

Calendar No. 375

109TH CONGRESS
2D SESSION**S. 1057****[Report No. 109–222]**

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

IN THE SENATE OF THE UNITED STATES

MAY 17, 2005

Mr. MCCAIN (for himself, Mr. DORGAN, Mr. JOHNSON, Mr. KENNEDY, Mr. BINGAMAN, Ms. CANTWELL, and Mrs. MURRAY) introduced the following bill; which was read twice and referred to the Committee on Indian Affairs

MARCH 16 (legislative day, MARCH 15), 2006

Reported by Mr. MCCAIN, with an amendment

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

A BILL

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

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

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Indian Health Care
5 Improvement Act Amendments of 2005”.

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

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

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

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

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

“Sec. 1. Short title; table of contents

“Sec. 2. Findings

“Sec. 3. Declaration of National Indian health policy

“Sec. 4. Definitions

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

“Sec. 101. Purpose

“Sec. 102. Health professions recruitment program for Indians

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

“Sec. 104. Indian health professions scholarships

“Sec. 105. American Indians Into Psychology program

“Sec. 106. 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. National Health Service Corps

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

- “Sec. 126. Behavioral health training and community education programs
- “Sec. 127. Authorization of appropriations

“TITLE II—HEALTH SERVICES

- “Sec. 201. Indian Health Care Improvement Fund
- “Sec. 202. Catastrophic Health Emergency Fund
- “Sec. 203. Health promotion and disease prevention services
- “Sec. 204. Diabetes prevention, treatment, and control
- “Sec. 205. Shared services for long-term care
- “Sec. 206. Health services research
- “Sec. 207. Mammography and other cancer screening
- “Sec. 208. Patient travel costs
- “Sec. 209. Epidemiology centers
- “Sec. 210. Comprehensive school health education programs
- “Sec. 211. Indian youth program
- “Sec. 212. Prevention, control, and elimination of communicable and infectious diseases
- “Sec. 213. Authority for provision of other services
- “Sec. 214. Indian women’s health care
- “Sec. 215. Environmental and nuclear health hazards
- “Sec. 216. Arizona as a contract health service delivery area
- “Sec. 216A. North Dakota and 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 contracts 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 feasibility study
- “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 Claim 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. Severability provisions
 “Sec. 814. Establishment of National Bipartisan Commission on Indian Health Care
 “Sec. 815. Appropriations; availability
 “Sec. 816. Authorization of appropriations

1 “SEC. 2. FINDINGS.

2 “Congress makes the following findings:

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

8 “(2) A major national goal of the United States
 9 is to provide the quantity and quality of health serv-

1 ices which will permit the health status of Indians
 2 to be raised to the highest possible level and to en-
 3 courage the maximum participation of Indians in the
 4 planning and management of those services.

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

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

13 **“SEC. 3. DECLARATION OF NATIONAL INDIAN HEALTH POL-**
 14 **ICY.**

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

18 “(1) to assure the highest possible health status
 19 for Indians and to provide all resources necessary to
 20 effect that policy;

21 “(2) to raise the health status of Indians by the
 22 year 2010 to at least the levels set forth in the goals
 23 contained within the Healthy People 2010 or suc-
 24 cessor objectives;

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

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

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

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

19 **“SEC. 4. DEFINITIONS.**

20 “For purposes of this Act:

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

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

6 “(3) The term ‘Assistant Secretary’ means the
 7 Assistant Secretary of Indian Health.

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

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

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

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

21 “(A) a tribal college or university; or

22 “(B) a junior or community college.

23 “(7) The term ‘contract health service’ means
 24 health services provided at the expense of the Serv-
 25 ice or a Tribal Health Program by public or private

1 medical providers or hospitals; other than the Serv-
 2 ice Unit or the Tribal Health Program at whose ex-
 3 pense the services are provided.

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

7 “(9) The term ‘disease prevention’ means the
 8 reduction, limitation, and prevention of disease and
 9 its complications and reduction in the consequences
 10 of disease, including—

11 “(A) controlling—

12 “(i) development of diabetes;

13 “(ii) high blood pressure;

14 “(iii) infectious agents;

15 “(iv) injuries;

16 “(v) occupational hazards and disabil-
 17 ities;

18 “(vi) sexually transmittable diseases;

19 and

20 “(vii) toxic agents; and

21 “(B) providing—

22 “(i) fluoridation of water; and

23 “(ii) immunizations.

24 “(10) The term ‘health profession’ means
 25 allopathic medicine, family medicine, internal medi-

1 eine, pediatrics, geriatric medicine, obstetrics and
 2 gynecology, podiatric medicine, nursing, public
 3 health nursing, dentistry, psychiatry, osteopathy, op-
 4 tometry, pharmacy, psychology, public health, social
 5 work, marriage and family therapy, chiropractic
 6 medicine, environmental health and engineering, al-
 7 lied health professions, and any other health profes-
 8 sion.

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

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

16 “(B) encouraging adequate and appro-
 17 priate diet, exercise, and sleep;

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

20 “(D) making available suitable housing,
 21 safe water, and sanitary facilities;

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

1 “(F) promoting adequate opportunity for
 2 spiritual, religious, and Traditional Health Care
 3 Practices; and

4 “(G) providing adequate and appropriate
 5 programs, including—

6 “(i) abuse prevention (mental and
 7 physical);

8 “(ii) community health;

9 “(iii) community safety;

10 “(iv) consumer health education;

11 “(v) diet and nutrition;

12 “(vi) immunization and other preven-
 13 tion of communicable diseases, including
 14 HIV/AIDS;

15 “(vii) environmental health;

16 “(viii) exercise and physical fitness;

17 “(ix) avoidance of fetal alcohol dis-
 18 orders;

19 “(x) first aid and CPR education;

20 “(xi) human growth and development;

21 “(xii) injury prevention and personal
 22 safety;

23 “(xiii) behavioral health;

24 “(xiv) monitoring of disease indicators
 25 between health care provider visits;

1 through appropriate means, including
 2 Internet-based health care management
 3 systems;
 4 “(xv) personal health and wellness
 5 practices;
 6 “(xvi) personal capacity building;
 7 “(xvii) prenatal, pregnancy, and in-
 8 fant care;
 9 “(xviii) psychological well-being;
 10 “(xix) reproductive health and family
 11 planning;
 12 “(xx) safe and adequate water;
 13 “(xxi) safe housing, relating to elimi-
 14 nation, reduction, and prevention of con-
 15 taminants that create unhealthy housing
 16 conditions;
 17 “(xxii) safe work environments;
 18 “(xxiii) stress control;
 19 “(xxiv) substance abuse;
 20 “(xxv) sanitary facilities;
 21 “(xxvi) sudden infant death syndrome
 22 prevention;
 23 “(xxvii) tobacco use cessation and re-
 24 duction;
 25 “(xxviii) violence prevention; and

1 ~~“(xxix) such other activities identified~~
 2 ~~by the Service, a Tribal Health Program,~~
 3 ~~or an Urban Indian Organization, to pro-~~
 4 ~~mote achievement of any of the objectives~~
 5 ~~described in section 3(2).~~

6 ~~“(12) The term ‘Indian’, unless otherwise des-~~
 7 ~~ignated, means any person who is a member of an~~
 8 ~~Indian tribe or is eligible for health services under~~
 9 ~~section 806, except that, for the purpose of sections~~
 10 ~~102 and 103, the term also means any individual~~
 11 ~~who—~~

12 ~~“(A)(i) irrespective of whether the indi-~~
 13 ~~vidual lives on or near a reservation, is a mem-~~
 14 ~~ber of a tribe, band, or other organized group~~
 15 ~~of Indians, including those tribes, bands, or~~
 16 ~~groups terminated since 1940 and those recog-~~
 17 ~~nized now or in the future by the State in~~
 18 ~~which they reside; or~~

19 ~~“(ii) is a descendant, in the first or second~~
 20 ~~degree, of any such member;~~

21 ~~“(B) is an Eskimo or Aleut or other Alas-~~
 22 ~~ka Native;~~

23 ~~“(C) is considered by the Secretary of the~~
 24 ~~Interior to be an Indian for any purpose; or~~

1 “(D) is determined be an Indian under
2 regulations promulgated by the Secretary.

3 “(13) The term ‘Indian Health Program’
4 means—

5 “(A) any health program administered di-
6 rectly by the Service;

7 “(B) any Tribal Health Program; or

8 “(C) any Indian Tribe or Tribal Organiza-
9 tion to which the Secretary provides funding
10 pursuant to section 23 of the Act of April 30,
11 1908 (25 U.S.C. 47), commonly known as the
12 ‘Buy Indian Act’.

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

16 “(15) The term ‘junior or community college’
17 has the meaning given the term by section 312(e) of
18 the Higher Education Act of 1965 (20 U.S.C.
19 1058(e)).

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

1 “(17) The term ‘Secretary’, unless otherwise
2 designated, means the Secretary of Health and
3 Human Services.

4 “(18) The term ‘Service’ means the Indian
5 Health Service.

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

8 “(20) The term ‘Service Unit’ means an admin-
9 istrative entity of the Service, or a Tribal Health
10 Program through which services are provided, di-
11 rectly or by contract, to eligible Indians within a de-
12 fined geographic area.

13 “(21) The term ‘telehealth’ has the meaning
14 given the term in section 330K(a) of the Public
15 Health Service Act (42 U.S.C. 254e-16(a)).

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

24 “(23) The term ‘Traditional Health Care Prac-
25 tices’ means the application by Native healing prac-

1 titioners of the Native healing sciences (as opposed
2 or in contradistinction to Western healing sciences)
3 which embody the influences or forces of innate
4 Tribal discovery, history, description, explanation
5 and knowledge of the states of wellness and illness
6 and which call upon these influences or forces, in-
7 cluding physical, mental, and spiritual forces in the
8 promotion, restoration, preservation, and mainte-
9 nance of health, well-being, and life's harmony.

10 “(24) The term ‘tribal college or university’ has
11 the meaning given the term in section 316(b)(3) of
12 the Higher Education Act (20 U.S.C. 1059c(b)(3)).

13 “(25) The term ‘Tribal Health Program’ means
14 an Indian Tribe or Tribal Organization that oper-
15 ates any health program, service, function, activity,
16 or facility funded, in whole or part, by the Service
17 through, or provided for in, a contract or compact
18 with the Service under the Indian Self-Determina-
19 tion and Education Assistance Act (25 U.S.C. 450
20 et seq.).

21 “(26) The term ‘Tribal Organization’ has the
22 meaning given the term in the Indian Self-Deter-
23 mination and Education Assistance Act (25 U.S.C.
24 450 et seq.).

1 “(27) The term ‘Urban Center’ means any com-
2 munity which has a sufficient Urban Indian popu-
3 lation with unmet health needs to warrant assistance
4 under title V of this Act, as determined by the Sec-
5 retary.

6 “(28) The term ‘Urban Indian’ means any indi-
7 vidual who resides in an Urban Center and who
8 meets 1 or more of the following criteria:

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

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

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

23 “(D) The individual is determined to be an
24 Indian under regulations promulgated by the
25 Secretary.

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

10 **“TITLE I—INDIAN HEALTH,**
 11 **HUMAN RESOURCES, AND DE-**
 12 **VELOPMENT**

13 **“SEC. 101. PURPOSE.**

14 “The purpose of this title is to increase, to the max-
 15 imum extent feasible, the number of Indians entering the
 16 health professions and providing health services, and to
 17 assure an optimum supply of health professionals to the
 18 Indian Health Programs and Urban Indian Organizations
 19 involved in the provision of health services to Indians.

20 **“SEC. 102. HEALTH PROFESSIONS RECRUITMENT PROGRAM**
 21 **FOR INDIANS.**

22 “(a) IN GENERAL.—The Secretary, acting through
 23 the Service, shall make grants to public or nonprofit pri-
 24 vate health or educational entities, Tribal Health Pro-

1 grams, or Urban Indian Organizations to assist such enti-
 2 ties in meeting the costs of—

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

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

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

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

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

22 “(b) FUNDING.—

23 “(1) APPLICATION.—The Secretary shall not
 24 make a grant under this section unless an applica-
 25 tion has been submitted to, and approved by, the

1 Secretary. Such application shall be in such form;
 2 submitted in such manner, and contain such infor-
 3 mation, as the Secretary shall by regulation pre-
 4 scribe pursuant to this Act. The Secretary shall give
 5 a preference to applications submitted by Tribal
 6 Health Programs or Urban Indian Organizations.

7 “(2) AMOUNT OF FUNDS; PAYMENT.—The
 8 amount of a grant under this section shall be deter-
 9 mined by the Secretary. Payments pursuant to this
 10 section may be made in advance or by way of reim-
 11 bursement, and at such intervals and on such condi-
 12 tions as provided for in regulations issued pursuant
 13 to this Act. To the extent not otherwise prohibited
 14 by law, funding commitments shall be for 3 years,
 15 as provided in regulations issued pursuant to this
 16 Act.

17 **“SEC. 103. HEALTH PROFESSIONS PREPARATORY SCHOL-**
 18 **ARSHIP PROGRAM FOR INDIANS.**

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

22 “(1) have successfully completed their high
 23 school education or high school equivalency; and

1 ~~“(2) have demonstrated the potential to suc-~~
 2 ~~cessfully complete courses of study in the health pro-~~
 3 ~~fessions.~~

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

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

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

19 ~~“(c) OTHER CONDITIONS.—Scholarships under this~~
 20 ~~section—~~

21 ~~“(1) may cover costs of tuition, books, trans-~~
 22 ~~portation, board, and other necessary related ex-~~
 23 ~~penses of a recipient while attending school;~~

24 ~~“(2) shall not be denied solely on the basis of~~
 25 ~~the applicant’s scholastic achievement if such appli-~~

1 cant has been admitted to, or maintained good
2 standing at, an accredited institution; and

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

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

7 ~~“(a) IN GENERAL.—~~

8 ~~“(1) AUTHORITY.—The Secretary, acting~~
9 through the Service, shall make scholarship grants
10 to Indians who are enrolled full or part time in ac-
11 credited schools pursuing courses of study in the
12 health professions. Such scholarships shall be des-
13 ignated Indian Health Scholarships and shall be
14 made in accordance with section 338A of the Public
15 Health Services Act (42 U.S.C. 2541), except as
16 provided in subsection (b) of this section.

17 ~~“(2) ALLOCATION BY FORMULA.—Except as~~
18 provided in paragraph (3), the funding authorized
19 by this section shall be allocated by Service Area by
20 a formula developed in consultation with Indian
21 Tribes, Tribal Organizations, and Urban Indian Or-
22 ganizations. Such formula shall consider the human
23 resource development needs in each Service Area.

