program;

10 “(2) in a program assisted under title V; or

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

17 **“SEC. 106. FUNDING FOR TRIBES FOR SCHOLARSHIP PRO-**
18 **GRAMS.**

19 “(a) IN GENERAL.—

20 “(1) FUNDING AUTHORIZED.—The Secretary,
21 acting through the Service, shall make funds avail-
22 able to Tribal Health Programs for the purpose of
23 assisting such Tribal Health Programs in educating
24 Indians to serve as health professionals in Indian
25 communities.

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

5 “(3) APPLICATION.—An application for funds
6 under paragraph (1) shall be in such form and con-
7 tain such agreements, assurances, and information
8 as consistent with this section.

9 “(b) REQUIREMENTS.—

10 “(1) IN GENERAL.—A Tribal Health Program
11 receiving funds under subsection (a) shall provide
12 scholarships to Indians in accordance with the re-
13 quirements of this section.

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

16 “(A) 80 percent of the costs of the scholar-
17 ship shall be paid from the funds made avail-
18 able pursuant to subsection (a)(1) provided to
19 the Tribal Health Program; and

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

22 “(c) COURSE OF STUDY.—A Tribal Health Program
23 shall provide scholarships under this section only to Indi-
24 ans enrolled or accepted for enrollment in a course of

1 study (approved by the Secretary) in one of the health pro-
2 fessions contemplated by this Act.

3 “(d) CONTRACT.—In providing scholarships under
4 subsection (b), the Secretary and the Tribal Health Pro-
5 gram shall enter into a written contract with each recipi-
6 ent of such scholarship. Such contract shall—

7 “(1) obligate such recipient to provide service in
8 an Indian Health Program or Urban Indian Organi-
9 zation, in the same Service Area where the Tribal
10 Health Program providing the scholarship is located,
11 for—

12 “(A) a number of years for which the
13 scholarship is provided (or the part-time equiva-
14 lent thereof, as determined by the Secretary),
15 or for a period of 2 years, whichever period is
16 greater; or

17 “(B) such greater period of time as the re-
18 cipient and the Tribal Health Program may
19 agree;

20 “(2) provide that the amount of the scholar-
21 ship—

22 “(A) may only be expended for—

23 “(i) tuition expenses, other reasonable
24 educational expenses, and reasonable living

1 expenses incurred in attendance at the
2 educational institution; and

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

15 “(B) may not exceed, for any year of at-
16 tendance for which the scholarship is provided,
17 the total amount required for the year for the
18 purposes authorized in subparagraph (A);

19 “(3) require the recipient of such scholarship to
20 maintain an acceptable level of academic standing as
21 determined by the educational institution in accord-
22 ance with regulations issued pursuant to this Act;
23 and

1 “(4) require the recipient of such scholarship to
2 meet the educational and licensure requirements ap-
3 propriate to each health profession.

4 “(e) BREACH OF CONTRACT.—

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

12 “(A) fails to maintain an acceptable level
13 of academic standing in the educational institu-
14 tion in which he or she is enrolled (such level
15 as determined by the educational institution
16 under regulations of the Secretary);

17 “(B) is dismissed from such educational
18 institution for disciplinary reasons;

19 “(C) voluntarily terminates the training in
20 such an educational institution for which he or
21 she is provided a scholarship under such con-
22 tract before the completion of such training; or

23 “(D) fails to accept payment, or instructs
24 the educational institution in which he or she is
25 enrolled not to accept payment, in whole or in

1 part, of a scholarship under such contract, in
2 lieu of any service obligation arising under such
3 contract.

4 “(2) OTHER BREACHES.—If for any reason not
5 specified in paragraph (1), an individual breaches a
6 written contract by failing to either begin such indi-
7 vidual’s service obligation required under such con-
8 tract or to complete such service obligation, the
9 United States shall be entitled to recover from the
10 individual an amount determined in accordance with
11 the formula specified in subsection (l) of section 110
12 in the manner provided for in such subsection.

13 “(3) CANCELLATION UPON DEATH OF RECIPI-
14 ENT.—Upon the death of an individual who receives
15 an Indian Health Scholarship, any outstanding obli-
16 gation of that individual for service or payment that
17 relates to that scholarship shall be canceled.

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

23 “(f) RELATION TO SOCIAL SECURITY ACT.—The re-
24 cipient of a scholarship under this section shall agree, in

1 providing health care pursuant to the requirements here-
2 in—

3 “(1) not to discriminate against an individual
4 seeking care on the basis of the ability of the indi-
5 vidual to pay for such care or on the basis that pay-
6 ment for such care will be made pursuant to a pro-
7 gram established in title XVIII of the Social Secu-
8 rity Act or pursuant to the programs established in
9 title XIX or title XXI of such Act; and

10 “(2) to accept assignment under section
11 1842(b)(3)(B)(ii) of the Social Security Act for all
12 services for which payment may be made under part
13 B of title XVIII of such Act, and to enter into an
14 appropriate agreement with the State agency that
15 administers the State plan for medical assistance
16 under title XIX, or the State child health plan under
17 title XXI, of such Act to provide service to individ-
18 uals entitled to medical assistance or child health as-
19 sistance, respectively, under the plan.

20 “(g) CONTINUANCE OF FUNDING.—The Secretary
21 shall make payments under this section to a Tribal Health
22 Program for any fiscal year subsequent to the first fiscal
23 year of such payments unless the Secretary determines
24 that, for the immediately preceding fiscal year, the Tribal

1 Health Program has not complied with the requirements
2 of this section.

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

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

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

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

23 “(d) NONAPPLICABILITY OF COMPETITIVE PER-
24 SONNEL SYSTEM.—Any employment pursuant to this sec-
25 tion shall be made without regard to any competitive per-

1 sonnel system or agency personnel limitation and to a po-
2 sition which will enable the individual so employed to re-
3 ceive practical experience in the health profession in which
4 he or she is engaged in study. Any individual so employed
5 shall receive payment for his or her services comparable
6 to the salary he or she would receive if he or she were
7 employed in the competitive system. Any individual so em-
8 ployed shall not be counted against any employment ceil-
9 ing affecting the Service or the Department.

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

11 “In order to encourage health professionals, including
12 community health representatives and emergency medical
13 technicians, to join or continue in an Indian Health Pro-
14 gram or an Urban Indian Organization and to provide
15 their services in the rural and remote areas where a sig-
16 nificant portion of Indians reside, the Secretary, acting
17 through the Service Area, may provide allowances to
18 health professionals employed in an Indian Health Pro-
19 gram or an Urban Indian Organization to enable them
20 for a period of time each year prescribed by regulation
21 of the Secretary to take leave of their duty stations for
22 professional consultation and refresher training courses.

1 **“SEC. 109. COMMUNITY HEALTH REPRESENTATIVE PRO-**
2 **GRAM.**

3 “(a) IN GENERAL.—Under the authority of the Act
4 of November 2, 1921 (25 U.S.C. 13; popularly known as
5 the Snyder Act), the Secretary, acting through the Serv-
6 ice, shall maintain a Community Health Representative
7 Program under which Indian Health Programs—

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

10 “(2) use such community health representatives
11 in the provision of health care, health promotion,
12 and disease prevention services to Indian commu-
13 nities.

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

16 “(1) provide a high standard of training for
17 community health representatives to ensure that the
18 community health representatives provide quality
19 health care, health promotion, and disease preven-
20 tion services to the Indian communities served by
21 the Program;

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

24 “(A) combines education in the theory of
25 health care with supervised practical experience
26 in the provision of health care; and

1 “(B) provides instruction and practical ex-
2 perience in health promotion and disease pre-
3 vention activities, with appropriate consider-
4 ation given to lifestyle factors that have an im-
5 pact on Indian health status, such as alco-
6 holism, family dysfunction, and poverty;

7 “(3) maintain a system which identifies the
8 needs of community health representatives for con-
9 tinuing education in health care, health promotion,
10 and disease prevention and develop programs that
11 meet the needs for continuing education;

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

14 “(5) maintain a system under which the work
15 of Community Health Representatives is reviewed
16 and evaluated; and

17 “(6) promote Traditional Health Care Practices
18 of the Indian Tribes served consistent with the Serv-
19 ice standards for the provision of health care, health
20 promotion, and disease prevention.

21 **“SEC. 110. INDIAN HEALTH SERVICE LOAN REPAYMENT**
22 **PROGRAM.**

23 “(a) ESTABLISHMENT.—The Secretary, acting
24 through the Service, shall establish and administer a pro-
25 gram to be known as the Service Loan Repayment Pro-

1 gram (hereinafter referred to as the ‘Loan Repayment
2 Program’) in order to ensure an adequate supply of
3 trained health professionals necessary to maintain accredi-
4 tation of, and provide health care services to Indians
5 through, Indian Health Programs and Urban Indian Or-
6 ganizations.

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

10 “(1)(A) be enrolled—

11 “(i) in a course of study or program in an
12 accredited educational institution (as deter-
13 mined by the Secretary under section
14 338B(b)(1)(c)(i) of the Public Health Service
15 Act (42 U.S.C. 254l–1(b)(1)(c)(i))) and be
16 scheduled to complete such course of study in
17 the same year such individual applies to partici-
18 pate in such program; or

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

21 “(B) have—

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

23 “(ii) a license to practice a health profes-
24 sion;

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

4 “(B) be eligible for selection for civilian service
5 in the Regular or Reserve Corps of the Public
6 Health Service;

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

9 “(D) be employed in an Indian Health Program
10 or Urban Indian Organization without a service obli-
11 gation; and

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

14 “(c) APPLICATION.—

15 “(1) INFORMATION TO BE INCLUDED WITH
16 FORMS.—In disseminating application forms and
17 contract forms to individuals desiring to participate
18 in the Loan Repayment Program, the Secretary
19 shall include with such forms a fair summary of the
20 rights and liabilities of an individual whose applica-
21 tion is approved (and whose contract is accepted) by
22 the Secretary, including in the summary a clear ex-
23 planation of the damages to which the United States
24 is entitled under subsection (l) in the case of the in-
25 dividual’s breach of contract. The Secretary shall

1 provide such individuals with sufficient information
2 regarding the advantages and disadvantages of serv-
3 ice as a commissioned officer in the Regular or Re-
4 serve Corps of the Public Health Service or a civil-
5 ian employee of the Service to enable the individual
6 to make a decision on an informed basis.

7 “(2) CLEAR LANGUAGE.—The application form,
8 contract form, and all other information furnished
9 by the Secretary under this section shall be written
10 in a manner calculated to be understood by the aver-
11 age individual applying to participate in the Loan
12 Repayment Program.

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

20 “(d) PRIORITIES.—

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

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

1 “(B) rank those positions in order of pri-
2 ority.

3 “(2) APPROVALS.—Notwithstanding the pri-
4 ority determined under paragraph (1), the Secretary,
5 in determining which applications under the Loan
6 Repayment Program to approve (and which con-
7 tracts to accept), shall—

8 “(A) give first priority to applications
9 made by individual Indians; and

10 “(B) after making determinations on all
11 applications submitted by individual Indians as
12 required under subparagraph (A), give priority
13 to—

14 “(i) individuals recruited through the
15 efforts of a Tribal Health Program or
16 Urban Indian Organization; and

17 “(ii) other individuals based on the
18 priority rankings under paragraph (1).

19 “(e) RECIPIENT CONTRACTS.—

20 “(1) CONTRACT REQUIRED.—An individual be-
21 comes a participant in the Loan Repayment Pro-
22 gram only upon the Secretary and the individual en-
23 tering into a written contract described in paragraph
24 (2).

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

4 “(A) an agreement under which—

5 “(i) subject to subparagraph (C), the
6 Secretary agrees—

7 “(I) to pay loans on behalf of the
8 individual in accordance with the pro-
9 visions of this section; and

10 “(II) to accept (subject to the
11 availability of appropriated funds for
12 carrying out this section) the indi-
13 vidual into the Service or place the in-
14 dividual with a Tribal Health Pro-
15 gram or Urban Indian Organization
16 as provided in clause (ii)(III); and

17 “(ii) subject to subparagraph (C), the
18 individual agrees—

19 “(I) to accept loan payments on
20 behalf of the individual;

21 “(II) in the case of an individual
22 described in subsection (b)(1)—

23 “(aa) to maintain enrollment
24 in a course of study or training
25 described in subsection (b)(1)(A)

1 until the individual completes the
2 course of study or training; and
3 “(bb) while enrolled in such
4 course of study or training, to
5 maintain an acceptable level of
6 academic standing (as deter-
7 mined under regulations of the
8 Secretary by the educational in-
9 stitution offering such course of
10 study or training); and

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

22 “(B) a provision permitting the Secretary
23 to extend for such longer additional periods, as
24 the individual may agree to, the period of obli-

1 gated service agreed to by the individual under
2 subparagraph (A)(ii)(III);

3 “(C) a provision that any financial obliga-
4 tion of the United States arising out of a con-
5 tract entered into under this section and any
6 obligation of the individual which is conditioned
7 thereon is contingent upon funds being appro-
8 priated for loan repayments under this section;

9 “(D) a statement of the damages to which
10 the United States is entitled under subsection
11 (l) for the individual’s breach of the contract;
12 and

13 “(E) such other statements of the rights
14 and liabilities of the Secretary and of the indi-
15 vidual, not inconsistent with this section.

16 “(f) DEADLINE FOR DECISION ON APPLICATION.—
17 The Secretary shall provide written notice to an individual
18 within 21 days on—

19 “(1) the Secretary’s approving, under sub-
20 section (e)(1), of the individual’s participation in the
21 Loan Repayment Program, including extensions re-
22 sulting in an aggregate period of obligated service in
23 excess of 4 years; or

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

1 “(g) PAYMENTS.—

2 “(1) IN GENERAL.—A loan repayment provided
3 for an individual under a written contract under the
4 Loan Repayment Program shall consist of payment,
5 in accordance with paragraph (2), on behalf of the
6 individual of the principal, interest, and related ex-
7 penses on government and commercial loans received
8 by the individual regarding the undergraduate or
9 graduate education of the individual (or both), which
10 loans were made for—

11 “(A) tuition expenses;

12 “(B) all other reasonable educational ex-
13 penses, including fees, books, and laboratory ex-
14 penses, incurred by the individual; and

15 “(C) reasonable living expenses as deter-
16 mined by the Secretary.

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

1 consider the extent to which each such determina-
2 tion—

3 “(A) affects the ability of the Secretary to
4 maximize the number of contracts that can be
5 provided under the Loan Repayment Program
6 from the amounts appropriated for such con-
7 tracts;

8 “(B) provides an incentive to serve in In-
9 dian Health Programs and Urban Indian Orga-
10 nizations with the greatest shortages of health
11 professionals; and

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

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

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

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

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

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

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

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

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

12 “(l) BREACH OF CONTRACT.—

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

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

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

1 enrolled (such level determined by the edu-
2 cational institution under regulations of
3 the Secretary);

4 “(ii) voluntarily terminates such en-
5 rollment; or

6 “(iii) is dismissed from such edu-
7 cational institution before completion of
8 such course of study; or

9 “(B) is enrolled in a graduate training pro-
10 gram and fails to complete such training pro-
11 gram.

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

22 “(A) ‘A’ is the amount the United States
23 is entitled to recover;

24 “(B) ‘Z’ is the sum of the amounts paid
25 under this section to, or on behalf of, the indi-

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

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

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

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

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

24 “(5) RECOVERY OF DELINQUENCY.—

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

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

8 “(ii) enter into contracts for the re-
9 covery of such damages with collection
10 agencies selected by the Secretary.

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

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

21 “(1) IN GENERAL.—The Secretary shall by reg-
22 ulation provide for the partial or total waiver or sus-
23 pension of any obligation of service or payment by
24 an individual under the Loan Repayment Program
25 whenever compliance by the individual is impossible

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1 place, and retain health professionals to meet their staff-
2 ing needs.

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

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

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

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

1 ment of the Indian Health Care Improvement Act Amend-
2 ments of 2003, the United States shall be entitled to re-
3 cover from such individual an amount to be determined
4 in accordance with the formula specified in subsection (l)
5 of section 110 in the manner provided for in such sub-
6 section.

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

11 **“SEC. 115. QUENTIN N. BURDICK AMERICAN INDIANS INTO**
12 **NURSING PROGRAM.**

13 “(a) GRANTS AUTHORIZED.—For the purpose of in-
14 creasing the number of nurses, nurse midwives, and nurse
15 practitioners who deliver health care services to Indians,
16 the Secretary, acting through the Service, shall provide
17 grants to the following:

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

19 “(2) Tribal colleges or universities.

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

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

3 “(1) To recruit individuals for programs which
4 train individuals to be nurses, nurse midwives, or
5 advanced practice nurses.

6 “(2) To provide scholarships to Indians enrolled
7 in such programs that may pay the tuition charged
8 for such program and other expenses incurred in
9 connection with such program, including books, fees,
10 room and board, and stipends for living expenses.

11 “(3) To provide a program that encourages
12 nurses, nurse midwives, and advanced practice
13 nurses to provide, or continue to provide, health care
14 services to Indians.

15 “(4) To provide a program that increases the
16 skills of, and provides continuing education to,
17 nurses, nurse midwives, and advanced practice
18 nurses.

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

21 “(c) APPLICATIONS.—Each application for funding
22 under subsection (a) shall include such information as the
23 Secretary may require to establish the connection between
24 the program of the applicant and a health care facility
25 that primarily serves Indians.

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

4 “(1) Programs that provide a preference to In-
5 dians.

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

8 “(3) Programs that are interdisciplinary.

9 “(4) Programs that are conducted in coopera-
10 tion with a program for gifted and talented Indian
11 students.

12 “(e) QUENTIN N. BURDICK PROGRAM GRANT.—The
13 Secretary shall provide one of the grants authorized under
14 subsection (a) to establish and maintain a program at the
15 University of North Dakota to be known as the ‘Quentin
16 N. Burdick American Indians Into Nursing Program’.
17 Such program shall, to the maximum extent feasible, co-
18 ordinate with the Quentin N. Burdick Indian Health Pro-
19 grams established under section 117(b) and the Quentin
20 N. Burdick American Indians Into Psychology Program
21 established under section 105(b).

22 “(f) ACTIVE DUTY SERVICE OBLIGATION.—The ac-
23 tive duty service obligation prescribed under section 338C
24 of the Public Health Service Act (42 U.S.C. 254m) shall
25 be met by each individual who receives training or assist-

1 ance described in paragraph (1) or (2) of subsection (b)
2 that is funded by a grant provided under subsection (a).

3 Such obligation shall be met by service—

4 “(1) in the Service;

5 “(2) in a program of an Indian Tribe or Tribal
6 Organization conducted under the Indian Self-Deter-
7 mination Act (including programs under agreements
8 with the Bureau of Indian Affairs);

9 “(3) in a program assisted under title V of this
10 Act; or

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

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

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

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

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

7 “(2) be carried out through tribal colleges or
8 universities;

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

11 “(4) describe the use and place of Traditional
12 Health Care Practices of the Indian Tribes in the
13 Service Area.

14 **“SEC. 117. INMED PROGRAM.**

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

22 “(b) QUENTIN N. BURDICK GRANT.—The Secretary
23 shall provide one of the grants authorized under sub-
24 section (a) to maintain the INMED program at the Uni-
25 versity of North Dakota, to be known as the ‘Quentin N.

1 Burdick Indian Health Programs’, unless the Secretary
2 makes a determination, based upon program reviews, that
3 the program is not meeting the purposes of this section.
4 Such program shall, to the maximum extent feasible, co-
5 ordinate with the Quentin N. Burdick American Indians
6 Into Psychology Program established under section 105(b)
7 and the Quentin N. Burdick American Indians Into Nurs-
8 ing Program established under section 115.

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

12 “(d) REQUIREMENTS.—Applicants for grants pro-
13 vided under this section shall agree to provide a program
14 which—

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

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

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

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

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

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

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

11 “(a) GRANTS TO ESTABLISH PROGRAMS.—

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

21 “(2) AMOUNT OF GRANTS.—The amount of any
22 grant awarded to a community college under para-
23 graph (1) for the first year in which such a grant
24 is provided to the community college shall not exceed
25 \$100,000.

1 “(b) GRANTS FOR MAINTENANCE AND RECRUIT-
2 ING.—

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

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

12 “(A) is accredited;

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

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

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

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

4 “(D) has a qualified staff which has the
5 appropriate certifications;

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

9 “(F) agrees to provide for Indian pref-
10 erence for applicants for programs under this
11 section.

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

16 “(1) entering into agreements with such col-
17 leges for the provision of qualified personnel of the
18 Service to teach courses of study in such programs;
19 and

20 “(2) providing technical assistance and support
21 to such colleges.

22 “(d) ADVANCED TRAINING.—

23 “(1) REQUIRED.—Any program receiving as-
24 sistance under this section that is conducted with re-
25 spect to a health profession shall also offer courses

1 of study which provide advanced training for any
2 health professional who—

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

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

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

12 “(e) FUNDING PRIORITY.—Where the requirements
13 of subsection (b) are met, funding priority shall be pro-
14 vided to tribal colleges and universities in Service Areas
15 where they exist.

16 **“SEC. 119. RETENTION BONUS.**

17 “(a) BONUS AUTHORIZED.—The Secretary may pay
18 a retention bonus to any health professional employed by,
19 or assigned to, and serving in, an Indian Health Program
20 or Urban Indian Organization either as a civilian employee
21 or as a commissioned officer in the Regular or Reserve
22 Corps of the Public Health Service who—

23 “(1) is assigned to, and serving in, a position
24 for which recruitment or retention of personnel is
25 difficult;

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

4 “(3) has—

5 “(A) completed 3 years of employment
6 with an Indian Health Program or Urban In-
7 dian Organization; or

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

10 “(i) any Federal scholarship program;

11 or

12 “(ii) any Federal education loan re-
13 payment program; and

14 “(4) enters into an agreement with an Indian
15 Health Program or Urban Indian Organization for
16 continued employment for a period of not less than
17 1 year.

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

24 “(c) DEFAULT OF RETENTION AGREEMENT.—Any
25 health professional failing to complete the agreed upon

1 term of service, except where such failure is through no
2 fault of the individual, shall be obligated to refund to the
3 Government the full amount of the retention bonus for the
4 period covered by the agreement, plus interest as deter-
5 mined by the Secretary in accordance with section
6 110(l)(2)(B).

7 “(d) OTHER RETENTION BONUS.—The Secretary
8 may pay a retention bonus to any health professional em-
9 ployed by a Tribal Health Program if such health profes-
10 sional is serving in a position which the Secretary deter-
11 mines is—

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

14 “(2) necessary for providing health care services
15 to Indians.

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

17 “(a) ESTABLISHMENT OF PROGRAM.—The Sec-
18 retary, acting through the Service, shall establish a pro-
19 gram to enable Indians who are licensed practical nurses,
20 licensed vocational nurses, and registered nurses who are
21 working in an Indian Health Program or Urban Indian
22 Organization, and have done so for a period of not less
23 than 1 year, to pursue advanced training. Such program
24 shall include a combination of education and work study
25 in an Indian Health Program or Urban Indian Organiza-

1 tion leading to an associate or bachelor's degree (in the
2 case of a licensed practical nurse or licensed vocational
3 nurse), a bachelor's degree (in the case of a registered
4 nurse), or advanced degrees in nursing and public health.

5 “(b) SERVICE OBLIGATION.—An individual who par-
6 ticipates in a program under subsection (a), where the
7 educational costs are paid by the Service, shall incur an
8 obligation to serve in an Indian Health Program or Urban
9 Indian Organization for a period of obligated service equal
10 to the amount of time during which the individual 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 FOR ALAS-**

18 **KA.**

19 “(a) GENERAL PURPOSES OF PROGRAM.—Under the
20 authority of the Act of November 2, 1921 (25 U.S.C. 13;
21 popularly known as the Snyder Act), the Secretary, acting
22 through the Service, shall develop and operate a Commu-
23 nity Health Aide Program in Alaska under which the
24 Service—

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

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

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

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

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

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

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

1 “(B) provides instruction and practical ex-
2 perience in the provision of acute care, emer-
3 gency care, health promotion, disease preven-
4 tion, and the efficient and effective manage-
5 ment of clinic pharmacies, supplies, equipment,
6 and facilities; and

7 “(C) promotes the achievement of the
8 health status objectives specified in section
9 3(2);

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

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

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

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

6 “(c) TIME PERIOD OF ASSISTANCE; RENEWAL.—A
7 contract entered into or a grant provided under this sec-
8 tion shall be for a period of 1 year. Such contract or grant
9 may be renewed for an additional 1-year period upon the
10 approval of the Secretary.

11 “(d) CRITERIA FOR REVIEW AND APPROVAL OF AP-
12 PPLICATIONS.—Not later than 180 days after the date of
13 the enactment of the Indian Health Care Improvement
14 Act Amendments of 2003, the Secretary, after consulta-
15 tion with Indian Tribes and administrators of tribal col-
16 leges and universities and eligible accredited and acces-
17 sible community colleges, shall develop and issue criteria
18 for the review and approval of applications for funding (in-
19 cluding applications for renewals of funding) under this
20 section. Such criteria shall ensure that demonstration pro-
21 grams established under this section promote the develop-
22 ment of the capacity of such entities to educate substance
23 abuse counselors.

24 “(e) ASSISTANCE.—The Secretary shall provide such
25 technical and other assistance as may be necessary to en-

1 able grant recipients to comply with the provisions of this
2 section.

3 “(f) REPORT.—Each fiscal year, the Secretary shall
4 submit to the President, for inclusion in the report which
5 is required to be submitted under section 801 for that fis-
6 cal year, a report on the findings and conclusions derived
7 from the demonstration programs conducted under this
8 section during that fiscal year.

9 “(g) DEFINITION.—For the purposes of this section
10 the term ‘educational curriculum’ means 1 or more of the
11 following—

12 “(1) classroom education;

13 “(2) clinical work experience; and

14 “(3) continuing education workshops.

15 **“SEC. 127. MENTAL HEALTH TRAINING AND COMMUNITY**
16 **EDUCATION PROGRAMS.**

17 “(a) STUDY; LIST.—The Secretary, acting through
18 the Service, and the Secretary of the Interior, in consulta-
19 tion with Indian Tribes and Tribal Organizations, shall
20 conduct a study and compile a list of the types of staff
21 positions specified in subsection (b) whose qualifications
22 include, or should include, training in the identification,
23 prevention, education, referral, or treatment of mental ill-
24 ness, or dysfunctional and self destructive behavior.

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

3 “(1) staff positions within the Bureau of Indian
4 Affairs, including existing positions, in the fields
5 of—

6 “(A) elementary and secondary education;

7 “(B) social services and family and child
8 welfare;

9 “(C) law enforcement and judicial services;
10 and

11 “(D) alcohol and substance abuse;

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

13 “(3) staff positions similar to those identified in
14 paragraphs (1) and (2) established and maintained
15 by Indian Tribes, Tribal Organizations, (without re-
16 gard to the funding source) and Urban Indian Orga-
17 nizations.

18 “(c) TRAINING CRITERIA.—

19 “(1) IN GENERAL.—The appropriate Secretary
20 shall provide training criteria appropriate to each
21 type of position identified in subsection (b)(1) and
22 (b)(2) and ensure that appropriate training has
23 been, or shall be provided to any individual in any
24 such position. With respect to any such individual in
25 a position identified pursuant to subsection (b)(3),

1 the respective Secretaries shall provide appropriate
2 training to, or provide funds to, an Indian Tribe,
3 Tribal Organization, or Urban Indian Organization
4 for training of appropriate individuals. In the case of
5 positions funded under a funding agreement, the ap-
6 propriate Secretary shall ensure that funds to cover
7 the costs of such training costs are included in the
8 funding agreement.

9 “(2) POSITION SPECIFIC TRAINING CRITERIA.—
10 Position specific training criteria shall be culturally
11 relevant to Indians and Indian Tribes and shall en-
12 sure that appropriate information regarding Tradi-
13 tional Health Care Practices is provided.

14 “(d) COMMUNITY EDUCATION ON MENTAL ILL-
15 NESS.—The Service shall develop and implement, on re-
16 quest of an Indian Tribe or Tribal Organization, or assist
17 the Indian Tribe or Tribal Organization to develop and
18 implement a program of community education on mental
19 illness. In carrying out this subsection, the Service shall,
20 upon request of an Indian Tribe or Tribal Organization,
21 provide technical assistance to the Indian Tribe or Tribal
22 Organization to obtain and develop community edu-
23 cational materials on the identification, prevention, refer-
24 ral, and treatment of mental illness and dysfunctional and
25 self-destructive behavior.

1 “(e) PLAN.—Not later than 90 days after the date
2 of the enactment of the Indian Health Care Improvement
3 Act Amendments of 2003, the Secretary shall develop a
4 plan under which the Service will increase the health care
5 staff providing mental health services by at least 500 posi-
6 tions within 5 years after the date of the enactment of
7 this section, with at least 200 of such positions devoted
8 to child, adolescent, and family services. The plan devel-
9 oped under this subsection shall be implemented under the
10 Act of November 2, 1921 (25 U.S.C. 13, popularly known
11 as the Snyder Act).

12 **“SEC. 128. DESIGNATION OF SHORTAGE AREAS.**

13 “A Service Area served by an Indian Health Program
14 or Urban Indian Organization shall be designated under
15 the Public Health Services Act (42 U.S.C. 250 et seq.)
16 as a shortage area immediately upon request of an Indian
17 Health Program without further evaluation by the Sec-
18 retary.

19 **“SEC. 129. AUTHORIZATION OF APPROPRIATIONS.**

20 “There are authorized to be appropriated such sums
21 as may be necessary for each fiscal year through fiscal
22 year 2015 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, which are appropriated under
7 the authority of this section, for the purposes of—

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

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

12 “(3) meeting the health needs of Indians in an
13 efficient and equitable manner;

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

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

22 “(A) Clinical care, including, but not lim-
23 ited to, inpatient care, outpatient care (includ-
24 ing audiology, clinical eye, and vision care), pri-

1 mary care, secondary and tertiary care, and
2 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 bitative care related to, alcoholism and drug
16 abuse (including fetal alcohol syndrome) among
17 Indians.

18 “(G) Accident prevention programs.

19 “(H) Home health care.

20 “(I) Community health representatives.

21 “(J) Maintenance and repair.

22 “(K) Traditional Health Care Practices.

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, popularly known as the Snyder Act), or
3 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 the enactment of the Indian Health
9 Care Improvement Act Amendments of 2003, 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 hereby established
9 an Indian Catastrophic Health Emergency Fund (here-
10 after in this section referred to as the ‘CHEF’) consisting
11 of—

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

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

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

22 “(c) CONDITIONS ON USE OF FUND.—No part of
23 CHEF’ or its administration shall be subject to contract
24 or grant under any law, including the Indian Self-Deter-
25 mination Act, nor shall CHEF’ funds be allocated, appor-

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

3 “(d) REGULATIONS.—The Secretary shall, through
4 the negotiated rulemaking process under title VIII, pro-
5 mulgate regulations consistent with the provisions of this
6 section to—

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

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

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

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

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, popularly known as the Snyder Act), or any other law.

22 “(f) DEPOSIT OF REIMBURSEMENT FUNDS.—There
23 shall be deposited into CHEF all reimbursements to which
24 the Service is entitled from any Federal, State, local, or
25 private source (including third party insurance) by reason

1 of treatment rendered to any victim of a disaster or cata-
2 strophic illness the cost of which was paid from CHEF.