24 ~~“(3) CONTINUITY OF PRIOR SCHOLARSHIPS.—~~
25 Paragraph (2) shall not apply with respect to indi-

vidual recipients of scholarships provided under this section (as in effect 1 day prior to the date of enactment of the Indian Health Care Improvement Act Amendments of 2005) until such time as the individual completes the course of study that is supported through such scholarship.

“(4) CERTAIN DELEGATION NOT ALLOWED.—

The administration of this section shall be a responsibility of the Assistant Secretary and shall not be delegated in a contract or compact under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.).

“(b) ACTIVE DUTY SERVICE OBLIGATION.—

“(1) OBLIGATION MET.—The active duty service obligation under a written contract with the Secretary under section 338A of the Public Health Service Act (42 U.S.C. 2541) that an Indian has entered into under that section shall, if that individual is a recipient of an Indian Health Scholarship, be met in full-time practice on an equivalent year-for-year obligation, by service in one or more of the following:

“(A) In an Indian Health Program.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

17 “(B) 2 years; and

18 “(3) the amount of the monthly stipend speci-
 19 fied in section 338A(g)(1)(B) of the Public Health
 20 Service Act (42 U.S.C. 254l(g)(1)(B)) shall be re-
 21 duced pro rata (as determined by the Secretary)
 22 based on the number of hours such student is en-
 23 rolled.

24 “(d) BREACH OF CONTRACT.—

1 “(1) SPECIFIED BREACHES.—An individual
2 shall be liable to the United States for the amount
3 which has been paid to the individual, or on behalf
4 of the individual, under a contract entered into with
5 the Secretary under this section on or after the date
6 of enactment of the Indian Health Care Improve-
7 ment Act Amendments of 2005 if that individual—

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

13 “(B) is dismissed from such educational
14 institution for disciplinary reasons;

15 “(C) voluntarily terminates the training in
16 such an educational institution for which he or
17 she is provided a scholarship under such con-
18 tract before the completion of such training; or

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

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

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

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

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

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

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

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

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

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

3 “(a) GRANTS AUTHORIZED.—The Secretary, acting
 4 through the Service, shall make grants to at least 3 col-
 5 leges and universities for the purpose of developing and
 6 maintaining Indian psychology career recruitment pro-
 7 grams as a means of encouraging Indians to enter the
 8 mental health field. These programs shall be located at
 9 various locations throughout the country to maximize their
 10 availability to Indian students and new programs shall be
 11 established in different locations from time to time.

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

23 “(c) REGULATIONS.—The Secretary shall issue regu-
 24 lations pursuant to this Act for the competitive awarding
 25 of grants 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 of this~~
11 Act; or

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

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

20 ~~“(a) IN GENERAL.—~~

21 ~~“(1) GRANTS AUTHORIZED.—The Secretary,~~
22 acting through the Service, shall make grants to
23 Tribal Health Programs for the purpose of providing
24 scholarships for Indians to serve as health profes-
25 sionals in Indian 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 a grant
 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 a grant 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)), with such amount
8 to be reduced pro rata (as determined by
9 the Secretary) based on the number of
10 hours such student is enrolled, and not to
11 exceed, for any year of attendance for
12 which 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 section 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, may provide allowances to health pro-
18 fessionals employed in an Indian Health Program or an
19 Urban Indian Organization to enable them for a period
20 of time each year prescribed by regulation of the Secretary
21 to take leave of their duty stations for professional con-
22 sultation 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) (commonly known
 5 as the ‘Snyder Act’), the Secretary, acting through the
 6 Service, shall maintain a Community Health Representa-
 7 tive 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. 2541–1(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 (c).~~

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 an Indian Health Program or
16 Urban Indian Organization; and

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

19 “(c) 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 ~~“(H) 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 ~~“(H) 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 ~~(I) 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) REIMBURSEMENTS FOR TAX LIABILITY.—~~

2 For the purpose of providing reimbursements for tax
3 liability resulting from a payment under paragraph
4 ~~(2)~~ on behalf of an individual, the Secretary—

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

11 ~~“(B) may make such additional payments~~
12 as the Secretary determines to be appropriate
13 with respect to such purpose.

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

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

1 “(i) RECRUITMENT.—The Secretary shall conduct re-
 2 cruiting programs for the Loan Repayment Program and
 3 other Service manpower programs of the Service at edu-
 4 cational institutions training health professionals or spe-
 5 cialists identified in subsection (a).-

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

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

14 “(1) ensure that the staffing needs of Tribal
 15 Health Programs and Urban Indian Organizations
 16 receive consideration on an equal basis with pro-
 17 grams that are administered directly by the Service;
 18 and

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

25 “(l) BREACH OF CONTRACT.—

1 “(1) SPECIFIC BREACHES.—An individual who
 2 has entered into a written contract with the Sec-
 3 retary under this section and has not received a
 4 waiver under subsection (m) shall be liable, in lieu
 5 of any service obligation arising under such contract,
 6 to the United States for the amount which has been
 7 paid on such individual’s behalf under the contract
 8 if that individual—

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

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

17 “(ii) voluntarily terminates such en-
 18 rollment; or

19 “(iii) is dismissed from such edu-
 20 cational institution before completion of
 21 such course of study; or

22 “(B) is enrolled in a graduate training pro-
 23 gram and fails to complete such training pro-
 24 gram.

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

11 “(A) ‘A’ is the amount the United States
 12 is entitled to recover;

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

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

23 “(D) ‘s’ is the number of months of such
 24 period served by such individual in accordance
 25 with this section.

1 ~~“(3) DEDUCTIONS IN MEDICARE PAYMENTS.—~~

2 Amounts not paid within such period shall be sub-
3 ject to collection through deductions in medicare
4 payments pursuant to section 1892 of the Social Se-
5 curity Act.

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

13 ~~“(5) RECOVERY OF DELINQUENCY.—~~

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

18 ~~“(i) use collection agencies contracted~~
19 with by the Administrator of General Serv-
20 ices; or

21 ~~“(ii) enter into contracts for the re-~~
22 covery of such damages with collection
23 agencies selected by the Secretary.

24 ~~“(B) REPORT.—Each contract for recov-~~
25 ering damages pursuant to this subsection shall

1 provide that the contractor will, not less than
 2 once each 6 months, submit to the Secretary a
 3 status report on the success of the contractor in
 4 collecting such damages. Section 3718 of title
 5 31, United States Code, shall apply to any such
 6 contract to the extent not inconsistent with this
 7 subsection.

8 ~~“(m) WAIVER OR SUSPENSION OF OBLIGATION.—~~

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

17 ~~“(2) CANCELED UPON DEATH.—~~Any obligation
 18 of an individual under the Loan Repayment Pro-
 19 gram for service or payment of damages shall be
 20 canceled upon the death of the individual.

21 ~~“(3) HARDSHIP WAIVER.—~~The Secretary may
 22 waive, in whole or in part, the rights of the United
 23 States to recover amounts under this section in any
 24 case of extreme hardship or other good cause shown,
 25 as determined by the Secretary.

1 “(4) ~~BANKRUPTCY.~~—Any obligation of an indi-
 2 vidual under the Loan Repayment Program for pay-
 3 ment of damages may be released by a discharge in
 4 bankruptcy under title 11 of the United States Code
 5 only if such discharge is granted after the expiration
 6 of the 5-year period beginning on the first date that
 7 payment of such damages is required, and only if
 8 the bankruptcy court finds that nondischarge of the
 9 obligation would be unconscionable.

10 “(n) ~~REPORT.~~—The Secretary shall submit to the
 11 President, for inclusion in each report required to be sub-
 12 mitted to Congress under section 801, a report concerning
 13 the previous fiscal year which sets forth by Service Area
 14 the following:

15 “(1) A list of the health professional positions
 16 maintained by Indian Health Programs and Urban
 17 Indian Organizations for which recruitment or reten-
 18 tion is difficult.

19 “(2) The number of Loan Repayment Program
 20 applications filed with respect to each type of health
 21 profession.

22 “(3) The number of contracts described in sub-
 23 section (c) that are entered into with respect to each
 24 health profession.

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

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

6 ~~“(6) The amount of scholarship grants provided~~
 7 ~~under section 104 and 106, in total and by health~~
 8 ~~profession.~~

9 ~~“(7) The number of providers of health care~~
 10 ~~that will be needed by Indian Health Programs and~~
 11 ~~Urban Indian Organizations, by location and profes-~~
 12 ~~sion, during the 3 fiscal years beginning after the~~
 13 ~~date the report is filed.~~

14 ~~“(8) The measures the Secretary plans to take~~
 15 ~~to fill the health professional positions maintained~~
 16 ~~by Indian Health Programs or Urban Indian Orga-~~
 17 ~~nizations for which recruitment or retention is dif-~~
 18 ~~ficult.~~

19 ~~**“SEC. 111. SCHOLARSHIP AND LOAN REPAYMENT RECOV-**~~
 20 ~~**ERY FUND.**~~

21 ~~“(a) ESTABLISHMENT.—There is established in the~~
 22 ~~Treasury of the United States a fund to be known as the~~
 23 ~~Indian Health Scholarship and Loan Repayment Recovery~~
 24 ~~Fund (hereafter in this section referred to as the ‘LRRF’).~~
 25 ~~The LRRF shall consist of such amounts as may be col-~~

1 lected from individuals under section 104(d), section
 2 106(e), and section 110(l) for breach of contract, such
 3 funds as may be appropriated to the LRRF, and interest
 4 earned on amounts in the LRRF. All amounts collected,
 5 appropriated, or earned relative to the LRRF shall remain
 6 available until expended.

7 “(b) USE OF FUNDS.—

8 “(1) BY SECRETARY.—Amounts in the LRRF
 9 may be expended by the Secretary, acting through
 10 the Service, to make payments to an Indian Health
 11 Program—

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

17 “(B) that has a need for a health profes-
 18 sional to provide health care services as a result
 19 of such recipient or participant having breached
 20 the contract entered into under section 104,
 21 106, or section 110.

22 “(2) BY TRIBAL HEALTH PROGRAMS.—A Tribal
 23 Health Program receiving payments pursuant to
 24 paragraph (1) may expend the payments to provide
 25 scholarships or recruit and employ, directly or by

1 contract, health professionals to provide health care
 2 services.

3 “(c) INVESTMENT OF FUNDS.—The Secretary of the
 4 Treasury shall invest such amounts of the LRRF as the
 5 Secretary of Health and Human Services determines are
 6 not required to meet current withdrawals from the LRRF.
 7 Such investments may be made only in interest bearing
 8 obligations of the United States. For such purpose, such
 9 obligations may be acquired on original issue at the issue
 10 price, or by purchase of outstanding obligations at the
 11 market price.

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

15 **“SEC. 112. RECRUITMENT ACTIVITIES.**

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

1 “(b) **RECRUITMENT PERSONNEL.**—The Secretary,
 2 acting through the Service, shall assign one individual in
 3 each Area Office to be responsible on a full-time basis for
 4 recruitment activities.

5 **“SEC. 113. INDIAN RECRUITMENT AND RETENTION PRO-**
 6 **GRAM.**

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

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

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

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

1 “(b) SERVICE OBLIGATION.—An individual who par-
 2 ticipates in a program under subsection (a), where the
 3 educational costs are borne by the Service, shall incur an
 4 obligation to serve in an Indian Health Program or Urban
 5 Indian Organization for a period of obligated service equal
 6 to at least the period of time during which the individual
 7 participates in such program. In the event that the indi-
 8 vidual fails to complete such obligated service, the indi-
 9 vidual shall be liable to the United States for the period
 10 of service remaining. In such event, with respect to indi-
 11 viduals entering the program after the date of enactment
 12 of the Indian Health Care Improvement Act Amendments
 13 of 2005, the United States shall be entitled to recover
 14 from such individual an amount to be determined in ac-
 15 cordance with the formula specified in subsection (b) of
 16 section 110 in the manner provided for in such subsection.

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

21 **“SEC. 115. QUENTIN N. BURDICK AMERICAN INDIANS INTO**
 22 **NURSING PROGRAM.**

23 “(a) GRANTS AUTHORIZED.—For the purpose of in-
 24 creasing the number of nurses, nurse midwives, and nurse
 25 practitioners who deliver health care services to Indians;

1 the Secretary, acting through the Service, shall provide
2 grants to the following:

3 ~~“(1) Public or private schools of nursing.~~

4 ~~“(2) Tribal colleges or universities.~~

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

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

12 ~~“(1) To recruit individuals for programs which~~
13 ~~train individuals to be nurses, nurse midwives, or~~
14 ~~advanced practice nurses.~~

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

20 ~~“(3) To provide a program that encourages~~
21 ~~nurses, nurse midwives, and advanced practice~~
22 ~~nurses to provide, or continue to provide, health care~~
23 ~~services to Indians.~~

24 ~~“(4) To provide a program that increases the~~
25 ~~skills of, and provides continuing education to,~~

1 nurses, nurse midwives, and advanced practice
2 nurses.

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

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

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

13 ~~“(1) Programs that provide a preference to In-~~
14 ~~dians.~~

15 ~~“(2) Programs that train nurse midwives or ad-~~
16 ~~vanced practice nurses.~~

17 ~~“(3) Programs that are interdisciplinary.~~

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

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

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

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

13 “(1) in the Service;

14 “(2) in a program of an Indian Tribe or Tribal
 15 Organization conducted under the Indian Self-Deter-
 16 mination and Education Assistance Act (including
 17 programs under agreements with the Bureau of In-
 18 dian Affairs);

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

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

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

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

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

10 ~~“(b) PROGRAM.—In carrying out subsection (a), the~~
11 Secretary shall establish a program which shall, to the ex-
12 tent feasible—

13 ~~“(1) be developed in consultation with the af-~~
14 fected Indian Tribes, Tribal Organizations, and
15 Urban Indian Organizations;

16 ~~“(2) be carried out through tribal colleges or~~
17 universities;

18 ~~“(3) include instruction in American Indian~~
19 studies; and

20 ~~“(4) describe the use and place of Traditional~~
21 Health Care Practices of the Indian Tribes in the
22 Service Area.

23 **“SEC. 117. INMED PROGRAM.**

24 ~~“(a) GRANTS AUTHORIZED.—The Secretary, acting~~
25 through the Service, is authorized to provide grants to col-

leges and universities for the purpose of maintaining and expanding the Indian health careers recruitment program known as the ‘Indians Into Medicine Program’ (hereinafter in this section referred to as ‘INMED’) as a means of encouraging Indians to enter the health professions.

“(b) ~~QUENTIN N. BURDICK GRANT.~~—The Secretary shall provide one of the grants authorized under subsection (a) to maintain the INMED program at the University of North Dakota, to be known as the ‘Quentin N. Burdick Indian Health Programs’, unless the Secretary makes a determination, based upon program reviews, that the program is not meeting the purposes of this section. Such program shall, to the maximum extent feasible, coordinate with the Quentin N. Burdick American Indians Into Psychology Program established under section 105(b) and the Quentin N. Burdick American Indians Into Nursing Program established under section 115.

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

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

“(1) provides outreach and recruitment for health professions to Indian communities including

1 elementary and secondary schools and community
 2 colleges located on reservations which will be served
 3 by the program;

4 “(2) incorporates a program advisory board
 5 comprised of representatives from the Indian Tribes
 6 and Indian communities which will be served by the
 7 program;

8 “(3) provides summer preparatory programs for
 9 Indian students who need enrichment in the subjects
 10 of math and science in order to pursue training in
 11 the health professions;

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

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

18 **“SEC. 118. HEALTH TRAINING PROGRAMS OF COMMUNITY**
 19 **COLLEGES.**

20 “(a) GRANTS TO ESTABLISH PROGRAMS.—

21 “(1) IN GENERAL.—The Secretary, acting
 22 through the Service, shall award grants to accredited
 23 and accessible community colleges for the purpose of
 24 assisting such community colleges in the establish-
 25 ment of programs which provide education in a

1 health profession leading to a degree or diploma in
 2 a health profession for individuals who desire to
 3 practice such profession on or near a reservation or
 4 in an Indian Health Program.

5 “(2) AMOUNT OF GRANTS.—The amount of any
 6 grant awarded to a community college under para-
 7 graph (1) for the first year in which such a grant
 8 is provided to the community college shall not exceed
 9 \$100,000.

10 “(b) GRANTS FOR MAINTENANCE AND RECRUIT-
 11 ING.—

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

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

21 “(A) is accredited;

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

1 “(C) has entered into an agreement with
 2 an accredited college or university medical
 3 school, the terms of which—

4 “(i) provide a program that enhances
 5 the transition and recruitment of students
 6 into advanced baccalaureate or graduate
 7 programs which train health professionals;
 8 and

9 “(ii) stipulate certifications necessary
 10 to approve internship and field placement
 11 opportunities at Indian Health Programs;

12 “(D) has a qualified staff which has the
 13 appropriate certifications;

14 “(E) is capable of obtaining State or re-
 15 gional accreditation of the program described in
 16 subsection (a)(1); and

17 “(F) agrees to provide for Indian pref-
 18 erence for applicants for programs under this
 19 section.

20 “(e) TECHNICAL ASSISTANCE.—The Secretary shall
 21 encourage community colleges described in subsection
 22 (b)(2) to establish and maintain programs described in
 23 subsection (a)(1) by—

24 “(1) entering into agreements with such col-
 25 leges for the provision of qualified personnel of the

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

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

5 ~~“(d) ADVANCED TRAINING.—~~

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

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

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

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

16 Such courses of study may be offered in conjunction
 17 with the college or university with which the commu-
 18 nity college has entered into the agreement required
 19 under subsection (b)(2)(C).

20 ~~“(e) FUNDING PRIORITY.—Where the requirements~~
 21 ~~of subsection (b) are met, funding priority shall be pro-~~
 22 ~~vided to tribal colleges and universities in Service Areas~~
 23 ~~where they exist.~~

1 **~~“SEC. 119. RETENTION BONUS.~~**

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

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

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

14 ~~“(3) has—~~

15 ~~“(A) completed 3 years of employment~~
 16 with an Indian Health Program or Urban In-
 17 dian Organization; or

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

20 ~~“(i) any Federal scholarship program;~~

21 or

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

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

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

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

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

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

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

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

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

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

16 “(b) SERVICE OBLIGATION.—An individual who par-
17 ticipates in a program under subsection (a), where the
18 educational costs are paid by the Service, shall incur an
19 obligation to serve in an Indian Health Program or Urban
20 Indian Organization for a period of obligated service equal
21 to the amount of time during which the individual partici-
22 pates in such program. In the event that the individual
23 fails to complete such obligated service, the United States
24 shall be entitled to recover from such individual an amount
25 determined in accordance with the formula specified in

1 subsection ~~(l)~~ of section ~~110~~ in the manner provided for
 2 in such subsection.

3 **~~“SEC. 121. COMMUNITY HEALTH AIDE PROGRAM FOR ALAS-~~**
 4 **~~KA.~~**

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

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

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

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

21 ~~“(b) SPECIFIC PROGRAM REQUIREMENTS.—The Sec-~~
 22 ~~retary, acting through the Community Health Aide Pro-~~
 23 ~~gram of the Service, shall—~~

24 ~~“(1) using trainers accredited by the Program,~~
 25 ~~provide a high standard of training to community~~

1 health aides and community health practitioners to
2 ensure that such aides and practitioners provide
3 quality health care, health promotion, and disease
4 prevention services to the villages served by the Pro-
5 gram;

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

8 “(A) combines education in the theory of
9 health care with supervised practical experience
10 in the provision of health care;

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

17 “(C) promotes the achievement of the
18 health status objectives specified in section
19 3(2);

20 “(3) establish and maintain a Community
21 Health Aide Certification Board to certify as com-
22 munity health aides or community health practi-
23 tioners individuals who have successfully completed
24 the training described in paragraph (1) or can dem-
25 onstrate equivalent experience;

1 “(4) develop and maintain a system which iden-
 2 tifies the needs of community health aides and com-
 3 munity health practitioners for continuing education
 4 in the provision of health care, including the areas
 5 described in paragraph (2)(B), and develop pro-
 6 grams that meet the needs for such continuing edu-
 7 cation;

8 “(5) develop and maintain a system that pro-
 9 vides close supervision of community health aides
 10 and community health practitioners; and

11 “(6) develop a system under which the work of
 12 community health aides and community health prac-
 13 titioners is reviewed and evaluated to assure the pro-
 14 vision of quality health care, health promotion, and
 15 disease prevention services.

16 “(c) NATIONAL COMMUNITY HEALTH AIDE PRO-
 17 GRAM.—

18 “(1) IN GENERAL.—The Secretary, acting
 19 through the Service, is authorized to establish a na-
 20 tional Community Health Aide Program in accord-
 21 ance with subsection (a), except as provided in para-
 22 graphs (2) and (3), without reducing funds for the
 23 Community Health Aide Program for Alaska.

24 “(2) LIMITED CERTIFICATION.—Except for any
 25 dental health aide in the State of Alaska, the Sec-

retary, acting through the Community Health Aide Program of the Service, shall ensure that, for a period of 4 years, dental health aides are certified only to provide services relating to—

“(A) early childhood dental disease prevention and reversible dental procedures; and

“(B) the development of local capacity to provide those dental services.

~~“(3) REVIEW.—~~

~~“(A) IN GENERAL.—During the 4-year period described in paragraph (2), the Secretary, acting through the Community Health Aide Program of the Service, shall conduct a review of the dental health aide program in the State of Alaska to determine the ability of the program to address the dental care needs of Native Alaskans, the quality of care provided (including any training, improvement, or additional oversight needed), and whether the program is appropriate and necessary to carry out in any other Indian community.~~

~~“(B) REPORT.—After conducting the review under subparagraph (A), the Secretary shall submit to the Committee on Indian Affairs of the Senate and the Committee on Re-~~

sources of the House of Representatives a report describing any finding of the Secretary under the review.

“(C) FUTURE AUTHORIZATION OF CERTIFICATIONS.—Before authorizing any dental procedure not described in paragraph (2)(A), the Secretary shall consult with Indian tribes, Tribal Organizations, Urban Indian Organizations, and other interested parties to ensure that the safety and quality of care of the Community Health Aide Program are adequate and appropriate.

“SEC. 122. TRIBAL HEALTH PROGRAM ADMINISTRATION.

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

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

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

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

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

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

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

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

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

17 “(a) NO REDUCTION IN SERVICES.—The Secretary
 18 shall not—

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

22 “(2) withdraw funding used to support such
 23 member, unless the Secretary, acting through the
 24 Service, Indian Tribes, or Tribal Organizations, has
 25 ensured that the Indians receiving services from

1 such member will experience no reduction in serv-
2 ices.

3 “(b) EXEMPTION FROM LIMITATIONS.—National
4 Health Service Corps scholars qualifying for the Commis-
5 sioned Corps in the United States Public Health Service
6 shall be exempt from the full-time equivalent limitations
7 of the National Health Service Corps and the Service
8 when serving as a commissioned corps officer in a Tribal
9 Health Program or an Urban Indian Organization.

10 **“SEC. 125. SUBSTANCE ABUSE COUNSELOR EDUCATIONAL**
11 **CURRICULA DEMONSTRATION PROGRAMS.**

12 “(a) GRANTS AND CONTRACTS.—The Secretary, act-
13 ing through the Service, may enter into contracts with,
14 or make grants to, accredited tribal colleges and univer-
15 sities and eligible accredited and accessible community col-
16 leges to establish demonstration programs to develop edu-
17 cational curricula for substance abuse counseling.

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

23 “(c) TIME PERIOD OF ASSISTANCE; RENEWAL.—A
24 contract entered into or a grant provided under this sec-
25 tion shall be for a period of 1 year. Such contract or grant

1 may be renewed for an additional 1-year period upon the
 2 approval of the Secretary.

3 “(d) CRITERIA FOR REVIEW AND APPROVAL OF AP-
 4 PPLICATIONS.—Not later than 180 days after the date of
 5 enactment of the Indian Health Care Improvement Act
 6 Amendments of 2005, the Secretary, after consultation
 7 with Indian Tribes and administrators of tribal colleges
 8 and universities and eligible accredited and accessible com-
 9 munity colleges, shall develop and issue criteria for the
 10 review and approval of applications for funding (including
 11 applications for renewals of funding) under this section.
 12 Such criteria shall ensure that demonstration programs
 13 established under this section promote the development of
 14 the capacity of such entities to educate substance abuse
 15 counselors.

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

20 “(f) REPORT.—Each fiscal year, the Secretary shall
 21 submit to the President, for inclusion in the report which
 22 is required to be submitted under section 801 for that fis-
 23 cal year, a report on the findings and conclusions derived
 24 from the demonstration programs conducted under this
 25 section during that fiscal year.

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

4 ~~“(1) Classroom education.~~

5 ~~“(2) Clinical work experience.~~

6 ~~“(3) Continuing education workshops.~~

7 ~~**“SEC. 126. BEHAVIORAL HEALTH TRAINING AND COMMU-**~~
 8 ~~**NITY EDUCATION PROGRAMS.**~~

9 ~~“(a) STUDY; LIST.—The Secretary, acting through~~
 10 ~~the Service, and the Secretary of the Interior, in consulta-~~
 11 ~~tion with Indian Tribes and Tribal Organizations, shall~~
 12 ~~conduct a study and compile a list of the types of staff~~
 13 ~~positions specified in subsection (b) whose qualifications~~
 14 ~~include, or should include, training in the identification,~~
 15 ~~prevention, education, referral, or treatment of mental ill-~~
 16 ~~ness, or dysfunctional and self destructive behavior.~~

17 ~~“(b) POSITIONS.—The positions referred to in sub-~~
 18 ~~section (a) are—~~

19 ~~“(1) staff positions within the Bureau of Indian~~
 20 ~~Affairs, including existing positions, in the fields~~
 21 ~~of—~~

22 ~~“(A) elementary and secondary education;~~

23 ~~“(B) social services and family and child~~
 24 ~~welfare;~~

1 ~~“(C) law enforcement and judicial services;~~

2 and

3 ~~“(D) alcohol and substance abuse;~~

4 ~~“(2) staff positions within the Service; and~~

5 ~~“(3) staff positions similar to those identified in~~
 6 ~~paragraphs (1) and (2) established and maintained~~
 7 ~~by Indian Tribes, Tribal Organizations (without re-~~
 8 ~~gard to the funding source), and Urban Indian Or-~~
 9 ~~ganizations.~~

10 ~~“(c) TRAINING CRITERIA.—~~

11 ~~“(1) IN GENERAL.—The appropriate Secretary~~
 12 ~~shall provide training criteria appropriate to each~~
 13 ~~type of position identified in subsection (b)(1) and~~
 14 ~~(b)(2) and ensure that appropriate training has~~
 15 ~~been, or shall be provided to any individual in any~~
 16 ~~such position. With respect to any such individual in~~
 17 ~~a position identified pursuant to subsection (b)(3),~~
 18 ~~the respective Secretaries shall provide appropriate~~
 19 ~~training to, or provide funds to, an Indian Tribe,~~
 20 ~~Tribal Organization, or Urban Indian Organization~~
 21 ~~for training of appropriate individuals. In the case of~~
 22 ~~positions funded under a contract or compact under~~
 23 ~~the Indian Self-Determination and Education Assist-~~
 24 ~~ance Act (25 U.S.C. 450 et seq.), the appropriate~~
 25 ~~Secretary shall ensure that such training costs are~~

1 included in the contract or compact, as the Sec-
 2 retary determines necessary.

3 ~~“(2) POSITION SPECIFIC TRAINING CRITERIA.—~~

4 Position specific training criteria shall be culturally
 5 relevant to Indians and Indian Tribes and shall en-
 6 sure that appropriate information regarding Tradi-
 7 tional Health Care Practices is provided.

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

22 ~~“(e) PLAN.—~~Not later than 90 days after the date
 23 of enactment of the Indian Health Care Improvement Act
 24 Amendments of 2005, the Secretary shall develop a plan
 25 under which the Service will increase the health care staff

1 providing behavioral health services by at least 500 posi-
 2 tions within 5 years after the date of enactment of this
 3 section, with at least 200 of such positions devoted to
 4 child, adolescent, and family services. The plan developed
 5 under this subsection shall be implemented under the Act
 6 of November 2, 1921 (25 U.S.C. 13) (commonly known
 7 as the ‘Snyder Act’).

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

9 “There are authorized to be appropriated such sums
 10 as may be necessary for each fiscal year through fiscal
 11 year 2015 to carry out this title.