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

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

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

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

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

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

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

23 “(2) the health promotion and disease preven-
24 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 an Indian Tribe, Tribal Organization,
14 and by Service Unit, the incidence of, and the types
15 of complications resulting from, diabetes among In-
16 dians; and

17 “(2) based on the determinations made pursu-
18 ant to paragraph (1), the measures (including pa-
19 tient education) each Service Unit should take to re-
20 duce the incidence of, and prevent, treat, and control
21 the complications resulting from, diabetes among In-
22 dian 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. Such
3 screening may be done by a Tribal Health Program.

4 “(c) FUNDING FOR DIABETES.—The Secretary shall
5 continue to fund each model diabetes project in existence
6 on the date of the enactment of the Indian Health Amend-
7 ments Care Improvement Act of 2003, any such other dia-
8 betes programs operated by the Service or Tribal Health
9 Programs, and any additional diabetes projects. Tribal
10 Health Programs shall receive recurring funding for the
11 diabetes projects that they operate pursuant to this sec-
12 tion, both at the date of enactment of the Indian Health
13 Care Improvement Act Amendments of 2003 and for
14 projects which are added and funded thereafter.

15 “(d) FUNDING FOR DIALYSIS PROGRAMS.—The Sec-
16 retary shall provide funding through the Service, Indian
17 Tribes, and Tribal Organizations to establish dialysis pro-
18 grams, including funding to purchase dialysis equipment
19 and provide necessary staffing.

20 “(e) OTHER DUTIES OF THE SECRETARY.—The Sec-
21 retary shall, to the extent funding is available—

22 “(1) in each Area Office, consult with Indian
23 Tribes and Tribal Organizations regarding programs
24 for the prevention, treatment, and control of diabe-
25 tes;

1 “(2) establish in each Area Office a registry of
2 patients with diabetes to track the incidence of dia-
3 betes and the complications from diabetes in that
4 area; and

5 “(3) ensure that data collected in each Area Of-
6 fice regarding diabetes and related complications
7 among Indians is disseminated to all other Area Of-
8 fices.

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

10 “(a) FUNDING AGREEMENTS FOR LONG-TERM
11 CARE.—Notwithstanding any other provisions of law, the
12 Secretary, acting through the Service, is authorized to
13 enter into Funding Agreements or other arrangements
14 with Indian Tribes or Tribal Organizations for the delivery
15 of long-term care and similar services to Indians. Such
16 funding agreements or other arrangements shall provide
17 for the sharing of staff or other services between the Serv-
18 ice or a Tribal Health Program and a long-term care or
19 other similar facility owned and operated (directly or
20 through a Funding Agreement) by such Indian Tribe or
21 Tribal Organization.

22 “(b) CONTENTS OF FUNDING AGREEMENTS.—A
23 Funding Agreement or other arrangement entered into
24 pursuant to subsection (a)—

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

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

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

17 “(c) MINIMUM REQUIREMENT.—Any nursing facility
18 provided for under this section shall meet the require-
19 ments for nursing facilities under section 1919 of the So-
20 cial Security Act.

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

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

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

6 “The Secretary, acting through the Service, shall
7 make funding available for research to further the per-
8 formance of the health service responsibilities of Indian
9 Health Programs and shall coordinate the activities of
10 other agencies within the Department to address these re-
11 search needs. The funding shall be divided equitably
12 among the Area Offices. Then each Area Office shall
13 award the funds competitively within that Area. The Sec-
14 retary shall consult with Indian Tribes and Tribal Organi-
15 zations in developing the methodology used to allocate
16 these funds among Area Offices for competitive awards.
17 Tribal Health Programs shall be given an equal oppor-
18 tunity to compete for, and receive, research funds under
19 this section. This funding may be used for both clinical
20 and nonclinical research.

21 **“SEC. 207. MAMMOGRAPHY AND OTHER CANCER SCREEN-**
22 **ING.**

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

1 “(1) Screening mammography (as defined in
2 section 1861(jj) of the Social Security Act) for In-
3 dian women at a frequency appropriate to such
4 women under national standards, such as those of
5 the National Cancer Institute for the National Insti-
6 tutes for Health, and under such terms and condi-
7 tions as are consistent with standards established by
8 the Secretary to ensure the safety and accuracy of
9 screening mammography under part B of title XVIII
10 of such Act.

11 “(2) Other cancer screening meeting national
12 standards, such as those of the National Cancer In-
13 stitute.

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

15 “The Secretary, acting through the Service and Trib-
16 al Health Programs, shall provide funds for the following
17 patient travel costs, including appropriate and necessary
18 qualified escorts, associated with receiving health care
19 services provided (either through direct or contract care
20 or through Funding Agreements) under this Act—

21 “(1) emergency air transportation and non-
22 emergency air transportation where ground trans-
23 portation is infeasible;

24 “(2) transportation by private vehicle, specially
25 equipped vehicle, and ambulance; and

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

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

5 “(a) ADDITIONAL CENTERS.—In addition to those
6 epidemiology centers already established at the time of en-
7 actment of this Act, (including those for which funding
8 is currently being provided in Funding Agreements), and
9 without reducing the funding levels for such centers, not
10 later than 180 days after the date of the enactment of
11 the Indian Health Care Improvement Act Amendments of
12 2003, the Secretary, acting through the Service, shall es-
13 tablish and fund an epidemiology center in each Service
14 Area which does not yet have one to carry out the func-
15 tions described in subsection (b). Any new centers so es-
16 tablished may be operated by Tribal Health Programs, but
17 such funding shall not be divisible.

18 “(b) FUNCTIONS OF CENTERS.—In consultation with
19 and upon the request of Indian Tribes, Tribal Organiza-
20 tions, and Urban Indian Organizations, each Service Area
21 epidemiology center established under this subsection
22 shall, with respect to such Service Area—

23 “(1) collect data relating to, and monitor
24 progress made toward meeting, each of the health
25 status objectives of the Service, the Indian Tribes,

1 Tribal Organizations, and Urban Indian Organiza-
2 tions in the Service Area;

3 “(2) evaluate existing delivery systems, data
4 systems, and other systems that impact the improve-
5 ment of Indian health;

6 “(3) assist Indian Tribes, Tribal Organizations,
7 and Urban Indian Organizations in identifying their
8 highest priority health status objectives and the
9 services needed to achieve such objectives, based on
10 epidemiological data;

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

13 “(5) make recommendations to improve health
14 care delivery systems for Indians and Urban Indi-
15 ans;

16 “(6) provide requested technical assistance to
17 Indian Tribes, Tribal Organizations, and Urban In-
18 dian Organizations in the development of local
19 health service priorities and incidence and prevalence
20 rates of disease and other illness in the community;
21 and

22 “(7) provide disease surveillance and assist In-
23 dian Tribes, Tribal Organizations, and Urban Indian
24 Organizations to promote public health.

1 “(3) Integrating school-based, community-
2 based, and other public and private health promotion
3 efforts.

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

6 “(5) Coordinating school-based health programs
7 with existing services and programs available in the
8 community.

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

11 “(7) Developing mental health wellness pro-
12 grams.

13 “(8) Developing chronic disease prevention pro-
14 grams.

15 “(9) Developing substance abuse prevention
16 programs.

17 “(10) Developing injury prevention and safety
18 education programs.

19 “(11) Developing activities for the prevention
20 and control of communicable diseases.

21 “(12) Developing community and environmental
22 health education programs that include traditional
23 health care practitioners.

24 “(13) Violence prevention.

1 “(14) Such other health issues as are appro-
2 priate.

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

10 “(d) CRITERIA FOR REVIEW AND APPROVAL OF AP-
11 PPLICATIONS.—The Secretary, acting through the Service,
12 and in consultation with Indian Tribes, Tribal Organiza-
13 tions, and Urban Indian Organizations, shall establish cri-
14 teria for the review and approval of applications for fund-
15 ing provided pursuant to this section.

16 “(e) DEVELOPMENT OF PROGRAM FOR BIA FUNDED
17 SCHOOLS.—

18 “(1) IN GENERAL.—The Secretary of the Inte-
19 rior, acting through the Bureau of Indian Affairs
20 and in cooperation with the Secretary, acting
21 through the Service, and affected Indian Tribes and
22 Tribal Organizations, shall develop a comprehensive
23 school health education program for children from
24 preschool through grade 12 in schools for which sup-
25 port is provided by the Bureau of Indian Affairs.

1 “(2) REQUIREMENTS FOR PROGRAMS.—Such
2 programs shall include the following—

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

5 “(B) mental health wellness programs;

6 “(C) chronic disease prevention programs;

7 “(D) substance abuse prevention pro-
8 grams;

9 “(E) injury prevention and safety edu-
10 cation programs; and

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

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

15 “(A) provide training to teachers in com-
16 prehensive school health education curricula;

17 “(B) ensure the integration and coordina-
18 tion of school-based programs with existing
19 services and health programs available in the
20 community; and

21 “(C) encourage healthy, tobacco-free school
22 environments.

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

24 “(a) PROGRAM AUTHORIZED.—The Secretary, acting
25 through the Service, is authorized to establish and admin-

1 ister a program to provide funding to Indian Tribes, Trib-
2 al Organizations, and Urban Indian Organizations for in-
3 novative mental and physical disease prevention and
4 health promotion and treatment programs for Indian and
5 Urban Indian preadolescent and adolescent youths.

6 “(b) USE OF FUNDS.—

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

9 “(A) develop prevention and treatment
10 programs for Indian youth which promote men-
11 tal and physical health and incorporate cultural
12 values, community and family involvement, and
13 traditional health care practitioners; and

14 “(B) develop and provide community train-
15 ing and education.

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

19 “(c) DUTIES OF THE SECRETARY.—The Secretary
20 shall—

21 “(1) disseminate to Indian Tribes, Tribal Orga-
22 nizations, and Urban Indian Organizations informa-
23 tion regarding models for the delivery of comprehen-
24 sive health care services to Indian and Urban Indian
25 adolescents;

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

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

7 “(d) **CRITERIA FOR REVIEW AND APPROVAL OF AP-**
8 **PLICATIONS.**—The Secretary, in consultation with Indian
9 Tribes, Tribal Organization, and Urban Indian Organiza-
10 tions, shall establish criteria for the review and approval
11 of applications or proposals under this section.

12 **“SEC. 212. PREVENTION, CONTROL, AND ELIMINATION OF**
13 **COMMUNICABLE AND INFECTIOUS DISEASES.**

14 “(a) **FUNDING AUTHORIZED.**—The Secretary, acting
15 through the Service, and after consultation with Indian
16 Tribes, Tribal Organizations, Urban Indian Organiza-
17 tions, and the Centers for Disease Control and Prevention,
18 may make funding available to Indian Tribes and Tribal
19 Organizations for the following:

20 “(1) Projects for the prevention, control, and
21 elimination of communicable and infectious diseases
22 including, but not limited to, tuberculosis, hepatitis,
23 HIV, respiratory syncytial virus, hanta virus, sexu-
24 ally transmitted diseases, and H. Pylori.

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

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

9 “(4) Demonstration projects for the screening,
10 treatment, and prevention of hepatitis C virus
11 (HCV).

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

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

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

22 “(1) may, at the request of an Indian Tribe or
23 Tribal Organization, provide technical assistance;
24 and

1 “(2) shall prepare and submit a report to Con-
2 gress biennially on the use of funds under this sec-
3 tion and on the progress made toward the preven-
4 tion, control, and elimination of communicable and
5 infectious diseases among Indians and Urban Indi-
6 ans.

7 **“SEC. 213. AUTHORITY FOR PROVISION OF OTHER SERV-**
8 **ICES.**

9 “(a) FUNDING AUTHORIZED.—The Secretary, acting
10 through the Service, Indian Tribes, and Tribal Organiza-
11 tions, may provide funding under this Act to meet the ob-
12 jectives set forth in section 3 through health care-related
13 services and programs not otherwise described in this Act,
14 which shall include, but not be limited to—

- 15 “(1) hospice care and assisted living;
16 “(2) long-term health care;
17 “(3) home- and community-based services;
18 “(4) public health functions; and
19 “(5) Traditional Health Care Practices.

20 “(b) SERVICES TO OTHERWISE INELIGIBLE PER-
21 SONS.—At the discretion of the Service, Indian Tribes, or
22 Tribal Organizations, services provided for hospice care,
23 home health care, home- and community-based care, as-
24 sisted living, and long-term care may be provided (subject
25 to reimbursement of reasonable charges) to persons other-

1 wise ineligible for the health care benefits of the Service.
2 Any funds received under this subsection shall not be used
3 to offset or limit the funding allocated to an Indian Tribe
4 or Tribal Organization.

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

7 “(1) The term ‘home- and community-based
8 services’ means 1 or more of the following:

9 “(A) Homemaker/home health aide serv-
10 ices.

11 “(B) Chore services.

12 “(C) Personal care services.

13 “(D) Nursing care services provided out-
14 side of a nursing facility by, or under the super-
15 vision of, a registered nurse.

16 “(E) Respite care.

17 “(F) Training for family members.

18 “(G) Adult day care.

19 “(H) Such other home- and community-
20 based services as the Secretary, an Indian
21 Tribe, or Tribal Organization may approve.

22 “(2) The term ‘hospice care’ means the items
23 and services specified in subparagraphs (A) through
24 (H) of section 1861(dd)(1) of the Social Security
25 Act (42 U.S.C. 1395x(dd)(1)), and such other serv-

1 ices which an Indian Tribe or Tribal Organization
2 determines are necessary and appropriate to provide
3 in furtherance of this care.

4 “(3) The term ‘public health functions’ means
5 the provision of public health-related programs,
6 functions, and services including, but not limited to,
7 assessment, assurance, and policy development which
8 Indian Tribes and Tribal Organizations are author-
9 ized and encouraged, in those circumstances where
10 it meets their needs, to do by forming collaborative
11 relationships with all levels of local, State, and Fed-
12 eral Government.

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

14 “The Secretary, acting through the Service and In-
15 dian Tribes, Tribal Organizations, and Urban Indian Or-
16 ganizations, shall provide funding to monitor and improve
17 the quality of health care for Indian women of all ages
18 through the planning and delivery of programs adminis-
19 tered by the Service, in order to improve and enhance the
20 treatment models of care for Indian women.

21 **“SEC. 215. ENVIRONMENTAL AND NUCLEAR HEALTH HAZ-**
22 **ARDS.**

23 “(a) STUDIES AND MONITORING.—The Secretary
24 and the Service shall conduct, in conjunction with other
25 appropriate Federal agencies and in consultation with con-

1 cerned Indian Tribes and Tribal Organizations, studies
2 and ongoing monitoring programs to determine trends in
3 the health hazards to Indian miners and to Indians on
4 or near reservations and Indian communities as a result
5 of environmental hazards which may result in chronic or
6 life threatening health problems, such as nuclear resource
7 development, petroleum contamination, and contamination
8 of water source and of the food chain. Such studies shall
9 include—

10 “(1) an evaluation of the nature and extent of
11 health problems caused by environmental hazards
12 currently exhibited among Indians and the causes of
13 such health problems;

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

18 “(3) an evaluation of the types and nature of
19 activities, practices, and conditions causing or affect-
20 ing such health problems including, but not limited
21 to, uranium mining and milling, uranium mine tail-
22 ing deposits, nuclear power plant operation and con-
23 struction, and nuclear waste disposal; oil and gas
24 production or transportation on or near reservations
25 or Indian communities; and other development that

1 could affect the health of Indians and their water
2 supply and food chain;

3 “(4) a summary of any findings and rec-
4 ommendations provided in Federal and State stud-
5 ies, reports, investigations, and inspections during
6 the 5 years prior to the date of the enactment of the
7 Indian Health Care Improvement Act Amendments
8 of 2003 that directly or indirectly relate to the ac-
9 tivities, practices, and conditions affecting the health
10 or safety of such Indians; and

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

16 “(b) HEALTH CARE PLANS.—Upon completion of
17 such studies, the Secretary and the Service shall take into
18 account the results of such studies and, in consultation
19 with Indian Tribes and Tribal Organizations, develop
20 health care plans to address the health problems studied
21 under subsection (a). The plans shall include—

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

24 “(2) preventive care and testing for Indians
25 who may be exposed to such health hazards, includ-

1 ing the monitoring of the health of individuals who
2 have or may have been exposed to excessive amounts
3 of radiation or affected by other activities that have
4 had or could have a serious impact upon the health
5 of such individuals; and

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

10 “(c) SUBMISSION OF REPORT AND PLAN TO CON-
11 GRESS.—The Secretary and the Service shall submit to
12 Congress the study prepared under subsection (a) no later
13 than 18 months after the date of the enactment of the
14 Indian Health Care Improvement Act Amendments of
15 2003. The health care plan prepared under subsection (b)
16 shall be submitted in a report no later than 1 year after
17 the study prepared under subsection (a) is submitted to
18 Congress. Such report shall include recommended activi-
19 ties for the implementation of the plan, as well as an eval-
20 uation of any activities previously undertaken by the Serv-
21 ice to address such health problems.

22 “(d) INTERGOVERNMENTAL TASK FORCE.—

23 “(1) ESTABLISHMENT; MEMBERS.—There is es-
24 tablished an Intergovernmental Task Force to be

1 composed of the following individuals (or their des-
2 ignees):

3 “(A) The Secretary of Energy.

4 “(B) The Secretary of the Environmental
5 Protection Agency.

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

7 “(D) The Assistant Secretary for Occupa-
8 tional Safety and Health.

9 “(E) The Secretary of the Interior.

10 “(F) The Secretary of Health and Human
11 Services.

12 “(G) The Director of the Indian Health
13 Service.

14 “(2) DUTIES.—The Task Force shall—

15 “(A) identify existing and potential oper-
16 ations related to nuclear resource development
17 or other environmental hazards that affect or
18 may affect the health of Indians on or near a
19 reservation or in an Indian community; and

20 “(B) enter into activities to correct exist-
21 ing health hazards and ensure that current and
22 future health problems resulting from nuclear
23 resource or other development activities are
24 minimized or reduced.

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

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

7 “(1) as a result of employment in or near a
8 uranium mine or mill or near any other environ-
9 mental hazard, suffers from a work-related illness or
10 condition;

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

13 “(3) by reason of such Indian’s employment, is
14 entitled to medical care at the expense of such mine
15 or mill operator or entity responsible for the environ-
16 mental hazard, the Indian Health Program shall, at
17 the request of such Indian, render appropriate med-
18 ical care to such Indian for such illness or condition
19 and may be reimbursed for any medical care so ren-
20 dered to which such Indian is entitled at the expense
21 of such operator or entity from such operator or en-
22 tity. Nothing in this subsection shall affect the
23 rights of such Indian to recover damages other than
24 such amounts paid to the Indian Health Program

1 from the employer for providing medical care for
2 such illness or condition.

3 **“SEC. 216. ARIZONA AS A CONTRACT HEALTH SERVICE DE-**
4 **LIVERY AREA.**

5 “(a) IN GENERAL.—For fiscal years beginning with
6 the fiscal year ending September 30, 1983, and ending
7 with the fiscal year ending September 30, 2015, the State
8 of Arizona shall be designated as a contract health service
9 delivery area by the Service for the purpose of providing
10 contract health care services to members of federally rec-
11 ognized Indian Tribes of Arizona.

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

19 **“SEC. 216A. NORTH DAKOTA AS A CONTRACT HEALTH**
20 **SERVICE DELIVERY AREA.**

21 “(a) IN GENERAL.—For fiscal years beginning with
22 the fiscal year ending September 30, 2003, and ending
23 with the fiscal year ending September 30, 2015, the State
24 of North Dakota shall be designated as a contract health
25 service delivery area by the Service for the purpose of pro-

1 viding contract health care services to members of feder-
2 ally recognized Indian Tribes of North Dakota.

3 “(b) LIMITATION.—The Service shall not curtail any
4 health care services provided to Indians residing on res-
5 ervations in the State of North Dakota if such curtailment
6 is due to the provision of contract services in such State
7 pursuant to the designation of such State as a contract
8 health service delivery area pursuant to subsection (a).

9 **“SEC. 216B. SOUTH DAKOTA AS A CONTRACT HEALTH SERV-
10 ICE DELIVERY AREA.**

11 “(a) IN GENERAL.—For fiscal years beginning with
12 the fiscal year ending September 30, 2003, and ending
13 with the fiscal year ending on September 30, 2015, the
14 State of South Dakota shall be designated as a contract
15 health service delivery area by the Service for the purpose
16 of providing contract health care services to members of
17 federally recognized Indian Tribes of South Dakota.

18 “(b) LIMITATION.—The Service shall not curtail any
19 health care services provided to Indians residing on res-
20 ervations in the State of South Dakota if such curtailment
21 is due to the provision of contract services in such State
22 pursuant to the designation of such State as a contract
23 health service delivery 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 hereby established
4 an advisory board which shall advise the CRIHB in car-
5 rying out this section. The advisory board shall be com-
6 posed of representatives, selected by the CRIHB, from not
7 less than 8 Tribal Health Programs serving California In-
8 dians covered under this section at least one half of whom
9 of whom 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 Funding Agreement.

3 **“SEC. 222. NOTIFICATION OF PROVISION OF EMERGENCY**
4 **CONTRACT HEALTH SERVICES.**

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

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

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

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

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

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

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

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

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

19 **“SEC. 225. AUTHORIZATION OF APPROPRIATIONS.**

20 “There are authorized to be appropriated such sums
21 as may be necessary for each fiscal year through fiscal
22 year 2015 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; popularly 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 title 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.

“(b) CLOSURES.—

1 “(1) EVALUATION REQUIRED.—Notwith-
2 standing any other provision of law, no facility oper-
3 ated by the Service may be closed if the Secretary
4 has not submitted to Congress at least 1 year prior
5 to the date of the proposed closure an evaluation of
6 the impact of the proposed closure which specifies,
7 in addition to other considerations the following:

8 “(A) The accessibility of alternative health
9 care resources for the population served by such
10 facility.

11 “(B) The cost-effectiveness of such closure.

12 “(C) The quality of health care to be pro-
13 vided to the population served by such facility
14 after such closure.

15 “(D) The availability of contract health
16 care funds to maintain existing levels of service.

17 “(E) The views of the Indian Tribes served
18 by such facility concerning such closure.

19 “(F) The level of use of such facility by all
20 eligible Indians.

21 “(G) The distance between such facility
22 and the nearest operating Service hospital.

23 “(2) EXCEPTION FOR CERTAIN TEMPORARY
24 CLOSURES.—Paragraph (1) shall not apply to any
25 temporary closure of a facility or any portion of a

1 facility if such closure is necessary for medical, envi-
2 ronmental, or construction safety reasons.

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

4 “(1) IN GENERAL.—

5 “(A) ESTABLISHMENT.—The Secretary,
6 acting through the Service, shall establish a
7 health care facility priority system, which
8 shall—

9 “(i) be developed with Indian Tribes
10 and Tribal Organizations through nego-
11 tiated rulemaking under section 802;

12 “(ii) give Indian Tribes’ needs the
13 highest priority; and

14 “(iii) at a minimum, include the lists
15 required in paragraph (2)(B) and the
16 methodology required in paragraph (2)(E).

17 “(B) PRIORITY OF CERTAIN PROJECTS
18 PROTECTED.—The priority of any project estab-
19 lished under the construction priority system in
20 effect on the date of the Indian Health Care
21 Improvement Act Amendments of 2003 shall
22 not be affected by any change in the construc-
23 tion priority system taking place thereafter if
24 the project was identified as 1 of the 10 top-
25 priority inpatient projects, 1 of the 10 top-pri-

1 ority outpatient projects, 1 of the 10 top-pri-
2 ority staff quarters developments, or 1 of the
3 10 top-priority Youth Regional Treatment Cen-
4 ters in the fiscal year 2004 Indian Health Serv-
5 ice budget justification, or if the project had
6 completed both Phase I and Phase II of the
7 construction priority system in effect on the
8 date of the enactment of such Act.

9 “(2) REPORT; CONTENTS.—The Secretary shall
10 submit to the President, for inclusion in each report
11 required to be transmitted to Congress under section
12 801, a report which sets forth the following:

13 “(A) A description of the health care facil-
14 ity priority system of the Service, established
15 under paragraph (1).

16 “(B) Health care facilities lists, including
17 but not limited to—

18 “(i) the total health care facilities
19 planning, design, construction, and renova-
20 tion needs for Indians, identified by na-
21 tional and Service Area priorities;

22 “(ii) the 10 top-priority inpatient
23 health care facilities;

24 “(iii) the 10 top-priority outpatient
25 health care facilities;

1 “(iv) the 10 top-priority specialized
2 health care facilities (such as long-term
3 care and alcohol and drug abuse treat-
4 ment);

5 “(v) the 10 top-priority staff quarters
6 developments associated with health care
7 facilities; and

8 “(vi) the 10 top-priority hostels asso-
9 ciated with health care facilities.

10 “(C) The justification for such order of
11 priority.

12 “(D) The projected cost of such projects.

13 “(E) The methodology adopted by the
14 Service in establishing priorities under its
15 health care facility priority system.

16 “(3) REQUIREMENTS FOR PREPARATION OF RE-
17 PORTS.—In preparing each report required under
18 paragraph (2) (other than the initial report), the
19 Secretary shall annually—

20 “(A) consult with and obtain information
21 on all health care facilities needs from Indian
22 Tribes, Tribal Organizations, and Urban Indian
23 Organizations; and

24 “(B) review the total unmet needs of all
25 Indian Tribes and Tribal Organizations for

1 health care facilities (including hostels and staff
2 quarters), including needs for renovation and
3 expansion of existing facilities.

4 “(4) CRITERIA FOR EVALUATING NEEDS.—For
5 purposes of this subsection, the Secretary shall, in
6 evaluating the needs of facilities operated under any
7 Funding Agreement use the same criteria that the
8 Secretary uses in evaluating the needs of facilities
9 operated directly by the Service.

10 “(5) NEEDS OF FACILITIES UNDER ISDEAA
11 AGREEMENTS.—The Secretary shall ensure that the
12 planning, design, construction, and renovation needs
13 of Service and non-Service facilities operated under
14 funding agreements in accordance with the Indian
15 Self-Determination and Education Assistance Act
16 are fully and equitably integrated into the health
17 care facility priority system.

18 “(d) REVIEW OF NEED FOR FACILITIES.—

19 “(1) INITIAL REPORT.—In the year 2005, the
20 General Accounting Office shall prepare and finalize
21 a report which sets forth the needs of the Service,
22 Indian Tribes, Tribal Organizations, and Urban In-
23 dian Organizations, for the facilities listed under
24 subsection (c)(2)(B), including the needs for renova-
25 tion and expansion of existing facilities. The General

1 Accounting Office shall submit the report to the ap-
2 propriate authorizing and appropriations committees
3 of the Congress and to the Secretary.

4 “(2) Beginning in the year 2006, the Secretary
5 shall annually update the report required under
6 paragraph (1).

7 “(3) The Comptroller General and the Sec-
8 retary shall consult with Indian Tribes, Tribal Orga-
9 nizations, and Urban Indian Organizations. In pre-
10 paring the reports required by paragraphs (1) and
11 (2), the Secretary shall submit the report to the
12 President for inclusion in the report required to be
13 transmitted to the Congress under section 801.

14 “(4) For purposes of this subsection, the re-
15 ports shall, regarding the needs of facilities operated
16 under any Funding Agreement be based on the same
17 criteria that the Secretary uses in evaluating the
18 needs of facilities operated directly by the Service.

19 “(5) The planning, design, construction, and
20 renovation needs of facilities operated under Fund-
21 ing Agreements shall be fully and equitably inte-
22 grated into the development of the health facility
23 priority system.

24 “(6) Beginning in the year 2006 and each fiscal
25 year thereafter, the Secretary shall provide an op-

1 portunity for nomination of planning, design, and
2 construction projects by the Service, Indian Tribes,
3 and Tribal Organizations for consideration under
4 the health care facility priority system.

5 “(e) FUNDING CONDITION.—All funds appropriated
6 under the Act of November 2, 1921 (25 U.S.C. 13), for
7 the planning, design, construction, or renovation of health
8 facilities for the benefit of 1 or more Indian Tribes shall
9 be subject to the provisions of the Indian Self-Determina-
10 tion and Education Assistance Act.

11 “(f) DEVELOPMENT OF INNOVATIVE APPROACHES.—
12 The Secretary shall consult and cooperate with Indian
13 Tribes, Tribal Organizations, and Urban Indian Organiza-
14 tions in developing innovative approaches to address all
15 or part of the total unmet need for construction of health
16 facilities, including those provided for in other sections of
17 this title and other approaches.

18 **“SEC. 302. SANITATION FACILITIES.**

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

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

22 “(2) Indian people suffer an inordinately high
23 incidence of disease, injury, and illness directly at-
24 tributable to the absence or inadequacy of sanitation
25 facilities.

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

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

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

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

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

1 the Indian Tribe, Tribal Organization, or Indian
2 community.

3 “(2) Ongoing technical assistance and training
4 to Indian Tribes, Tribal Organizations, and Indian
5 communities in the management of utility organiza-
6 tions which operate and maintain sanitation facili-
7 ties.

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

16 “(c) FUNDING.—Notwithstanding any other provi-
17 sion of law—

18 “(1) the Secretary of Housing and Urban De-
19 velopment is authorized to transfer funds appro-
20 priated under the Native American Housing Assist-
21 ance and Self-Determination Act of 1996 to the Sec-
22 retary of Health and Human Services;

23 “(2) the Secretary of Health and Human Serv-
24 ices is authorized to accept and use such funds for
25 the purpose of providing sanitation facilities and

1 services for Indians under section 7 of the Act of
2 August 5, 1954 (42 U.S.C. 2004a);

3 “(3) unless specifically authorized otherwise
4 when funds are appropriated, the Secretary of
5 Health and Human Services shall use funds appro-
6 priated under section 7 of the Act of August 5, 1954
7 (42 U.S.C. 2004a), to provide additional priority of
8 sanitation facilities assistance to eligible new and ex-
9 isting Indian homes other than the following—

10 “(A) new homes constructed using housing
11 funds provided by the Department of Housing
12 and Urban Development; and

13 “(B) existing homes owned or managed by
14 a tribally designated housing entity (as that
15 term is defined in section 4(21) of the Native
16 American Housing Assistance and Self-Deter-
17 mination Act of 1996 (25 U.S.C. 4103(21))
18 that were constructed using housing funds pro-
19 vided by the Department of Housing and Urban
20 Development;

21 “(4) the Secretary of Health and Human Serv-
22 ices is authorized to accept from any source, includ-
23 ing Federal and State agencies, funds for the pur-
24 pose of providing sanitation facilities and services
25 and place these funds into Funding Agreements;

1 “(5) funds appropriated under the authority of
2 section 7 of the Act of August 5, 1954 (42 U.S.C.
3 2004a) may be used to fund up to 100 percent of
4 the amount of an Indian Tribe’s loan obtained under
5 any Federal program for new projects to construct
6 eligible sanitation facilities to serve Indian homes;

7 “(6) funds appropriated under the authority of
8 section 7 of the Act of August 5, 1954 (42 U.S.C.
9 2004a) may be used to meet matching or cost par-
10 ticipation requirements under other Federal and
11 non-Federal programs for new projects to construct
12 eligible sanitation facilities;

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

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

23 “(9) the Secretary of Health and Human Serv-
24 ices shall, by regulation developed through rule-
25 making under section 802, establish standards appli-

1 cable to the planning, design, and construction of
2 sanitation facilities funded under this Act.

3 “(d) FUNDING PLAN.—The Secretary, acting
4 through the Service, and in consultation with Indian
5 Tribes and Tribal Organizations, shall develop and begin
6 implementation of a 10-year funding plan to provide sani-
7 tation facilities to serve existing Indian homes and Indian
8 communities and new and renovated Indian homes.

9 “(e) CERTAIN CAPABILITIES NOT PREREQUISITE.—
10 The financial and technical capability of an Indian Tribe,
11 Tribal Organization, or Indian community to safely oper-
12 ate, manage, and maintain a sanitation facility shall not
13 be a prerequisite to the provision or construction of sanita-
14 tion facilities by the Secretary.

15 “(f) FINANCIAL ASSISTANCE.—The Secretary is au-
16 thorized to provide financial assistance to Indian Tribes,
17 Tribal Organizations, and Indian communities for oper-
18 ation, management, and maintenance of their sanitation
19 facilities.

20 “(g) OPERATION, MANAGEMENT, AND MAINTENANCE
21 OF FACILITIES.—The Indian Tribe, Tribal Organization,
22 Indian family, or Indian community has the primary re-
23 sponsibility to establish, collect, and use reasonable user
24 fees, or otherwise set aside funding, for the purpose of
25 operating, managing, and maintaining sanitation facilities.

1 If a sanitation facility serving a community that is oper-
2 ated by an Indian Tribe, Tribal Organization, or Indian
3 community is threatened with imminent failure and such
4 operator lacks capacity to maintain the integrity or the
5 health benefits of the sanitation facility, then the Sec-
6 retary is authorized to assist the Indian Tribe, Tribal Or-
7 ganization, or Indian community in the resolution of the
8 problem on a short-term basis through cooperation with
9 the emergency coordinator or by providing operation, man-
10 agement, and maintenance service.

11 “(h) ISDEAA PROGRAM FUNDED ON EQUAL
12 BASIS.—Tribal Health Programs shall be eligible (on an
13 equal basis with programs that are administered directly
14 by the Service) for—

15 “(1) any funds appropriated pursuant to this
16 section; and

17 “(2) any funds appropriated for the purpose of
18 providing sanitation facilities.

19 “(i) REPORT.—

20 “(1) REQUIRED; CONTENTS.—The Secretary
21 shall submit to the President, for inclusion in each
22 report required to be transmitted to Congress under
23 section 801, a report which sets forth—

24 “(A) the current Indian sanitation facility
25 priority system of the Service;

1 “(B) the methodology for determining
2 sanitation deficiencies;

3 “(C) the level of initial and final sanitation
4 deficiency for each type of sanitation facility for
5 each project of each Indian Tribe or Indian
6 community; and

7 “(D) the amount of funds necessary to re-
8 duce the identified sanitation deficiency levels of
9 all Indian Tribes and Indian communities to
10 level I sanitation deficiency as defined in para-
11 graph (4)(A).

12 “(2) CONSULTATION.—In preparing each report
13 required under paragraph (1), the Secretary shall
14 consult with Indian Tribes and Tribal Organizations
15 to determine the sanitation facility needs of each In-
16 dian Tribe. The criteria on which the needs will be
17 evaluated shall be developed through negotiated rule-
18 making pursuant to section 802.

19 “(3) UNIFORM METHODOLOGY.—The method-
20 ology used by the Secretary in determining, pre-
21 paring cost estimates for, and reporting sanitation
22 deficiencies for purposes of paragraph (1) shall be
23 applied uniformly to all Indian Tribes and Indian
24 communities.

1 “(4) SANITATION DEFICIENCY LEVELS.—For
2 purposes of this subsection, the sanitation deficiency
3 levels for an individual, Indian Tribe or Indian com-
4 munity sanitation facility to serve Indian homes are
5 determined as follows:

6 “(A) A level I deficiency exists if a sanita-
7 tion facility serving an individual, Indian Tribe,
8 or Indian community—

9 “(i) complies with all applicable water
10 supply, pollution control, and solid waste
11 disposal laws; and

12 “(ii) deficiencies relate to routine re-
13 placement, repair, or maintenance needs.

14 “(B) A level II deficiency exists if a sanita-
15 tion facility serving an individual, Indian Tribe,
16 or Indian community substantially or recently
17 complied with all applicable water supply, pollu-
18 tion control, and solid waste laws and any defi-
19 ciencies relate to—

20 “(i) small or minor capital improve-
21 ments needed to bring the facility back
22 into compliance;

23 “(ii) capital improvements that are
24 necessary to enlarge or improve the facili-

1 ties in order to meet the current needs for
2 domestic sanitation facilities; or

3 “(iii) the lack of equipment or train-
4 ing by an Indian Tribe, Tribal Organiza-
5 tion, or an Indian community to properly
6 operate and maintain the sanitation facili-
7 ties.

8 “(C) A level III deficiency exists if a sani-
9 tation facility serving an individual, Indian
10 Tribe or Indian community meets one or more
11 of the following conditions—

12 “(i) water or sewer service in the
13 home is provided by a haul system with
14 holding tanks and interior plumbing;

15 “(ii) major significant interruptions to
16 water supply or sewage disposal occur fre-
17 quently, requiring major capital improve-
18 ments to correct the deficiencies; or

19 “(iii) there is no access to or no ap-
20 proved or permitted solid waste facility
21 available.

22 “(D) A level IV deficiency exists if—

23 “(i) a sanitation facility of an indi-
24 vidual, Indian Tribe, Tribal Organization,
25 or Indian community has no piped water

1 or sewer facilities in the home or the facil-
2 ity has become inoperable due to major
3 component failure; or

4 “(ii) where only a washeteria or cen-
5 tral facility exists in the community.

6 “(E) A level V deficiency exists in the ab-
7 sence of a sanitation facility, where individual
8 homes do not have access to safe drinking
9 water or adequate wastewater (including sew-
10 age) disposal.

11 “(j) DEFINITIONS.—For purposes of this section, the
12 following terms apply:

13 “(1) INDIAN COMMUNITY.—The term ‘Indian
14 community’ means a geographic area, a significant
15 proportion of whose inhabitants are Indians and
16 which is served by or capable of being served by a
17 facility described in this section.

18 “(2) SANITATION FACILITIES.—The terms
19 ‘sanitation facility’ and ‘sanitation facilities’ mean
20 safe and adequate water supply systems, sanitary
21 sewage disposal systems, and sanitary solid waste
22 systems (and all related equipment and support in-
23 frastructure).

1 **“SEC. 303. PREFERENCE TO INDIANS AND INDIAN FIRMS.**

2 “(a) BUY INDIAN ACT.—The Secretary, acting
3 through the Service, may use the negotiating authority of
4 section 23 of the Act of June 25, 1910 (25 U.S.C. 47,
5 commonly known as the ‘Buy Indian Act’), to give pref-
6 erence to any Indian or any enterprise, partnership, cor-
7 poration, or other type of business organization owned and
8 controlled by an Indian or Indians including former or
9 currently federally recognized Indian Tribes in the State
10 of New York (hereinafter referred to as an ‘Indian firm’)
11 in the construction and renovation of Service facilities pur-
12 suant to section 301 and in the construction of sanitation
13 facilities pursuant to section 302. Such preference may be
14 accorded by the Secretary unless the Secretary finds, pur-
15 suant to regulations adopted pursuant to section 802, that
16 the project or function to be contracted for will not be
17 satisfactory or such project or function cannot be properly
18 completed or maintained under the proposed contract. The
19 Secretary, in arriving at such a finding, shall consider
20 whether the Indian or Indian firm will be deficient with
21 respect to—

22 “(1) ownership and control by Indians;

23 “(2) equipment;

24 “(3) bookkeeping and accounting procedures;

25 “(4) substantive knowledge of the project or
26 function to be contracted for;

1 “(5) adequately trained personnel; or

2 “(6) other necessary components of contract
3 performance.

4 “(b) LABOR STANDARDS.—

5 “(1) IN GENERAL.—For the purposes of imple-
6 menting the provisions of this title, contracts for the
7 construction or renovation of health care facilities,
8 staff quarters, and sanitation facilities, and related
9 support infrastructure, funded in whole or in part
10 with funds made available pursuant to this title,
11 shall contain a provision requiring compliance with
12 the Act of March 3, 1931 (40 U.S.C. 276a—276a-
13 5, known as the Davis-Bacon Act), unless such con-
14 struction or renovation—

15 “(A) is performed by a contractor pursu-
16 ant to a contract with an Indian Tribe or Trib-
17 al Organization with funds supplied through a
18 contract, compact or funding agreement author-
19 ized by the Indian Self-Determination and Edu-
20 cation Assistance Act, or other statutory au-
21 thority; and

22 “(B) is subject to prevailing wage rates for
23 similar construction or renovation in the locality
24 as determined by the Indian Tribes or Tribal

1 Organizations to be served by the construction
2 or renovation.

3 “(2) EXCEPTION.—This subsection shall not
4 apply to construction or renovation carried out by an
5 Indian Tribe or Tribal Organization with its own
6 employees.

7 **“SEC. 304. EXPENDITURE OF NONSERVICE FUNDS FOR REN-**
8 **OVATION.**

9 “(a) IN GENERAL.—Notwithstanding any other pro-
10 vision of law, if the requirements of subsection (c) are met,
11 the Secretary, acting through the Service, is authorized
12 to accept any major expansion, renovation, or moderniza-
13 tion by any Indian Tribe or Tribal Organization of any
14 Service facility or of any other Indian health facility oper-
15 ated pursuant to a Funding Agreement, including—

16 “(1) any plans or designs for such expansion,
17 renovation, or modernization; and

18 “(2) any expansion, renovation, or moderniza-
19 tion for which funds appropriated under any Federal
20 law were lawfully expended.

21 “(b) PRIORITY LIST.—

22 “(1) IN GENERAL.—The Secretary shall main-
23 tain a separate priority list to address the needs for
24 increased operating expenses, personnel, or equip-
25 ment for such facilities. The methodology for estab-

1 lishing priorities shall be developed through nego-
2 tiated rulemaking under section 802. The list of pri-
3 ority facilities will be revised annually in consulta-
4 tion with Indian Tribes and Tribal Organizations.

5 “(2) REPORT.—The Secretary shall submit to
6 the President, for inclusion in each report required
7 to be transmitted to Congress under section 801, the
8 priority list maintained pursuant to paragraph (1).

9 “(c) REQUIREMENTS.—The requirements of this sub-
10 section are met with respect to any expansion, renovation,
11 or modernization if—

12 “(1) the Indian Tribe or Tribal Organization—

13 “(A) provides notice to the Secretary of its
14 intent to expand, renovate, or modernize; and

15 “(B) applies to the Secretary to be placed
16 on a separate priority list to address the needs
17 of such new facilities for increased operating ex-
18 penses, personnel, or equipment; and

19 “(2) the expansion, renovation, or moderniza-
20 tion—

21 “(A) is approved by the appropriate area
22 director of the Service for Federal facilities; and

23 “(B) is administered by the Indian Tribe
24 or Tribal Organization in accordance with any
25 applicable regulations prescribed by the Sec-

1 available to Indian Tribes and Tribal Organizations
2 for the construction, expansion, or modernization of
3 facilities for the provision of ambulatory care serv-
4 ices to eligible Indians (and noneligible persons pur-
5 suant to subsections (b)(2) and (c)(1)(C)). Funding
6 made under this section may cover up to 100 per-
7 cent of the costs of such construction, expansion, or
8 modernization. For the purposes of this section, the
9 term ‘construction’ includes the replacement of an
10 existing facility.

11 “(2) FUNDING AGREEMENT REQUIRED.—Fund-
12 ing under paragraph (1) may only be made available
13 to a Tribal Health Program operating an Indian
14 health facility (other than a facility owned or con-
15 structed by the Service, including a facility originally
16 owned or constructed by the Service and transferred
17 to an Indian Tribe or Tribal Organization).

18 “(b) USE OF FUNDS.—

19 “(1) ALLOWABLE USES.—Funding provided
20 under this section may be used only for debt reduc-
21 tion or the construction, expansion, or modernization
22 (including the planning and design of such construc-
23 tion, expansion, or modernization) of an ambulatory
24 care facility—

25 “(A) located apart from a hospital;

1 “(B) not funded under section 301 or sec-
2 tion 307; and

3 “(C) which, upon completion of such con-
4 struction or modernization will—

5 “(i) have a total capacity appropriate
6 to its projected service population;

7 “(ii) provide annually no fewer than
8 500 patient visits by eligible Indians and
9 other users who are eligible for services in
10 such facility in accordance with section
11 807(c)(2); and

12 “(iii) provide ambulatory care in a
13 Service Area (specified in the Funding
14 Agreement) with a population of no fewer
15 than 1,500 eligible Indians and other users
16 who are eligible for services in such facility
17 in accordance with section 807(c)(2).

18 “(2) USE ONLY FOR CERTAIN PORTION OF
19 COSTS.—Funding provided under this section may
20 be used only for the cost of that portion of a con-
21 struction, expansion, or modernization project that
22 benefits the Service population identified above in
23 subsection (b)(1)(C)(ii) and (iii). The requirements
24 of clauses (ii) and (iii) of paragraph (1)(C) shall not
25 apply to an Indian Tribe or Tribal Organization ap-

1 plying for funding under this section whose principal
2 office for health care administration is located on an
3 island or when such office is not located on a road
4 system providing direct access to an inpatient hos-
5 pital where care is available to the Service popu-
6 lation.

7 “(c) FUNDING.—

8 “(1) APPLICATION.—No funding may be made
9 available under this section unless an application or
10 proposal for such funding has been approved by the
11 Secretary in accordance with applicable regulations
12 and has forth reasonable assurance by the applicant
13 that, at all times after the construction, expansion,
14 or modernization of a facility carried out pursuant
15 to funding received under this section—

16 “(A) adequate financial support will be
17 available for the provision of services at such
18 facility;

19 “(B) such facility will be available to eligi-
20 ble Indians without regard to ability to pay or
21 source of payment; and

22 “(C) such facility will, as feasible without
23 diminishing the quality or quantity of services
24 provided to eligible Indians, serve noneligible
25 persons on a cost basis.

1 “(2) PRIORITY.—In awarding funding under
2 this section, the Secretary shall give priority to In-
3 dian Tribes and Tribal Organizations that dem-
4 onstrate—

5 “(A) a need for increased ambulatory care
6 services; and

7 “(B) insufficient capacity to deliver such
8 services.

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

16 “(d) REVERSION OF FACILITIES.—If any facility (or
17 portion thereof) with respect to which funds have been
18 paid under this section, ceases, within 5 years after com-
19 pletion of the construction, expansion, or modernization
20 carried out with such funds, to be used for the purposes
21 of providing health care services to eligible Indians, all of
22 the right, title, and interest in and to such facility (or por-
23 tion thereof) shall transfer to the United States unless
24 otherwise negotiated by the Service and the Indian Tribe
25 or Tribal Organization.

1 “(2) permit carryover of funds appropriated for
2 the provision of health care services;

3 “(3) permit the use of other available funds;

4 “(4) permit the use of funds or property do-
5 nated from any source for project purposes;

6 “(5) provide for the reversion of donated real or
7 personal property to the donor; and

8 “(6) permit the use of Service funds to match
9 other funds, including Federal funds.

10 “(c) REGULATIONS.—The Secretary shall develop
11 and publish regulations, through rulemaking under section
12 802, for the review and approval of applications submitted
13 under this section.

14 “(d) CRITERIA.—The Secretary may enter into a con-
15 tract or Funding Agreement or award a grant under this
16 section for projects which meet the following criteria:

17 “(1) There is a need for a new facility or pro-
18 gram or the reorientation of an existing facility or
19 program.

20 “(2) A significant number of Indians, including
21 those with low health status, will be served by the
22 project.

23 “(3) The project has the potential to deliver
24 services in an efficient and effective manner.

25 “(4) The project is economically viable.

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

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

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

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

16 “(1) Cass Lake, Minnesota.

17 “(2) Clinton, Oklahoma.

18 “(3) Harlem, Montana.

19 “(4) Mescalero, New Mexico.

20 “(5) Owyhee, Nevada.

21 “(6) Parker, Arizona.

22 “(7) Schurz, Nevada.

23 “(8) Winnebago, Nebraska.

24 “(9) Ft. Yuma, California.

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

5 “(h) SERVICE TO INELIGIBLE PERSONS.—The au-
6 thority to provide services to persons otherwise ineligible
7 for the health care benefits of the Service and the author-
8 ity to extend hospital privileges in Service facilities to non-
9 Service health practitioners as provided in section 807
10 may be included, subject to the terms of such section, in
11 any demonstration project approved pursuant to this sec-
12 tion.

13 “(i) EQUITABLE TREATMENT.—For purposes of sub-
14 section (d)(1), the Secretary shall, in evaluating facilities
15 operated under any Funding Agreement, use the same cri-
16 teria that the Secretary uses in evaluating facilities oper-
17 ated directly by the Service.

18 “(j) EQUITABLE INTEGRATION OF FACILITIES.—The
19 Secretary shall ensure that the planning, design, construc-
20 tion, renovation, and expansion needs of Service and non-
21 Service facilities which are the subject of a Funding
22 Agreement for health services are fully and equitably inte-
23 grated into the implementation of the health care delivery
24 demonstration projects under this section.

1 **“SEC. 307. LAND TRANSFER.**

2 “(a) CHEMAWA INDIAN SCHOOL.—The Bureau of In-
3 dian Affairs is authorized to transfer, at no cost, up to
4 5 acres of land at the Chemawa Indian School, Salem,
5 Oregon, to the Service for the provision of health care
6 services. The land authorized to be transferred by this sec-
7 tion is that land adjacent to land under the jurisdiction
8 of the Service and occupied by the Chemawa Indian
9 Health Center.

10 “(b) FEDERAL LAND TO THE SERVICE.—Notwith-
11 standing any other provision of law, the Bureau of Indian
12 Affairs and all other agencies and departments of the
13 United States are authorized to transfer, at no cost, land
14 and improvements to the Service for the provision of
15 health care services. The Secretary is authorized to accept
16 such land and improvements for such purposes.

17 **“SEC. 308. LEASES, CONTRACTS, AND OTHER AGREEMENTS.**

18 “The Secretary, acting through the Service, may
19 enter into leases, contracts, and other agreements with In-
20 dian Tribes and Tribal Organizations which hold (1) title
21 to, (2) a leasehold interest in, or (3) a beneficial interest
22 in (when title is held by the United States in trust for
23 the benefit of an Indian Tribe) facilities used or to be used
24 for the administration and delivery of health services by
25 an Indian Health Program. Such leases, contracts, or
26 agreements may include provisions for construction or ren-

1 ovation and provide for compensation to the Indian Tribe
2 or Tribal Organization of rental and other costs consistent
3 with section 105(l) of the Indian Self-Determination Act
4 and regulations thereunder. Notwithstanding any other
5 provision of law, such leases, contracts, or other agree-
6 ments shall be considered as operating leases for the pur-
7 pose of scoring under the Budget Enforcement Act.

8 **“SEC. 309. LOANS, LOAN GUARANTEES, AND LOAN REPAY-**
9 **MENT.**

10 “(a) ESTABLISHMENT OF FUND.—There is estab-
11 lished in the Treasury of the United States a fund to be
12 known as the Health Care Facilities Loan Fund (herein-
13 after referred to as the ‘HCFLF’) to provide to Indian
14 Tribes and Tribal Organizations direct loans, or guaran-
15 tees for loans, for construction of health care facilities (in-
16 cluding but not limited to inpatient facilities, outpatient
17 facilities, staff quarters, hostels, and specialized care fa-
18 cilities such as behavioral health and elder care facilities).

19 “(b) REGULATIONS; STANDARDS AND PROCE-
20 DURES.—The Secretary, acting through the Service, is au-
21 thorized to issue regulations, developed through rule-
22 making as set out in section 802, to provide standards
23 and procedures for governing such loans and loan guaran-
24 tees, subject to the following conditions:

1 “(1) The principal amount of a loan or loan
2 guarantee may cover 100 percent of eligible costs,
3 including but not limited to planning, design, financ-
4 ing, site land development, construction, rehabilita-
5 tion, renovation, conversion, improvements, medical
6 equipment and furnishings, other facility-related
7 costs and capital purchase (but excluding staffing).

8 “(2) The cumulative total of the principal of di-
9 rect loans and loan guarantees, respectively, out-
10 standing at any one time shall not exceed such limi-
11 tations as may be specified in appropriation Acts.

12 “(3) In the discretion of the Secretary, the pro-
13 gram may be administered by the Service or the
14 Health Resources and Services Administration
15 (which shall be specified by regulation).

16 “(4) The Secretary may make or guarantee a
17 loan with a term of the useful estimated life of the
18 facility, or 25 years, whichever is shorter.

19 “(5) The Secretary may allocate up to 100 per-
20 cent of the funds available for loans or loan guaran-
21 tees in any year for the purpose of planning and ap-
22 plying for a loan or loan guarantee.

23 “(6) The Secretary may accept an assignment
24 of the revenue of an Indian Tribe or Tribal Organi-

1 zation as security for any direct loan or loan guar-
2 antee under this section.

3 “(7) In the planning and design of health facili-
4 ties under this section, users eligible under section
5 807(c) may be included in any projection of patient
6 population.

7 “(8) The Secretary shall not collect loan appli-
8 cation, processing, or other similar fees from Indian
9 Tribes or Tribal Organizations applying for direct
10 loans or loan guarantees under this section.

11 “(9) Service funds authorized under loans or
12 loan guarantees in this section shall be eligible for
13 use in matching other Federal funds.

14 “(c) AMOUNT FOR HCFLF.—

15 “(1) IN GENERAL.—The HCFLF shall consist
16 of—

17 “(A) such sums as may be initially appro-
18 priated to the HCFLF and as may be subse-
19 quently appropriated to the fund under para-
20 graph (2);

21 “(B) such amounts as may be collected
22 from borrowers; and

23 “(C) all interest earned on amounts in the
24 HCFLF.

1 “(2) INITIAL FUNDS.—There are authorized to
2 be appropriated such sums as may be necessary to
3 initiate the HCFLF. For each fiscal year after the
4 initial year in which funds are appropriated to the
5 HCFLF, there is authorized to be appropriated an
6 amount equal to the sum of the amount collected by
7 the HCFLF during the preceding fiscal year and all
8 accrued interest.

9 “(3) AVAILABLE UNTIL EXPENDED.—All
10 amounts appropriated, collected, or earned relative
11 to the HCFLF shall remain available until ex-
12 pended.

13 “(4) INVESTMENTS.—The Secretary of the
14 Treasury shall invest such amounts of the HCFLF
15 as such Secretary determines are not required to
16 meet current withdrawals from the HCFLF. Such
17 investments may be made only in interest-bearing
18 obligations of the United States. For such purpose,
19 such obligations may be acquired on original issue at
20 the issue price or by purchase of outstanding obliga-
21 tions at the market price. Any obligation acquired by
22 the fund may be sold by the Secretary of the Treas-
23 ury at the market price.

24 “(d) LOANS UNDER ISDEAA.—Amounts in the
25 HCFLF and available pursuant to appropriation Acts may

1 be expended by the Secretary to make loans under this
2 section to a Tribal Health Program.

3 “(e) GRANTS TO REPAY LOANS.—The Secretary is
4 authorized to establish a program to provide grants to In-
5 dian Tribes and Tribal Organizations for the purpose of
6 repaying all or part of any loan obtained by an Indian
7 Tribe or Tribal Organization for construction and renova-
8 tion of health care facilities (including inpatient facilities,
9 outpatient facilities, small ambulatory care, staff quarters,
10 and specialized care facilities). Loans eligible for such re-
11 payment grants shall include loans that have been ob-
12 tained under this section or otherwise.

13 **“SEC. 310. TRIBAL LEASING.**

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

17 **“SEC. 311. INDIAN HEALTH SERVICE/TRIBAL FACILITIES**
18 **JOINT VENTURE PROGRAM.**

19 “(a) IN GENERAL.—The Secretary, acting through
20 the Service, shall make arrangements with Indian Tribes
21 and Tribal Organizations to establish joint venture dem-
22 onstration projects under which an Indian Tribe or Tribal
23 Organization shall expend tribal, private, or other avail-
24 able funds, for the acquisition or construction of a health
25 facility for a minimum of 10 years, under a no-cost lease,

1 in exchange for agreement by the Service to provide the
2 equipment, supplies, and staffing for the operation and
3 maintenance of such a health facility. An Indian Tribe or
4 Tribal Organization may use tribal funds, private sector,
5 or other available resources, including loan guarantees, to
6 fulfill its commitment under a joint venture entered into
7 under this subsection. An Indian Tribe or Tribal Organi-
8 zation shall be eligible to establish a joint venture project
9 if, when it submits a letter of intent, it—

10 “(1) has begun but not completed the process
11 of acquisition or construction of a health facility to
12 be used in the joint venture project; or

13 “(2) has not begun the process of acquisition or
14 construction of a health facility for use in the joint
15 venture project.

16 “(b) REQUIREMENTS.—The Secretary shall make
17 such an arrangement with an Indian Tribe or Tribal Orga-
18 nization only if—

19 “(1) the Secretary first determines that the In-
20 dian Tribe or Tribal Organization has the adminis-
21 trative and financial capabilities necessary to com-
22 plete the timely acquisition or construction of the
23 relevant health facility; and

24 “(2) the Indian Tribe or Tribal Organization
25 meets the need criteria which shall be developed

1 through the negotiated rulemaking process provided
2 for under section 802.

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 if requested by the Indian owner and the Indian
16 Tribe with jurisdiction over such lands or other lands
17 owned or leased by the Indian Tribe or Tribal Organiza-
18 tion. Top priority shall be given to Indian land owned by
19 1 or more Indian Tribes.

20 “(b) DEFINITION.—For purposes of this section, the
21 term ‘Indian lands’ means—

22 “(1) all lands within the exterior boundaries of
23 any reservation;

24 “(2) any lands title to which is held in trust by
25 the United States for the benefit of any Indian

1 Tribe or individual Indian or held by any Indian
2 Tribe or individual Indian subject to restriction by
3 the United States against alienation and over which
4 an Indian Tribe exercises governmental power; and

5 “(3) all lands in Alaska owned by any Alaska
6 Native village, or village or regional corporation
7 under the Alaska Native Claims Settlement Act, or
8 any land allotted to any Alaska Native.

9 **“SEC. 313. MAINTENANCE AND IMPROVEMENT OF HEALTH**
10 **CARE FACILITIES.**

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

20 “(b) MAINTENANCE OF NEWLY CONSTRUCTED
21 SPACE.—The Secretary, acting through the Service, is au-
22 thorized to expend maintenance and improvement funds
23 to support maintenance of newly constructed space only
24 if such space falls within the approved supportable space
25 allocation for the Indian Tribe or Tribal Organization.

1 Supportable space allocation shall be defined through the
2 negotiated rulemaking process provided for under section
3 802.

4 “(c) REPLACEMENT FACILITIES.—In addition to
5 using maintenance and improvement funds for renovation,
6 modernization, and expansion of facilities, an Indian Tribe
7 or Tribal Organization may use maintenance and improve-
8 ment funds for construction of a replacement facility if
9 the costs of renovation of such facility would exceed a
10 maximum renovation cost threshold. The maximum ren-
11 ovation cost threshold shall be determined through the ne-
12 gotiated rulemaking process provided for under section
13 802.

14 **“SEC. 314. TRIBAL MANAGEMENT OF FEDERALLY OWNED**
15 **QUARTERS.**

16 “(a) RENTAL RATES.—

17 “(1) ESTABLISHMENT.—Notwithstanding any
18 other provision of law, a Tribal Health Program
19 which operates a hospital or other health facility and
20 the federally owned quarters associated therewith
21 pursuant to a Funding Agreement shall have the au-
22 thority to establish the rental rates charged to the
23 occupants of such quarters by providing notice to
24 the Secretary of its election to exercise such author-
25 ity.

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
19 quarters used to house personnel in Services-sup-
20 ported 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 Funding Agree-
8 ments. Receipt of such funds shall have no effect on the
9 priorities established pursuant to section 301.

10 “(b) **INTERAGENCY AGREEMENTS.**—The Secretary is
11 authorized to enter into interagency agreements with
12 other Federal agencies or State agencies and other entities
13 and to accept funds from such Federal or State agencies
14 or other sources to provide for the planning, design, and
15 construction of health care facilities to be administered by
16 Indian Health Programs in order to carry out the pur-
17 poses of this Act and the purposes for which the funds
18 were appropriated or for which the funds were otherwise
19 provided.

20 “(c) **TRANSFERRED FUNDS.**—Any Federal agency to
21 which funds for the construction of health care facilities
22 are appropriated is authorized to transfer such funds to
23 the Secretary for the construction of health care facilities
24 to carry out the purposes of this Act as well as the pur-
25 poses for which such funds are appropriated to such other
26 Federal agency.

1 the Social Security Act in preference to an Indian without
2 such coverage.

3 “(c) USE OF FUNDS.—

4 “(1) SPECIAL FUND.—Notwithstanding any
5 other provision of law, but subject to paragraph (2), pay-
6 ments to which a facility of the Service is entitled by rea-
7 son of a provision of the Social Security Act shall be
8 placed in a special fund to be held by the Secretary and
9 first used (to such extent or in such amounts as are pro-
10 vided in appropriation Acts) for the purpose of making
11 any improvements in the programs of the Service which
12 may be necessary to achieve or maintain compliance with
13 the applicable conditions and requirements of titles
14 XVIII, XIX, and XXI of the Social Security Act. Any
15 amounts to be reimbursed that are in excess of the
16 amount necessary to achieve or maintain such conditions
17 and requirements shall, subject to the consultation with
18 Indian Tribes being served by the Service Unit, be used
19 for reducing the health resource deficiencies of the Indian
20 Tribes. In making payments from such fund, the Sec-
21 retary shall ensure that each Service Unit of the Service
22 receives 100 percent of the amount to which the facilities
23 of the Service, for which such Service Unit makes collec-
24 tions, are entitled by reason of a provision of the Social
25 Security Act.

1 “(2) DIRECT PAYMENT OPTION.—Paragraph
2 (1) shall not apply upon the election of a Tribal
3 Health Program under subsection (d) to receive pay-
4 ments directly. No payment may be made out of the
5 special fund described in such paragraph with re-
6 spect to reimbursement made for services provided
7 during the period of such election.

8 “(d) DIRECT BILLING.—

9 “(1) IN GENERAL.—A Tribal Health Program
10 may directly bill for, and receive payment for, health
11 care items and services provided by such Indian
12 tribe or organization for which payment is made
13 under title XVIII, XIX, or XXI of the Social Secu-
14 rity Act or from any other third party payor.

15 “(2) DIRECT REIMBURSEMENT.—

16 “(A) USE OF FUNDS.—Each Tribal Health
17 Program exercising the option described in
18 paragraph (1) with respect to a program under
19 a title of the Social Security Act shall be reim-
20 bursed directly by that program for items and
21 services furnished without regard to any other
22 provision of law, but all amounts so reimbursed
23 shall be used by the Tribal Health Program for
24 the purpose of making any improvements in
25 Tribal facilities or Tribal Health Programs that

1 may be necessary to achieve or maintain com-
2 pliance with the conditions and requirements
3 applicable generally to such items and services
4 under the program under such title and to pro-
5 vide additional health care services, improve-
6 ments in health care facilities and Tribal
7 Health Programs, any health care-related pur-
8 pose, or otherwise to achieve the objectives pro-
9 vided in section 3 of this Act.

10 “(B) AUDITS.—The amounts paid to an
11 Indian Tribe or Tribal Organization exercising
12 the option described in paragraph (1) with re-
13 spect to a program under a title of the Social
14 Security Act shall be subject to all auditing re-
15 quirements applicable to programs administered
16 by an Indian Health Program.