12 **“TITLE II—HEALTH SERVICES**

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

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

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

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

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

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

7 ~~“(5) augmenting the ability of the Service to~~
8 ~~meet the following health service responsibilities with~~
9 ~~respect to those Indian Tribes with the highest levels~~
10 ~~of health status deficiencies and resource defi-~~
11 ~~ciencies:~~

12 ~~“(A) Clinical care, including inpatient care,~~
13 ~~outpatient care (including audiology, clinical~~
14 ~~eye, and vision care), primary care, secondary~~
15 ~~and tertiary care, and long-term care.~~

16 ~~“(B) Preventive health, including mam-~~
17 ~~mography and other cancer screening in accord-~~
18 ~~ance with section 207.~~

19 ~~“(C) Dental care.~~

20 ~~“(D) Mental health, including community~~
21 ~~mental health services, inpatient mental health~~
22 ~~services, dormitory mental health services,~~
23 ~~therapeutic and residential treatment centers,~~
24 ~~and training of traditional health care practi-~~
25 ~~tioners.~~

1 ~~“(E) Emergency medical services.~~

2 ~~“(F) Treatment and control of, and reha-~~
 3 ~~bilitative care related to, alcoholism and drug~~
 4 ~~abuse (including fetal alcohol syndrome) among~~
 5 ~~Indians.~~

6 ~~“(G) Accident prevention programs.~~

7 ~~“(H) Home health care.~~

8 ~~“(I) Community health representatives.~~

9 ~~“(J) Maintenance and repair.~~

10 ~~“(K) Traditional Health Care Practices.~~

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

17 ~~“(c) ALLOCATION; USE.—~~

18 ~~“(1) IN GENERAL.—Funds appropriated under~~
 19 ~~the authority of this section shall be allocated to~~
 20 ~~Service Units, Indian Tribes, or Tribal Organiza-~~
 21 ~~tions. The funds allocated to each Indian Tribe,~~
 22 ~~Tribal Organization, or Service Unit under this~~
 23 ~~paragraph shall be used by the Indian Tribe, Tribal~~
 24 ~~Organization, or Service Unit under this paragraph~~
 25 ~~to improve the health status and reduce the resource~~

1 deficiency of each Indian Tribe served by such Serv-
 2 ice Unit, Indian Tribe, or Tribal Organization.

3 ~~“(2) APPORTIONMENT OF ALLOCATED~~
 4 FUNDS.—The apportionment of funds allocated to a
 5 Service Unit, Indian Tribe, or Tribal Organization
 6 under paragraph (1) among the health service re-
 7 sponsibilities described in subsection (a)(5) shall be
 8 determined by the Service in consultation with, and
 9 with the active participation of, the affected Indian
 10 Tribes and Tribal Organizations.

11 ~~“(d) PROVISIONS RELATING TO HEALTH STATUS~~
 12 AND RESOURCE DEFICIENCIES.—For the purposes of this
 13 section, the following definitions apply:

14 ~~“(1) DEFINITION.—The term ‘health status~~
 15 and resource deficiency’ means the extent to
 16 which—

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

19 ~~“(B) the Indian Tribe or Tribal Organiza-~~
 20 tion does not have available to it the health re-
 21 sources it needs, taking into account the actual
 22 cost of providing health care services given local
 23 geographic, climatic, rural, or other cir-
 24 cumstances.

1 ~~“(2) AVAILABLE RESOURCES.—~~The health re-
 2 sources available to an Indian Tribe or Tribal Orga-
 3 nization include health resources provided by the
 4 Service as well as health resources used by the In-
 5 dian Tribe or Tribal Organization, including services
 6 and financing systems provided by any Federal pro-
 7 grams, private insurance, and programs of State or
 8 local governments.

9 ~~“(3) PROCESS FOR REVIEW OF DETERMINA-~~
 10 ~~TIONS.—~~The Secretary shall establish procedures
 11 which allow any Indian Tribe or Tribal Organization
 12 to petition the Secretary for a review of any deter-
 13 mination of the extent of the health status and re-
 14 source deficiency of such Indian Tribe or Tribal Or-
 15 ganization.

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

20 ~~“(f) REPORT.—~~By no later than the date that is 3
 21 years after the date of enactment of the Indian Health
 22 Care Improvement Act Amendments of 2005, the Sec-
 23 retary shall submit to Congress the current health status
 24 and resource deficiency report of the Service for each

1 Service Unit, including newly recognized or acknowledged
2 Indian Tribes. Such report shall set out—

3 “(1) the methodology then in use by the Service
4 for determining Tribal health status and resource
5 deficiencies, as well as the most recent application of
6 that methodology;

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

10 “(3) the amount of funds necessary to eliminate
11 the health status and resource deficiencies of all In-
12 dian Tribes served by the Service or a Tribal Health
13 Program; and

14 “(4) an estimate of—

15 “(A) the amount of health service funds
16 appropriated under the authority of this Act, or
17 any other Act, including the amount of any
18 funds transferred to the Service for the pre-
19 ceeding fiscal year which is allocated to each
20 Service Unit, Indian Tribe, or Tribal Organiza-
21 tion;

22 “(B) the number of Indians eligible for
23 health services in each Service Unit or Indian
24 Tribe or Tribal Organization; and

1 “(C) the number of Indians using the
 2 Service resources made available to each Service
 3 Unit, Indian Tribe or Tribal Organization, and,
 4 to the extent available, information on the wait-
 5 ing lists and number of Indians turned away for
 6 services due to lack of resources.

7 “(g) INCLUSION IN BASE BUDGET.—Funds appro-
 8 priated under this section for any fiscal year shall be in-
 9 cluded in the base budget of the Service for the purpose
 10 of determining appropriations under this section in subse-
 11 quent fiscal years.

12 “(h) CLARIFICATION.—Nothing in this section is in-
 13 tended to diminish the primary responsibility of the Serv-
 14 ice to eliminate existing backlogs in unmet health care
 15 needs, nor are the provisions of this section intended to
 16 discourage the Service from undertaking additional efforts
 17 to achieve equity among Indian Tribes and Tribal Organi-
 18 zations.

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

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

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

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

3 “(2) the amounts appropriated to CHEF under
4 this section.

5 “(b) ADMINISTRATION.—CHEF shall be adminis-
6 tered by the Secretary, acting through the central office
7 of the Service, solely for the purpose of meeting the ex-
8 traordinary medical costs associated with the treatment of
9 victims of disasters or catastrophic illnesses who are with-
10 in the responsibility of the Service.

11 “(c) CONDITIONS ON USE OF FUND.—No part of
12 CHEF or its administration shall be subject to contract
13 or grant under any law, including the Indian Self-Deter-
14 mination and Education Assistance Act (25 U.S.C. 450
15 et seq.); nor shall CHEF funds be allocated, apportioned,
16 or delegated on an Area Office, Service Unit, or other
17 similar basis.

18 “(d) REGULATIONS.—The Secretary shall, through
19 the negotiated rulemaking process under title VIII, pro-
20 mulgate regulations consistent with the provisions of this
21 section to—

22 “(1) establish a definition of disasters and cata-
23 strophic illnesses for which the cost of the treatment
24 provided under contract would qualify for payment
25 from CHEF;

1 “(2) provide that a Service Unit shall not be el-
 2 igible for reimbursement for the cost of treatment
 3 from CHEF until its cost of treating any victim of
 4 such catastrophic illness or disaster has reached a
 5 certain threshold cost which the Secretary shall es-
 6 tablish at—

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

8 “(B) for any subsequent year, not less
 9 than the threshold cost of the previous year in-
 10 creased by the percentage increase in the med-
 11 ical care expenditure category of the consumer
 12 price index for all urban consumers (United
 13 States city average) for the 12-month period
 14 ending with December of the previous year;

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

18 “(A) Service Units; or

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

21 “(4) establish a procedure for payment from
 22 CHEF in cases in which the exigencies of the med-
 23 ical circumstances warrant treatment prior to the
 24 authorization of such treatment by the Service; and

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

“(c) NO OFFSET OR LIMITATION.—Amounts appropriated to CHEF under this section shall not be used to offset or limit appropriations made to the Service under the authority of the Act of November 2, 1921 (25 U.S.C. 13) (commonly known as the ‘Snyder Act’), or any other law.”

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

19 **“SEC. 203. HEALTH PROMOTION AND DISEASE PREVENTION**
20 **SERVICES.**

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

23 “(1) improve the health and well-being of Indi-
24 ans; and

1 ~~“(2) reduce the expenses for health care of In-~~
 2 ~~dians.~~

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

8 ~~“(c) EVALUATION.—The Secretary, after obtaining~~
 9 ~~input from the affected Tribal Health Programs, shall~~
 10 ~~submit to the President for inclusion in each report which~~
 11 ~~is required to be submitted to Congress under section 801~~
 12 ~~an evaluation of—~~

13 ~~“(1) the health promotion and disease preven-~~
 14 ~~tion needs of Indians;~~

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

17 ~~“(3) the internal capacity of the Service and~~
 18 ~~Tribal Health Programs to meet such needs; and~~

19 ~~“(4) the resources which would be required to~~
 20 ~~enable the Service and Tribal Health Programs to~~
 21 ~~undertake the health promotion and disease preven-~~
 22 ~~tion activities necessary to meet such needs.~~

1 **“SEC. 204. DIABETES PREVENTION, TREATMENT, AND CON-**
 2 **TROL.**

3 **“(a) DETERMINATIONS REGARDING DIABETES.—**
 4 The Secretary, acting through the Service, and in con-
 5 sultation with Indian Tribes and Tribal Organizations,
 6 shall determine—

7 **“(1) by Indian Tribe and by Service Unit, the**
 8 **incidence of, and the types of complications resulting**
 9 **from, diabetes among Indians; and**

10 **“(2) based on the determinations made pursu-**
 11 **ant to paragraph (1), the measures (including pa-**
 12 **tient education and effective ongoing monitoring of**
 13 **disease indicators) each Service Unit should take to**
 14 **reduce the incidence of, and prevent, treat, and con-**
 15 **trol the complications resulting from, diabetes**
 16 **among Indian Tribes within that Service Unit.**

17 **“(b) DIABETES SCREENING.—To the extent medi-**
 18 **cally indicated and with informed consent, the Secretary**
 19 **shall screen each Indian who receives services from the**
 20 **Service for diabetes and for conditions which indicate a**
 21 **high risk that the individual will become diabetic and, in**
 22 **consultation with Indian Tribes, Urban Indian Organiza-**
 23 **tions, and appropriate health care providers, establish a**
 24 **cost-effective approach to ensure ongoing monitoring of**
 25 **disease indicators. Such screening and monitoring may be**
 26 **conducted by a Tribal Health Program and may be con-**

1 ducted through appropriate Internet-based health care
2 management programs.

3 “(c) FUNDING FOR DIABETES.—The Secretary shall
4 continue to maintain each model diabetes project in exist-
5 ence on the date of enactment of the Indian Health
6 Amendments Care Improvement Act of 2005, any such
7 other diabetes programs operated by the Service or Tribal
8 Health Programs, and any additional diabetes projects,
9 such as the Medical Vanguard program provided for in
10 title IV of Public Law 108–87, as implemented to serve
11 Indian Tribes. Tribal Health Programs shall receive recur-
12 ring funding for the diabetes projects that they operate
13 pursuant to this section, both at the date of enactment
14 of the Indian Health Care Improvement Act Amendments
15 of 2005 and for projects which are added and funded
16 thereafter.

17 “(d) FUNDING FOR DIALYSIS PROGRAMS.—The Sec-
18 retary is authorized to provide funding through the Serv-
19 ice, Indian Tribes, and Tribal Organizations to establish
20 dialysis programs, including funding to purchase dialysis
21 equipment and provide necessary staffing.

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

24 “(1) in each Area Office, consult with Indian
25 Tribes and Tribal Organizations regarding programs

1 for the prevention, treatment, and control of diabe-
2 tes;

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

7 “(3) ensure that data collected in each Area Of-
8 fice regarding diabetes and related complications
9 among Indians are disseminated to all other Area
10 Offices, subject to applicable patient privacy laws.

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

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

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

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

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

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

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

23 “(d) OTHER ASSISTANCE.—The Secretary shall pro-
24 vide such technical and other assistance as may be nec-

1 essary to enable applicants to comply with the provisions
2 of this section.

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

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

8 “~~The Secretary, acting through the Service, shall~~
9 make funding available for research to further the per-
10 formance of the health service responsibilities of Indian
11 Health Programs. The Secretary shall also, to the max-
12 imum extent practicable, coordinate departmental re-
13 search resources and activities to address relevant Indian
14 Health Program research needs. Tribal Health Programs
15 shall be given an equal opportunity to compete for, and
16 receive, research funds under this section. This funding
17 may be used for both clinical and nonclinical research.

18 **“SEC. 207. MAMMOGRAPHY AND OTHER CANCER SCREEN-**
19 **ING.**

20 “~~The Secretary, acting through the Service or Tribal~~
21 Health Programs, shall provide for screening as follows:

22 “(1) Screening mammography (as defined in
23 section 1861(jj) of the Social Security Act) for In-
24 dian women at a frequency appropriate to such
25 women under accepted and appropriate national

1 standards, and under such terms and conditions as
 2 are consistent with standards established by the Sec-
 3 retary to ensure the safety and accuracy of screen-
 4 ing mammography under part B of title XVIII of
 5 such Act.

6 “(2) Other cancer screening meeting accepted
 7 and appropriate national standards.

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

9 “The Secretary, acting through the Service and Trib-
 10 al Health Programs, is authorized to provide funds for the
 11 following patient travel costs, including appropriate and
 12 necessary qualified escorts, associated with receiving
 13 health care services provided (either through direct or con-
 14 tract care or through a contract or compact under the In-
 15 dian Self-Determination and Education Assistance Act
 16 (25 U.S.C. 450 et seq.)) under this Act—

17 “(1) emergency air transportation and non-
 18 emergency air transportation where ground trans-
 19 portation is infeasible;

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

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

1 **~~“SEC. 209. EPIDEMIOLOGY CENTERS.~~**

2 ~~“(a) ADDITIONAL CENTERS.—In addition to those~~
 3 ~~epidemiology centers already established as of the date of~~
 4 ~~enactment of this Act, and without reducing the funding~~
 5 ~~levels for such centers, not later than 180 days after the~~
 6 ~~date of enactment of the Indian Health Care Improvement~~
 7 ~~Act Amendments of 2005, the Secretary, acting through~~
 8 ~~the Service, shall establish and fund an epidemiology cen-~~
 9 ~~ter in each Service Area which does not yet have one to~~
 10 ~~carry out the functions described in subsection (b). Any~~
 11 ~~new centers so established may be operated by Tribal~~
 12 ~~Health Programs, but such funding shall not be divisible.~~

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

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

23 ~~“(2) evaluate existing delivery systems, data~~
 24 ~~systems, and other systems that impact the improve-~~
 25 ~~ment of Indian health;~~

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

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

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

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

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

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

24 “(d) FUNDING FOR STUDIES.—The Secretary may
 25 make funding available to Indian Tribes, Tribal Organiza-

1 tions, and Urban Indian Organizations to conduct epide-
 2 miological studies of Indian communities.

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

5 **“(a) FUNDING FOR DEVELOPMENT OF PROGRAMS.—**

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

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

17 **“(1)** Developing and implementing health edu-
 18 cation curricula both for regular school programs
 19 and afterschool programs.

20 **“(2)** Training teachers in comprehensive school
 21 health education curricula.

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

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

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

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

8 “(7) Developing behavioral health wellness pro-
9 grams.

10 “(8) Developing chronic disease prevention pro-
11 grams.

12 “(9) Developing substance abuse prevention
13 programs.

14 “(10) Developing injury prevention and safety
15 education programs.

16 “(11) Developing activities for the prevention
17 and control of communicable diseases.

18 “(12) Developing community and environmental
19 health education programs that include traditional
20 health care practitioners.

21 “(13) Violence prevention.

22 “(14) Such other health issues as are appro-
23 priate.

24 “(e) TECHNICAL ASSISTANCE.—Upon request, the
25 Secretary, acting through the Service, shall provide tech-

1 nical assistance to Indian Tribes, Tribal Organizations,
 2 and Urban Indian Organizations in the development of
 3 comprehensive health education plans and the dissemina-
 4 tion of comprehensive health education materials and in-
 5 formation on existing health programs and resources.

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

12 “(e) DEVELOPMENT OF PROGRAM FOR BIA FUNDED
 13 SCHOOLS.—

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

22 “(2) REQUIREMENTS FOR PROGRAMS.—Such
 23 programs shall include—

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

1 ~~“(B) behavioral health wellness programs;~~

2 ~~“(C) chronic disease prevention programs;~~

3 ~~“(D) substance abuse prevention pro-~~
4 ~~grams;~~

5 ~~“(E) injury prevention and safety edu-~~
6 ~~cation programs; and~~

7 ~~“(F) activities for the prevention and con-~~
8 ~~trol of communicable diseases.~~

9 ~~“(3) DUTIES OF THE SECRETARY.—The Sec-~~
10 ~~retary of the Interior shall—~~

11 ~~“(A) provide training to teachers in com-~~
12 ~~prehensive school health education curricula;~~

13 ~~“(B) ensure the integration and coordina-~~
14 ~~tion of school-based programs with existing~~
15 ~~services and health programs available in the~~
16 ~~community; and~~

17 ~~“(C) encourage healthy, tobacco-free school~~
18 ~~environments.~~

19 **~~“SEC. 211. INDIAN YOUTH PROGRAM.~~**

20 ~~“(a) PROGRAM AUTHORIZED.—The Secretary, acting~~
21 ~~through the Service, is authorized to establish and admin-~~
22 ~~ister a program to provide funding to Indian Tribes, Trib-~~
23 ~~al Organizations, and Urban Indian Organizations for in-~~
24 ~~novative mental and physical disease prevention and~~

1 health promotion and treatment programs for Indian and
 2 Urban Indian preadolescent and adolescent youths.

3 ~~“(b) USE OF FUNDS.—~~

4 ~~“(1) ALLOWABLE USES.—Funds made available~~
 5 ~~under this section may be used to—~~

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

11 ~~“(B) develop and provide community train-~~
 12 ~~ing and education.~~

13 ~~“(2) PROHIBITED USE.—Funds made available~~
 14 ~~under this section may not be used to provide serv-~~
 15 ~~ices described in section 707(c).~~

16 ~~“(c) DUTIES OF THE SECRETARY.—The Secretary~~
 17 ~~shall—~~

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

23 ~~“(2) encourage the implementation of such~~
 24 ~~models; and~~

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

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

10 **“SEC. 212. PREVENTION, CONTROL, AND ELIMINATION OF**
11 **COMMUNICABLE AND INFECTIOUS DISEASES.**

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

19 “(1) Projects for the prevention, control, and
20 elimination of communicable and infectious diseases,
21 including tuberculosis, hepatitis, HIV, respiratory
22 syncytial virus, hanta virus, sexually transmitted dis-
23 eases, 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, Tribal Organizations, and Urban Indian Or-~~
17 ~~ganizations receiving funding under this section are en-~~
18 ~~couraged to coordinate their activities with the Centers for~~
19 ~~Disease Control and Prevention and State and local health~~
20 ~~agencies.~~

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

23 ~~“(1) may, at the request of an Indian Tribe,~~
24 ~~Tribal Organization, or Urban Indian Organization,~~
25 ~~provide technical assistance; 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 including—

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

20 “(b) SERVICES TO OTHERWISE INELIGIBLE PER-
 21 SONS.—Subject to section 807, at the discretion of the
 22 Service, Indian Tribes, or Tribal Organizations, services
 23 provided for hospice care, home- and community-based
 24 care, assisted living, and long-term care may be provided
 25 (subject to reimbursement) to persons otherwise ineligible

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

5 “(e) 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 tribe,
 21 or a 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 assessment, assur-
 7 ance, and policy development which Indian Tribes
 8 and Tribal Organizations are authorized and encour-
 9 aged, in those circumstances where it meets their
 10 needs, to do by forming collaborative relationships
 11 with all levels of local, State, and Federal Govern-
 12 ment.

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 monitor and improve the quality of
 17 health care for Indian women of all ages through the plan-
 18 ning and delivery of programs administered by the Service,
 19 in order to improve and enhance the treatment models of
 20 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-

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

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

“(2) an analysis of the potential effect of ongoing
and future environmental resource development
on or near reservations and Indian communities, including
the cumulative effect over time on health;

“(3) an evaluation of the types and nature of
activities, practices, and conditions causing or affecting
such health problems, including uranium mining
and milling; uranium mine tailing deposits; nuclear
power plant operation and construction; and nuclear
waste disposal; oil and gas production or transportation
on or near reservations or Indian communities; and other
development that could affect the

1 health of Indians and their water supply and food
2 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 enactment of the In-
7 dian Health Care Improvement Act Amendments of
8 2005 that directly or indirectly relate to the activi-
9 ties, practices, and conditions affecting the health or
10 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 enactment of the Indian~~
 14 ~~Health Care Improvement Act Amendments of 2005. The~~
 15 ~~health care plan prepared under subsection (b) shall be~~
 16 ~~submitted in a report no later than 1 year after the study~~
 17 ~~prepared under subsection (a) is submitted to Congress.~~
 18 ~~Such report shall include recommended activities for the~~
 19 ~~implementation of the plan, as well as an evaluation of~~
 20 ~~any activities previously undertaken by the Service to ad-~~
 21 ~~dress 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 AND SOUTH DAKOTA AS CON-~~**
 20 **~~TRACT HEALTH SERVICE DELIVERY AREA.~~**

21 ~~“(a) IN GENERAL.—Beginning in fiscal year 2003,~~
 22 ~~the States of North Dakota and South Dakota shall be~~
 23 ~~designated as a contract health service delivery area by~~
 24 ~~the Service for the purpose of providing contract health~~

1 care services to members of federally recognized Indian
 2 Tribes of North Dakota and South Dakota.

3 “(b) **LIMITATION.**—The Service shall not curtail any
 4 health care services provided to Indians residing on any
 5 reservation, or in any county that has a common boundary
 6 with any reservation, in the State of North Dakota or
 7 South Dakota if such curtailment is due to the provision
 8 of contract services in such States pursuant to the des-
 9 ignation of such States as a contract health service deliv-
 10 ery area pursuant to subsection (a).

11 **“SEC. 217. CALIFORNIA CONTRACT HEALTH SERVICES PRO-**
 12 **GRAM.**

13 “(a) **FUNDING AUTHORIZED.**—The Secretary is au-
 14 thorized to fund a program using the California Rural In-
 15 dian Health Board (hereafter in this section referred to
 16 as the ‘CRHIB’) as a contract care intermediary to im-
 17 prove the accessibility of health services to California Indi-
 18 ans.

19 “(b) **REIMBURSEMENT CONTRACT.**—The Secretary
 20 shall enter into an agreement with the CRHIB to reim-
 21 burse the CRHIB for costs (including reasonable adminis-
 22 trative costs) incurred pursuant to this section, in pro-
 23 viding medical treatment under contract to California In-
 24 dians described in section 806(a) throughout the Cali-

1 formia contract health services delivery area described in
 2 section 218 with respect to high cost contract care cases.

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

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

15 “(e) ADVISORY BOARD.—There is established an ad-
 16 visory board which shall advise the CRIHB in carrying
 17 out this section. The advisory board shall be composed of
 18 representatives, selected by the CRIHB, from not less
 19 than 8 Tribal Health Programs serving California Indians
 20 covered under this section at least one half of whom of
 21 whom are not affiliated with the CRIHB.

22 **“SEC. 218. CALIFORNIA AS A CONTRACT HEALTH SERVICE**
 23 **DELIVERY AREA.**

24 “The State of California, excluding the counties of
 25 Alameda, Contra Costa, Los Angeles, Marin, Orange, Sac-

1 ramento, San Francisco, San Mateo, Santa Clara, Kern,
 2 Merced, Monterey, Napa, San Benito, San Joaquin, San
 3 Luis Obispo, Santa Cruz, Solano, Stanislaus, and Ven-
 4 tura, shall be designated as a contract health service deliv-
 5 ery area by the Service for the purpose of providing con-
 6 tract health services to California Indians. However, any
 7 of the counties listed herein may only be included in the
 8 contract health services delivery area if funding is specifi-
 9 cally provided by the Service for such services in those
 10 counties.

11 **~~“SEC. 219. CONTRACT HEALTH SERVICES FOR THE TREN-~~**
 12 **~~TON SERVICE AREA.~~**

13 ~~“(a) AUTHORIZATION FOR SERVICES.—The Sec-~~
 14 ~~retary, acting through the Service, is directed to provide~~
 15 ~~contract health services to members of the Turtle Moun-~~
 16 ~~tain Band of Chippewa Indians that reside in the Trenton~~
 17 ~~Service Area of Divide, McKenzie, and Williams counties~~
 18 ~~in the State of North Dakota and the adjoining counties~~
 19 ~~of Richland, Roosevelt, and Sheridan in the State of Mon-~~
 20 ~~tana.~~

21 ~~“(b) NO EXPANSION OF ELIGIBILITY.—Nothing in~~
 22 ~~this section may be construed as expanding the eligibility~~
 23 ~~of members of the Turtle Mountain Band of Chippewa In-~~
 24 ~~dians for health services provided by the Service beyond~~

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

3 **“SEC. 220. PROGRAMS OPERATED BY INDIAN TRIBES AND**
4 **TRIBAL ORGANIZATIONS.**

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

9 **“SEC. 221. LICENSING.**

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

17 **“SEC. 222. NOTIFICATION OF PROVISION OF EMERGENCY**
18 **CONTRACT HEALTH SERVICES.**

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

1 **~~“SEC. 223. PROMPT ACTION ON PAYMENT OF CLAIMS.~~**

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

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

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

15 **~~“SEC. 224. LIABILITY FOR PAYMENT.~~**

16 ~~“(a) NO PATIENT LIABILITY.—A patient who re-~~
 17 ~~ceives contract health care services that are authorized by~~
 18 ~~the Service shall not be liable for the payment of any~~
 19 ~~charges or costs associated with the provision of such serv-~~
 20 ~~ices.~~

21 ~~“(b) NOTIFICATION.—The Secretary shall notify a~~
 22 ~~contract care provider and any patient who receives con-~~
 23 ~~tract health care services authorized by the Service that~~
 24 ~~such patient is not liable for the payment of any charges~~
 25 ~~or costs associated with the provision of such services not~~

1 later than 5 business days after receipt of a notification
 2 of a claim by a provider of contract care services:

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

8 **~~“SEC. 225. AUTHORIZATION OF APPROPRIATIONS.~~**

9 ~~“There are authorized to be appropriated such sums~~
 10 ~~as may be necessary for each fiscal year through fiscal~~
 11 ~~year 2015 to carry out this title.~~

12 **~~“TITLE III—FACILITIES~~**

13 **~~“SEC. 301. CONSULTATION: CONSTRUCTION AND RENOVA-~~**
 14 **~~TION OF FACILITIES; REPORTS.~~**

15 ~~“(a) PREREQUISITES FOR EXPENDITURE OF~~
 16 ~~FUNDS.—Prior to the expenditure of, or the making of~~
 17 ~~any binding commitment to expend, any funds appro-~~
 18 ~~riated for the planning, design, construction, or renova-~~
 19 ~~tion of facilities pursuant to the Act of November 2, 1921~~
 20 ~~(25 U.S.C. 13) (commonly known as the ‘Snyder Act’),~~
 21 ~~the Secretary, acting through the Service, shall—~~

22 ~~“(1) consult with any Indian Tribe that would~~
 23 ~~be significantly affected by such expenditure for the~~
 24 ~~purpose of determining and, whenever practicable,~~
 25 ~~honoring tribal preferences concerning size, location,~~

1 type, and other characteristics of any facility on
 2 which such expenditure is to be made; and

3 “(2) ensure, whenever practicable and applica-
 4 ble, that such facility meets the construction stand-
 5 ards of any accrediting body recognized by the Sec-
 6 retary for the purposes of the medicare, medicaid,
 7 and SCHIP programs under titles XVIII, XIX, and
 8 XXI of the Social Security Act by not later than 1
 9 year after the date on which the construction or ren-
 10 ovation of such facility is completed.

11 “(b) CLOSURES.—

12 “(1) EVALUATION REQUIRED.—Notwith-
 13 standing any other provision of law, no facility oper-
 14 ated by the Service may be closed if the Secretary
 15 has not submitted to Congress at least 1 year prior
 16 to the date of the proposed closure an evaluation of
 17 the impact of the proposed closure which specifies,
 18 in addition to other considerations—

19 “(A) the accessibility of alternative health
 20 care resources for the population served by such
 21 facility;

22 “(B) the cost-effectiveness of such closure;

23 “(C) the quality of health care to be pro-
 24 vided to the population served by such facility
 25 after such closure;

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

3 “(E) the views of the Indian Tribes served
4 by such facility concerning such closure;

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

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

9 “(2) EXCEPTION FOR CERTAIN TEMPORARY
10 CLOSURES.—Paragraph (1) shall not apply to any
11 temporary closure of a facility or any portion of a
12 facility if such closure is necessary for medical, envi-
13 ronmental, or construction safety reasons.

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

15 “(1) IN GENERAL.—

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

20 “(i) be developed with Indian Tribes
21 and Tribal Organizations through nego-
22 tiated rulemaking under section 802;

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

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

4 “(B) PRIORITY OF CERTAIN PROJECTS
 5 PROTECTED.—The priority of any project estab-
 6 lished under the construction priority system in
 7 effect on the date of the Indian Health Care
 8 Improvement Act Amendments of 2005 shall
 9 not be affected by any change in the construc-
 10 tion priority system taking place thereafter if
 11 the project was identified as 1 of the 10 top-
 12 priority inpatient projects, 1 of the 10 top-pri-
 13 ority outpatient projects, 1 of the 10 top-pri-
 14 ority staff quarters developments, or 1 of the
 15 10 top-priority Youth Regional Treatment Cen-
 16 ters in the fiscal year 2005 Indian Health Serv-
 17 ice budget justification, or if the project had
 18 completed both Phase I and Phase II of the
 19 construction priority system in effect on the
 20 date of enactment of such Act.