17 “(3) EXAMINATION AND IMPLEMENTATION OF
18 CHANGES.—The Secretary, acting through the Serv-
19 ice and with the assistance of the Administrator of
20 the Centers for Medicare & Medicaid Services, shall
21 examine on an ongoing basis and implement any ad-
22 ministrative changes that may be necessary to facili-
23 tate direct billing and reimbursement under the pro-
24 gram established under this subsection, including
25 any agreements with States that may be necessary

1 to provide for direct billing under a program under
2 a title of the Social Security Act.

3 “(4) WITHDRAWAL FROM PROGRAM.—A Tribal
4 Health Program that bills directly under the pro-
5 gram established under this subsection may with-
6 draw from participation in the same manner and
7 under the same conditions that an Indian Tribe or
8 Tribal Organization may retrocede a contracted pro-
9 gram to the Secretary under the authority of the In-
10 dian Self-Determination and Education Assistance
11 Act (25 U.S.C. 450 et seq.). All cost accounting and
12 billing authority under the program established
13 under this subsection shall be returned to the Sec-
14 retary upon the Secretary’s acceptance of the with-
15 drawal of participation in this program.

16 **“SEC. 402. GRANTS TO AND FUNDING AGREEMENTS WITH**
17 **THE SERVICE, INDIAN TRIBES, TRIBAL ORGA-**
18 **NIZATIONS, AND URBAN INDIAN ORGANIZA-**
19 **TIONS.**

20 “(a) INDIAN TRIBES AND TRIBAL ORGANIZA-
21 TIONS.—The Secretary, acting through the Service, shall
22 make grants to or enter into Funding Agreements with
23 Indian Tribes and Tribal Organizations to assist such
24 Tribes and Tribal Organizations in establishing and ad-

1 ministering programs on or near reservations and trust
2 lands to assist individual Indians—

3 “(1) to enroll for benefits under title XVIII,
4 XIX, or XXI of the Social Security Act and other
5 health benefits programs; and

6 “(2) to pay premiums for coverage for such
7 benefits, which may be based on financial need (as
8 determined by the Indian Tribe or Tribes being
9 served based on a schedule of income levels devel-
10 oped or implemented by such Tribe or Tribes).

11 “(b) CONDITIONS.—The Secretary, acting through
12 the Service, shall place conditions as deemed necessary to
13 effect the purpose of this section in any grant or Funding
14 Agreement which the Secretary makes with any Indian
15 Tribe or Tribal Organization pursuant to this section.
16 Such conditions shall include requirements that the Indian
17 Tribe or Tribal Organization successfully undertake—

18 “(1) to determine the population of Indians eli-
19 gible for the benefits described in subsection (a);

20 “(2) to educate Indians with respect to the ben-
21 efits available under the respective programs;

22 “(3) to provide transportation to such indi-
23 vidual Indians to the appropriate offices for enroll-
24 ment or applications for such benefits; and

1 “(4) to develop and implement methods of im-
2 proving the participation of Indians in receiving the
3 benefits provided under titles XVIII, XIX, and XXI
4 of the Social Security Act.

5 “(c) AGREEMENTS RELATING TO IMPROVING EN-
6 ROLLMENT OF INDIANS UNDER SOCIAL SECURITY ACT
7 PROGRAMS.—

8 “(1) AGREEMENTS WITH SECRETARY TO IM-
9 PROVE RECEIPT AND PROCESSING OF APPLICA-
10 TIONS.—

11 “(A) AUTHORIZATION.—The Secretary,
12 acting through the Service, may enter into an
13 agreement with an Indian Tribe, Tribal Organi-
14 zation, or Urban Indian Organization which
15 provides for the receipt and processing of appli-
16 cations by Indians for assistance under titles
17 XIX and XXI of the Social Security Act, and
18 benefits under title XVIII of such Act, by an
19 Indian Health Program or Urban Indian Orga-
20 nization.

21 “(B) REIMBURSEMENT OF COSTS.—Such
22 agreements may provide for reimbursement of
23 costs of outreach, education regarding eligibility
24 and benefits, and translation when such services
25 are provided. The reimbursement may, as ap-

1 appropriate, be added to the applicable rate per
2 encounter or be provided as a separate fee-for-
3 service payment to the Indian Tribe or Tribal
4 Organization.

5 “(C) PROCESSING CLARIFIED.—In this
6 paragraph, the term ‘processing’ does not in-
7 clude a final determination of eligibility.

8 “(2) AGREEMENTS WITH STATES FOR OUT-
9 REACH ON OR NEAR RESERVATION.—

10 “(A) IN GENERAL.—In order to improve
11 the access of Indians residing on or near a res-
12 ervation to obtain benefits under title XIX or
13 XXI of the Social Security Act, as a condition
14 of continuing approval of a State plan under
15 such title, the State shall take steps as to pro-
16 vide for enrollment on or near the reservation.
17 Such steps may include outreach efforts such as
18 the outstationing of eligibility workers, entering
19 into agreements with Indian Tribes and Tribal
20 Organizations to provide outreach, education re-
21 garding eligibility and benefits, enrollment, and
22 translation services when such services are pro-
23 vided.

24 “(B) CONSTRUCTION.—Nothing in sub-
25 paragraph (A) shall be construed as affecting

1 arrangements entered into between States and
2 Indian Tribes and Tribal Organizations for
3 such Indian Tribes and Tribal Organizations to
4 conduct administrative activities under such ti-
5 tles.

6 “(d) FACILITATING COOPERATION.—The Secretary,
7 acting through the Centers for Medicare & Medicaid Serv-
8 ices, shall take such steps as are necessary to facilitate
9 cooperation with, and agreements between, States and the
10 Service, Indian Tribes, Tribal Organizations, or Urban In-
11 dian Organizations.

12 “(e) APPLICATION TO URBAN INDIAN ORGANIZA-
13 TIONS.—

14 “(1) IN GENERAL.—The provisions of sub-
15 section (a) shall apply with respect to grants and
16 other funding to Urban Indian Organizations with
17 respect to populations served by such organizations
18 in the same manner they apply to grants and Fund-
19 ing Agreements with Indian tribes and Tribal Orga-
20 nizations with respect to programs on or near res-
21 ervations.

22 “(2) REQUIREMENTS.—The Secretary shall in-
23 clude in the grants or Funding Agreements made or
24 provided under paragraph (1) requirements that
25 are—

1 “(A) consistent with the requirements im-
2 posed by the Secretary under subsection (b);

3 “(B) appropriate to Urban Indian Organi-
4 zations and Urban Indians; and

5 “(C) necessary to effect the purposes of
6 this section.

7 **“SEC. 403. REIMBURSEMENT FROM CERTAIN THIRD PAR-**
8 **TIES OF COSTS OF HEALTH SERVICES.**

9 “(a) **RIGHT OF RECOVERY.**—Except as provided in
10 subsection (f), the United States, an Indian Tribe, or
11 Tribal Organization shall have the right to recover from
12 an insurance company, health maintenance organization,
13 employee benefit plan, third-party tortfeasor, or any other
14 responsible or liable third party (including a political sub-
15 division or local governmental entity of a State) the rea-
16 sonable charges billed (or, if charges are not billed, the
17 operational, administrative, and other expenses incurred)
18 by the Secretary, an Indian Tribe, or Tribal Organization
19 in providing health services, through the Service, an In-
20 dian Tribe, or Tribal Organization to any individual to the
21 same extent that such individual, or any nongovernmental
22 provider of such services, would be eligible to receive dam-
23 ages, reimbursement, or indemnification for such charges
24 or expenses if—

1 “(1) such services had been provided by a non-
2 governmental provider; and

3 “(2) such individual had been required to pay
4 such charges or expenses and did pay such charges
5 or expenses.

6 “(b) LIMITATIONS ON RECOVERIES FROM STATES.—
7 Subsection (a) shall provide a right of recovery against
8 any State, only if the injury, illness, or disability for which
9 health services were provided is covered under—

10 “(1) workers’ compensation laws; or

11 “(2) a no-fault automobile accident insurance
12 plan or program.

13 “(c) NONAPPLICATION OF OTHER LAWS.—No law of
14 any State, or of any political subdivision of a State and
15 no provision of any contract, insurance or health mainte-
16 nance organization policy, employee benefit plan, self-in-
17 surance plan, managed care plan, or other health care plan
18 or program entered into or renewed after the date of the
19 enactment of the Indian Health Care Amendments of
20 1988, shall prevent or hinder the right of recovery of the
21 United States, an Indian Tribe, or Tribal Organization
22 under subsection (a).

23 “(d) NO EFFECT ON PRIVATE RIGHTS OF ACTION.—
24 No action taken by the United States, an Indian Tribe,
25 or Tribal Organization to enforce the right of recovery

1 provided under subsection (a) shall operate to deny to the
2 injured person the recovery for that portion of the person's
3 damage not covered hereunder.

4 “(e) ENFORCEMENT.—

5 “(1) IN GENERAL.—The United States, an In-
6 dian Tribe, or Tribal Organization may enforce the
7 right of recovery provided under subsection (a) by—

8 “(A) intervening or joining in any civil ac-
9 tion or proceeding brought—

10 “(i) by the individual for whom health
11 services were provided by the Secretary, an
12 Indian Tribe, or Tribal Organization; or

13 “(ii) by any representative or heirs of
14 such individual, or

15 “(B) instituting a civil action, including a
16 civil action for injunctive relief and other relief
17 and including, with respect to a political sub-
18 division or local governmental entity of a State,
19 such an action against an official thereof.

20 “(2) NOTICE.—All reasonable efforts shall be
21 made to provide notice of action instituted under
22 paragraph (1)(B) to the individual to whom health
23 services were provided, either before or during the
24 pendency of such action.

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

14 “(g) COSTS AND ATTORNEYS’ FEES.—In any action
15 brought to enforce the provisions of this section, a pre-
16 vailing plaintiff shall be awarded its reasonable attorneys’
17 fees and costs of litigation.

18 “(h) RIGHT OF ACTION AGAINST INSURERS, HMOs,
19 EMPLOYEE BENEFIT PLANS, SELF-INSURANCE PLANS,
20 AND OTHER HEALTH CARE PLANS OR PROGRAMS.—
21 Where an insurance company, health maintenance organi-
22 zation, employee benefit plan, self-insurance plan, man-
23 aged care plan, or other health care plan or program fails
24 or refuses to pay the amount due under subsection (a)
25 for services provided to an individual who is a beneficiary,

1 participant, or insured of such company, organization,
2 plan, or program, the United States, Indian Tribe, or
3 Tribal Organization shall have a right to assert and pur-
4 sue all the claims and remedies against such company, or-
5 ganization, plan, or program and against the fiduciaries
6 of such company, organization, plan, or program that the
7 individual could assert or pursue under the terms of the
8 contract, program, or plan or applicable Federal, State,
9 or Tribal law.

10 “(i) NONAPPLICATION OF CLAIMS FILING REQUIRE-
11 MENTS.—An insurance company, health maintenance or-
12 ganization, self-insurance plan, managed care plan, or
13 other health care plan or program (under the Social Secu-
14 rity Act or otherwise) may not deny a claim for benefits
15 submitted by the Service or by an Indian Tribe or Tribal
16 Organization based on the format in which the claim is
17 submitted if such format complies with the format re-
18 quired for submission of claims under title XVIII of the
19 Social Security Act or recognized under section 1175 of
20 such Act.

21 “(j) APPLICATION TO URBAN INDIAN ORGANIZA-
22 TIONS.—The previous provisions of this section shall apply
23 to Urban Indian Organizations with respect to populations
24 served by such Organizations in the same manner they
25 apply to Indian Tribes and Tribal Organizations with re-

1 spect to populations served by such Indian Tribes and
2 Tribal Organizations.

3 “(k) STATUTE OF LIMITATIONS.—The provisions of
4 section 2415 of title 28, United States Code, shall apply
5 to all actions commenced under this section, and the ref-
6 erences therein to the United States are deemed to include
7 Indian Tribes, Tribal Organizations, and Urban Indian
8 Organizations.

9 “(l) SAVINGS.—Nothing in this section shall be con-
10 strued to limit any right of recovery available to the
11 United States, an Indian Tribe, or Tribal Organization
12 under the provisions of any applicable, Federal, State, or
13 Tribal law, including medical lien laws and the Federal
14 Medical Care Recovery Act (42 U.S.C. 2651 et seq.).

15 **“SEC. 404. CREDITING OF REIMBURSEMENTS.**

16 “(a) USE OF AMOUNTS.—

17 “(1) RETENTION BY PROGRAM.—Except as pro-
18 vided in section 202(g) (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, or other law, other than under sec-
24 tion 402) to Indian Tribes, Tribal Organizations, and
25 Urban Indian Organizations for health benefits for Service

1 beneficiaries, Indian Tribes, Tribal Organizations, and
2 Urban Indian Organizations may use such amounts to
3 purchase health benefits coverage for such beneficiaries in
4 any manner, including through—

5 “(1) a tribally owned and operated health care
6 plan;

7 “(2) a State or locally authorized or licensed
8 health care plan;

9 “(3) a health insurance provider or managed
10 care organization; or

11 “(4) a self-insured plan.

12 The purchase of such coverage by an Indian Tribe, Tribal
13 Organization, or Urban Indian Organization may be based
14 on the financial needs of such beneficiaries (as determined
15 by the Indian Tribe or Tribes being served based on a
16 schedule of income levels developed or implemented by
17 such Indian Tribe or Tribes).

18 “(b) EXPENSES FOR SELF-INSURED PLAN.—In the
19 case of a self-insured plan under subsection (a)(4), the
20 amounts may be used for expenses of operating the plan,
21 including administration and insurance to limit the finan-
22 cial risks to the entity offering the plan.

23 “(c) CONSTRUCTION.—Nothing in this section shall
24 be construed as affecting the use of any amounts not re-
25 ferred to in subsection (a).

1 **“SEC. 406. SHARING ARRANGEMENTS WITH FEDERAL AGEN-**
2 **CIES.**

3 “(a) **AUTHORITY.**—

4 “(1) **IN GENERAL.**—The Secretary may enter
5 into (or expand) arrangements for the sharing of
6 medical facilities and services between the Service,
7 Indian Tribes, and Tribal Organizations and the De-
8 partment of Veterans Affairs and the Department of
9 Defense.

10 “(2) **CONSULTATION BY SECRETARY RE-**
11 **QUIRED.**—The Secretary may not finalize any ar-
12 rangement between the Service and a Department
13 described in paragraph (1) without first consulting
14 with the Indian Tribes which will be significantly af-
15 fected by the arrangement.

16 “(b) **LIMITATIONS.**—The Secretary shall not take
17 any action under this section or under subchapter IV of
18 chapter 81 of title 38, United States Code, which would
19 impair—

20 “(1) the priority access of any Indian to health
21 care services provided through the Service and the
22 eligibility of any Indian to receive health services
23 through the Service;

24 “(2) the quality of health care services provided
25 to any Indian through the Service;

1 “(3) the priority access of any veteran to health
2 care services provided by the Department of Vet-
3 erans Affairs;

4 “(4) the quality of health care services provided
5 by the Department of Veterans Affairs or the De-
6 partment of Defense; or

7 “(5) the eligibility of any Indian who is a vet-
8 eran to receive health services through the Depart-
9 ment of Veterans Affairs.

10 “(c) REIMBURSEMENT.—The Service, Indian Tribe,
11 or Tribal Organization shall be reimbursed by the Depart-
12 ment of Veterans Affairs or the Department of Defense
13 (as the case may be) where services are provided through
14 the Service, an Indian Tribe, or a Tribal Organization to
15 beneficiaries eligible for services from either such Depart-
16 ment, notwithstanding any other provision of law.

17 “(d) CONSTRUCTION.—Nothing in this section may
18 be construed as creating any right of a non-Indian veteran
19 to obtain health services from the Service.

20 **“SEC. 407. PAYOR OF LAST RESORT.**

21 “Indian Health Programs and health care programs
22 operated by Urban Indian Organizations shall be the
23 payor of last resort for services provided to persons eligible
24 for services from Indian Health Programs and Urban In-

1 dian Organizations, notwithstanding any Federal, State,
2 or local law to the contrary.

3 **“SEC. 408. NONDISCRIMINATION IN QUALIFICATIONS FOR**
4 **REIMBURSEMENT FOR SERVICES.**

5 “For purposes of determining the eligibility of an en-
6 tity that is operated by the Service, an Indian Tribe, Trib-
7 al Organization, or Urban Indian Organization to receive
8 payment or reimbursement from any federally funded
9 health care program for health care services it furnishes
10 to an Indian, any requirement that the entity be licensed
11 or recognized under State or local law to furnish such
12 services shall be deemed to have been met if the entity
13 meets quality requirements for the furnishing of such serv-
14 ices recognized by the Secretary.

15 **“SEC. 409. CONSULTATION.**

16 “(a) NATIONAL INDIAN TECHNICAL ADVISORY
17 GROUP (TAG).—

18 “(1) ESTABLISHMENT AND MEMBERSHIP.—The
19 Secretary shall establish a National Indian Technical
20 Advisory Group (in this subsection referred to as the
21 ‘Advisory Group’) which shall have no fewer than 14
22 members including at least 1 member designated by
23 the Indian Tribes and Tribal Organizations in each
24 Service Area, 1 Urban Indian Organization rep-
25 resentative, and 1 member representing the Service.

1 The Secretary may appoint additional members
2 upon the recommendation of the Advisory Group.

3 “(2) DUTIES.—

4 “(A) IDENTIFICATION OF ISSUES.—The
5 Advisory Group shall assist the Secretary in
6 identifying and addressing issues regarding the
7 health care programs under the Social Security
8 Act (including medicare, medicaid, and SCHIP)
9 that have implications for Indian Health Pro-
10 grams or Urban Indian Organizations. The Ad-
11 visory Group shall provide advice to the Sec-
12 retary with respect to those issues and with re-
13 spect to the need for the Secretary to engage in
14 consultation with Indian Tribes, Tribal Organi-
15 zations, and Urban Indian Organizations.

16 “(B) CONSTRUCTION.—Nothing in sub-
17 paragraph (A) shall be construed as affecting
18 any requirement under any applicable Executive
19 order for the Secretary to consult with Indian
20 Tribes in cases of health care policies that have
21 implications for Indian Health Programs or
22 Urban Indian Organizations.

23 “(3) FUNDING.—The Secretary shall pay the
24 expenses of the Advisory Group using the general

1 administrative funds of the Centers for Medicare &
2 Medicaid Services.

3 “(4) NONAPPLICATION OF FEDERAL ADVISORY
4 COMMITTEE ACT.—The Federal Advisory Committee
5 Act (5 U.S.C. App.) shall not apply to the Advisory
6 Group.

7 “(5) MEETINGS.—The Secretary shall convene
8 meetings of the Advisory Group no less frequently
9 than quarterly.

10 “(b) SOLICITATION OF MEDICAID ADVICE.—

11 “(1) IN GENERAL.—As a requirement for pay-
12 ment under title XIX of the Social Security Act to
13 a State in which the Service operates or funds
14 health care programs or in which 1 or more Indian
15 Health Programs or Urban Indian Organizations
16 provide health care in the State for which medical
17 assistance is available under such title, the State
18 shall establish a process under which the State seeks
19 advice on a regular, ongoing basis (at least on a
20 quarterly basis) from designees of such Indian
21 Health Programs and Urban Indian Organizations
22 on matters relating to the application of such title
23 to such Indian Health Programs and Urban Indian
24 Organizations.

1 plan under title XIX of such Act or otherwise) child or
2 other health assistance to individuals who are otherwise
3 served by the Service or by an Indian Tribe or Tribal Or-
4 ganization, the Secretary may enter into an arrangement
5 with the State and with the Service or 1 or more Indian
6 Tribes and Tribal Organizations in the State under which
7 a portion of the funds otherwise made available to the
8 State under such title with respect to such individuals is
9 provided to the Service, Indian Tribe, or Tribal Organiza-
10 tion, respectively, for the purpose of providing such assist-
11 ance to such individuals consistent with the purposes of
12 such title.

13 “(b) ENTERING INTO ARRANGEMENTS.—

14 “(1) IN GENERAL.—Notwithstanding any other
15 provision of law, in the case of a State which has an
16 unexpended allotment amount described in para-
17 graph (2) for a fiscal year, before effecting any real-
18 lotment of such amount to other States, at the re-
19 quest of the Service or 1 or more Indian Tribes or
20 Tribal Organizations that operate in the State with
21 respect to individuals who are served by such Serv-
22 ice, Indian Tribes, or Tribal Organizations, the Sec-
23 retary shall enter into an arrangement with the
24 Service, Indian Tribes, or Tribal Organizations
25 under which the Indian child proportion (as defined

1 in paragraph (3)) for such Service, Indian Tribes,
2 or Tribal Organizations of such unexpended allot-
3 ment amount is made available to the Service or
4 such Indian Tribes or Tribal Organizations for the
5 purpose of providing child health or other assistance
6 to individuals who are otherwise served by the Serv-
7 ice or by such Indian Tribes or Tribal Organizations
8 consistent with the purposes of title XXI of the So-
9 cial Security Act. Insofar as amounts are made
10 available under the preceding sentence, such
11 amounts shall be treated (for purposes of title XXI
12 of the Social Security Act) as if they had been ex-
13 pended during the period referred to in paragraph
14 (2).

15 “(2) UNEXPENDED ALLOTMENT AMOUNT.—For
16 purposes of this subsection, the term ‘unexpended
17 allotment amount’ means, with respect to an allot-
18 ment to a State under section 2104 of the Social Se-
19 curity Act for a fiscal year, the portion of such allot-
20 ment which was not expended by the State during
21 the period in which such allotment is available for
22 expenditure by the State and which would, but for
23 this subsection, be reallocated to other States.

24 “(3) INDIAN CHILD PROPORTION.—For pur-
25 poses of this subsection, the term ‘Indian child pro-

1 portion’ means, with respect to an unexpended allot-
2 ment amount for a State and an arrangement under
3 paragraph (1) with the Service or Indian Tribes or
4 Tribal Organizations, the proportion of targeted low-
5 income children in the State (as defined in section
6 2110(b) of the Social Security Act) who are Indians
7 who would be served under an arrangement with the
8 Service or such Indian Tribes or Tribal Organiza-
9 tions under such paragraph, as estimated by the
10 Secretary of Health and Human Services based
11 upon the best available data before a portion of the
12 unexpended allotment amount is made available
13 under this subsection.

14 **“SEC. 411. SOCIAL SECURITY ACT SANCTIONS.**

15 “(a) REQUESTS FOR WAIVER OF SANCTIONS.—For
16 purposes of applying any authority under a provision of
17 title XI, XVIII, XIX, or XXI of the Social Security Act
18 to seek a waiver of a sanction imposed against a health
19 care provider insofar as that provider provides services to
20 individuals through an Indian Health Program, any re-
21 quirement that a State request such a waiver shall be
22 deemed to be met if such Indian Health Program requests
23 such a waiver.

24 “(b) SAFE HARBOR FOR TRANSACTIONS BETWEEN
25 AND AMONG INDIAN HEALTH CARE PROGRAMS.—For

1 purposes of applying section 1128B(b) of the Social Secu-
2 rity Act, the exchange of anything of value between or
3 among the following shall not be treated as remuneration
4 if the exchange arises from or relates to any of the fol-
5 lowing health programs:

6 “(1) An exchange between or among the fol-
7 lowing:

8 “(A) Any Indian Health Program.

9 “(B) Any Urban Indian Organization.

10 “(2) An exchange between an Indian Tribe,
11 Tribal Organization, or an Urban Indian Organiza-
12 tion and any patient served or eligible for service
13 from an Indian Tribe, Tribal Organization, or
14 Urban Indian Organization, including patients
15 served or eligible for service pursuant to section 807,
16 but only if such exchange—

17 “(A) is for the purpose of transporting the
18 patient for the provision of health care items or
19 services;

20 “(B) is for the purpose of providing hous-
21 ing to the patient (including a pregnant pa-
22 tient) and immediate family members or an es-
23 cort incidental to assuring the timely provision
24 of health care items and services to the patient;

1 “(C) is for the purpose of paying pre-
2 miums, copayments, deductibles, or other cost-
3 sharing on behalf of patients; or

4 “(D) consists of an item or service of small
5 value that is provided as a reasonable incentive
6 to secure timely and necessary preventive and
7 other items and services.

8 “(3) Such other exchanges involving an Indian
9 Health Program, an Urban Indian Organization, or
10 an Indian Tribe or Tribal Organization as meet such
11 standards as the Secretary of Health and Human
12 Services, in consultation with the Attorney General,
13 determines is appropriate, taking into account the
14 special circumstances of such Indian Health Pro-
15 grams, Urban Indian Organizations, Indian Tribes,
16 and Tribal Organizations and of patients served by
17 Indian Health Programs, Urban Indian Organiza-
18 tions, Indian Tribes, and Tribal Organizations.

19 **“SEC. 412. COST SHARING.**

20 “(a) COINSURANCE, COPAYMENTS, AND
21 DEDUCTIBLES.—Notwithstanding any other provision of
22 Federal or State law—

23 “(1) PROTECTION FOR ELIGIBLE INDIANS
24 UNDER SOCIAL SECURITY ACT HEALTH PRO-
25 GRAMS.—No Indian who is furnished an item or

1 service for which payment may be made under title
2 XVIII, XIX, or XXI of the Social Security Act may
3 be charged a deductible, copayment, or coinsurance
4 if the item or service is furnished by, or upon refer-
5 ral made by, the Service, an Indian Tribe, Tribal
6 Organization, or Urban Indian Organization.

7 “(2) PROTECTION FOR INDIANS.—No Indian
8 who is furnished an item or service by the Service
9 may be charged a deductible, copayment, or coinsur-
10 ance.

11 “(3) NO REDUCTION IN AMOUNT OF PAYMENT
12 TO INDIAN HEALTH PROVIDERS.—The payment or
13 reimbursement due to the Service, Indian Tribe,
14 Tribal Organization, or Urban Indian Organization
15 under title XVIII, XIX, or XXI of the Social Secu-
16 rity Act may not be reduced by the amount of the
17 deductible, copayment, or coinsurance that would be
18 due from the Indian but for the operation of this
19 section.

20 “(b) EXEMPTION FROM MEDICAID AND SCHIP PRE-
21 MIUMS.—Notwithstanding any other provision of Federal
22 or State law, no Indian who is otherwise eligible for serv-
23 ices under title XIX of the Social Security Act (relating
24 to the medicaid program) or title XXI of such Act (relat-
25 ing to the State children’s health insurance program) may

1 be charged a premium as a condition of receiving benefits
2 under the program under the respective title.

3 “(c) **MEDICALLY NEEDED PROGRAM SPEND-DOWN.**—

4 For the purposes of determining the eligibility of an In-
5 dian for medical assistance under any medically needy op-
6 tion under a State’s medicaid plan under title XIX of the
7 Social Security Act, the cost of providing services to an
8 Indian in a health program of the Service, an Indian
9 Tribe, Tribal Organization, or Urban Indian Organization
10 shall be deemed to have been an expenditure for health
11 care by the Indian.

12 “(d) **LIMITATION ON MEDICAL CHILD SUPPORT RE-**

13 **COVERY.**—Notwithstanding any other provision of law, a
14 parent (whether or not an Indian) of an Indian child shall
15 not be responsible for reimbursing a State or the Federal
16 Government under title XIX or XXI of the Social Security
17 Act for the cost of medical services relating to the child
18 (including childbirth and including, where such child is a
19 minor parent, any child of such minor parent) under cir-
20 cumstances in which payment would have been made
21 under the contract health services program of an Indian
22 Health Program but for the child’s (or, in the case of med-
23 ical services relating to childbirth, mother’s, or grand-
24 child’s, as the case may be) eligibility under title XIX or
25 XXI of the Social Security Act.

1 “(e) TREATMENT OF CERTAIN PROPERTY FOR MED-
2 ICAID ELIGIBILITY.—Notwithstanding any other provision
3 of Federal or State law, the following property may not
4 be included when determining eligibility for services under
5 title XIX of the Social Security Act:

6 “(1) Property, including interests in real prop-
7 erty currently or formerly held in trust by the Fed-
8 eral Government which is protected under applicable
9 Federal, State, or Tribal law or custom from re-
10 course and including public domain allotments.

11 “(2) Property that has unique religious or cul-
12 tural significance or that supports subsistence or
13 traditional lifestyle according to applicable Tribal
14 law or custom.

15 “(f) CONTINUATION OF CURRENT LAW PROTEC-
16 TIONS OF CERTAIN INDIAN PROPERTY FROM MEDICAID
17 ESTATE RECOVERY.—Income, resources, and property
18 that are exempt from medicaid estate recovery under title
19 XIX of the Social Security Act as of April 1, 2003, under
20 manual instructions issued to carry out section 1917(b)(3)
21 of such Act because of Federal responsibility for Indian
22 Tribes and Alaska Native Villages shall remain so exempt.
23 Nothing in this subsection shall be construed as pre-
24 venting the Secretary from providing additional medicaid
25 estate recovery exemptions for Indians.

1 **“SEC. 413. TREATMENT UNDER MEDICAID MANAGED CARE.**

2 “(a) PAYMENT FOR SERVICES FURNISHED TO INDI-
3 ANS.—In the case of an Indian who is enrolled with a
4 managed care entity under section 1932 of the Social Se-
5 curity Act (or otherwise under a waiver under title XIX
6 of such Act) and who receives covered services from an
7 Indian Health Program or an Urban Indian Organization,
8 either—

9 “(1) the entity shall make payment to the In-
10 dian Health Program or Urban Indian Organization
11 at a rate established by the entity for such services
12 that is not less than the rate for preferred providers
13 (or at such other rate as may be negotiated between
14 the entity and such Indian Health Program or
15 Urban Indian Organization) and shall not require
16 submittal of a claim by the enrollee as a condition
17 of payment to the Indian Health Program or Urban
18 Indian Organization; or

19 “(2) the State shall provide for payment to the
20 Indian Health Program or Urban Indian Organiza-
21 tion under its State plan under title XIX of such
22 Act at the rate otherwise applicable and shall pro-
23 vide for an appropriate adjustment of the capitation
24 payment made to the entity to take into account
25 such payment.

26 “(b) OFFERING OF MANAGED CARE.—If—

1 “(1) a State elects under its State plan under
2 title XIX of the Social Security Act to provide serv-
3 ices through medicaid managed care organizations
4 or through primary care case managers under sec-
5 tion 1932 or under a waiver under such title; and

6 “(2) the Indian Health Program or Urban In-
7 dian Organization that is funded in whole or in part
8 by the Service, or a consortium thereof, has estab-
9 lished a medicaid managed care organization or a
10 primary care case manager that meets quality stand-
11 ards equivalent to those required of such an organi-
12 zation or manager under such section or waiver,

13 the State shall enter into an agreement under such section
14 with the Service, Indian Tribe, Tribal Organization, or
15 Urban Indian Organization, or such consortium, to serve
16 as a medicaid managed care organization or a primary
17 care case manager, respectively with respect to Indians
18 served by such entity. In carrying out this subsection, the
19 Secretary and the State may waive requirements regard-
20 ing enrollment, capitalization, and such other matters that
21 might otherwise prevent the application of the previous
22 sentence.

23 **“SEC. 414. NAVAJO NATION MEDICAID AGENCY.**

24 “(a) IN GENERAL.—Notwithstanding any other pro-
25 vision of law, the Secretary is authorized to treat the Nav-

1 ajo Nation as a State for the purposes of title XIX of
2 the Social Security Act, to provide services to Indians liv-
3 ing within the boundaries of the Navajo Nation.

4 “(b) ASSIGNMENT AND PAYMENT.—Notwithstanding
5 any other provision of law, the Secretary may assign and
6 pay all expenditures for the provision of services to Indi-
7 ans living within the boundaries of the Navajo Nation
8 under title XIX of the Social Security Act and related ad-
9 ministrative funds under such title, which are currently
10 paid to or would otherwise be paid to the States of Ari-
11 zona, New Mexico, and Utah, to an entity established by
12 the Navajo Nation and approved by the Secretary, which
13 shall be denominated the Navajo Nation Medicaid Agency.

14 “(c) AUTHORITY.—The Navajo Nation Medicaid
15 Agency shall serve Indians living within the boundaries of
16 the Navajo Nation and shall have the same authority and
17 perform the same functions as other single State Medicaid
18 agencies responsible for the administration of the State
19 plan under title XIX of the Social Security Act.

20 “(d) TECHNICAL ASSISTANCE.—The Secretary may
21 directly assist the Navajo Nation in the development and
22 implementation of a Navajo Nation Medicaid Agency for
23 the administration, eligibility, payment, and delivery of
24 medical assistance under title XIX of the Social Security
25 Act (which shall, for purposes of reimbursement to such

1 Nation, include Western and traditional Navajo healing
2 services) within the Navajo Nation.

3 “(e) FMAP.—Notwithstanding section 1905(b) of
4 the Social Security Act, the Federal medical assistance
5 percentage shall be 100 per centum with respect to
6 amounts the Navajo Nation Medicaid Agency expends for
7 medical assistance for services and for related administra-
8 tive costs.

9 “(f) DEMONSTRATION FUNDING.—The Secretary is
10 further authorized to assist the Navajo Nation by pro-
11 viding funding including demonstration grant funding for
12 this project.

13 “(g) WAIVER AUTHORITY.—The Secretary shall have
14 the authority to waive applicable provisions of title XIX
15 of the Social Security Act to establish, develop, and imple-
16 ment the Navajo Nation Medicaid Agency.

17 “(h) OPTIONAL APPLICATION TO SCHIP.—In the
18 option of the Navajo Nation, the Secretary is authorized
19 to treat the Navajo Nation as a State for the purposes
20 of title XXI of the Social Security Act (relating to the
21 State children’s health insurance program) under terms
22 equivalent to those described in subsections (a) through
23 (g).

1 **“SEC. 415. 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 2015 to carry out this title.

5 **“TITLE V—HEALTH SERVICES**
6 **FOR URBAN INDIANS**

7 **“SEC. 501. PURPOSE.**

8 “The purpose of this title is to establish programs
9 in Urban Centers to make health services more accessible
10 and available to Urban Indians.

11 **“SEC. 502. CONTRACTS WITH, AND GRANTS TO, URBAN IN-**
12 **DIAN ORGANIZATIONS.**

13 “Under authority of the Act of November 2, 1921
14 (25 U.S.C. 13; popularly known as the Snyder Act), the
15 Secretary, acting through the Service, shall enter into con-
16 tracts with, or make grants to, Urban Indian Organiza-
17 tions to assist such organizations in the establishment and
18 administration, within Urban Centers, of programs which
19 meet the requirements set forth in this title. Subject to
20 section 506, the Secretary, acting through the Service,
21 shall include such conditions as the Secretary considers
22 necessary to effect the purpose of this title in any contract
23 into which the Secretary enters with, or in any grant the
24 Secretary makes to, any Urban Indian Organization pur-
25 suant to this title.

1 **“SEC. 503. CONTRACTS AND GRANTS FOR THE PROVISION**
2 **OF HEALTH CARE AND REFERRAL SERVICES.**

3 “(a) REQUIREMENTS FOR GRANTS AND CON-
4 TRACTS.—Under authority of the Act of November 2,
5 1921 (25 U.S.C. 13; popularly known as the Snyder Act),
6 the Secretary, acting through the Service, shall enter into
7 contracts with, and make grants to, Urban Indian Organi-
8 zations for the provision of health care and referral serv-
9 ices for Urban Indians. Any such contract or grant shall
10 include requirements that the Urban Indian Organization
11 successfully undertake to—

12 “(1) estimate the population of Urban Indians
13 residing in the Urban Center or centers that the or-
14 ganization proposes to serve who are or could be re-
15 cipients of health care or referral services;

16 “(2) estimate the current health status of
17 Urban Indians residing in such Urban Center or
18 centers;

19 “(3) estimate the current health care needs of
20 Urban Indians residing in such Urban Center or
21 centers;

22 “(4) provide basic health education, including
23 health promotion and disease prevention education,
24 to Urban Indians;

25 “(5) make recommendations to the Secretary
26 and Federal, State, local, and other resource agen-

1 cies on methods of improving health service pro-
2 grams to meet the needs of Urban Indians; and

3 “(6) where necessary, provide, or enter into
4 contracts for the provision of, health care services
5 for Urban Indians.

6 “(b) CRITERIA.—The Secretary, acting through the
7 Service, shall by regulation adopted pursuant to section
8 520 prescribe the criteria for selecting Urban Indian Or-
9 ganizations to enter into contracts or receive grants under
10 this section. Such criteria shall, among other factors, in-
11 clude—

12 “(1) the extent of unmet health care needs of
13 Urban Indians in the Urban Center or centers in-
14 volved;

15 “(2) the size of the Urban Indian population in
16 the Urban Center or centers involved;

17 “(3) the extent, if any, to which the activities
18 set forth in subsection (a) would duplicate any
19 project funded under this title;

20 “(4) the capability of an Urban Indian Organi-
21 zation to perform the activities set forth in sub-
22 section (a) and to enter into a contract with the Sec-
23 retary or to meet the requirements for receiving a
24 grant under this section;

1 “(5) the satisfactory performance and success-
2 ful completion by an Urban Indian Organization of
3 other contracts with the Secretary under this title;

4 “(6) the appropriateness and likely effectiveness
5 of conducting the activities set forth in subsection
6 (a) in an Urban Center or centers; and

7 “(7) the extent of existing or likely future par-
8 ticipation in the activities set forth in subsection (a)
9 by appropriate health and health-related Federal,
10 State, local, and other agencies.

11 “(c) ACCESS TO HEALTH PROMOTION AND DISEASE
12 PREVENTION PROGRAMS.—The Secretary, acting through
13 the Service, shall facilitate access to or provide health pro-
14 motion and disease prevention services for Urban Indians
15 through grants made to Urban Indian Organizations ad-
16 ministering contracts entered into or receiving grants
17 under subsection (a).

18 “(d) IMMUNIZATION SERVICES.—

19 “(1) ACCESS OR SERVICES PROVIDED.—The
20 Secretary, acting through the Service, shall facilitate
21 access to, or provide, immunization services for
22 Urban Indians through grants made to Urban In-
23 dian Organizations administering contracts entered
24 into or receiving grants under this section.

1 “(2) DEFINITION.—For purposes of this sub-
2 section, the term ‘immunization services’ means
3 services to provide without charge immunizations
4 against vaccine-preventable diseases.

5 “(e) MENTAL HEALTH SERVICES.—

6 “(1) ACCESS OR SERVICES PROVIDED.—The
7 Secretary, acting through the Service, shall facilitate
8 access to, or provide, mental health services for
9 Urban Indians through grants made to Urban In-
10 dian Organizations administering contracts entered
11 into or receiving grants under subsection (a).

12 “(2) ASSESSMENT REQUIRED.—Except as pro-
13 vided by paragraph (3)(A), a grant may not be made
14 under this subsection to an Urban Indian Organiza-
15 tion until that organization has prepared, and the
16 Service has approved, an assessment of the fol-
17 lowing:

18 “(A) The mental health needs of the
19 Urban Indian population concerned.

20 “(B) The mental health services and other
21 related resources available to that population.

22 “(C) The barriers to obtaining those serv-
23 ices and resources.

24 “(D) The needs that are unmet by such
25 services and resources.

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) To provide outreach, educational, and
6 referral services to Urban Indians regarding the
7 availability of direct behavioral health services,
8 to educate Urban Indians about behavioral
9 health issues and services, and effect coordina-
10 tion with existing behavioral health providers in
11 order to improve services to Urban Indians.

12 “(C) To provide outpatient behavioral
13 health services to Urban Indians, including the
14 identification and assessment of illness, thera-
15 peutic treatments, case management, support
16 groups, family treatment, and other treatment.

17 “(D) To develop innovative behavioral
18 health service delivery models which incorporate
19 Indian cultural support systems and resources.

20 “(f) PREVENTION OF CHILD ABUSE.—

21 “(1) ACCESS OR SERVICES PROVIDED.—The
22 Secretary, acting through the Service, shall facilitate
23 access to or provide services for Urban Indians
24 through grants to Urban Indian Organizations ad-
25 ministering contracts entered into or receiving

1 grants under subsection (a) to prevent and treat
2 child abuse (including sexual abuse) among Urban
3 Indians.

4 “(2) EVALUATION REQUIRED.—Except as pro-
5 vided by paragraph (3)(A), a grant may not be made
6 under this subsection to an Urban Indian Organiza-
7 tion until that organization has prepared, and the
8 Service has approved, an assessment that documents
9 the prevalence of child abuse in the Urban Indian
10 population concerned and specifies the services and
11 programs (which may not duplicate existing services
12 and programs) for which the grant is requested.

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) For the development of prevention,
18 training, and education programs for Urban In-
19 dians, including child education, parent edu-
20 cation, provider training on identification and
21 intervention, education on reporting require-
22 ments, prevention campaigns, and establishing
23 service networks of all those involved in Indian
24 child protection.

1 “(C) To provide direct outpatient treat-
2 ment services (including individual treatment,
3 family treatment, group therapy, and support
4 groups) to Urban Indians who are child victims
5 of abuse (including sexual abuse) or adult sur-
6 vivors of child sexual abuse, to the families of
7 such child victims, and to Urban Indian per-
8 petrators of child abuse (including sexual
9 abuse).

10 “(4) CONSIDERATIONS WHEN MAKING
11 GRANTS.—In making grants to carry out this sub-
12 section, the Secretary shall take into consideration—

13 “(A) the support for the Urban Indian Or-
14 ganization demonstrated by the child protection
15 authorities in the area, including committees or
16 other services funded under the Indian Child
17 Welfare Act of 1978 (25 U.S.C. 1901 et seq.),
18 if any;

19 “(B) the capability and expertise dem-
20 onstrated by the Urban Indian Organization to
21 address the complex problem of child sexual
22 abuse in the community; and

23 “(C) the assessment required under para-
24 graph (2).

1 entered into a contract with, or made a grant to, under
2 this section.

3 “(c) GRANT AND CONTRACT REQUIREMENTS.—Any
4 contract entered into, or grant made, by the Secretary
5 under this section shall include requirements that—

6 “(1) the Urban Indian Organization success-
7 fully undertakes to—

8 “(A) document the health care status and
9 unmet health care needs of Urban Indians in
10 the Urban Center involved; and

11 “(B) with respect to Urban Indians in the
12 Urban Center involved, determine the matters
13 described in paragraphs (2), (3), (4), and (7) of
14 section 503(b); and

15 “(2) the Urban Indian Organization complete
16 performance of the contract, or carry out the re-
17 quirements of the grant, within 1 year after the date
18 on which the Secretary and such organization enter
19 into such contract, or within 1 year after such orga-
20 nization receives such grant, whichever is applicable.

21 “(d) NO RENEWALS.—The Secretary may not renew
22 any contract entered into or grant made under this sec-
23 tion.

1 **“SEC. 505. EVALUATIONS; RENEWALS.**

2 “(a) PROCEDURES FOR EVALUATIONS.—The Sec-
3 retary, acting through the Service, shall develop proce-
4 dures to evaluate compliance with grant requirements and
5 compliance with and performance of contracts entered into
6 by Urban Indian Organizations under this title. Such pro-
7 cedures shall include provisions for carrying out the re-
8 quirements of this section.

9 “(b) EVALUATIONS.—The Secretary, acting through
10 the Service, shall evaluate the compliance of each Urban
11 Indian Organization which has entered into a contract or
12 received a grant under section 503 with the terms of such
13 contract or grant. For purposes of this evaluation, in de-
14 termining the capacity of an Urban Indian Organization
15 to deliver quality patient care the Secretary shall, at the
16 option of the organization—

17 “(1) acting through the Service, conduct an an-
18 nual onsite evaluation of the organization; or

19 “(2) accept in lieu of such onsite evaluation evi-
20 dence of the organization’s provisional or full accred-
21 itation by a private independent entity recognized by
22 the Secretary for purposes of conducting quality re-
23 views of providers participating in the Medicare pro-
24 gram under title XVIII of the Social Security Act.

25 “(c) NONCOMPLIANCE; UNSATISFACTORY PERFORM-
26 ANCE.—If, as a result of the evaluations conducted under

1 this section, the Secretary determines that an Urban In-
2 dian Organization has not complied with the requirements
3 of a grant or complied with or satisfactorily performed a
4 contract under section 503, the Secretary shall, prior to
5 renewing such contract or grant, attempt to resolve with
6 the organization the areas of noncompliance or unsatisfac-
7 tory performance and modify the contract or grant to pre-
8 vent future occurrences of noncompliance or unsatisfac-
9 tory performance. If the Secretary determines that the
10 noncompliance or unsatisfactory performance cannot be
11 resolved and prevented in the future, the Secretary shall
12 not renew the contract or grant with the organization and
13 is authorized to enter into a contract or make a grant
14 under section 503 with another Urban Indian Organiza-
15 tion which is situated in the same Urban Center as the
16 Urban Indian Organization whose contract or grant is not
17 renewed under this section.

18 “(d) CONSIDERATIONS FOR RENEWALS.—In deter-
19 mining whether to renew a contract or grant with an
20 Urban Indian Organization under section 503 which has
21 completed performance of a contract or grant under sec-
22 tion 504, the Secretary shall review the records of the
23 Urban Indian Organization, the reports submitted under
24 section 507, and shall consider the results of the onsite
25 evaluations or accreditations under subsection (b).

1 **“SEC. 506. OTHER CONTRACT AND GRANT REQUIREMENTS.**

2 “(a) **PROCUREMENT.**—Contracts with Urban Indian
3 Organizations entered into pursuant to this title shall be
4 in accordance with all Federal contracting laws and regu-
5 lations relating to procurement except that in the discre-
6 tion of the Secretary, such contracts may be negotiated
7 without advertising and need not conform to the provisions
8 of sections 1304, 3131, and 3133 of title 40, United
9 States Code.

10 “(b) **PAYMENTS UNDER CONTRACTS OR GRANTS.**—
11 Payments under any contracts or grants pursuant to this
12 title shall, notwithstanding any term or condition of such
13 contract or grant—

14 “(1) be made in their entirety by the Secretary
15 to the Urban Indian Organization by no later than
16 the end of the first 30 days of the funding period
17 with respect to which the payments apply, unless the
18 Secretary determines through an evaluation under
19 section 505 that the organization is not capable of
20 administering such payments in their entirety; and

21 “(2) if any portion thereof is unexpended by the
22 Urban Indian Organization during the funding pe-
23 riod with respect to which the payments initially
24 apply, shall be carried forward for expenditure with
25 respect to allowable or reimbursable costs incurred
26 by the organization during 1 or more subsequent

1 funding periods without additional justification or
2 documentation by the organization as a condition of
3 carrying forward the availability for expenditure of
4 such funds.

5 “(c) REVISION OR AMENDMENT OF CONTRACTS.—
6 Notwithstanding any provision of law to the contrary, the
7 Secretary may, at the request or consent of an Urban In-
8 dian Organization, revise or amend any contract entered
9 into by the Secretary with such organization under this
10 title as necessary to carry out the purposes of this title.

11 “(d) FAIR AND UNIFORM SERVICES AND ASSIST-
12 ANCE.—Contracts with or grants to Urban Indian Organi-
13 zations and regulations adopted pursuant to this title shall
14 include provisions to assure the fair and uniform provision
15 to Urban Indians of services and assistance under such
16 contracts or grants by such organizations.

17 **“SEC. 507. REPORTS AND RECORDS.**

18 “(a) REPORTS.—For each fiscal year during which
19 an Urban Indian Organization receives or expends funds
20 pursuant to a contract entered into or a grant received
21 pursuant to this title, such Urban Indian Organization
22 shall submit to the Secretary not more frequently than
23 every 6 months, a report that includes the following:

1 “(1) In the case of a contract or grant under
2 section 503, recommendations pursuant to section
3 503(a)(5).

4 “(2) Information on activities conducted by the
5 organization pursuant to the contract or grant.

6 “(3) An accounting of the amounts and purpose
7 for which Federal funds were expended.

8 “(4) A minimum set of data, using uniformly
9 defined elements, that is specified by the Secretary
10 in consultation, consistent with section 514, with
11 Urban Indian Organizations.

12 “(b) AUDIT.—The reports and records of the Urban
13 Indian Organization with respect to a contract or grant
14 under this title shall be subject to audit by the Secretary
15 and the Comptroller General of the United States.

16 “(c) COSTS OF AUDITS.—The Secretary shall allow
17 as a cost of any contract or grant entered into or awarded
18 under section 502 or 503 the cost of an annual inde-
19 pendent financial audit conducted by—

20 “(1) a certified public accountant; or

21 “(2) a certified public accounting firm qualified
22 to conduct Federal compliance audits.

23 **“SEC. 508. LIMITATION ON CONTRACT AUTHORITY.**

24 “The authority of the Secretary to enter into con-
25 tracts or to award grants under this title shall be to the

1 extent, and in an amount, provided for in appropriation
2 Acts.

3 **“SEC. 509. FACILITIES.**

4 “(a) GRANTS.—The Secretary, acting through the
5 Service, may make grants to contractors or grant recipi-
6 ents under this title for the lease, purchase, renovation,
7 construction, or expansion of facilities, including leased fa-
8 cilities, in order to assist such contractors or grant recipi-
9 ents in complying with applicable licensure or certification
10 requirements.

11 “(b) LOANS.—The Secretary, acting through the
12 Service or through the Health Resources and Services Ad-
13 ministration, may provide to contractors or grant recipi-
14 ents under this title loans from the Urban Indian Health
15 Care Facilities Revolving Loan Fund described in sub-
16 section (c), or guarantees for loans, for the construction,
17 renovation, expansion, or purchase of health care facilities,
18 subject to the following requirements:

19 “(1) The principal amount of a loan or loan
20 guarantee may cover 100 percent of the costs (other
21 than staffing) relating to the facility, including plan-
22 ning, design, financing, site land development, con-
23 struction, rehabilitation, renovation, conversion,
24 medical equipment, furnishings, and capital pur-
25 chase.

1 “(2) The total of the principal of loans and loan
2 guarantees, respectively, outstanding at any one
3 time shall not exceed such limitations as may be
4 specified in appropriation Acts.

5 “(3) The loan or loan guarantee may have a
6 term of the shorter of the estimated useful life of the
7 facility or 25 years.

8 “(4) An Urban Indian Organization may as-
9 sign, and the Secretary may accept assignment of,
10 the revenue of the Urban Indian Organization as se-
11 curity for a loan or loan guarantee under this sub-
12 section.

13 “(5) The Secretary shall not collect application,
14 processing, or similar fees from Urban Indian Orga-
15 nizations applying for loans or loan guarantees
16 under this subsection.

17 “(c) FUND.—

18 “(1) ESTABLISHMENT.—There is established in
19 the Treasury of the United States a fund to be
20 known as the Urban Indian Health Care Facilities
21 Revolving Loan Fund (hereafter in this section re-
22 ferred to as the “URLF”). The URLF shall consist
23 of—

24 “(A) such amounts as may be appropriated
25 to the URLF;

1 “(B) amounts received from Urban Indian
2 Organizations in repayment of loans made to
3 such organizations under paragraph (2); and

4 “(C) interest earned on amounts in the
5 URLF under paragraph (3).

6 “(2) USE OF AMOUNT IN FUND.—Amounts in
7 the URLF may be expended by the Secretary, acting
8 through the Service or the Health Resources and
9 Services Administration, to make loans available to
10 Urban Indian Organizations receiving grants or con-
11 tracts under this title for the purposes, and subject
12 to the requirements, described in subsection (b).
13 Amounts appropriated to the URLF, amounts re-
14 ceived from Urban Indian Organizations in repay-
15 ment of loans, and interest on amounts in the
16 URLF shall remain available until expended.

17 “(3) INVESTMENT OF AMOUNTS IN FUND.—The
18 Secretary of the Treasury shall invest such amounts
19 of the URLF as such Secretary determines are not
20 required to meet current withdrawals from the
21 URLF. Such investments may be made only in in-
22 terest-bearing obligations of the United States. For
23 such purpose, such obligations may be acquired on
24 original issue at the issue price or by purchase of
25 outstanding obligations at the market price. Any ob-

1 ligation acquired by the URLF may be sold by the
2 Secretary of the Treasury at the market price.

3 “(4) INITIAL FUNDS.—There are authorized to
4 be appropriated such sums as may be necessary to
5 initiate the URLF. For each fiscal year after the ini-
6 tial year in which funds are appropriated to the
7 URLF, there is authorized to be appropriated an
8 amount equal to the sum of the amount collected by
9 the URLF during the preceding fiscal year and all
10 accrued interest.

11 **“SEC. 510. OFFICE OF URBAN INDIAN HEALTH.**

12 “There is hereby established within the Service an
13 Office of Urban Indian Health, which shall be responsible
14 for—

15 “(1) carrying out the provisions of this title;

16 “(2) providing central oversight of the pro-
17 grams and services authorized under this title; and

18 “(3) providing technical assistance to Urban In-
19 dian Organizations.

20 **“SEC. 511. GRANTS FOR ALCOHOL AND SUBSTANCE ABUSE-**
21 **RELATED SERVICES.**

22 “(a) GRANTS AUTHORIZED.—The Secretary, acting
23 through the Service, may make grants for the provision
24 of health-related services in prevention of, treatment of,
25 rehabilitation of, or school- and community-based edu-

1 cation regarding, alcohol and substance abuse in Urban
2 Centers to those Urban Indian Organizations with which
3 the Secretary has entered into a contract under this title
4 or under section 201.

5 “(b) GOALS.—Each grant made pursuant to sub-
6 section (a) shall set forth the goals to be accomplished
7 pursuant to the grant. The goals shall be specific to each
8 grant as agreed to between the Secretary and the grantee.

9 “(c) CRITERIA.—The Secretary shall establish cri-
10 teria for the grants made under subsection (a), including
11 criteria relating to the following:

12 “(1) The size of the Urban Indian population.

13 “(2) Capability of the organization to ade-
14 quately perform the activities required under the
15 grant.

16 “(3) Satisfactory performance standards for the
17 organization in meeting the goals set forth in such
18 grant. The standards shall be negotiated and agreed
19 to between the Secretary and the grantee on a
20 grant-by-grant basis.

21 “(4) Identification of the need for services.

22 “(d) ALLOCATION OF GRANTS.—The Secretary shall
23 develop a methodology for allocating grants made pursu-
24 ant to this section based on the criteria established pursu-
25 ant to subsection (c).

1 “(e) GRANTS SUBJECT TO CRITERIA.—Any funds re-
2 ceived by an Urban Indian Organization under this Act
3 for substance abuse prevention, treatment, and rehabilita-
4 tion shall be subject to the criteria set forth in subsection
5 (c).

6 **“SEC. 512. TREATMENT OF CERTAIN DEMONSTRATION**
7 **PROJECTS.**

8 “Notwithstanding any other provision of law, the
9 Tulsa Clinic and Oklahoma City Clinic demonstration
10 projects shall—

11 “(1) be permanent programs within the Serv-
12 ice’s direct care program;

13 “(2) continue to be treated as Service Units in
14 the allocation of resources and coordination of care;
15 and

16 “(3) shall be subject to the provisions of the In-
17 dian Self-Determination and Education Assistance
18 Act, except that the programs shall not be divisible.

19 **“SEC. 513. URBAN NIAAA TRANSFERRED PROGRAMS.**

20 “(a) GRANTS AND CONTRACTS.—The Secretary,
21 through the Office of Urban Indian Health, shall make
22 grants or enter into contracts with Urban Indian Organi-
23 zations for the administration of Urban Indian alcohol
24 programs that were originally established under the Na-
25 tional Institute on Alcoholism and Alcohol Abuse (here-

1 after in this section referred to as ‘NIAAA’) and trans-
2 ferred to the Service. Such grants and contracts shall be-
3 come effective no later than September 30, 2004.

4 “(b) USE OF FUNDS.—Grants provided or contracts
5 entered into under this section shall be used to provide
6 support for the continuation of alcohol prevention and
7 treatment services for Urban Indian populations and such
8 other objectives as are agreed upon between the Service
9 and a recipient of a grant or contract under this section.

10 “(c) ELIGIBILITY.—Urban Indian Organizations that
11 operate Indian alcohol programs originally funded under
12 the NIAAA and subsequently transferred to the Service
13 are eligible for grants or contracts under this section.

14 “(d) REPORT.—The Secretary shall evaluate and re-
15 port to Congress on the activities of programs funded
16 under this section not less than every 5 years.

17 **“SEC. 514. CONSULTATION WITH URBAN INDIAN ORGANIZA-**
18 **TIONS.**

19 “(a) IN GENERAL.—The Secretary shall ensure that
20 the Service, the Centers for Medicare & Medicaid Services,
21 and other operating divisions and staff divisions of the De-
22 partment consult, to the greatest extent practicable, with
23 Urban Indian Organizations prior to taking any action,
24 or approving Federal financial assistance for any action

1 of a State, that may affect Urban Indians or Urban Indian
2 Organizations.

3 “(b) DEFINITION OF CONSULTATION.—For purposes
4 of subsection (a), consultation is the open and free ex-
5 change of information and opinion among Urban Indian
6 Organizations and the operating and staff divisions of the
7 Department which leads to mutual understanding and
8 comprehension and which emphasizes trust, respect, and
9 shared responsibility.

10 **“SEC. 515. FEDERAL TORT CLAIM ACT COVERAGE.**

11 “(a) IN GENERAL.—With respect to claims resulting
12 from the performance of functions during fiscal year 2004
13 and thereafter, or claims asserted after September 30,
14 2003, but resulting from the performance of functions
15 prior to fiscal year 2004, under a contract, grant agree-
16 ment, or any other agreement authorized under this title,
17 an Urban Indian Organization is deemed hereafter to be
18 part of the Service in the Department of Health and
19 Human Services while carrying out any such contract or
20 agreement and its employees are deemed employees of the
21 Service while acting within the scope of their employment
22 in carrying out the contract or agreement. After Sep-
23 tember 30, 2003, any civil action or proceeding involving
24 such claims brought hereafter against any Urban Indian
25 Organization or any employee of such Urban Indian Orga-

1 nization covered by this provision shall be deemed to be
2 an action against the United States and will be defended
3 by the Attorney General and be afforded the full protec-
4 tion and coverage of the Federal Tort Claims Act (28
5 U.S.C. 1346(b), 2671 et seq.).

6 “(b) CLAIMS RESULTING FROM PERFORMANCE OF
7 CONTRACT OR GRANT.—Beginning with the fiscal year
8 ending September 30, 2003, and thereafter, the appro-
9 priate Secretary shall request through annual appropria-
10 tions funds sufficient to reimburse the Treasury for any
11 claims paid in the prior fiscal year pursuant to the fore-
12 going provisions.

13 “(c) EFFECT ON ISDEAA.—Nothing in this section
14 shall in any way affect the provisions of section 102(d)
15 of the Indian Self-Determination and Education Assist-
16 ance Act of 1975 (25 U.S.C. 450f(d)).

17 **“SEC. 516. URBAN YOUTH TREATMENT CENTER DEM-**
18 **ONSTRATION.**

19 “(a) CONSTRUCTION AND OPERATION.—The Sec-
20 retary, acting through the Service, through grant or con-
21 tract, shall make payment for the construction and oper-
22 ation of at least 2 residential treatment centers in each
23 State described in subsection (b) to demonstrate the provi-
24 sion of alcohol and substance abuse treatment services to

1 Urban Indian youth in a culturally competent residential
2 setting.

3 “(b) DEFINITION OF STATE.—A State described in
4 this subsection is a State in which—

5 “(1) there resides Urban Indian youth with
6 need for alcohol and substance abuse treatment serv-
7 ices in a residential setting; and

8 “(2) there is a significant shortage of culturally
9 competent residential treatment services for Urban
10 Indian youth.

11 **“SEC. 517. USE OF FEDERAL GOVERNMENT FACILITIES AND**
12 **SOURCES OF SUPPLY.**

13 “(a) AUTHORIZATION FOR USE.—The Secretary, act-
14 ing through the Service, shall allow an Urban Indian Or-
15 ganization that has entered into a contract or received a
16 grant pursuant to this title, in carrying out such contract
17 or grant, to use existing facilities and all equipment there-
18 in or pertaining thereto and other personal property
19 owned by the Federal Government within the Secretary’s
20 jurisdiction under such terms and conditions as may be
21 agreed upon for their use and maintenance.

22 “(b) DONATIONS.—Subject to subsection (d), the
23 Secretary may donate to an Urban Indian Organization
24 that has entered into a contract or received a grant pursu-
25 ant to this title any personal or real property determined

1 to be excess to the needs of the Service or the General
2 Services Administration for purposes of carrying out the
3 contract or grant.

4 “(c) ACQUISITION OF PROPERTY FOR DONATION.—
5 The Secretary may acquire excess or surplus government
6 personal or real property for donation (subject to sub-
7 section (d)), to an Urban Indian Organization that has
8 entered into a contract or received a grant pursuant to
9 this title if the Secretary determines that the property is
10 appropriate for use by the Urban Indian Organization for
11 a purpose for which a contract or grant is authorized
12 under this title.

13 “(d) PRIORITY.—In the event that the Secretary re-
14 ceives a request for donation of a specific item of personal
15 or real property described in subsection (b) or (c) from
16 both an Urban Indian Organization and from an Indian
17 Tribe or Tribal Organization, the Secretary shall give pri-
18 ority to the request for donation of the Indian Tribe or
19 Tribal Organization if the Secretary receives the request
20 from the Indian Tribe or Tribal Organization before the
21 date the Secretary transfers title to the property or, if ear-
22 lier, the date the Secretary transfers the property phys-
23 ically to the Urban Indian Organization.

24 “(e) URBAN INDIAN ORGANIZATIONS DEEMED EX-
25 ECUTIVE AGENCY FOR CERTAIN PURPOSES.—For pur-

1 poses of section 501 of title 40, United States Code, (relat-
2 ing to Federal sources of supply, including lodging pro-
3 viders, airlines, and other transportation providers), an
4 Urban Indian Organization that has entered into a con-
5 tract or received a grant pursuant to this title shall be
6 deemed an executive agency when carrying out such con-
7 tract or grant, and the employees of the Urban Indian
8 Organization shall be eligible to have access to such
9 sources of supply on the same basis as employees of an
10 executive agency have such access.

11 **“SEC. 518. GRANTS FOR DIABETES PREVENTION, TREAT-**
12 **MENT, AND CONTROL.**

13 “(a) GRANTS AUTHORIZED.—The Secretary may
14 make grants to those Urban Indian Organizations that
15 have entered into a contract or have received a grant
16 under this title for the provision of services for the preven-
17 tion and treatment of, and control of the complications
18 resulting from, diabetes among Urban Indians.

19 “(b) GOALS.—Each grant made pursuant to sub-
20 section (a) shall set forth the goals to be accomplished
21 under the grant. The goals shall be specific to each grant
22 as agreed to between the Secretary and the grantee.

23 “(c) ESTABLISHMENT OF CRITERIA.—The Secretary
24 shall establish criteria for the grants made under sub-
25 section (a) relating to the following:

1 “(1) The size and location of the Urban Indian
2 population to be served.