21 “(2) REPORT; CONTENTS.—The Secretary shall
 22 submit to the President, for inclusion in each report
 23 required to be transmitted to Congress under section
 24 801, a report which sets forth the following:

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

4 “(B) Health care facilities lists, includ-
5 ing—

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

8 “(ii) the 10 top-priority outpatient
9 health care facilities;

10 “(iii) the 10 top-priority specialized
11 health care facilities (such as long-term
12 care and alcohol and drug abuse treat-
13 ment);

14 “(iv) the 10 top-priority staff quarters
15 developments associated with health care
16 facilities; and

17 “(v) the 10 top-priority hostels associ-
18 ated with health care facilities.

19 “(C) The justification for such order of
20 priority.

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

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

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

5 ~~“(A) consult with and obtain information~~
 6 ~~on all health care facilities needs from Indian~~
 7 ~~Tribes, Tribal Organizations, and Urban Indian~~
 8 ~~Organizations; and~~

9 ~~“(B) review the total unmet needs of all~~
 10 ~~Indian Tribes, Tribal Organizations, and Urban~~
 11 ~~Indian Organizations for health care facilities~~
 12 ~~(including hostels and staff quarters), including~~
 13 ~~needs for renovation and expansion of existing~~
 14 ~~facilities.~~

15 ~~“(4) CRITERIA FOR EVALUATING NEEDS.—For~~
 16 ~~purposes of this subsection, the Secretary shall, in~~
 17 ~~evaluating the needs of facilities operated under any~~
 18 ~~contract or compact under the Indian Self-Deter-~~
 19 ~~mination and Education Assistance Act (25 U.S.C.~~
 20 ~~450 et seq.) use the same criteria that the Secretary~~
 21 ~~uses in evaluating the needs of facilities operated di-~~
 22 ~~rectly by the Service.~~

23 ~~“(5) NEEDS OF FACILITIES UNDER ISDEAA~~
 24 ~~AGREEMENTS.—The Secretary shall ensure that the~~
 25 ~~planning, design, construction, and renovation needs~~

1 of Service and non-Service facilities operated under
 2 contracts or compacts in accordance with the Indian
 3 Self-Determination and Education Assistance Act
 4 (25 U.S.C. 450 et seq.) are fully and equitably inte-
 5 grated into the health care facility priority system.

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

7 “(1) INITIAL REPORT.—In the year 2006, the
 8 Government Accountability Office shall prepare and
 9 finalize a report which sets forth the needs of the
 10 Service, Indian Tribes, Tribal Organizations, and
 11 Urban Indian Organizations, for the facilities listed
 12 under subsection (c)(2)(B), including the needs for
 13 renovation and expansion of existing facilities. The
 14 Government Accountability Office shall submit the
 15 report to the appropriate authorizing and appropri-
 16 ations committees of Congress and to the Secretary.

17 “(2) Beginning in the year 2006, the Secretary
 18 shall update the report required under paragraph
 19 (1) every 5 years.

20 “(3) The Comptroller General and the Sec-
 21 retary shall consult with Indian Tribes, Tribal Orga-
 22 nizations, and Urban Indian Organizations. The
 23 Secretary shall submit the reports required by para-
 24 graphs (1) and (2), to the President for inclusion in

1 the report required to be transmitted to Congress
2 under section 801.

3 “(4) For purposes of this subsection, the re-
4 ports shall, regarding the needs of facilities operated
5 under any contract or compact under the Indian
6 Self-Determination and Education Assistance Act
7 (25 U.S.C. 450 et seq.), be based on the same cri-
8 teria that the Secretary uses in evaluating the needs
9 of facilities operated directly by the Service.

10 “(5) The planning, design, construction, and
11 renovation needs of facilities operated under con-
12 tracts or compacts under the Indian Self-Determina-
13 tion and Education Assistance Act (25 U.S.C. 450
14 et seq.) shall be fully and equitably integrated into
15 the development of the health facility priority sys-
16 tem.

17 “(6) Beginning in 2007 and each fiscal year
18 thereafter, the Secretary shall provide an oppor-
19 tunity for nomination of planning, design, and con-
20 struction projects by the Service, Indian Tribes,
21 Tribal Organizations, and Urban Indian Organiza-
22 tions for consideration under the health care facility
23 priority system.

24 “(e) FUNDING CONDITION.—All funds appropriated
25 under the Act of November 2, 1921 (25 U.S.C. 13) (com-

1 monly known as the ‘Snyder Act’), for the planning, de-
 2 sign, construction, or renovation of health facilities for the
 3 benefit of 1 or more Indian Tribes shall be subject to the
 4 provisions of the Indian Self-Determination and Edu-
 5 cation Assistance Act (25 U.S.C. 450 et seq.).

6 “(f) DEVELOPMENT OF INNOVATIVE APPROACHES.—

7 The Secretary shall consult and cooperate with Indian
 8 Tribes, Tribal Organizations, and Urban Indian Organiza-
 9 tions in developing innovative approaches to address all
 10 or part of the total unmet need for construction of health
 11 facilities, including those provided for in other sections of
 12 this title and other approaches.

13 **“SEC. 302. SANITATION FACILITIES.**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

24 “(3) unless specifically authorized when funds
 25 are appropriated, the Secretary shall not use funds

1 appropriated under section 7 of the Act of August
2 5, 1954 (42 U.S.C. 2004a), to provide sanitation fa-
3 cilities to new homes constructed using funds pro-
4 vided by the Department of Housing and Urban De-
5 velopment;

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

13 “(5) except as otherwise prohibited by this sec-
14 tion, the Secretary may use funds appropriated
15 under the authority of section 7 of the Act of Au-
16 gust 5, 1954 (42 U.S.C. 2004a) to fund up to 100
17 percent of the amount of an Indian Tribe’s loan ob-
18 tained under any Federal program for new projects
19 to construct eligible sanitation facilities to serve In-
20 dian homes;

21 “(6) except as otherwise prohibited by this sec-
22 tion, the Secretary may use funds appropriated
23 under the authority of section 7 of the Act of Au-
24 gust 5, 1954 (42 U.S.C. 2004a) to meet matching
25 or cost participation requirements under other Fed-

1 eral and non-Federal programs for new projects to
2 construct eligible sanitation facilities;

3 ~~“(7) all Federal agencies are authorized to~~
4 transfer to the Secretary funds identified, granted,
5 loaned, or appropriated whereby the Department’s
6 applicable policies, rules, and regulations shall apply
7 in the implementation of such projects;

8 ~~“(8) the Secretary of Health and Human Serv-~~
9 ices shall enter into interagency agreements with
10 Federal and State agencies for the purpose of pro-
11 viding financial assistance for sanitation facilities
12 and services under this Act; and

13 ~~“(9) the Secretary of Health and Human Serv-~~
14 ices shall, by regulation developed through rule-
15 making under section 802, establish standards appli-
16 cable to the planning, design, and construction of
17 sanitation facilities funded under this Act.

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

24 ~~“(e) FINANCIAL ASSISTANCE.—~~The Secretary is au-
25 thorized to provide financial assistance to Indian Tribes;

1 Tribal Organizations, and Indian communities for oper-
 2 ation, management, and maintenance of their sanitation
 3 facilities.

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

19 “(g) ISDEAA PROGRAM FUNDED ON EQUAL
 20 BASIS.—Tribal Health Programs shall be eligible (on an
 21 equal basis with programs that are administered directly
 22 by the Service) for—

23 “(1) any funds appropriated pursuant to this
 24 section; and

1 ~~“(2) any funds appropriated for the purpose of~~
 2 ~~providing sanitation facilities.~~

3 ~~“(h) REPORT.—~~

4 ~~“(1) REQUIRED; CONTENTS.—The Secretary, in~~
 5 ~~consultation with the Secretary of Housing and~~
 6 ~~Urban Development, Indian Tribes, Tribal Organiza-~~
 7 ~~tions, and tribally designated housing entities (as de-~~
 8 ~~finied in section 4 of the Native American Housing~~
 9 ~~Assistance and Self-Determination Act of 1996 (25~~
 10 ~~U.S.C. 4103)) shall submit to the President, for in-~~
 11 ~~clusion in each report required to be transmitted to~~
 12 ~~Congress under section 801, a report which sets~~
 13 ~~forth—~~

14 ~~“(A) the current Indian sanitation facility~~
 15 ~~priority system of the Service;~~

16 ~~“(B) the methodology for determining~~
 17 ~~sanitation deficiencies and needs;~~

18 ~~“(C) the level of initial and final sanitation~~
 19 ~~deficiency for each type of sanitation facility for~~
 20 ~~each project of each Indian Tribe or Indian~~
 21 ~~community;~~

22 ~~“(D) the amount and most effective use of~~
 23 ~~funds, derived from whatever source, necessary~~
 24 ~~to accommodate the sanitation facilities needs~~
 25 ~~of new homes assisted with funds under the~~

1 Native American Housing Assistance and Self-
2 Determination Act, and to reduce the identified
3 sanitation deficiency levels of all Indian Tribes
4 and Indian communities to level I sanitation de-
5 ficiency as defined in paragraph (4)(A); and

6 “(E) a 10-year plan to provide sanitation
7 facilities to serve existing Indian homes and In-
8 dian communities and new and renovated In-
9 dian homes.

10 “(2) CRITERIA.—The criteria on which the defi-
11 ciencies and needs will be evaluated shall be devel-
12 oped through negotiated rulemaking pursuant to
13 section 802.

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

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

1 “(A) A level I deficiency exists if a sanita-
2 tion facility serving an individual, Indian Tribe,
3 or Indian community—

4 “(i) complies with all applicable water
5 supply, pollution control, and solid waste
6 disposal laws; and

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

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

15 “(i) small or minor capital improve-
16 ments needed to bring the facility back
17 into compliance;

18 “(ii) capital improvements that are
19 necessary to enlarge or improve the facili-
20 ties in order to meet the current needs for
21 domestic sanitation facilities; or

22 “(iii) the lack of equipment or train-
23 ing by an Indian Tribe, Tribal Organiza-
24 tion, or an Indian community to properly

1 operate and maintain the sanitation facili-
2 ties.

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

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

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

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

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

18 “(i) a sanitation facility of an indi-
19 vidual, Indian Tribe, Tribal Organization,
20 or Indian community has no piped water
21 or sewer facilities in the home or the facil-
22 ity has become inoperable due to major
23 component failure; or

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

1 “(E) A level V deficiency exists in the ab-
 2 sence of a sanitation facility, where individual
 3 homes do not have access to safe drinking
 4 water or adequate wastewater (including sew-
 5 age) disposal.

6 “(i) DEFINITIONS.—For purposes of this section, the
 7 following terms apply:

8 “(1) INDIAN COMMUNITY.—The term ‘Indian
 9 community’ means a geographic area, a significant
 10 proportion of whose inhabitants are Indians and
 11 which is served by or capable of being served by a
 12 facility described in this section.

13 “(2) SANITATION FACILITIES.—The terms
 14 ‘sanitation facility’ and ‘sanitation facilities’ mean
 15 safe and adequate water supply systems, sanitary
 16 sewage disposal systems, and sanitary solid waste
 17 systems (and all related equipment and support in-
 18 frastructure).

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

20 “(a) BUY INDIAN ACT.—The Secretary, acting
 21 through the Service, may use the negotiating authority of
 22 section 23 of the Act of June 25, 1910 (25 U.S.C. 47,
 23 commonly known as the ‘Buy Indian Act’), to give pref-
 24 erence to any Indian or any enterprise, partnership, cor-
 25 poration, or other type of business organization owned and

1 controlled by an Indian or Indians including former or
 2 currently federally recognized Indian Tribes in the State
 3 of New York (hereinafter referred to as an 'Indian firm')
 4 in the construction and renovation of Service facilities pur-
 5 suant to section 301 and in the construction of sanitation
 6 facilities pursuant to section 302. Such preference may be
 7 accorded by the Secretary unless the Secretary finds, pur-
 8 suant to regulations adopted pursuant to section 802, that
 9 the project or function to be contracted for will not be
 10 satisfactory or such project or function cannot be properly
 11 completed or maintained under the proposed contract. The
 12 Secretary, in arriving at such a finding, shall consider
 13 whether the Indian or Indian firm will be deficient with
 14 respect to—

- 15 “(1) ownership and control by Indians;
- 16 “(2) equipment;
- 17 “(3) bookkeeping and accounting procedures;
- 18 “(4) substantive knowledge of the project or
- 19 function to be contracted for;
- 20 “(5) adequately trained personnel; or
- 21 “(6) other necessary components of contract
- 22 performance.

23 “(b) LABOR STANDARDS.—

- 24 “(1) IN GENERAL.—For the purposes of imple-
- 25 menting the provisions of this title, contracts for the

1 construction or renovation of health care facilities;
2 staff quarters, and sanitation facilities, and related
3 support infrastructure, funded in whole or in part
4 with funds made available pursuant to this title;
5 shall contain a provision requiring compliance with
6 subchapter IV of chapter 31 of title 40, United
7 States Code (commonly known as the ‘Davis-Bacon
8 Act’), unless such construction or renovation—

9 “(A) is performed by a contractor pursu-
10 ant to a contract with an Indian Tribe or Trib-
11 al Organization with funds supplied through a
12 contract or compact authorized by the Indian
13 Self-Determination and Education Assistance
14 Act, or other statutory authority; and

15 “(B) is subject to prevailing wage rates for
16 similar construction or renovation in the locality
17 as determined by the Indian Tribes or Tribal
18 Organizations to be served by the construction
19 or renovation.

20 “(2) EXCEPTION.—This subsection shall not
21 apply to construction or renovation carried out by an
22 Indian Tribe or Tribal Organization with its own
23 employees.

1 **“SEC. 304. EXPENDITURE OF NONSERVICE FUNDS FOR REN-**
 2 **OVATION.**

3 “(a) IN GENERAL.—Notwithstanding any other pro-
 4 vision of law, if the requirements of subsection (c) are met,
 5 the Secretary, acting through the Service, is authorized
 6 to accept any major expansion, renovation, or moderniza-
 7 tion by any Indian Tribe or Tribal Organization of any
 8 Service facility or of any other Indian health facility oper-
 9 ated pursuant to a contract or compact under the Indian
 10 Self-Determination and Education Assistance Act (25
 11 U.S.C. 450 et seq.); including—

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

14 “(2) any expansion, renovation, or moderniza-
 15 tion for which funds appropriated under any Federal
 16 law were lawfully expended.

17 “(b) PRIORITY LIST.—

18 “(1) IN GENERAL.—The Secretary shall main-
 19 tain a separate priority list to address the needs for
 20 increased operating expenses, personnel, or equip-
 21 ment for such facilities. The methodology for estab-
 22 lishing priorities shall be developed through nego-
 23 tiated rulemaking under section 802. The list of pri-
 24 ority facilities will be revised annually in consulta-
 25 tion with Indian Tribes and Tribal Organizations.