3 “(2) The need for prevention of and treatment
4 of, and control of the complications resulting from,
5 diabetes among the Urban Indian population to be
6 served.

7 “(3) Performance standards for the organiza-
8 tion in meeting the goals set forth in such grant
9 that are negotiated and agreed to by the Secretary
10 and the grantee.

11 “(4) The capability of the organization to ade-
12 quately perform the activities required under the
13 grant.

14 “(5) The willingness of the organization to col-
15 laborate with the registry, if any, established by the
16 Secretary under section 204(e) in the Area Office of
17 the Service in which the organization is located.

18 “(d) FUNDS SUBJECT TO CRITERIA.—Any funds re-
19 ceived by an Urban Indian Organization under this Act
20 for the prevention, treatment, and control of diabetes
21 among Urban Indians shall be subject to the criteria devel-
22 oped by the Secretary under subsection (c).

23 **“SEC. 519. COMMUNITY HEALTH REPRESENTATIVES.**

24 “The Secretary, acting through the Service, may
25 enter into contracts with, and make grants to, Urban In-

1 dian Organizations for the employment of Indians trained
2 as health service providers through the Community Health
3 Representatives Program under section 109 in the provi-
4 sion of health care, health promotion, and disease preven-
5 tion services to Urban Indians.

6 **“SEC. 520. REGULATIONS.**

7 “(a) REQUIREMENTS FOR REGULATIONS.—The Sec-
8 retary may promulgate regulations to implement the provi-
9 sions of this title in accordance with the following:

10 “(1) Proposed regulations to implement this
11 Act shall be published in the Federal Register by the
12 Secretary no later than 9 months after the date of
13 the enactment of this Act and shall have no less
14 than a 4-month comment period.

15 “(2) The authority to promulgate regulations
16 under this Act shall expire 18 months from the date
17 of the enactment of this Act.

18 “(b) EFFECTIVE DATE OF TITLE.—The amendments
19 to this title made by the Indian Health Care Improvement
20 Act Amendments of 2003 shall be effective on the date
21 of the enactment of such amendments, regardless of
22 whether the Secretary has promulgated regulations imple-
23 menting such amendments have been promulgated.

1 **“SEC. 521. ELIGIBILITY FOR SERVICES.**

2 “Urban Indians shall be eligible for health care or
3 referral services provided pursuant to this title.

4 **“SEC. 522. AUTHORIZATION OF APPROPRIATIONS.**

5 “There are authorized to be appropriated such sums
6 as may be necessary for each fiscal year through fiscal
7 year 2015 to carry out this title.

8 **“TITLE VI—ORGANIZATIONAL**
9 **IMPROVEMENTS**

10 **“SEC. 601. ESTABLISHMENT OF THE INDIAN HEALTH SERV-**
11 **ICE AS AN AGENCY OF THE PUBLIC HEALTH**
12 **SERVICE.**

13 “(a) ESTABLISHMENT.—In order to more effectively
14 and efficiently carry out the responsibilities, authorities,
15 and functions of the United States to provide health care
16 services provided under Federal statute or treaties to Indi-
17 ans and Indian Tribes, there was established within the
18 Public Health Service of the Department the Indian
19 Health Service.

20 “(b) DIRECTOR.—The Indian Health Service is an
21 agency within the Public Health Service of the Depart-
22 ment, and shall not be an office, component, or unit of
23 any other agency of the Department. The Indian Health
24 Service shall be administered by a Director, who shall be
25 appointed by the President, by and with the advice and
26 consent of the Senate. The Director of the Indian Health

1 Service shall report to the Secretary through the Assistant
2 Secretary for Health of the Department of Health and
3 Human Services. Effective with respect to an individual
4 appointed by the President, by and with the advice and
5 consent of the Senate, after January 1, 1993, the term
6 of service of the Director shall be 4 years. A Director may
7 serve more than 1 term.

8 “(c) DUTIES.—The Secretary shall carry out through
9 the Director of the Indian Health Service—

10 “(1) all functions which were, on the day before
11 the date of the enactment of the Indian Health Care
12 Amendments of 1988, carried out by or under the
13 direction of the individual serving as Director of the
14 Indian Health Service on such day;

15 “(2) all functions of the Secretary relating to
16 the maintenance and operation of hospital and
17 health facilities for Indians and the planning for,
18 and provision and use of, health services for Indians;

19 “(3) all health programs under which health
20 care is provided to Indians based upon their status
21 as Indians which are administered by the Secretary,
22 including but not limited to programs under—

23 “(A) this Act;

24 “(B) the Act of November 2, 1921 (25
25 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.); and

8 “(4) all scholarship and loan functions carried
9 out under title I.

10 “(d) AUTHORITIES.—(1) The Director shall have the
11 authority—

12 “(A) except to the extent provided in paragraph
13 (2), to appoint and compensate employees for the
14 Service in accordance with title 5, United States
15 Code;

16 “(B) to enter into contracts for the procure-
17 ment of goods and services to carry out the func-
18 tions of the Service; and

19 “(C) to manage, expend, and obligate all funds
20 appropriated for the Service.

21 “(2) Notwithstanding any other law, the provisions
22 of section 12 of the Act of June 18, 1934 (48 Stat. 986;
23 25 U.S.C. 472), shall apply to all personnel actions taken
24 with respect to new positions created within the Service
25 as a result of its establishment under subsection (a).

1 **“SEC. 602. AUTOMATED MANAGEMENT INFORMATION SYS-**
2 **TEM.**

3 “(a)(1) The Secretary shall establish an automated
4 management information system for the Service.

5 “(2) The information system established under para-
6 graph (1) shall include—

7 “(A) a financial management system;

8 “(B) a patient care information system for each
9 area served by the Service;

10 “(C) a privacy component that protects the pri-
11 vacy of patient information held by, or on behalf of,
12 the Service;

13 “(D) a services-based cost accounting compo-
14 nent that provides estimates of the costs associated
15 with the provision of specific medical treatments or
16 services in each Area Office of the Service;

17 “(E) an interface mechanism for patient billing
18 and accounts receivable system; and

19 “(F) a training component.

20 “(b) The Secretary shall provide each Tribal Health
21 Program automated management information systems
22 which—

23 “(1) meet the management information needs
24 of such Tribal Health Program with respect to the
25 treatment by the Tribal Health Program of patients
26 of the Service; and

1 “(2) meet the management information needs
2 of the Service.

3 “(c) Notwithstanding any other provision of law, each
4 patient shall have reasonable access to the medical or
5 health records of such patient which are held by, or on
6 behalf of, the Service.

7 “(d) The Director shall have the authority to enter
8 into contracts, agreements, or joint ventures with other
9 Federal agencies, States, private and nonprofit organiza-
10 tions, for the purpose of enhancing information technology
11 in Indian Health Programs and facilities.

12 **“SEC. 603. AUTHORIZATION OF APPROPRIATIONS.**

13 “There are authorized to be appropriated such sums
14 as may be necessary for each fiscal year through fiscal
15 year 2015 to carry out this title.

16 **“TITLE VII—BEHAVIORAL**
17 **HEALTH PROGRAMS**

18 **“SEC. 701. BEHAVIORAL HEALTH PREVENTION AND TREAT-**
19 **MENT SERVICES.**

20 “(a) PURPOSES.—The purposes of this section are as
21 follows:

22 “(1) To authorize and direct the Secretary, act-
23 ing through the Service, Indian Tribes, Tribal Orga-
24 nizations, and Urban Indian Organizations, to de-
25 velop a comprehensive behavioral health prevention

1 and treatment program which emphasizes collabora-
2 tion among alcohol and substance abuse, social serv-
3 ices, and mental health programs.

4 “(2) To provide information, direction, and
5 guidance relating to mental illness and dysfunction
6 and self-destructive behavior, including child abuse
7 and family violence, to those Federal, tribal, State,
8 and local agencies responsible for programs in In-
9 dian communities in areas of health care, education,
10 social services, child and family welfare, alcohol and
11 substance abuse, law enforcement, and judicial serv-
12 ices.

13 “(3) To assist Indian Tribes to identify services
14 and resources available to address mental illness and
15 dysfunctional and self-destructive behavior.

16 “(4) To provide authority and opportunities for
17 Indian Tribes and Tribal Organizations to develop,
18 implement, and coordinate with community-based
19 programs which include identification, prevention,
20 education, referral, and treatment services, including
21 through multidisciplinary resource teams.

22 “(5) To ensure that Indians, as citizens of the
23 United States and of the States in which they re-
24 side, have the same access to behavioral health serv-
25 ices to which all citizens have access.

1 “(6) To modify or supplement existing pro-
2 grams and authorities in the areas identified in
3 paragraph (2).

4 “(b) PLANS.—

5 “(1) DEVELOPMENT.—The Secretary, acting
6 through the Service, Indian Tribes, Tribal Organiza-
7 tions, and Urban Indian Organizations, shall encour-
8 age Indian Tribes and Tribal Organizations to de-
9 velop tribal plans, and Urban Indian Organizations
10 to develop local plans, and for all such groups to
11 participate in developing areawide plans for Indian
12 Behavioral Health Services. The plans shall include,
13 to the extent feasible, the following components:

14 “(A) An assessment of the scope of alcohol
15 or other substance abuse, mental illness, and
16 dysfunctional and self-destructive behavior, in-
17 cluding suicide, child abuse, and family vio-
18 lence, among Indians, including—

19 “(i) the number of Indians served who
20 are directly or indirectly affected by such
21 illness or behavior; or

22 “(ii) an estimate of the financial and
23 human cost attributable to such illness or
24 behavior.

1 “(B) An assessment of the existing and
2 additional resources necessary for the preven-
3 tion and treatment of such illness and behavior,
4 including an assessment of the progress toward
5 achieving the availability of the full continuum
6 of care described in subsection (c).

7 “(C) An estimate of the additional funding
8 needed by the Service, Indian Tribes, Tribal
9 Organizations, and Urban Indian Organizations
10 to meet their responsibilities under the plans.

11 “(2) NATIONAL CLEARINGHOUSE.—The Sec-
12 retary, acting through the Service, shall establish a
13 national clearinghouse of plans and reports on the
14 outcomes of such plans developed by Indian Tribes,
15 Tribal Organizations, Urban Indian Organizations,
16 and Service Areas relating to behavioral health. The
17 Secretary shall ensure access to these plans and out-
18 comes by any Indian Tribe, Tribal Organization,
19 Urban Indian Organization, or the Service.

20 “(3) TECHNICAL ASSISTANCE.—The Secretary
21 shall provide technical assistance to Indian Tribes,
22 Tribal Organizations, and Urban Indian Organiza-
23 tions in preparation of plans under this section and
24 in developing standards of care that may be used
25 and adopted locally.

1 “(c) PROGRAMS.—The Secretary, acting through the
2 Service, Indian Tribes, and Tribal Organizations, shall
3 provide, to the extent feasible and if funding is available,
4 programs including the following:

5 “(1) COMPREHENSIVE CARE.—A comprehensive
6 continuum of behavioral health care which pro-
7 vides—

8 “(A) community-based prevention, inter-
9 vention, outpatient, and behavioral health
10 aftercare;

11 “(B) detoxification (social and medical);

12 “(C) acute hospitalization;

13 “(D) intensive outpatient/day treatment;

14 “(E) residential treatment;

15 “(F) transitional living for those needing a
16 temporary, stable living environment that is
17 supportive of treatment and recovery goals;

18 “(G) emergency shelter;

19 “(H) intensive case management; and

20 “(I) Traditional Health Care Practices.

21 “(2) CHILD CARE.—Behavioral health services
22 for Indians from birth through age 17, including the
23 following:

1 “(A) Preschool and school age fetal alcohol
2 disorder services, including assessment and be-
3 havioral intervention.

4 “(B) Mental health and substance abuse
5 services (emotional, organic, alcohol, drug, in-
6 halant, and tobacco).

7 “(C) Identification and treatment of co-oc-
8 ccurring disorders and comorbidity.

9 “(D) Prevention of alcohol, drug, inhalant,
10 and tobacco use.

11 “(E) Early intervention, treatment, and
12 aftercare.

13 “(F) Promotion of healthy choices and life-
14 style (related to sexually transmitted diseases,
15 domestic violence, sexual abuse, suicide, teen
16 pregnancy, obesity, and other risk/safety
17 issues).

18 “(G) Identification and treatment of ne-
19 glect and physical, mental, and sexual abuse.

20 “(3) ADULT CARE.—Behavioral health services
21 for Indians from age 18 through 55, including the
22 following:

23 “(A) Early intervention, treatment, and
24 aftercare.

1 “(B) Mental health and substance abuse
2 services (emotional, alcohol, drug, inhalant, and
3 tobacco), including gender specific services.

4 “(C) Identification and treatment of co-oc-
5 ccurring disorders (dual diagnosis) and comor-
6 bidity.

7 “(D) Promotion of gender specific healthy
8 choices and lifestyle (related to parenting, part-
9 ners, domestic violence, sexual abuse, suicide,
10 obesity, and other risk-related behavior).

11 “(E) Treatment services for women at risk
12 of giving birth to a child with a fetal alcohol
13 disorder.

14 “(F) Gender specific treatment for sexual
15 assault and domestic violence.

16 “(4) FAMILY CARE.—Behavioral health services
17 for families, including the following:

18 “(A) Early intervention, treatment, and
19 aftercare for affected families.

20 “(B) Treatment for sexual assault and do-
21 mestic violence.

22 “(C) Promotion of healthy choices and life-
23 style (related to parenting, partners, domestic
24 violence, and other abuse issues).

1 “(5) ELDER CARE.—Behavioral health services
2 for Indians 56 years of age and older, including the
3 following:

4 “(A) Early intervention, treatment, and
5 aftercare.

6 “(B) Mental health and substance abuse
7 services (emotional, alcohol, drug, inhalant, and
8 tobacco), including gender specific services.

9 “(C) Identification and treatment of co-oc-
10 ccurring disorders (dual diagnosis) and comor-
11 bidity.

12 “(D) Promotion of healthy choices and life-
13 style (managing conditions related to aging).

14 “(E) Gender specific treatment for sexual
15 assault, domestic violence, neglect, physical and
16 mental abuse and exploitation.

17 “(F) Identification and treatment of de-
18 mentias regardless of cause.

19 “(d) COMMUNITY BEHAVIORAL HEALTH PLAN.—

20 “(1) ESTABLISHMENT.—The governing body of
21 any Indian Tribe, Tribal Organization, or Urban In-
22 dian Organization may adopt a resolution for the es-
23 tablishment of a community behavioral health plan
24 providing for the identification and coordination of
25 available resources and programs to identify, pre-

1 vent, or treat substance abuse, mental illness, or
2 dysfunctional and self-destructive behavior, including
3 child abuse and family violence, among its members
4 or its service population. This plan should include
5 behavioral health services, social services, intensive
6 outpatient services, and continuing aftercare.

7 “(2) TECHNICAL ASSISTANCE.—At the request
8 of an Indian Tribe, Tribal Organization, or Urban
9 Indian Organization, the Bureau of Indian Affairs
10 and the Service shall cooperate with and provide
11 technical assistance to the Indian Tribe, Tribal Or-
12 ganization, or Urban Indian Organization in the de-
13 velopment and implementation of such plan.

14 “(3) FUNDING.—The Secretary, acting through
15 the Service, may make funding available to Indian
16 Tribes and Tribal Organizations which adopt a reso-
17 lution pursuant to paragraph (1) to obtain technical
18 assistance for the development of a community be-
19 havioral health plan and to provide administrative
20 support in the implementation of such plan.

21 “(e) COORDINATION FOR AVAILABILITY OF SERV-
22 ICES.—The Secretary, acting through the Service, Indian
23 Tribes, Tribal Organizations, and Urban Indian Organiza-
24 tions, shall coordinate behavioral health planning, to the
25 extent feasible, with other Federal agencies and with State

1 agencies, to encourage comprehensive behavioral health
2 services for Indians regardless of their place of residence.

3 “(f) MENTAL HEALTH CARE NEED ASSESSMENT.—

4 Not later than 1 year after the date of the enactment of
5 the Indian Health Care Improvement Act Amendments of
6 2003, the Secretary, acting through the Service, shall
7 make an assessment of the need for inpatient mental
8 health care among Indians and the availability and cost
9 of inpatient mental health facilities which can meet such
10 need. In making such assessment, the Secretary shall con-
11 sider the possible conversion of existing, underused Service
12 hospital beds into psychiatric units to meet such need.

13 **“SEC. 702. MEMORANDA OF AGREEMENT WITH THE DE-**
14 **PARTMENT OF THE INTERIOR.**

15 “(a) CONTENTS.—Not later than 12 months after the
16 date of the enactment of the Indian Health Care Improve-
17 ment Act Amendments of 2003, the Secretary, acting
18 through the Service, and the Secretary of the Interior shall
19 develop and enter into a memoranda of agreement, or re-
20 view and update any existing memoranda of agreement,
21 as required by section 4205 of the Indian Alcohol and
22 Substance Abuse Prevention and Treatment Act of 1986
23 (25 U.S.C. 2411) under which the Secretaries address the
24 following:

1 “(1) The scope and nature of mental illness and
2 dysfunctional and self-destructive behavior, including
3 child abuse and family violence, among Indians.

4 “(2) The existing Federal, tribal, State, local,
5 and private services, resources, and programs avail-
6 able to provide mental health services for Indians.

7 “(3) The unmet need for additional services, re-
8 sources, and programs necessary to meet the needs
9 identified pursuant to paragraph (1).

10 “(4)(A) The right of Indians, as citizens of the
11 United States and of the States in which they re-
12 side, to have access to mental health services to
13 which all citizens have access.

14 “(B) The right of Indians to participate in, and
15 receive the benefit of, such services.

16 “(C) The actions necessary to protect the exer-
17 cise of such right.

18 “(5) The responsibilities of the Bureau of In-
19 dian Affairs and the Service, including mental health
20 identification, prevention, education, referral, and
21 treatment services (including services through multi-
22 disciplinary resource teams), at the central, area,
23 and agency and Service Unit, Service Area, and
24 headquarters levels to address the problems identi-
25 fied in paragraph (1).

1 “(6) A strategy for the comprehensive coordina-
2 tion of the mental health services provided by the
3 Bureau of Indian Affairs and the Service to meet
4 the problems identified pursuant to paragraph (1),
5 including—

6 “(A) the coordination of alcohol and sub-
7 stance abuse programs of the Service, the Bu-
8 reau of Indian Affairs, and Indian Tribes and
9 Tribal Organizations (developed under the In-
10 dian Alcohol and Substance Abuse Prevention
11 and Treatment Act of 1986) with mental health
12 initiatives pursuant to this Act, particularly
13 with respect to the referral and treatment of
14 dually diagnosed individuals requiring mental
15 health and substance abuse treatment; and

16 “(B) ensuring that the Bureau of Indian
17 Affairs and Service programs and services (in-
18 cluding multidisciplinary resource teams) ad-
19 dressing child abuse and family violence are co-
20 ordinated with such non-Federal programs and
21 services.

22 “(7) Directing appropriate officials of the Bu-
23 reau of Indian Affairs and the Service, particularly
24 at the agency and Service Unit levels, to cooperate
25 fully with tribal requests made pursuant to commu-

1 nity behavioral health plans adopted under section
2 701(c) and section 4206 of the Indian Alcohol and
3 Substance Abuse Prevention and Treatment Act of
4 1986 (25 U.S.C. 2412).

5 “(8) Providing for an annual review of such
6 agreement by the Secretaries which shall be provided
7 to Congress and Indian Tribes and Tribal Organiza-
8 tions.

9 “(b) SPECIFIC PROVISIONS REQUIRED.—The memo-
10 randa of agreement updated or entered into pursuant to
11 subsection (a) shall include specific provisions pursuant to
12 which the Service shall assume responsibility for—

13 “(1) the determination of the scope of the prob-
14 lem of alcohol and substance abuse among Indians,
15 including the number of Indians within the jurisdic-
16 tion of the Service who are directly or indirectly af-
17 fected by alcohol and substance abuse and the finan-
18 cial and human cost;

19 “(2) an assessment of the existing and needed
20 resources necessary for the prevention of alcohol and
21 substance abuse and the treatment of Indians af-
22 fected by alcohol and substance abuse; and

23 “(3) an estimate of the funding necessary to
24 adequately support a program of prevention of alco-

1 hol and substance abuse and treatment of Indians
2 affected by alcohol and substance abuse.

3 “(c) CONSULTATION.—The Secretary, acting through
4 the Service, and the Secretary of the Interior shall, in de-
5 veloping the memoranda of agreement under subsection
6 (a), consult with and solicit the comments from—

7 “(1) Indian Tribes and Tribal Organizations;

8 “(2) Indians;

9 “(3) Urban Indian Organizations and other In-
10 dian organizations; and

11 “(4) behavioral health service providers.

12 “(d) PUBLICATION.—Each memorandum of agree-
13 ment entered into or renewed (and amendments or modi-
14 fications thereto) under subsection (a) shall be published
15 in the Federal Register. At the same time as publication
16 in the Federal Register, the Secretary shall provide a copy
17 of such memoranda, amendment, or modification to each
18 Indian Tribe, Tribal Organization, and Urban Indian Or-
19 ganization.

20 **“SEC. 703. COMPREHENSIVE BEHAVIORAL HEALTH PRE-**
21 **VENTION AND TREATMENT PROGRAM.**

22 “(a) ESTABLISHMENT.—

23 “(1) IN GENERAL.—The Secretary, acting
24 through the Service, Indian Tribes, and Tribal Orga-
25 nizations, shall provide a program of comprehensive

1 behavioral health, prevention, treatment, and
2 aftercare, including Traditional Health Care Prac-
3 tices, which shall include—

4 “(A) prevention, through educational inter-
5 vention, in Indian communities;

6 “(B) acute detoxification, psychiatric hos-
7 pitalization, and residential and intensive out-
8 patient treatment;

9 “(C) community-based rehabilitation and
10 aftercare;

11 “(D) community education and involve-
12 ment, including extensive training of health
13 care, educational, and community-based per-
14 sonnel; and

15 “(E) specialized residential treatment pro-
16 grams for high-risk populations, including but
17 not limited to pregnant and postpartum women
18 and their children.

19 “(2) TARGET POPULATIONS.—The target popu-
20 lation of such program shall be members of Indian
21 Tribes. Efforts to train and educate key members of
22 the Indian community shall target employees of
23 health, education, judicial, law enforcement, legal,
24 and social service programs.

25 “(b) CONTRACT HEALTH SERVICES.—

1 “(1) IN GENERAL.—The Secretary, acting
2 through the Service, Indian Tribes, and Tribal Orga-
3 nizations, may enter into contracts with public or
4 private providers of behavioral health treatment
5 services for the purpose of carrying out the program
6 required under subsection (a).

7 “(2) PROVISION OF ASSISTANCE.—In carrying
8 out this subsection, the Secretary shall provide as-
9 sistance to Indian Tribes and Tribal Organizations
10 to develop criteria for the certification of behavioral
11 health service providers and accreditation of service
12 facilities which meet minimum standards for such
13 services and facilities.

14 **“SEC. 704. MENTAL HEALTH TECHNICIAN PROGRAM.**

15 “(a) IN GENERAL.—Under the authority of the Act
16 of November 2, 1921 (25 U.S.C. 13) (commonly known
17 as the Snyder Act), the Secretary shall establish and
18 maintain a mental health technician program within the
19 Service which—

20 “(1) provides for the training of Indians as
21 mental health technicians; and

22 “(2) employs such technicians in the provision
23 of community-based mental health care that includes
24 identification, prevention, education, referral, and
25 treatment services.

1 “(b) PARAPROFESSIONAL TRAINING.—In carrying
2 out subsection (a), the Secretary, acting through the Serv-
3 ice, Indian Tribes, and Tribal Organizations, shall provide
4 high-standard paraprofessional training in mental health
5 care necessary to provide quality care to the Indian com-
6 munities to be served. Such training shall be based upon
7 a curriculum developed or approved by the Secretary
8 which combines education in the theory of mental health
9 care with supervised practical experience in the provision
10 of such care.

11 “(c) SUPERVISION AND EVALUATION OF TECHN-
12 CIANS.—The Secretary, acting through the Service, Indian
13 Tribes, and Tribal Organizations, shall supervise and
14 evaluate the mental health technicians in the training pro-
15 gram.

16 “(d) TRADITIONAL HEALTH CARE PRACTICES.—The
17 Secretary, acting through the Service, shall ensure that
18 the program established pursuant to this subsection in-
19 volves the use and promotion of the Traditional Health
20 Care Practices of the Indian Tribes to be served.

21 **“SEC. 705. LICENSING REQUIREMENT FOR MENTAL**
22 **HEALTH CARE WORKERS.**

23 “Subject to the provisions of section 221, any person
24 employed as a psychologist, social worker, or marriage and
25 family therapist for the purpose of providing mental health

1 care services to Indians in a clinical setting under this Act
2 or through a Funding Agreement shall, in the case of a
3 person employed as a psychologist, social worker, or mar-
4 riage and family therapist, be licensed as a clinical psy-
5 chologist, social worker, or marriage and family therapist,
6 respectively, or working under the direct supervision of a
7 licensed clinical psychologist, social worker, or marriage
8 and family therapist, respectively.

9 **“SEC. 706. INDIAN WOMEN TREATMENT PROGRAMS.**

10 “(a) FUNDING.—The Secretary, consistent with sec-
11 tion 701, shall make funds available to Indian Tribes,
12 Tribal Organizations, and Urban Indian Organizations to
13 develop and implement a comprehensive behavioral health
14 program of prevention, intervention, treatment, and re-
15 lapse prevention services that specifically addresses the
16 spiritual, cultural, historical, social, and child care needs
17 of Indian women, regardless of age.

18 “(b) USE OF FUNDS.—Funds made available pursu-
19 ant to this section may be used to—

20 “(1) develop and provide community training,
21 education, and prevention programs for Indian
22 women relating to behavioral health issues, including
23 fetal alcohol 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) EARMARK OF CERTAIN FUNDS.—Twenty per-
13 cent 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. Re-
2 gional centers shall be integrated with the intake and re-
3 habilitation programs based in the referring Indian com-
4 munity.

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(l)).

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 such State.

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, which may incorporate Traditional
17 Health Care Practices, to Indian children and ado-
18 lescents, including—

19 “(A) pretreatment assistance;

20 “(B) inpatient, outpatient, and aftercare
21 services;

22 “(C) emergency care;

23 “(D) suicide prevention and crisis interven-
24 tion; and

1 “(E) prevention and treatment of mental
2 illness and dysfunctional and self-destructive
3 behavior, including child abuse and family vio-
4 lence.

5 “(2) USE OF FUNDS.—Funds provided under
6 this subsection may be used—

7 “(A) to construct or renovate an existing
8 health facility to provide intermediate behav-
9 ioral health services;

10 “(B) to hire behavioral health profes-
11 sionals;

12 “(C) to staff, operate, and maintain an in-
13 termediate mental health facility, group home,
14 sober housing, transitional housing or similar
15 facilities, or youth shelter where intermediate
16 behavioral health services are being provided;

17 “(D) to make renovations and hire appro-
18 priate staff to convert existing hospital beds
19 into adolescent psychiatric units; and

20 “(E) for intensive home- and community-
21 based services.

22 “(3) CRITERIA.—The Secretary, acting through
23 the Service, shall, in consultation with Indian Tribes
24 and Tribal Organizations, establish criteria for the

1 review and approval of applications or proposals for
2 funding made available pursuant to this subsection.

3 “(d) FEDERALLY OWNED STRUCTURES.—

4 “(1) IN GENERAL.—The Secretary, in consulta-
5 tion with Indian Tribes and Tribal Organizations,
6 shall—

7 “(A) identify and use, where appropriate,
8 federally owned structures suitable for local res-
9 idential or regional behavioral health treatment
10 for Indian youths; and

11 “(B) establish guidelines, in consultation
12 with Indian Tribes and Tribal Organizations,
13 for determining the suitability of any such fed-
14 erally owned structure to be used for local resi-
15 dential or regional behavioral health treatment
16 for Indian youths.

17 “(2) TERMS AND CONDITIONS FOR USE OF
18 STRUCTURE.—Any structure described in paragraph
19 (1) may be used under such terms and conditions as
20 may be agreed upon by the Secretary and the agency
21 having responsibility for the structure and any In-
22 dian Tribe or Tribal Organization operating the pro-
23 gram.

24 “(e) REHABILITATION AND AFTERCARE SERVICES.—

1 “(1) IN GENERAL.—The Secretary, Indian
2 Tribes, or Tribal Organizations, in cooperation with
3 the Secretary of the Interior, shall develop and im-
4 plement within each Service Unit, community-based
5 rehabilitation and follow-up services for Indian
6 youths who are having significant behavioral health
7 problems, and require long-term treatment, commu-
8 nity reintegration, and monitoring to support the In-
9 dian youths after their return to their home commu-
10 nity.

11 “(2) ADMINISTRATION.—Services under para-
12 graph (1) shall be provided by trained staff within
13 the community who can assist the Indian youths in
14 their continuing development of self-image, positive
15 problem-solving skills, and nonalcohol or substance
16 abusing behaviors. Such staff may include alcohol
17 and substance abuse counselors, mental health pro-
18 fessionals, and other health professionals and para-
19 professionals, including community health represent-
20 atives.

21 “(f) INCLUSION OF FAMILY IN YOUTH TREATMENT
22 PROGRAM.—In providing the treatment and other services
23 to Indian youths authorized by this section, the Secretary,
24 acting through the Service, Indian Tribes, and Tribal Or-
25 ganizations, shall provide for the inclusion of family mem-

1 bers of such youths in the treatment programs or other
2 services as may be appropriate. Not less than 10 percent
3 of the funds appropriated for the purposes of carrying out
4 subsection (e) shall be used for outpatient care of adult
5 family members related to the treatment of an Indian
6 youth under that subsection.

7 “(g) MULTIDRUG ABUSE PROGRAM.—The Secretary,
8 acting through the Service, Indian Tribes, Tribal Organi-
9 zations, and Urban Indian Organizations, shall provide,
10 consistent with section 701, programs and services to pre-
11 vent and treat the abuse of multiple forms of substances,
12 including, but not limited to, alcohol, drugs, inhalants, and
13 tobacco, among Indian youths residing in Indian commu-
14 nities, on or near reservations, and in urban areas and
15 provide appropriate mental health services to address the
16 incidence of mental illness among such youths.

17 **“SEC. 708. INPATIENT AND COMMUNITY-BASED MENTAL**
18 **HEALTH FACILITIES DESIGN, CONSTRU-**
19 **CTION, AND STAFFING.**

20 “Not later than 1 year after the date of the enact-
21 ment of the Indian Health Care Improvement Act Amend-
22 ments of 2003, the Secretary, acting through the Service,
23 Indian Tribes, and Tribal Organizations, shall provide, in
24 each area of the Service, not less than 1 inpatient mental
25 health care facility, or the equivalent, for Indians with be-

1 havioral health problems. For the purposes of this sub-
2 section, California shall be considered to be 2 Area Offices,
3 1 office whose location shall be considered to encompass
4 the northern area of the State of California and 1 office
5 whose jurisdiction shall be considered to encompass the
6 remainder of the State of California. The Secretary shall
7 consider the possible conversion of existing, underused
8 Service hospital beds into psychiatric units to meet such
9 need.