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

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

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

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

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

15 “(2) the expansion, renovation, or moderniza-
 16 tion—

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

19 “(B) is administered by the Indian Tribe
 20 or Tribal Organization in accordance with any
 21 applicable regulations prescribed by the Sec-
 22 retary with respect to construction or renova-
 23 tion of Service facilities.

24 “(d) ADDITIONAL REQUIREMENT FOR EXPANSION.—

25 In addition to the requirements under subsection (c), for

1 any expansion, the Indian Tribe or Tribal Organization
 2 shall provide to the Secretary additional information devel-
 3 oped through negotiated rulemaking under section 802,
 4 including additional staffing, equipment, and other costs
 5 associated with the expansion.

6 “(e) CLOSURE OR CONVERSION OF FACILITIES.—If
 7 any Service facility which has been expanded, renovated,
 8 or modernized by an Indian Tribe or Tribal Organization
 9 under this section ceases to be used as a Service facility
 10 during the 20-year period beginning on the date such ex-
 11 pansion, renovation, or modernization is completed, such
 12 Indian Tribe or Tribal Organization shall be entitled to
 13 recover from the United States an amount which bears
 14 the same ratio to the value of such facility at the time
 15 of such cessation as the value of such expansion, renova-
 16 tion, or modernization (less the total amount of any funds
 17 provided specifically for such facility under any Federal
 18 program that were expended for such expansion, renova-
 19 tion, or modernization) bore to the value of such facility
 20 at the time of the completion of such expansion, renova-
 21 tion, or modernization.

22 **“SEC. 305. FUNDING FOR THE CONSTRUCTION, EXPANSION,**
 23 **AND MODERNIZATION OF SMALL AMBULA-**
 24 **TORY CARE FACILITIES.**

25 “(a) FUNDING.—

1 “(1) IN GENERAL.—The Secretary, acting
2 through the Service, in consultation with Indian
3 Tribes and Tribal Organizations, shall make grants
4 to Indian Tribes and Tribal Organizations for the
5 construction, expansion, or modernization of facili-
6 ties for the provision of ambulatory care services to
7 eligible Indians (and noneligible persons pursuant to
8 subsections (b)(2) and (c)(1)(C)). Funding made
9 under this section may cover up to 100 percent of
10 the costs of such construction, expansion, or mod-
11 ernization. For the purposes of this section, the term
12 ‘construction’ includes the replacement of an exist-
13 ing facility.

14 “(2) AGREEMENT REQUIRED.—Funding under
15 paragraph (1) may only be made available to a Trib-
16 al Health Program operating an Indian health facil-
17 ity (other than a facility owned or constructed by
18 the Service, including a facility originally owned or
19 constructed by the Service and transferred to an In-
20 dian Tribe or Tribal Organization).

21 “(b) USE OF FUNDS.—

22 “(1) ALLOWABLE USES.—Funding provided
23 under this section may be used for the construction,
24 expansion, or modernization (including the planning

1 and design of such construction, expansion, or mod-
 2 ernization) of an ambulatory care facility—

3 “(A) located apart from a hospital;

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

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

8 “(i) have a total capacity appropriate
 9 to its projected service population;

10 “(ii) provide annually no fewer than
 11 150 patient visits by eligible Indians and
 12 other users who are eligible for services in
 13 such facility in accordance with section
 14 807(e)(2); and

15 “(iii) provide ambulatory care in a
 16 Service Area (specified in the contract or
 17 compact under the Indian Self-Determina-
 18 tion and Education Assistance Act (25
 19 U.S.C. 450 et seq.)) with a population of
 20 no fewer than 1,500 eligible Indians and
 21 other users who are eligible for services in
 22 such facility in accordance with section
 23 807(e)(2).

24 “(2) ~~ADDITIONAL ALLOWABLE USE.~~—The Sec-
 25 retary may also reserve a portion of the funding pro-

1 vided under this section and use those reserved
 2 funds to reduce an outstanding debt incurred by In-
 3 dian Tribes or Tribal Organizations for the con-
 4 struction, expansion, or modernization of an ambula-
 5 tory care facility that meets the requirements under
 6 paragraph (1). The provisions of this section shall
 7 apply, except that such applications for funding
 8 under this paragraph shall be considered separately
 9 from applications for funding under paragraph (1).

10 “(3) USE ONLY FOR CERTAIN PORTION OF
 11 COSTS.—Funding provided under this section may
 12 be used only for the cost of that portion of a con-
 13 struction, expansion, or modernization project that
 14 benefits the Service population identified above in
 15 subsection (b)(1)(C) (ii) and (iii). The requirements
 16 of clauses (ii) and (iii) of paragraph (1)(C) shall not
 17 apply to an Indian Tribe or Tribal Organization ap-
 18 plying for funding under this section for a health
 19 care facility located or to be constructed on an is-
 20 land or when such facility is not located on a road
 21 system providing direct access to an inpatient hos-
 22 pital where care is available to the Service popu-
 23 lation.

24 “(e) FUNDING.—

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

9 “(A) adequate financial support will be
 10 available for the provision of services at such
 11 facility;

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

15 “(C) such facility will, as feasible without
 16 diminishing the quality or quantity of services
 17 provided to eligible Indians, serve noneligible
 18 persons on a cost basis.

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

23 “(A) a need for increased ambulatory care
 24 services; and

1 ~~“(B) insufficient capacity to deliver such~~
2 ~~services.~~

3 ~~“(3) PEER REVIEW PANELS.—The Secretary~~
4 ~~may provide for the establishment of peer review~~
5 ~~panels, as necessary, to review and evaluate applica-~~
6 ~~tions and proposals and to advise the Secretary re-~~
7 ~~garding such applications using the criteria devel-~~
8 ~~oped during consultations pursuant to subsection~~
9 ~~(a)(1).~~

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

20 ~~“(e) FUNDING NONRECURRING.—Funding provided~~
21 ~~under this section shall be nonrecurring and shall not be~~
22 ~~available for inclusion in any individual Indian Tribe’s~~
23 ~~tribal share for an award under the Indian Self-Deter-~~
24 ~~mination and Education Assistance Act or for reallocation~~
25 ~~or redesign thereunder.~~

1 **“SEC. 306. INDIAN HEALTH CARE DELIVERY DEMONSTRA-**
2 **TION PROJECT.**

3 **“(a) HEALTH CARE DEMONSTRATION PROJECTS.—**

4 The Secretary, acting through the Service, and in con-
5 sultation with Indian Tribes and Tribal Organizations, is
6 authorized to enter into construction agreements under
7 the Indian Self-Determination and Education Assistance
8 Act (25 U.S.C. 450 et seq.) with Indian Tribes or Tribal
9 Organizations for the purpose of carrying out a health
10 care delivery demonstration project to test alternative
11 means of delivering health care and services to Indians
12 through facilities.

13 **“(b) USE OF FUNDS.—**The Secretary, in approving
14 projects pursuant to this section, may authorize funding
15 for the construction and renovation of hospitals, health
16 centers, health stations, and other facilities to deliver
17 health care services and is authorized to—

18 “(1) waive any leasing prohibition;

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

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

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

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

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

3 “(e) REGULATIONS.—The Secretary shall develop
4 and promulgate regulations not later than 1 year after the
5 date of enactment of the Indian Health Care Improvement
6 Act Amendments of 2005. If the Secretary has not pro-
7 mulgated regulations by that date, the Secretary shall de-
8 velop and publish regulations, through rulemaking under
9 section 802, for the review and approval of applications
10 submitted under this section.

11 “(d) CRITERIA.—The Secretary may approve projects
12 that meet the following criteria:

13 “(1) There is a need for a new facility or pro-
14 gram or the reorientation of an existing facility or
15 program.

16 “(2) A significant number of Indians, including
17 those with low health status, will be served by the
18 project.

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

21 “(4) The project is economically viable.

22 “(5) The Indian Tribe or Tribal Organization
23 has the administrative and financial capability to ad-
24 minister the project.

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

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

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

13 “(1) Cass Lake, Minnesota.

14 “(2) Clinton, Oklahoma.

15 “(3) Harlem, Montana.

16 “(4) Mescalero, New Mexico.

17 “(5) Owyhee, Nevada.

18 “(6) Parker, Arizona.

19 “(7) Schurz, Nevada.

20 “(8) Winnebago, Nebraska.

21 “(9) Ft. Yuma, California.

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

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

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

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

1 **“SEC. 307. LAND TRANSFER.**

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

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

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

22 **“SEC. 309. STUDY ON LOANS, LOAN GUARANTEES, AND**
 23 **LOAN REPAYMENT.**

24 “(a) IN GENERAL.—The Secretary, in consultation
 25 with the Secretary of the Treasury, Indian Tribes, and
 26 Tribal Organizations, shall carry out a study to determine

1 the feasibility of establishing a loan fund to provide to In-
 2 dian Tribes and Tribal Organizations direct loans or guar-
 3 antees for loans for the construction of health care facili-
 4 ties, including—

5 “(1) inpatient facilities;

6 “(2) outpatient facilities;

7 “(3) staff quarters;

8 “(4) hostels; and

9 “(5) specialized care facilities, such as behav-
 10 ioral health and elder care facilities.

11 “(b) DETERMINATIONS.—In carrying out the study
 12 under subsection (a), the Secretary shall determine—

13 “(1) the maximum principal amount of a loan
 14 or loan guarantee that should be offered to a recipi-
 15 ent from the loan fund;

16 “(2) the percentage of eligible costs, not to ex-
 17 ceed 100 percent, that may be covered by a loan or
 18 loan guarantee from the loan fund (including costs
 19 relating to planning, design, financing, site land de-
 20 velopment, construction, rehabilitation, renovation,
 21 conversion, improvements, medical equipment and
 22 furnishings, and other facility-related costs and cap-
 23 ital purchase (but excluding staffing));

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

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

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

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

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

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

1 “(9) the appropriateness of, and best methods
2 for, coordinating the loan fund with the health care
3 priority system of the Service under section 301; and

4 “(10) any legislative or regulatory changes re-
5 quired to implement recommendations of the Sec-
6 retary based on results of the study.

7 “(c) REPORT.—Not later than September 30, 2007,
8 the Secretary shall submit to the Committee on Indian Af-
9 fairs of the Senate and the Committee on Resources and
10 the Committee on Energy and Commerce of the House
11 of Representatives a report that describes—

12 “(1) the manner of consultation made as re-
13 quired by subsection (a); and

14 “(2) the results of the study, including any rec-
15 ommendations of the Secretary based on results of
16 the study.

17 **“SEC. 310. TRIBAL LEASING.**

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

21 **“SEC. 311. INDIAN HEALTH SERVICE/TRIBAL FACILITIES**

22 **JOINT VENTURE PROGRAM.**

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

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

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

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

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

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

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

3 “(2) the Indian Tribe or Tribal Organization
4 meets the need criteria which shall be developed
5 through the negotiated rulemaking process provided
6 for under section 802.

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

11 “(d) BREACH OF AGREEMENT.—An Indian Tribe or
12 Tribal Organization that has entered into a written agree-
13 ment with the Secretary under this section, and that
14 breaches or terminates without cause such agreement,
15 shall be liable to the United States for the amount that
16 has been paid to the Indian Tribe or Tribal Organization,
17 or paid to a third party on the Indian Tribe’s or Tribal
18 Organization’s behalf, under the agreement. The Sec-
19 retary has the right to recover tangible property (including
20 supplies) and equipment, less depreciation, and any funds
21 expended for operations and maintenance under this sec-
22 tion. The preceding sentence does not apply to any funds
23 expended for the delivery of health care services, per-
24 sonnel, or staffing.

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

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

13 **“SEC. 312. LOCATION OF FACILITIES.**

14 “(a) **IN GENERAL.**—In all matters involving the reor-
15 ganization or development of Service facilities or in the
16 establishment of related employment projects to address
17 unemployment conditions in economically depressed areas,
18 the Bureau of Indian Affairs and the Service shall give
19 priority to locating such facilities and projects on Indian
20 lands, or lands in Alaska owned by any Alaska Native vil-
21 lage, or village or regional corporation under the Alaska
22 Native Claims Settlement Act, or any land allotted to any
23 Alaska Native, if requested by the Indian owner and the
24 Indian Tribe with jurisdiction over such lands or other
25 lands owned or leased by the Indian Tribe or Tribal Orga-

1 nization. Top priority shall be given to Indian land owned
2 by 1 or more Indian Tribes.

3 “(b) DEFINITION.—For purposes of this section, the
4 term ‘Indian lands’ means—

5 “(1) all lands within the exterior boundaries of
6 any reservation; and

7 “(2) any lands title to which is held in trust by
8 the United States for the benefit of any Indian
9 Tribe or individual Indian or held by any Indian
10 Tribe or individual Indian subject to restriction by
11 the United States against alienation.

12 **“SEC. 313. MAINTENANCE AND IMPROVEMENT OF HEALTH**
13 **CARE FACILITIES.**

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

23 “(b) MAINTENANCE OF NEWLY CONSTRUCTED
24 SPACE.—The Secretary, acting through the Service, is au-
25 thorized to expend maintenance and improvement funds

1 to support maintenance of newly constructed space only
 2 if such space falls within the approved supportable space
 3 allocation for the Indian Tribe or Tribal Organization.
 4 Supportable space allocation shall be defined through the
 5 negotiated rulemaking process provided for under section
 6 802.

7 “(c) REPLACEMENT FACILITIES.—In addition to
 8 using maintenance and improvement funds for renovation,
 9 modernization, and expansion of facilities, an Indian Tribe
 10 or Tribal Organization may use maintenance and improve-
 11 ment funds for construction of a replacement facility if
 12 the costs of renovation of such facility would exceed a
 13 maximum renovation cost threshold. The maximum ren-
 14 ovation cost threshold shall be determined through the ne-
 15 gotiated rulemaking process provided for under section
 16 802.

17 **“SEC. 314. TRIBAL MANAGEMENT OF FEDERALLY OWNED**
 18 **QUARTERS.**

19 “(a) RENTAL RATES.—

20 “(1) ESTABLISHMENT.—Notwithstanding any
 21 other provision of law, a Tribal Health Program
 22 which operates a hospital or other health facility and
 23 the federally owned quarters associated therewith
 24 pursuant to a contract or compact under the Indian
 25 Self-Determination and Education Assistance Act

1 ~~(25 U.S.C. 450 et seq.)~~ shall have the authority to
 2 establish the rental rates charged to the occupants
 3 of such quarters by providing notice to the Secretary
 4 of its election to exercise such authority.

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

9 ~~“(A) To~~ base such rental rates on the rea-
 10 sonable value of the quarters to the occupants
 11 thereof.