10 **“SEC. 709. TRAINING AND COMMUNITY EDUCATION.**

11 “(a) PROGRAM.—The Secretary, in cooperation with
12 the Secretary of the Interior, shall develop and implement
13 or provide funding for Indian Tribes and Tribal Organiza-
14 tions to develop and implement, within each Service Unit
15 or tribal program, a program of community education and
16 involvement which shall be designed to provide concise and
17 timely information to the community leadership of each
18 tribal community. Such program shall include education
19 about behavioral health issues to political leaders, Tribal
20 judges, law enforcement personnel, members of tribal
21 health and education boards, health care providers includ-
22 ing traditional practitioners, and other critical members
23 of each tribal community. Community-based training (ori-
24 ented toward local capacity development) shall also include
25 tribal community provider training (designed for adult

1 learners from the communities receiving services for pre-
2 vention, intervention, treatment, and aftercare).

3 “(b) INSTRUCTION.—The Secretary, acting through
4 the Service, shall, either directly or through Indian Tribes
5 and Tribal Organizations, provide instruction in the area
6 of behavioral health issues, including instruction in crisis
7 intervention and family relations in the context of alcohol
8 and substance abuse, child sexual abuse, youth alcohol and
9 substance abuse, and the causes and effects of fetal alco-
10 hol disorders to appropriate employees of the Bureau of
11 Indian Affairs and the Service, and to personnel in schools
12 or programs operated under any contract with the Bureau
13 of Indian Affairs or the Service, including supervisors of
14 emergency shelters and halfway houses described in sec-
15 tion 4213 of the Indian Alcohol and Substance Abuse Pre-
16 vention and Treatment Act of 1986 (25 U.S.C. 2433).

17 “(c) TRAINING MODELS.—In carrying out the edu-
18 cation and training programs required by this section, the
19 Secretary, in consultation with Indian Tribes, Tribal Or-
20 ganizations, Indian behavioral health experts, and Indian
21 alcohol and substance abuse prevention experts, shall de-
22 velop and provide community-based training models. Such
23 models shall address—

24 “(1) the elevated risk of alcohol and behavioral
25 health problems faced by children of alcoholics;

1 “(2) the cultural, spiritual, and
2 multigenerational aspects of behavioral health prob-
3 lem prevention and recovery; and

4 “(3) community-based and multidisciplinary
5 strategies for preventing and treating behavioral
6 health problems.

7 **“SEC. 710. BEHAVIORAL HEALTH PROGRAM.**

8 “(a) INNOVATIVE PROGRAMS.—The Secretary, acting
9 through the Service, Indian Tribes, and Tribal Organiza-
10 tions, consistent with section 701, may plan, develop, im-
11 plement, and carry out programs to deliver innovative
12 community-based behavioral health services to Indians.

13 “(b) FUNDING; CRITERIA.—The Secretary may
14 award such funding for a project under subsection (a) to
15 an Indian Tribe or Tribal Organization and may consider
16 the following criteria:

17 “(1) The project will address significant unmet
18 behavioral health needs among Indians.

19 “(2) The project will serve a significant number
20 of Indians.

21 “(3) The project has the potential to deliver
22 services in an efficient and effective manner.

23 “(4) The Indian Tribe or Tribal Organization
24 has the administrative and financial capability to ad-
25 minister the project.

1 “(5) The project may deliver services in a man-
2 ner consistent with Traditional Health Care Prac-
3 tices.

4 “(6) The project is coordinated with, and avoids
5 duplication of, existing services.

6 “(c) **EQUITABLE TREATMENT.**—For purposes of this
7 subsection, the Secretary shall, in evaluating applications
8 or proposals for funding for projects to be operated under
9 any Funding Agreement, use the same criteria that the
10 Secretary uses in evaluating any other application or pro-
11 posal for such funding.

12 **“SEC. 711. FETAL ALCOHOL DISORDER FUNDING.**

13 “(a) **PROGRAMS.**—

14 “(1) **ESTABLISHMENT.**—The Secretary, con-
15 sistent with section 701, acting through Indian
16 Tribes and Tribal Organizations, shall establish and
17 operate fetal alcohol disorder programs as provided
18 in this section for the purposes of meeting the health
19 status objectives specified in section 3.

20 “(2) **USE OF FUNDS.**—Funding provided pursu-
21 ant to this section shall be used for the following:

22 “(A) To develop and provide for Indians
23 community and in school training, education,
24 and prevention programs relating to fetal alco-
25 hol disorders.

1 “(B) To identify and provide behavioral
2 health treatment to high-risk Indian women
3 and high-risk women pregnant with an Indian’s
4 child.

5 “(C) To identify and provide appropriate
6 psychological services, educational and voca-
7 tional support, counseling, advocacy, and infor-
8 mation to fetal alcohol disorder affected Indians
9 and their families or caretakers.

10 “(D) To develop and implement counseling
11 and support programs in schools for fetal alco-
12 hol disorder affected Indian children.

13 “(E) To develop prevention and interven-
14 tion models which incorporate practitioners of
15 Traditional Health Care Practices, cultural and
16 spiritual values, and community involvement.

17 “(F) To develop, print, and disseminate
18 education and prevention materials on fetal al-
19 cohol disorder.

20 “(G) To develop and implement, through
21 the tribal consultation process, culturally sen-
22 sitive assessment and diagnostic tools including
23 dysmorphology clinics and multidisciplinary
24 fetal alcohol disorder clinics for use in Indian
25 communities and Urban Centers.

1 “(H) To develop early childhood interven-
2 tion projects from birth on to mitigate the ef-
3 fects of fetal alcohol disorder among Indians.

4 “(I) To develop and fund community-based
5 adult fetal alcohol disorder housing and support
6 services for Indians and for women pregnant
7 with an Indian’s child.

8 “(3) CRITERIA FOR APPLICATIONS.—The Sec-
9 retary shall establish criteria for the review and ap-
10 proval of applications for funding under this section.

11 “(b) SERVICES.—The Secretary, acting through the
12 Service and Indian Tribes, Tribal Organizations, and
13 Urban Indian Organizations, shall—

14 “(1) develop and provide services for the pre-
15 vention, intervention, treatment, and aftercare for
16 those affected by fetal alcohol disorder in Indian
17 communities; and

18 “(2) provide supportive services, directly or
19 through an Indian Tribe, Tribal Organization, or
20 Urban Indian Organization, including services to
21 meet the special educational, vocational, school-to-
22 work transition, and independent living needs of ad-
23 olescent and adult Indians with fetal alcohol dis-
24 order.

1 “(c) TASK FORCE.—The Secretary shall establish a
2 task force to be known as the Fetal Alcohol Disorder Task
3 Force to advise the Secretary in carrying out subsection
4 (b). Such task force shall be composed of representatives
5 from the following:

6 “(1) The National Institute on Drug Abuse.

7 “(2) The National Institute on Alcohol and Al-
8 coholism.

9 “(3) The Office of Substance Abuse Prevention.

10 “(4) The National Institute of Mental Health.

11 “(5) The Service.

12 “(6) The Office of Minority Health of the De-
13 partment of Health and Human Services.

14 “(7) The Administration for Native Americans.

15 “(8) The National Institute of Child Health
16 and Human Development (NICHD).

17 “(9) The Centers for Disease Control and Pre-
18 vention.

19 “(10) The Bureau of Indian Affairs.

20 “(11) Indian Tribes.

21 “(12) Tribal Organizations.

22 “(13) Urban Indian Organizations.

23 “(14) Indian fetal alcohol disorder experts.

24 “(d) APPLIED RESEARCH PROJECTS.—The Sec-
25 retary, acting through the Substance Abuse and Mental

1 Health Services Administration, shall make funding avail-
2 able to Indian Tribes, Tribal Organizations, and Urban
3 Indian Organizations for applied research projects which
4 propose to elevate the understanding of methods to pre-
5 vent, intervene, treat, or provide rehabilitation and behav-
6 ioral health aftercare for Indians and Urban Indians af-
7 fected by fetal alcohol disorder.

8 “(e) FUNDING FOR URBAN INDIAN ORGANIZA-
9 TIONS.—Ten percent of the funds appropriated pursuant
10 to this section shall be used to make grants to Urban In-
11 dian Organizations funded under title V.

12 **“SEC. 712. CHILD SEXUAL ABUSE AND PREVENTION TREAT-**
13 **MENT PROGRAMS.**

14 “(a) ESTABLISHMENT.—The Secretary, acting
15 through the Service, and the Secretary of the Interior, In-
16 dian Tribes, and Tribal Organizations shall establish, con-
17 sistent with section 701, in every Service Area, programs
18 involving treatment for—

19 “(1) victims of sexual abuse who are Indian
20 children or children in an Indian household; and

21 “(2) perpetrators of child sexual abuse who are
22 Indian or members of an Indian household.

23 “(b) USE OF FUNDS.—Funding provided pursuant to
24 this section shall be used for the following:

1 “(1) To develop and provide community edu-
2 cation and prevention programs related to sexual
3 abuse of Indian children or children in an Indian
4 household.

5 “(2) To identify and provide behavioral health
6 treatment to victims of sexual abuse who are Indian
7 children or children in an Indian household, and to
8 their family members who are affected by sexual
9 abuse.

10 “(3) To develop prevention and intervention
11 models which incorporate Traditional Health Care
12 Practices, cultural and spiritual values, and commu-
13 nity involvement.

14 “(4) To develop and implement, through the
15 tribal consultation process, culturally sensitive as-
16 sessment and diagnostic tools for use in Indian com-
17 munities and Urban Centers.

18 “(5) To identify and provide behavioral health
19 treatment to Indian perpetrators and perpetrators
20 who are members of an Indian household—

21 “(A) making efforts to begin offender and
22 behavioral health treatment while the pepe-
23 trator is incarcerated or at the earliest possible
24 date if the perpetrator is not incarcerated; and

1 “(B) providing treatment after the pepe-
2 trator is released, until it is determined that the
3 perpetrator is not a threat to children.

4 **“SEC. 713. BEHAVIORAL HEALTH RESEARCH.**

5 “The Secretary, in consultation with appropriate
6 Federal agencies, shall provide funding to Indian Tribes,
7 Tribal Organizations, and Urban Indian Organizations or
8 enter into contracts with, or make grants to appropriate
9 institutions for, the conduct of research on the incidence
10 and prevalence of behavioral health problems among Indi-
11 ans served by the Service, Indian Tribes, or Tribal Organi-
12 zations and among Indians in urban areas. Research pri-
13 orities under this section shall include—

14 “(1) the interrelationship and interdependence
15 of behavioral health problems with alcoholism and
16 other substance abuse, suicide, homicides, other in-
17 juries, and the incidence of family violence; and

18 “(2) the development of models of prevention
19 techniques.

20 The effect of the interrelationships and interdependencies
21 referred to in paragraph (1) on children, and the develop-
22 ment of prevention techniques under paragraph (2) appli-
23 cable to children, shall be emphasized.

1 **“SEC. 714. DEFINITIONS.**

2 “For the purpose of this title, the following defini-
3 tions shall apply:

4 “(1) **ASSESSMENT.**—The term ‘assessment’
5 means the systematic collection, analysis, and dis-
6 semination of information on health status, health
7 needs, and health problems.

8 “(2) **ALCOHOL-RELATED NEURODEVELOP-**
9 **MENTAL DISORDERS OR ARND.**—The term ‘alcohol-
10 related neurodevelopmental disorders’ or ‘ARND’
11 means, with a history of maternal alcohol consump-
12 tion during pregnancy, central nervous system in-
13 volvement such as developmental delay, intellectual
14 deficit, or neurologic abnormalities. Behaviorally,
15 there can be problems with irritability, and failure to
16 thrive as infants. As children become older there will
17 likely be hyperactivity, attention deficit, language
18 dysfunction, and perceptual and judgment problems.

19 “(3) **BEHAVIORAL HEALTH.**—The term ‘behav-
20 ioral health’ means the blending of substance (alco-
21 hol, drugs, inhalants, and tobacco) abuse and mental
22 health prevention and treatment, for the purpose of
23 providing comprehensive services. This can include
24 the joint development of substance abuse and mental
25 health treatment planning and coordinated case
26 management using a multidisciplinary approach.

1 “(4) BEHAVIORAL HEALTH AFTERCARE.—The
2 term ‘behavioral health aftercare’ includes those ac-
3 tivities and resources used to support recovery fol-
4 lowing inpatient, residential, intensive substance
5 abuse, or mental health outpatient or outpatient
6 treatment. The purpose is to help prevent or deal
7 with relapse by ensuring that by the time a client or
8 patient is discharged from a level of care, such as
9 outpatient treatment, an aftercare plan has been de-
10 veloped with the client. An aftercare plan may use
11 such resources a as community-based therapeutic
12 group, transitional living facilities, a 12-step spon-
13 sor, a local 12-step or other related support group,
14 and other community-based providers (mental health
15 professionals, traditional health care practitioners,
16 community health aides, community health rep-
17 resentatives, mental health technicians, ministers,
18 etc.)

19 “(5) DUAL DIAGNOSIS.—The term ‘dual diag-
20 nosis’ means coexisting substance abuse and mental
21 illness conditions or diagnosis. Such clients are
22 sometimes referred to as mentally ill chemical abuser
23 s (MICAs).

24 “(6) FETAL ALCOHOL DISORDERS.—The term
25 ‘fetal alcohol disorders’ means fetal alcohol syn-

1 drome, partial fetal alcohol syndrome and alcohol re-
2 lated neurodevelopmental disorder (ARND).

3 “(7) FETAL ALCOHOL SYNDROME OR FAS.—

4 The term ‘fetal alcohol syndrome’ or ‘FAS’ means a
5 syndrome in which, with a history of maternal alco-
6 hol consumption during pregnancy, the following cri-
7 teria are met:

8 “(A) Central nervous system involvement
9 such as developmental delay, intellectual deficit,
10 microencephaly, or neurologic abnormalities.

11 “(B) Craniofacial abnormalities with at
12 least 2 of the following: microphthalmia, short
13 palpebral fissures, poorly developed philtrum,
14 thin upper lip, flat nasal bridge, and short
15 upturned nose.

16 “(C) Prenatal or postnatal growth delay.

17 “(8) PARTIAL FAS.—The term ‘partial FAS’
18 means, with a history of maternal alcohol consump-
19 tion during pregnancy, having most of the criteria of
20 FAS, though not meeting a minimum of at least 2
21 of the following: microphthalmia, short palpebral
22 fissures, poorly developed philtrum, thin upper lip,
23 flat nasal bridge, and short upturned nose.

24 “(9) REHABILITATION.—The term ‘rehabilita-
25 tion’ means to restore the ability or capacity to en-

1 gage in usual and customary life activities through
2 education and therapy.

3 “(10) SUBSTANCE ABUSE.—The term ‘sub-
4 stance abuse’ includes inhalant abuse.

5 **“SEC. 715. AUTHORIZATION OF APPROPRIATIONS.**

6 “There is authorized to be appropriated such sums
7 as may be necessary for each fiscal year through fiscal
8 year 2015 to carry out the provisions of this title.

9 **“TITLE VIII—MISCELLANEOUS**

10 **“SEC. 801. REPORTS.**

11 “The President shall, at the time the budget is sub-
12 mitted under section 1105 of title 31, United States Code,
13 for each fiscal year transmit to Congress a report con-
14 taining the following:

15 “(1) A report on the progress made in meeting
16 the objectives of this Act, including a review of pro-
17 grams established or assisted pursuant to this Act
18 and assessments and recommendations of additional
19 programs or additional assistance necessary to, at a
20 minimum, provide health services to Indians and en-
21 sure a health status for Indians, which are at a par-
22 ity with the health services available to and the
23 health status of the general population, including
24 specific comparisons of appropriations provided and
25 those required for such parity.

1 “(2) A report on whether, and to what extent,
2 new national health care programs, benefits, initia-
3 tives, or financing systems have had an impact on
4 the purposes of this Act and any steps that the Sec-
5 retary may have taken to consult with Indian Tribes,
6 Tribal Organizations, and Urban Indian Organiza-
7 tions to address such impact, including a report on
8 proposed changes in allocation of funding pursuant
9 to section 808.

10 “(3) A report on the use of health services by
11 Indians—

12 “(A) on a national and area or other rel-
13 evant geographical basis;

14 “(B) by gender and age;

15 “(C) by source of payment and type of
16 service;

17 “(D) comparing such rates of use with
18 rates of use among comparable non-Indian pop-
19 ulations; and

20 “(E) on the services provided under Fund-
21 ing Agreements.

22 “(4) A report of contractors to the Secretary on
23 Health Care Educational Loan Repayments every 6
24 months required by section 110.

1 “(5) A general audit report of the Secretary on
2 the Health Care Educational Loan Repayment Pro-
3 gram as required by section 110(n).

4 “(6) A report of the findings and conclusions of
5 demonstration programs on development of edu-
6 cational curricula for substance abuse counseling as
7 required in section 126(f).

8 “(7) A separate statement which specifies the
9 amount of funds requested to carry out the provi-
10 sions of section 201.

11 “(8) A report of the evaluations of health pro-
12 motion and disease prevention as required in section
13 203(c).

14 “(9) A biennial report to Congress on infectious
15 diseases as required by section 212.

16 “(10) A report on environmental and nuclear
17 health hazards as required by section 215.

18 “(11) An annual report on the status of all
19 health care facilities needs as required by section
20 301(c)(2) and 301(d).

21 “(12) Reports on safe water and sanitary waste
22 disposal facilities as required by section 302(i).

23 “(13) An annual report on the expenditure of
24 nonservice funds for renovation as required by sec-
25 tions 304(b)(2).

1 “(14) A report identifying the backlog of main-
2 tenance and repair required at Service and tribal fa-
3 cilities required by section 313(a).

4 “(15) A report providing an accounting of reim-
5 bursement funds made available to the Secretary
6 under titles XVIII, XIX, and XXI of the Social Se-
7 curity Act.

8 “(16) A report on any arrangements for the
9 sharing of medical facilities or services between the
10 Service, Indian Tribes, and Tribal Organizations,
11 and the Department of Veterans Affairs and the De-
12 partment of Defense, as authorized by section 406.

13 “(17) A report on evaluation and renewal of
14 Urban Indian programs under section 505.

15 “(18) A report on the evaluation of programs
16 as required by section 513(d).

17 “(19) A report on alcohol and substance abuse
18 as required by section 701(f).

19 **“SEC. 802. REGULATIONS.**

20 “(a) DEADLINES.—

21 “(1) PROCEDURES.—Not later than 90 days
22 after the date of the enactment of the Indian Health
23 Care Improvement Act Amendments of 2003, the
24 Secretary shall initiate procedures under subchapter
25 III of chapter 5 of title 5, United States Code, to

1 negotiate and promulgate such regulations or
2 amendments thereto that are necessary to carry out
3 titles I, II, III, IV, and VII and section 817. The
4 Secretary may promulgate regulations to carry out
5 sections 105, 115, 117, and title V, using the proce-
6 dures required by the Administrative Procedures
7 Act. The Secretary shall issue no regulations to
8 carry out titles VI and VIII, except as necessary to
9 carry out section 817.

10 “(2) PROPOSED REGULATIONS.—Proposed reg-
11 ulations to implement this Act shall be published in
12 the Federal Register by the Secretary no later than
13 270 days after the date of the enactment of the In-
14 dian Health Care Improvement Act Amendments of
15 2003 and shall have no less than a 120-day com-
16 ment period.

17 “(3) EXPIRATION OF AUTHORITY.—The author-
18 ity to promulgate regulations under this Act shall
19 expire 18 months from the date of the enactment of
20 this Act.

21 “(b) COMMITTEE.—A negotiated rulemaking com-
22 mittee established pursuant to section 565 of title 5,
23 United States Code, to carry out this section shall have
24 as its members only representatives of the Federal Gov-
25 ernment and representatives of Indian Tribes and Tribal

1 Organizations, a majority of whom shall be nominated by
2 and be representatives of Indian Tribes, Tribal Organiza-
3 tions, and Urban Indian Organizations from each Service
4 Area.

5 “(c) ADAPTATION OF PROCEDURES.—The Secretary
6 shall adapt the negotiated rulemaking procedures to the
7 unique context of self-governance and the government-to-
8 government relationship between the United States and
9 Indian Tribes.

10 “(d) LACK OF REGULATIONS.—The lack of promul-
11 gated regulations shall not limit the effect of this Act.

12 “(e) INCONSISTENT REGULATIONS.—The provisions
13 of this Act shall supersede any conflicting provisions of
14 law (including any conflicting regulations) in effect on the
15 day before the date of the enactment of the Indian Health
16 Care Improvement Act Amendments of 2003, and the Sec-
17 retary is authorized to repeal any regulation inconsistent
18 with the provisions of this Act.

19 **“SEC. 803. PLAN OF IMPLEMENTATION.**

20 “Not later than 8 months after the date of the enact-
21 ment of the Indian Health Care Improvement Act Amend-
22 ments of 2003, the Secretary in consultation with Indian
23 Tribes, Tribal Organizations, and Urban Indian Organiza-
24 tions, shall submit to Congress a plan explaining the man-
25 ner and schedule (including a schedule of appropriation

1 requests), by title and section, by which the Secretary will
2 implement the provisions of this Act.

3 **“SEC. 804. AVAILABILITY OF FUNDS.**

4 “The funds appropriated pursuant to this Act shall
5 remain available until expended.

6 **“SEC. 805. LIMITATION ON USE OF FUNDS APPROPRIATED**
7 **TO THE INDIAN HEALTH SERVICE.**

8 “Any limitation on the use of funds contained in an
9 Act providing appropriations for the Department for a pe-
10 riod with respect to the performance of abortions shall
11 apply for that period with respect to the performance of
12 abortions using funds contained in an Act providing ap-
13 propriations for the Service.

14 **“SEC. 806. ELIGIBILITY OF CALIFORNIA INDIANS.**

15 “(a) IN GENERAL.—The following California Indians
16 shall be eligible for health services provided by the Service:

17 “(1) Any member of a federally recognized In-
18 dian Tribe.

19 “(2) Any descendant of an Indian who was re-
20 siding in California on June 1, 1852, if such de-
21 scendant—

22 “(A) is a member of the Indian community
23 served by a local program of the Service; and

24 “(B) is regarded as an Indian by the com-
25 munity in which such descendant lives.

1 “(3) Any Indian who holds trust interests in
2 public domain, national forest, or reservation allot-
3 ments in California.

4 “(4) Any Indian in California who is listed on
5 the plans for distribution of the assets of California
6 rancherias and reservations under the Act of August
7 18, 1958 (72 Stat. 619), and any descendant of
8 such an Indian.

9 “(b) CLARIFICATION.—Nothing in this section may
10 be construed as expanding the eligibility of California Indi-
11 ans for health services provided by the Service beyond the
12 scope of eligibility for such health services that applied on
13 May 1, 1986.

14 **“SEC. 807. HEALTH SERVICES FOR INELIGIBLE PERSONS.**

15 “(a) CHILDREN.—Any individual who—

16 “(1) has not attained 19 years of age;

17 “(2) is the natural or adopted child, stepchild,
18 foster child, legal ward, or orphan of an eligible In-
19 dian; and

20 “(3) is not otherwise eligible for health services
21 provided by the Service,

22 shall be eligible for all health services provided by the
23 Service on the same basis and subject to the same rules
24 that apply to eligible Indians until such individual attains
25 19 years of age. The existing and potential health needs

1 of all such individuals shall be taken into consideration
2 by the Service in determining the need for, or the alloca-
3 tion of, the health resources of the Service. If such an indi-
4 vidual has been determined to be legally incompetent prior
5 to attaining 19 years of age, such individual shall remain
6 eligible for such services until 1 year after the date of a
7 determination of competency.

8 “(b) SPOUSES.—Any spouse of an eligible Indian who
9 is not an Indian, or who is of Indian descent but not other-
10 wise eligible for the health services provided by the Serv-
11 ice, shall be eligible for such health services if all such
12 spouses or spouses who are married to members of the
13 Indian Tribe(s) being served are made eligible, as a class,
14 by an appropriate resolution of the governing body of the
15 Indian Tribe or Tribal Organization providing such serv-
16 ices. The health needs of persons made eligible under this
17 paragraph shall not be taken into consideration by the
18 Service in determining the need for, or allocation of, its
19 health resources.

20 “(c) PROVISION OF SERVICES TO OTHER INDIVID-
21 UALS.—

22 “(1) IN GENERAL.—The Secretary is authorized
23 to provide health services under this subsection
24 through health programs operated directly by the
25 Service to individuals who reside within the Service

1 Unit and who are not otherwise eligible for such
2 health services if—

3 “(A) the Indian Tribes served by such
4 Service Unit request such provision of health
5 services to such individuals; and

6 “(B) the Secretary and the served Indian
7 Tribes have jointly determined that—

8 “(i) the provision of such health serv-
9 ices will not result in a denial or diminu-
10 tion of health services to eligible Indians;
11 and

12 “(ii) there is no reasonable alternative
13 health facilities or services, within or with-
14 out the Service Unit, available to meet the
15 health needs of such individuals.

16 “(2) ISDEEAA PROGRAMS.—In the case of a
17 Tribal Health Program, the governing body of the
18 Indian Tribe or Tribal Organization providing health
19 services under such Tribal Health Program is au-
20 thorized to determine whether health services should
21 be provided under its Funding Agreement to individ-
22 uals who are not otherwise eligible for such services.
23 In making such determination, the governing body
24 shall take into account the considerations described
25 in clauses (i) and (ii) of paragraph (1)(B).

1 “(3) PAYMENT FOR SERVICES.—

2 “(A) IN GENERAL.—Persons receiving
3 health services provided by the Service under of
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 1880(c) of the Social Security Act, sec-
11 tion 404 of this Act, or any other provision of
12 law, amounts collected under this subsection,
13 including medicare, medicaid, or SCHIP reim-
14 bursements under titles XVIII, XIX, and XXI
15 of the Social Security Act, shall be credited to
16 the account of the program providing the serv-
17 ice and shall be used for the purposes listed in
18 section 401(d)(2) and amounts collected under
19 this subsection shall be available for expendi-
20 ture within such program.

21 “(B) INDIGENT PEOPLE.—Health services
22 may be provided by the Secretary through the
23 Service under this subsection to an indigent in-
24 dividual who would not be otherwise eligible for
25 such health services but for the provisions of

1 paragraph (1) only if an agreement has been
2 entered into with a State or local government
3 under which the State or local government
4 agrees to reimburse the Service for the expenses
5 incurred by the Service in providing such health
6 services to such indigent individual.

7 “(4) REVOCATION OF CONSENT FOR SERV-
8 ICES.—

9 “(A) SINGLE TRIBE SERVICE AREA.—In
10 the case of a Service Area which serves only 1
11 Indian Tribe, the authority of the Secretary to
12 provide health services under paragraph (1)
13 shall terminate at the end of the fiscal year suc-
14 ceeding the fiscal year in which the governing
15 body of the Indian Tribe revokes its concur-
16 rence to the provision of such health services.

17 “(B) MULTITRIBAL SERVICE AREA.—In
18 the case of a multitribal Service Area, the au-
19 thority of the Secretary to provide health serv-
20 ices under paragraph (1) shall terminate at the
21 end of the fiscal year succeeding the fiscal year
22 in which at least 51 percent of the number of
23 Indian Tribes in the Service Area revoke their
24 concurrence to the provisions of such health
25 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 person if such care is directly related
13 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 Funding Agree-
17 ment may be extended to non-Service health care practi-
18 tioners who provide services to individuals described in
19 subsection (a), (b), (c), or (d). Such non-Service health
20 care practitioners may be regarded as employees of the
21 Federal Government for purposes of section 1346(b) and
22 chapter 171 of title 28, United States Code (relating to
23 Federal tort claims) only with respect to acts or omissions
24 which occur in the course of providing services to eligible

1 persons as a part of the conditions under which such hos-
2 pital privileges are extended.

3 “(f) ELIGIBLE INDIAN.—For purposes of this sec-
4 tion, the term ‘eligible Indian’ means any Indian who is
5 eligible for health services provided by the Service without
6 regard to the provisions of this section.

7 **“SEC. 808. REALLOCATION OF BASE RESOURCES.**

8 “(a) REPORT REQUIRED.—Notwithstanding any
9 other provision of law, any allocation of Service funds for
10 a fiscal year that reduces by 5 percent or more from the
11 previous fiscal year the funding for any recurring pro-
12 gram, project, or activity of a Service Unit may be imple-
13 mented only after the Secretary has submitted to the
14 President, for inclusion in the report required to be trans-
15 mitted to Congress under section 801, a report on the pro-
16 posed change in allocation of funding, including the rea-
17 sons for the change and its likely effects.

18 “(b) EXCEPTION.—Subsection (a) shall not apply if
19 the total amount appropriated to the Service for a fiscal
20 year is at least 5 percent less than the amount appro-
21 priated to the Service for the previous fiscal year.

22 **“SEC. 809. RESULTS OF DEMONSTRATION PROJECTS.**

23 “The Secretary shall provide for the dissemination to
24 Indian Tribes, Tribal Organizations, and Urban Indian

1 Organizations of the findings and results of demonstration
2 projects conducted under this Act.

3 **“SEC. 810. PROVISION OF SERVICES IN MONTANA.**

4 “(a) CONSISTENT WITH COURT DECISION.—The
5 Secretary, acting through the Service, shall provide serv-
6 ices and benefits for Indians in Montana in a manner con-
7 sistent with the decision of the United States Court of Ap-
8 peals for the Ninth Circuit in McNabb for McNabb v.
9 Bowen, 829 F.2d 787 (9th Cir. 1987).

10 “(b) CLARIFICATION.—The provisions of subsection
11 (a) shall not be construed to be an expression of the sense
12 of Congress on the application of the decision described
13 in subsection (a) with respect to the provision of services
14 or benefits for Indians living in any State other than Mon-
15 tana.

16 **“SEC. 811. MORATORIUM.**

17 “During the period of the moratorium imposed on
18 implementation of the final rule published in the Federal
19 Register on September 16, 1987, by the Health Resources
20 and Services Administration of the Public Health Service,
21 relating to eligibility for the health care services of the
22 Indian Health Service, the Indian Health Service shall
23 provide services pursuant to the criteria for eligibility for
24 such services that were in effect on September 15, 1987,
25 subject to the provisions of sections 806 and 807 until

1 such time as new criteria governing eligibility for services
2 are developed in accordance with section 802.

3 **“SEC. 812. TRIBAL EMPLOYMENT.**

4 “For purposes of section 2(2) of the Act of July 5,
5 1935 (49 Stat. 450, chapter 372), an Indian Tribe or
6 Tribal Organization carrying out a Funding Agreement
7 shall not be considered an ‘employer’.

8 **“SEC. 813. PRIME VENDOR.**

9 “(a) EXECUTIVE AGENCY STATUS.—For purposes of
10 section 201(a) of the Federal Property and Administrative
11 Services Act (40 U.S.C. 481(a)) (relating to Federal
12 sources of supply, including lodging providers, airlines,
13 and other transportation providers), a Tribal Health Pro-
14 gram shall be deemed an executive agency when carrying
15 out a contract, grant, cooperative agreement, or Funding
16 Agreement with the Service and shall have access to the
17 Federal Supply Schedule and any other Federal source of
18 supply to which executive agencies have access.

19 “(b) HHS STATUS.—For purposes of section 4 of
20 Public Law 102–585 (38 U.S.C. 8126), a Tribal Health
21 Program shall have the status of the Indian Health Serv-
22 ice and shall have direct access to the Veterans Adminis-
23 tration prime vendor provided for in section 4 of Public
24 Law 102–585.

1 “(c) EMPLOYEE STATUS.—The employees of such
2 Tribal Health Programs may order supplies under such
3 respective programs on the same basis as employees of the
4 Service.

5 **“SEC. 814. SEVERABILITY PROVISIONS.**

6 “If any provision of this Act, any amendment made
7 by the Act, or the application of such provision or amend-
8 ment to any person or circumstances is held to be invalid,
9 the remainder of this Act, the remaining amendments
10 made by this Act, and the application of such provisions
11 to persons or circumstances other than those to which it
12 is held invalid, shall not be affected thereby.

13 **“SEC. 815. ESTABLISHMENT OF NATIONAL BIPARTISAN**
14 **COMMISSION ON INDIAN HEALTH CARE ENTI-**
15 **TLEMENT.**

16 “(a) ESTABLISHMENT.—There is hereby established
17 the National Bipartisan Indian Health Care Entitlement
18 Commission (the ‘Commission’).

19 “(b) DUTIES OF COMMISSION.—The duties of the
20 Commission are the following:

21 “(1) To establish a study committee composed
22 of those members of the Commission appointed by
23 the Director and at least 4 members of Congress
24 from among the members of the Commission, the
25 duties of which shall be the following:

1 “(A) To the extent necessary to carry out
2 its duties, collect and compile data necessary to
3 understand the extent of Indian needs with re-
4 gard to the provision of health services, regard-
5 less of the location of Indians, including holding
6 hearings and soliciting the views of Indians, In-
7 dian Tribes, Tribal Organizations, and Urban
8 Indian Organizations, which may include au-
9 thorizing and making funds available for feasi-
10 bility studies of various models for providing
11 and funding health services for all Indian bene-
12 ficiaries, including those who live outside of a
13 reservation, temporarily or permanently.

14 “(B) To make recommendations to the
15 Commission for legislation that will provide for
16 the delivery of health services for Indians as an
17 entitlement, which will address, among other
18 things, issues of eligibility, benefits to be pro-
19 vided, including recommendations regarding
20 from whom such health services are to be pro-
21 vided and the cost, including mechanisms for
22 making funds available for the health services
23 to be provided.

24 “(C) To determine the effect of the enact-
25 ment of such recommendations on (i) the exist-

1 ing system of delivery of health services for In-
2 dians, and (ii) the sovereign status of Indian
3 Tribes.

4 “(D) Not later than 12 months after the
5 appointment of all members of the Commission,
6 to submit a written report of its findings and
7 recommendations to the full Commission. The
8 report shall include a statement of the minority
9 and majority position of the Committee and
10 shall be disseminated, at a minimum, to every
11 Indian Tribe, Tribal Organization, and Urban
12 Indian Organization for comment to the Com-
13 mission.

14 “(E) To report regularly to the full Com-
15 mission regarding the findings and rec-
16 ommendations developed by the study com-
17 mittee in the course of carrying out its duties
18 under this section.

19 “(2) To review and analyze the recommenda-
20 tions of the report of the study committee.

21 “(3) To make recommendations to Congress for
22 providing health services for Indians as an entitle-
23 ment, giving due regard to the effects of such a pro-
24 gram on existing health care delivery systems for In-

1 dians and the effect of such a program on the sov-
2 ereign status of Indian Tribes.

3 “(4) Not later than 18 months following the
4 date of appointment of all members of the Commis-
5 sion, submit a written report to Congress containing
6 a recommendation of policies and legislation to im-
7 plement a policy that would establish a health care
8 system for Indians based on delivery of health serv-
9 ices as an entitlement, together with a determination
10 of the implications of such an entitlement system on
11 existing health care delivery systems for Indians and
12 on the sovereign status of Indian Tribes.

13 “(c) MEMBERS.—

14 “(1) APPOINTMENT.—The Commission shall be
15 composed of 25 members, appointed as follows:

16 “(A) Ten members of Congress, including
17 3 from the United States House of Representa-
18 tives and 2 from the United States Senate, ap-
19 pointed by their respective majority leaders, and
20 3 from the United States House of Representa-
21 tives and 2 from the United States Senate, ap-
22 pointed by their respective minority leaders, and
23 who shall be members of the standing commit-
24 tees of Congress that consider legislation affect-
25 ing health care to Indians.

1 “(B) Twelve persons chosen by the Con-
2 gressional members of the Commission, 1 from
3 each Service Area as currently designated by
4 the Director to be chosen from among 3 nomi-
5 nees from each Service Area put forward by the
6 Indian Tribes within the area, with due regard
7 being given to the experience and expertise of
8 the nominees in the provision of health care to
9 Indians and to a reasonable representation on
10 the commission of members who are familiar
11 with various health care delivery modes and
12 who represent Indian Tribes of various size
13 populations.

14 “(C) Three persons appointed by the Di-
15 rector who are knowledgeable about the provi-
16 sion of health care to Indians, at least one of
17 whom shall be appointed from among 3 nomi-
18 nees put forward by those programs whose
19 funds are provided in whole or in part by the
20 Service primarily or exclusively for the benefit
21 of Urban Indians.

22 “(D) All those persons chosen by the Con-
23 gressional members of the Commission and by
24 the Director shall be members of federally rec-
25 ognized Indian Tribes.

1 “(2) CHAIR; VICE CHAIR.—The Chair and Vice
2 Chair of the Commission shall be selected by the
3 Congressional members of the Commission.

4 “(3) TERMS.—The terms of members of the
5 Commission shall be for the life of the Commission.

6 “(4) DEADLINE FOR APPOINTMENTS.—Con-
7 gressional members of the Commission shall be ap-
8 pointed not later than 90 days after the date of the
9 enactment of the Indian Health Care Improvement
10 Act Amendments of 2003, and the remaining mem-
11 bers of the Commission shall be appointed not later
12 than 60 days following the appointment of the Con-
13 gressional members.

14 “(5) VACANCY.—A vacancy in the Commission
15 shall be filled in the manner in which the original
16 appointment was made.

17 “(d) COMPENSATION.—

18 “(1) CONGRESSIONAL MEMBERS.—Each Con-
19 gressional member of the Commission shall receive
20 no additional pay, allowances, or benefits by reason
21 of their service on the Commission and shall receive
22 travel expenses and per diem in lieu of subsistence
23 in accordance with sections 5702 and 5703 of title
24 5, United States Code.

1 “(2) OTHER MEMBERS.—Remaining members
2 of the Commission, while serving on the business of
3 the Commission (including travel time), shall be en-
4 titled to receive compensation at the per diem equiv-
5 alent of the rate provided for level IV of the Execu-
6 tive Schedule under section 5315 of title 5, United
7 States Code, and while so serving away from home
8 and the member’s regular place of business, a mem-
9 ber may be allowed travel expenses, as authorized by
10 the Chairman of the Commission. For purpose of
11 pay (other than pay of members of the Commission)
12 and employment benefits, rights, and privileges, all
13 personnel of the Commission shall be treated as if
14 they were employees of the United States Senate.

15 “(e) MEETINGS.—The Commission shall meet at the
16 call of the Chair.

17 “(f) QUORUM.—A quorum of the Commission shall
18 consist of not less than 15 members, provided that no less
19 than 6 of the members of Congress who are Commission
20 members are present and no less than 9 of the members
21 who are Indians are present.

22 “(g) EXECUTIVE DIRECTOR; STAFF; FACILITIES.—

23 “(1) APPOINTMENT; PAY.—The Commission
24 shall appoint an executive director of the Commis-

1 sion. The executive director shall be paid the rate of
2 basic pay for level V of the Executive Schedule.

3 “(2) STAFF APPOINTMENT.—With the approval
4 of the Commission, the executive director may ap-
5 point such personnel as the executive director deems
6 appropriate.

7 “(3) STAFF PAY.—The staff of the Commission
8 shall be appointed without regard to the provisions
9 of title 5, United States Code, governing appoint-
10 ments in the competitive service, and shall be paid
11 without regard to the provisions of chapter 51 and
12 subchapter III of chapter 53 of such title (relating
13 to classification and General Schedule pay rates).

14 “(4) TEMPORARY SERVICES.—With the ap-
15 proval of the Commission, the executive director may
16 procure temporary and intermittent services under
17 section 3109(b) of title 5, United States Code.

18 “(5) FACILITIES.—The Administrator of Gen-
19 eral Services shall locate suitable office space for the
20 operation of the Commission. The facilities shall
21 serve as the headquarters of the Commission and
22 shall include all necessary equipment and incidentals
23 required for the proper functioning of the Commis-
24 sion.

1 “(h) HEARINGS.—(1) For the purpose of carrying
2 out its duties, the Commission may hold such hearings
3 and undertake such other activities as the Commission de-
4 termines to be necessary to carry out its duties, provided
5 that at least 6 regional hearings are held in different areas
6 of the United States in which large numbers of Indians
7 are present. Such hearings are to be held to solicit the
8 views of Indians regarding the delivery of health care serv-
9 ices to them. To constitute a hearing under this sub-
10 section, at least 5 members of the Commission, including
11 at least 1 member of Congress, must be present. Hearings
12 held by the study committee established in this section
13 may count towards the number of regional hearings re-
14 quired by this subsection.

15 “(2) Upon request of the Commission, the Comp-
16 troller General shall conduct such studies or investigations
17 as the Commission determines to be necessary to carry
18 out its duties.

19 “(3)(A) The Director of the Congressional Budget
20 Office or the Chief Actuary of the Centers for Medicare
21 and Medicaid Services, or both, shall provide to the Com-
22 mission, upon the request of the Commission, such cost
23 estimates as the Commission determines to be necessary
24 to carry out its duties.

1 “(B) The Commission shall reimburse the Director
2 of the Congressional Budget Office for expenses relating
3 to the employment in the office of the Director of such
4 additional staff as may be necessary for the Director to
5 comply with requests by the Commission under subpara-
6 graph (A).

7 “(4) Upon the request of the Commission, the head
8 of any Federal agency is authorized to detail, without re-
9 imbursement, any of the personnel of such agency to the
10 Commission to assist the Commission in carrying out its
11 duties. Any such detail shall not interrupt or otherwise
12 affect the civil service status or privileges of the Federal
13 employee.

14 “(5) Upon the request of the Commission, the head
15 of a Federal agency shall provide such technical assistance
16 to the Commission as the Commission determines to be
17 necessary to carry out its duties.

18 “(6) The Commission may use the United States
19 mails in the same manner and under the same conditions
20 as Federal agencies and shall, for purposes of the frank,
21 be considered a commission of Congress as described in
22 section 3215 of title 39, United States Code.

23 “(7) The Commission may secure directly from any
24 Federal agency information necessary to enable it to carry
25 out its duties, if the information may be disclosed under

1 section 552 of title 4, United States Code. Upon request
2 of the Chairman of the Commission, the head of such
3 agency shall furnish such information to the Commission.

4 “(8) Upon the request of the Commission, the Ad-
5 ministrator of General Services shall provide to the Com-
6 mission on a reimbursable basis such administrative sup-
7 port services as the Commission may request.

8 “(9) For purposes of costs relating to printing and
9 binding, including the cost of personnel detailed from the
10 Government Printing Office, the Commission shall be
11 deemed to be a committee of Congress.

12 “(i) AUTHORIZATION OF APPROPRIATIONS.—There is
13 authorized to be appropriated \$4,000,000 to carry out the
14 provisions of this section, which sum shall not be deducted
15 from or affect any other appropriation for health care for
16 Indian persons.

17 “(j) FACA.—The Federal Advisory Committee Act
18 (5 U.S.C. App.) shall not apply to the Commission.

19 **“SEC. 816. APPROPRIATIONS; AVAILABILITY.**

20 “Any new spending authority (described in subsection
21 (c)(2)(A) or (B) of section 401 of the Congressional Budg-
22 et Act of 1974) which is provided under this Act shall
23 be effective for any fiscal year only to such extent or in
24 such amounts as are provided in appropriation Acts.

1 **“SEC. 817. 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) No part of any medical quality assurance
14 record described in subsection (a) may be subject to
15 discovery or admitted into evidence in any judicial or
16 administrative proceeding, except as provided in sub-
17 section (c).

18 “(2) A person who reviews or creates medical
19 quality assurance records for any Indian health pro-
20 gram or who participates in any proceeding that re-
21 views or creates such records may not be permitted
22 or required to testify in any judicial or administra-
23 tive proceeding with respect to such records or with
24 respect to any finding, recommendation, evaluation,
25 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) Subject to paragraph (2), a medical qual-
5 ity assurance record described in subsection (a) may
6 be disclosed, and a person referred to in subsection
7 (b) may give testimony in connection with such a
8 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 any Indian Health Program or Urban Indian
22 Organization who has a need for such record or
23 testimony to perform official duties.

24 “(F) To a criminal or civil law enforce-
25 ment agency or instrumentality charged under

1 applicable law with the protection of the public
2 health or safety, if a qualified representative of
3 such agency or instrumentality makes a written
4 request that such record or testimony be pro-
5 vided for a purpose authorized by law.

6 “(G) In an administrative or judicial pro-
7 ceeding commenced by a criminal or civil law
8 enforcement agency or instrumentality referred
9 to in subparagraph (F), but only with respect
10 to the subject of such proceeding.

11 “(2) With the exception of the subject of a
12 quality assurance action, the identity of any person
13 receiving health care services from any Indian
14 Health Program or Urban Indian Organization or
15 the identity of any other person associated with such
16 program or organization for purposes of a medical
17 quality assurance program that is disclosed in a
18 medical quality assurance record described in sub-
19 section (a) shall be deleted from that record or docu-
20 ment before any disclosure of such record is made
21 outside such program or organization. Such require-
22 ment does not apply to the release of information
23 pursuant to section 552a of title 5.

24 “(d) DISCLOSURE FOR CERTAIN PURPOSES.—

1 “(1) Nothing in this section shall be construed
2 as authorizing or requiring the withholding from any
3 person or entity aggregate statistical information re-
4 garding the results of any Indian Health Program or
5 Urban Indian Organizations’s medical quality assur-
6 ance programs.

7 “(2) Nothing in this section shall be construed
8 as authority to withhold any medical quality assur-
9 ance record from a committee of either House of
10 Congress, any joint committee of Congress, or the
11 General Accounting Office if such record pertains to
12 any matter within their respective jurisdictions.

13 “(e) PROHIBITION ON DISCLOSURE OF RECORD OR
14 TESTIMONY.—A person or entity having possession of or
15 access to a record or testimony described by this section
16 may not disclose the contents of such record or testimony
17 in any manner or for any purpose except as provided in
18 this section.

19 “(f) EXEMPTION FROM FREEDOM OF INFORMATION
20 ACT.—Medical quality assurance records described in sub-
21 section (a) may not be made available to any person under
22 section 552 of title 5.

23 “(g) LIMITATION ON CIVIL LIABILITY.—A person
24 who participates in or provides information to a person
25 or body that reviews or creates medical quality assurance

1 records described in subsection (a) shall not be civilly lia-
2 ble for such participation or for providing such informa-
3 tion if the participation or provision of information was
4 in good faith based on prevailing professional standards
5 at the time the medical quality assurance program activity
6 took place.

7 “(h) APPLICATION TO INFORMATION IN CERTAIN
8 OTHER RECORDS.—Nothing in this section shall be con-
9 strued as limiting access to the information in a record
10 created and maintained outside a medical quality assur-
11 ance program, including a patient’s medical records, on
12 the grounds that the information was presented during
13 meetings of a review body that are part of a medical qual-
14 ity assurance program.

15 “(i) REGULATIONS.—The Secretary, acting through
16 the Service, shall promulgate regulations pursuant to sec-
17 tion 802 of this title.

18 “(j) DEFINITIONS.—In this section:

19 “(1) The term ‘medical quality assurance pro-
20 gram’ means any activity carried out before, on, or
21 after the date of enactment of this Act by or for any
22 Indian Health Program or Urban Indian Organiza-
23 tion to assess the quality of medical care, including
24 activities conducted by individuals, military medical
25 or dental treatment facility committees, or other re-

1 view bodies responsible for quality assurance, cre-
2 dentials, infection control, patient care assessment
3 (including treatment procedures, blood, drugs, and
4 therapeutics), medical records, health resources
5 management review and identification and preven-
6 tion of medical or dental incidents and risks.

7 “(2) The term ‘medical quality assurance
8 record’ means the proceedings, records, minutes, and
9 reports that emanate from quality assurance pro-
10 gram activities described in paragraph (1) and are
11 produced or compiled by an Indian Health Program
12 or Urban Indian Organization as part of a medical
13 quality assurance program.

14 “(3) The term ‘health care provider’ means any
15 health care professional, including community health
16 aides and practitioners certified under section 121,
17 who are granted clinical practice privileges or em-
18 ployed to provide health care services in an Indian
19 Health Program or health program of an Urban In-
20 dian Organization, who is licensed or certified to
21 perform health care services by a governmental
22 board or agency or professional health care society
23 or organization.

1 **“SEC. 818. 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 2015 to carry out this title.”.

5 **SEC. 3. SOBOBA SANITATION FACILITIES.**

6 The Act of December 17, 1970 (84 Stat. 1465), is
7 amended by adding at the end the following new section:

8 “SEC. 9. Nothing in this Act shall preclude the
9 Soboba Band of Mission Indians and the Soboba Indian
10 Reservation from being provided with sanitation facilities
11 and services under the authority of section 7 of the Act
12 of August 5, 1954 (68 Stat. 674), as amended by the Act
13 of July 31, 1959 (73 Stat. 267).”.

14 **SEC. 4. AMENDMENTS TO MEDICARE PROGRAM.**

15 (a) EXPANSION OF MEDICARE PAYMENT FOR ALL
16 COVERED SERVICES FURNISHED BY INDIAN HEALTH
17 PROGRAMS.—

18 (1) EXPANSION TO ALL COVERED SERVICES.—

19 Section 1880 of the Social Security Act (42 U.S.C.
20 1395qq) is amended—

21 (A) by amending the heading to read as
22 follows:

23 “INDIAN HEALTH PROGRAMS”;

24 (B) by amending subsection (a) to read as
25 follows:

1 “(a) An Indian Health Program (as that term is de-
2 fined in section 4 of the Indian Health Care Improvement
3 Act) shall be eligible for payments under this title, not-
4 withstanding sections 1814(c) and 1835(d), with respect
5 to covered items and services it furnishes if (subject to
6 section 408 of such Act) it meets the conditions and re-
7 quirements for such payments which apply to the fur-
8 nishing of such items and services under this title.”; and

9 (C) by striking subsection (e).

10 (2) ELIMINATION OF TEMPORARY DEEMING
11 PROVISION, SEPARATE FUND REQUIREMENT, AND
12 DUPLICATIVE ANNUAL REPORT.—Such section is
13 amended by striking subsections (b) through (d).

14 (3) REFERENCE CORRECTION.—Subsection (f)
15 of such section is redesignated as subsection (b) and
16 is amended by striking “section 405” and inserting
17 “section 401(d)”.

18 (b) LIMITATION ON CHARGES FOR HOSPITAL CON-
19 TRACT HEALTH SERVICES PROVIDED TO INDIANS BY
20 MEDICARE PARTICIPATING HOSPITALS.—

21 (1) IN GENERAL.—Section 1866(a)(1) of the
22 Social Security Act (42 U.S.C. 1395cc(a)(1)) is
23 amended—

24 (A) in subparagraph (R), by striking
25 “and” at the end;

1 (B) in subparagraph (S), by striking the
2 period and inserting “, and”; and

3 (C) by adding at the end the following new
4 subparagraph:

5 “(T) in the case of hospitals and critical
6 access hospitals which furnish services for
7 which payment may be made under this title to
8 be a participating provider—

9 “(i) under the contract health services
10 program operated by an Indian Health
11 Program (as those terms are defined in
12 section 4 of the Indian Health Care Im-
13 provement Act), with respect to items and
14 services that are covered under and fur-
15 nished to an individual eligible for such
16 program; and

17 “(ii) under a program funded by the
18 Indian Health Service and operated by an
19 Urban Indian Organization with respect to
20 the purchase of items and services for an
21 eligible Urban Indian (as those terms are
22 defined in section 4 of the Indian Health
23 Care Improvement Act (25 U.S.C. 1603);
24 in accordance with regulations promulgated by
25 the Secretary regarding admission practices,

1 payment methodology, and rates of payment
2 (including the acceptance of not more than such
3 payment rate as payment in full for such items
4 and services).”.

5 (2) EFFECTIVE DATE.—The amendments made
6 by paragraph (1) shall apply as of a date specified
7 by the Secretary of Health and Human Services (but
8 in no case later than 6 months after the date of the
9 enactment of this Act) to medicare participation
10 agreements in effect (or entered into) on or after
11 such date.

12 (c) MEDICARE COVERAGE OF SERVICES OF COMMU-
13 NITY HEALTH AIDES OR PRACTITIONERS.—

14 (1) IN GENERAL.—Section 1861 of such Act
15 (42 U.S.C. 1395x) is amended—

16 (A) in subsection (s)(2)(K)—

17 (i) in clause (ii), by adding “and” at
18 the end; and

19 (ii) by adding at the end the following
20 new clause:

21 “(iii) services which would be physicians’ serv-
22 ices if furnished by a physician (as defined in sub-
23 section (r)(1)) and which are performed by a com-
24 munity health aide or practitioner which the aide or
25 practitioner is legally authorized to perform, and

1 such services and supplies furnished as incident to
 2 such services as would be covered under subpara-
 3 graph (A) if furnished incident to a physician’s pro-
 4 fessional service but only if no other provider
 5 charges or is paid any amounts with respect to the
 6 professional fee for furnishing of such services (and,
 7 in the case of a telehealth service described in sec-
 8 tion 1834(m), treating services at the originating
 9 site and the distant site as separate services);” and

10 (B) by adding at the end the following new

11 subsection:

12 “Community Health Aides or Practitioners

13 “(ww) The term ‘community health aides or practi-
 14 tioner’ means such an aide or practitioner who has been
 15 certified under the provisions of section 121 of the Indian
 16 Health Care Improvement Act and who only provides serv-
 17 ices as an employee of the Indian Health Service, an In-
 18 dian Tribe, or Tribal Organization.”.

19 (2) PAYMENT.—

20 (A) PAYMENT RATE.—Section
 21 1833(a)(1)(O) of such Act (42 U.S.C.
 22 1395l(a)(1)(O)) is amended—

23 (i) by striking “or” before “(ii)”; and

24 (ii) by adding at the end the fol-

25 lowing: “or (iii) in the case of services of

1 a community health aide or practitioner,
2 the lesser of the actual charge or 80 per-
3 cent of the fee schedule amount provided
4 under section 1848.”.

5 (B) LIMITATION ON BALANCE BILLING.—
6 Section 1842(b)(18)(C) of such Act (42 U.S.C.
7 1395u(b)(18)(C)) is amended by adding at the
8 end the following new clause:

9 “(vii) A community health aide or practi-
10 tioner.”.

11 (3) EFFECTIVE DATE.—The amendments made
12 by this subsection shall apply to services furnished
13 on or after January 1, 2004.

14 (d) CONTINUATION OF SPECIAL TREATMENT FOR
15 COLLABORATIVE ARRANGEMENTS BETWEEN INDIAN
16 HEALTH PROGRAMS AND HOSPITAL OUTPATIENT DE-
17 PARTMENTS.—Section 1833(t)(13) of the Social Security
18 Act (42 U.S.C. 1395l(t)(13)) is amended by adding at the
19 end the following new subparagraph:

20 “(B) EXTENSION OF TREATMENT OF CER-
21 TAIN COLLABORATIVE ARRANGEMENTS.—With
22 respect to the treatment under this subsection
23 of collaborative arrangements between a health
24 program operated by the Indian Health Service,
25 an Indian Tribe, or Tribal Organization and a

1 hospital operated by such Service or such an
2 Indian Tribe or Tribal Organization, the Sec-
3 retary shall reinstate treatment (as in effect on
4 January 1, 2000) and extend it to such collabo-
5 rative arrangements regardless of when they
6 were entered into.”.

7 (e) COVERAGE OF VISITING NURSE SERVICES OF
8 TRIBAL CLINICS.—

9 (1) IN GENERAL.—Section 1861(aa)(1) of the
10 Social Security Act (42 U.S.C. 1395x(aa)(1)) is
11 amended by adding at the end the following:

12 “For purposes of applying subparagraph (C) (relating to
13 visiting nurse services), an ambulatory care clinic or other
14 outpatient program of the Indian Health Service or of an
15 Indian Tribe or a Tribal Organization (as such terms are
16 defined in section 4 of the Indian Health Care Improve-
17 ment Act) shall be treated as if it were a rural health clinic
18 located in an area described in such subparagraph, and
19 nursing care and supplies described in such subparagraph
20 and furnished to an individual as an outpatient of such
21 a tribal clinic or program shall be reimbursable under this
22 title using the methodology specified in section 4(f) of the
23 Indian Health Care Improvement Act Amendments of
24 2003, and, for purposes of this sentence, any reference

1 in such subparagraph (C) to a licensed practical nurse is
2 also deemed to include a reference to a home health aide.”.

3 (2) EFFECTIVE DATE.—The amendment made
4 by paragraph (1) shall apply services furnished on or
5 after January 1, 2004.

6 (f) MEDICARE PAYMENT FOR OUTPATIENT CLIN-
7 ICS.—

8 (1) IN GENERAL.—Notwithstanding any other
9 provision of law, for purposes of determining the
10 rate of reimbursement under title XVIII of the So-
11 cial Security Act, any outpatient or ambulatory care
12 clinic (whether freestanding or provider-based) oper-
13 ated by the Indian Health Service, by an Indian
14 Tribe, or by a Tribal Organization (as such terms
15 are defined for purposes of the Indian Health Care
16 Improvement Act) shall, upon the election of such
17 clinic, be reimbursed on the same basis as if such
18 clinic were a hospital outpatient department of the
19 Indian Health Service.

20 (2) EFFECTIVE DATE.—Paragraph (1) shall
21 apply to payment for services furnished on or after
22 January 1, 2004.

23 (g) REVIEW OF MEDICARE AND MEDICAID PAYMENT
24 SYSTEMS.—

25 (1) STUDY.—

1 (A) IN GENERAL.—The Secretary of
2 Health and Human Services shall conduct a re-
3 view of the extent to which the payment meth-
4 odologies applicable under titles XVIII and XIX
5 of the Social Security Act (including under sec-
6 tion 1880 of such Act, as amended by this sec-
7 tion, section 1911 of such Act, as amended by
8 section 5(a), and including payment methodolo-
9 gies in effect at the time the review is under-
10 taken and payment methodologies effected
11 under this section or section 5) take into ac-
12 count the unique or special circumstances of the
13 provision of covered services to Indians by the
14 Indian Health Service, Indian Tribes, Tribal
15 Organizations, and Urban Indian Organizations
16 (as such terms are defined in section 4 of the
17 Indian Health Care Improvement Act).

18 (B) MATTERS CONSIDERED.—In par-
19 ticular, the Secretary shall review the suffi-
20 ciency of the payment amounts under such
21 methodologies in assuring access to care and
22 payment rates consistent with the payment
23 rates for most favored providers.

24 (C) CONSULTATION.—In conducting the
25 study, the Secretary shall consult with the In-

1 dian Health Service, Indian Tribes, Tribal Or-
2 ganizations, and Urban Indian Organizations.

3 (2) REPORT.—Not later than 2 years after the
4 date of implementation of the amendments made by
5 subsection (a) (or, if later, the date of implementa-
6 tion of the amendments made by section 5(a)), the
7 Secretary shall submit to Congress a report on the
8 review under paragraph (1). Such report shall in-
9 clude recommendations for such adjustments to such
10 payment methodologies as may be necessary to as-
11 sure that payment amounts under the medicare and
12 medicaid programs to such Service, Indian Tribes,
13 Tribal Organizations, and Urban Indian Organiza-
14 tions are sufficient to provide access to quality care.

15 (3) RETENTION OF CURRENT PAYMENT METH-
16 ODOLOGY.—Notwithstanding any other provision of
17 law, the Secretary shall retain the all-inclusive pay-
18 ment methodology for encounter rates for the Indian
19 Health Service, Indian Tribes, and Tribal Organiza-
20 tions under titles XVIII and XIX of the Social Secu-
21 rity Act unless the use of such methodology is ex-
22 pressly prohibited or otherwise superceded by Act of
23 Congress.

1 **SEC. 5. AMENDMENTS TO MEDICAID PROGRAM AND STATE**
2 **CHILDREN'S HEALTH INSURANCE PROGRAM**
3 **(SCHIP).**

4 (a) EXPANSION OF MEDICAID PAYMENT FOR ALL
5 COVERED SERVICES FURNISHED BY INDIAN HEALTH
6 PROGRAMS.—

7 (1) EXPANSION TO ALL COVERED SERVICES.—
8 Section 1911 of the Social Security Act (42 U.S.C.
9 1396j) is amended—

10 (A) by amending the heading to read as
11 follows:

12 “INDIAN HEALTH PROGRAMS”; and

13 (B) by amending subsection (a) to read as
14 follows:

15 “(a) The Indian Health Service and an Indian Tribe
16 or Tribal Organization (as those terms are defined in sec-
17 tion 4 of the Indian Health Care Improvement Act) shall
18 be eligible for reimbursement for medical assistance pro-
19 vided under a State plan with respect to covered items
20 and services it furnishes if it meets all the conditions and
21 requirements which are applicable generally to the fur-
22 nishing of such items and services under this title.”.

23 (2) ELIMINATION OF TEMPORARY DEEMING
24 PROVISION—Such section is amended by striking
25 subsection (b).

1 (3) REVISION OF AUTHORITY TO ENTER INTO
2 AGREEMENTS.—Subsection (c) of such section is re-
3 designated as subsection (b) and is amended to read
4 as follows:

5 “(b) The Secretary may enter into agreements with
6 the State agency for the purpose of reimbursing such
7 agency for health care and services provided by the Indian
8 Health Service, Indian Tribes, Tribal Organizations, or
9 Urban Indian Organizations (as such terms are defined
10 in section 4 of the Indian Health Care Improvement Act),
11 directly, through referral, or under contracts or other ar-
12 rangements between the Indian Health Service, an Indian
13 Tribe or Tribal Organization, or an Urban Indian Organi-
14 zation and another health care provider to Indians who
15 are eligible for medical assistance under the State plan.”.

16 (4) REFERENCE CORRECTION.—Subsection (d)
17 of such section is redesignated as subsection (c) and
18 is amended by striking “section 405” and inserting
19 “section 401(d)”.

20 (b) SEEKING ADVICE FROM INDIAN HEALTH PRO-
21 GRAMS.—Section 1902(a) of the Social Security Act (42
22 U.S.C. 1396a(a)) is amended—

23 (1) in paragraph (64), by striking “and” at the
24 end;

1 (2) in paragraph (65), by striking the period
2 and inserting “; and”; and

3 (3) by inserting after paragraph (65), the fol-
4 lowing new paragraph:

5 “(66) if the Indian Health Service operates or
6 funds health programs in the State or if there are
7 Indian Tribes, Tribal Organizations, or Urban In-
8 dian Organizations (as those terms are defined in
9 section 4 of the Indian Health Care Improvement
10 Act) providing health care in the State for which
11 medical assistance is available, provide for the estab-
12 lishment and maintenance of the advisory process
13 described in section 409(b) of such Act.”.

14 (c) SCHIP TREATMENT OF INDIAN TRIBES, TRIBAL
15 ORGANIZATIONS, AND URBAN INDIAN ORGANIZATIONS.—
16 Section 2105(e)(6)(B) of such Act (42 U.S.C.
17 1397ee(c)(6)(B)) is amended by inserting “or by an In-
18 dian Tribe, Tribal Organization, or Urban Indian Organi-
19 zation (as such terms are defined in section 4 of the In-
20 dian Health Care Improvement Act)” after “Service”.

○