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

18 ~~“(3) EQUITABLE FUNDING.—~~Any quarters
 19 whose rental rates are established by a Tribal
 20 Health Program pursuant to this subsection shall
 21 remain eligible for quarters improvement and repair
 22 funds to the same extent as all federally owned
 23 quarters used to house personnel in Services-sup-
 24 ported programs.

1 “(4) NOTICE OF RATE CHANGE.—A Tribal
 2 Health Program which exercises the authority pro-
 3 vided under this subsection shall provide occupants
 4 with no less than 60 days notice of any change in
 5 rental rates.

6 “(b) DIRECT COLLECTION OF RENT.—

7 “(1) IN GENERAL.—Notwithstanding any other
 8 provision of law, and subject to paragraph (2), a
 9 Tribal Health Program shall have the authority to
 10 collect rents directly from Federal employees who oc-
 11 cupy such quarters in accordance with the following:

12 “(A) The Tribal Health Program shall no-
 13 tify the Secretary and the subject Federal em-
 14 ployees of its election to exercise its authority
 15 to collect rents directly from such Federal em-
 16 ployees.

17 “(B) Upon receipt of a notice described in
 18 subparagraph (A), the Federal employees shall
 19 pay rents for occupancy of such quarters di-
 20 rectly to the Tribal Health Program and the
 21 Secretary shall have no further authority to col-
 22 lect rents from such employees through payroll
 23 deduction or otherwise.

24 “(C) Such rent payments shall be retained
 25 by the Tribal Health Program and shall not be

1 made payable to or otherwise be deposited with
2 the United States.

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

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

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

20 “(B) such other date as may be mutually
21 agreed by the Secretary and the Tribal Health
22 Program.

23 “(c) RATES IN ALASKA.—To the extent that a Tribal
24 Health Program, pursuant to authority granted in sub-
25 section (a), establishes rental rates for federally owned

1 quarters provided to a Federal employee in Alaska, such
 2 rents may be based on the cost of comparable private rent-
 3 al housing in the nearest established community with a
 4 year-round population of 1,500 or more individuals.

5 **“SEC. 315. APPLICABILITY OF BUY AMERICAN ACT RE-**
 6 **QUIREMENT.**

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

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

23 “(c) **DEFINITIONS.**—For purposes of this section, the
 24 term ‘Buy American Act’ means title III of the Act enti-
 25 tled ‘An Act making appropriations for the Treasury and

1 Post Office Departments for the fiscal year ending June
 2 30, 1934, and for other purposes', approved March 3,
 3 1933 (41 U.S.C. 10a et seq.).

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

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

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

“(c) TRANSFERRED FUNDS.—Any Federal agency to which funds for the construction of health care facilities are appropriated is authorized to transfer such funds to the Secretary for the construction of health care facilities to carry out the purposes of this Act as well as the purposes for which such funds are appropriated to such other Federal agency.

8 “(d) ESTABLISHMENT OF STANDARDS.—The Sec-
9 retary, through the Service, shall establish standards by
10 regulation, developed by rulemaking under section 802, for
11 the planning, design, and construction of health care fa-
12 cilities serving Indians under this Act.

13 **“SEC. 317. AUTHORIZATION OF APPROPRIATIONS.**

14 “There are authorized to be appropriated such sums
15 as may be necessary for each fiscal year through fiscal
16 year 2015 to carry out this title.

17 **“TITLE IV—ACCESS TO HEALTH**
18 **SERVICES**

19 "SEC. 401. TREATMENT OF PAYMENTS UNDER SOCIAL SE-
20 CURITY ACT HEALTH CARE PROGRAMS.

21 “(a) ~~DISREGARD OF MEDICARE, MEDICAID, AND~~
22 ~~SCHIP PAYMENTS IN DETERMINING APPROPRIATIONS.—~~
23 Any payments received by an Indian Health Program or
24 by an Urban Indian Organization made under title XVIII,
25 ~~XIX, or XXI~~ of the Social Security Act for services pro-

1 vided to Indians eligible for benefits under such respective
 2 titles shall not be considered in determining appropria-
 3 tions for the provision of health care and services to Indi-
 4 ans.

5 “(b) NONPREFERENTIAL TREATMENT.—Nothing in
 6 this Act authorizes the Secretary to provide services to an
 7 Indian with coverage under title XVIII, XIX, or XXI of
 8 the Social Security Act in preference to an Indian without
 9 such coverage.

10 “(c) USE OF FUNDS.—

11 “(1) SPECIAL FUND.—Notwithstanding any
 12 other provision of law, but subject to paragraph (2),
 13 payments to which a facility of the Service is enti-
 14 tled by reason of a provision of the Social Security
 15 Act shall be placed in a special fund to be held by
 16 the Secretary and first used (to such extent or in
 17 such amounts as are provided in appropriation Acts)
 18 for the purpose of making any improvements in the
 19 programs of the Service which may be necessary to
 20 achieve or maintain compliance with the applicable
 21 conditions and requirements of titles XVIII, XIX,
 22 and XXI of the Social Security Act. Any amounts to
 23 be reimbursed that are in excess of the amount nec-
 24 essary to achieve or maintain such conditions and
 25 requirements shall, subject to the consultation with

1 Indian Tribes being served by the Service Unit, be
 2 used for reducing the health resource deficiencies of
 3 the Indian Tribes. In making payments from such
 4 fund, the Secretary shall ensure that each Service
 5 Unit of the Service receives 100 percent of the
 6 amount to which the facilities of the Service, for
 7 which such Service Unit makes collections, are enti-
 8 tled by reason of a provision of the Social Security
 9 Act.

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

17 “(d) DIRECT BILLING.—

18 “(1) IN GENERAL.—A Tribal Health Program
 19 may directly bill for, and receive payment for, health
 20 care items and services provided by such Indian
 21 Tribe or Tribal organization for which payment is
 22 made under title XVIII, XIX, or XXI of the Social
 23 Security Act or from any other third party payor.

24 “(2) DIRECT REIMBURSEMENT.—

1 “(A) USE OF FUNDS.—Each Tribal Health
2 Program exercising the option described in
3 paragraph (1) with respect to a program under
4 a title of the Social Security Act shall be reim-
5 bursed directly by that program for items and
6 services furnished without regard to section
7 401(c), but all amounts so reimbursed shall be
8 used by the Tribal Health Program for the pur-
9 pose of making any improvements in Tribal fa-
10 cilities or Tribal Health Programs that may be
11 necessary to achieve or maintain compliance
12 with the conditions and requirements applicable
13 generally to such items and services under the
14 program under such title and to provide addi-
15 tional health care services, improvements in
16 health care facilities and Tribal Health Pro-
17 grams, any health care-related purpose, or oth-
18 erwise to achieve the objectives provided in sec-
19 tion 3 of this Act.

20 “(B) AUDITS.—The amounts paid to an
21 Indian Tribe or Tribal Organization exercising
22 the option described in paragraph (1) with re-
23 spect to a program under a title of the Social
24 Security Act shall be subject to all auditing re-

1 quirements applicable to programs administered
2 by an Indian Health Program.

3 ~~“(C) IDENTIFICATION OF SOURCE OF PAY-~~
4 ~~MENTS.—If an Indian Tribe or Tribal Organi-~~
5 ~~zation receives funding from the Service under~~
6 ~~the Indian Self-Determination and Education~~
7 ~~Assistance Act or an Urban Indian Organiza-~~
8 ~~tion receives funding from the Service under~~
9 ~~title V of this Act and receives reimbursements~~
10 ~~or payments under title XVIII, XIX, or XXI of~~
11 ~~the Social Security Act, such Indian Tribe or~~
12 ~~Tribal Organization, or Urban Indian Organiza-~~
13 ~~tion, shall provide to the Service a list of each~~
14 ~~provider enrollment number (or other identifier)~~
15 ~~under which it receives such reimbursements or~~
16 ~~payments.~~

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 CONTRACTS WITH THE SERV-**
17 **ICE, INDIAN TRIBES, TRIBAL ORGANIZA-**
18 **TIONS, AND URBAN INDIAN ORGANIZATIONS.**

19 ~~“(a) INDIAN TRIBES AND TRIBAL ORGANIZA-~~
20 ~~TIONS.—The Secretary, acting through the Service, shall~~
21 ~~make grants to or enter into contracts with Indian Tribes~~
22 ~~and Tribal Organizations to assist such Tribes and Tribal~~
23 ~~Organizations in establishing and administering programs~~
24 ~~on or near reservations and trust lands to assist individual~~
25 ~~Indians—~~

1 “(1) to enroll for benefits under title XVIII,
2 XIX, or XXI of the Social Security Act and other
3 health benefits programs; and

4 “(2) to pay premiums for coverage for such
5 benefits, which may be based on financial need (as
6 determined by the Indian Tribe or Tribes being
7 served based on a schedule of income levels devel-
8 oped or implemented by such Tribe or Tribes).

9 “(b) CONDITIONS.—The Secretary, acting through
10 the Service, shall place conditions as deemed necessary to
11 effect the purpose of this section in any grant or contract
12 which the Secretary makes with any Indian Tribe or Trib-
13 al Organization pursuant to this section. Such conditions
14 shall include requirements that the Indian Tribe or Tribal
15 Organization successfully undertake—

16 “(1) to determine the population of Indians eli-
17 gible for the benefits described in subsection (a);

18 “(2) to educate Indians with respect to the ben-
19 efits available under the respective programs;

20 “(3) to provide transportation for such indi-
21 vidual Indians to the appropriate offices for enroll-
22 ment or applications for such benefits; and

23 “(4) to develop and implement methods of im-
24 proving the participation of Indians in receiving the

1 benefits provided under titles XVIII, XIX, and XXI
2 of the Social Security Act.

3 ~~“(c) AGREEMENTS RELATING TO IMPROVING EN-~~
4 ~~ROLLMENT OF INDIANS UNDER SOCIAL SECURITY ACT~~
5 ~~PROGRAMS.—~~

6 ~~“(1) AGREEMENTS WITH SECRETARY TO IM-~~
7 ~~PROVE RECEIPT AND PROCESSING OF APPLICA-~~
8 ~~TIONS.—~~

9 ~~“(A) AUTHORIZATION.—The Secretary,~~
10 acting through the Service, may enter into an
11 agreement with an Indian Tribe, Tribal Organi-
12 zation, or Urban Indian Organization which
13 provides for the receipt and processing of appli-
14 cations by Indians for assistance under titles
15 XIX and XXI of the Social Security Act, and
16 benefits under title XVIII of such Act, by an
17 Indian Health Program or Urban Indian Orga-
18 nization.

19 ~~“(B) REIMBURSEMENT OF COSTS.—Such~~
20 agreements may provide for reimbursement of
21 costs of outreach, education regarding eligibility
22 and benefits, and translation when such services
23 are provided. The reimbursement may, as ap-
24 propriate, be added to the applicable rate per
25 encounter or be provided as a separate fee-for-

1 service payment to the Indian Tribe or Tribal
2 Organization.

3 “(C) PROCESSING CLARIFIED.—In this
4 paragraph, the term ‘processing’ does not in-
5 clude a final determination of eligibility.

6 “(2) AGREEMENTS WITH STATES FOR OUT-
7 REACH ON OR NEAR RESERVATION.—

8 “(A) IN GENERAL.—In order to improve
9 the access of Indians residing on or near a res-
10 ervation to obtain benefits under title XIX or
11 XXI of the Social Security Act, the Secretary
12 shall encourage the State to take steps to pro-
13 vide for enrollment on or near the reservation.
14 Such steps may include outreach efforts such as
15 the outstationing of eligibility workers, entering
16 into agreements with Indian Tribes and Tribal
17 Organizations to provide outreach, education re-
18 garding eligibility and benefits, enrollment, and
19 translation services when such services are pro-
20 vided.

21 “(B) CONSTRUCTION.—Nothing in sub-
22 paragraph (A) shall be construed as affecting
23 arrangements entered into between States and
24 Indian Tribes and Tribal Organizations for
25 such Indian Tribes and Tribal Organizations to

1 conduct administrative activities under such ti-
2 tles.

3 “(d) FACILITATING COOPERATION.—The Secretary,
4 acting through the Centers for Medicare & Medicaid Serv-
5 ices, shall take such steps as are necessary to facilitate
6 cooperation with, and agreements between, States and the
7 Service, Indian Tribes, Tribal Organizations, or Urban In-
8 dian Organizations.

9 “(e) APPLICATION TO URBAN INDIAN ORGANIZA-
10 TIONS.—

11 “(1) IN GENERAL.—The provisions of sub-
12 section (a) shall apply with respect to grants and
13 other funding to Urban Indian Organizations with
14 respect to populations served by such organizations
15 in the same manner they apply to grants and con-
16 tracts with Indian Tribes and Tribal Organizations
17 with respect to programs on or near reservations.

18 “(2) REQUIREMENTS.—The Secretary shall in-
19 clude in the grants or contracts made or provided
20 under paragraph (1) requirements that are—

21 “(A) consistent with the requirements im-
22 posed by the Secretary under subsection (b);

23 “(B) appropriate to Urban Indian Organi-
24 zations and Urban Indians; and

1 “(C) necessary to effect the purposes of
2 this section.

3 **“SEC. 403. REIMBURSEMENT FROM CERTAIN THIRD PAR-**
4 **TIES OF COSTS OF HEALTH SERVICES.**

5 “(a) RIGHT OF RECOVERY.—Except as provided in
6 subsection (f), the United States, an Indian Tribe, or
7 Tribal Organization shall have the right to recover from
8 an insurance company, health maintenance organization,
9 employee benefit plan, third-party tortfeasor, or any other
10 responsible or liable third party (including a political sub-
11 division or local governmental entity of a State) the rea-
12 sonable charges as determined by the Secretary, and billed
13 by the Secretary, an Indian Tribe, or Tribal Organization,
14 in providing health services, through the Service, an In-
15 dian Tribe, or Tribal Organization to any individual to the
16 same extent that such individual, or any nongovernmental
17 provider of such services, would be eligible to receive dam-
18 ages, reimbursement, or indemnification for such charges
19 or expenses if—

20 “(1) such services had been provided by a non-
21 governmental provider; and

22 “(2) such individual had been required to pay
23 such charges or expenses and did pay such charges
24 or expenses.

1 “(b) LIMITATIONS ON RECOVERIES FROM STATES.—

2 Subsection (a) shall provide a right of recovery against
3 any State, only if the injury, illness, or disability for which
4 health services were provided is covered under—

5 “(1) workers’ compensation laws; or

6 “(2) a no-fault automobile accident insurance
7 plan or program.

8 “(c) NONAPPLICATION OF OTHER LAWS.—No law of
9 any State, or of any political subdivision of a State and
10 no provision of any contract, insurance or health mainte-
11 nance organization policy, employee benefit plan, self-in-
12 surance plan, managed care plan, or other health care plan
13 or program entered into or renewed after the date of the
14 enactment of the Indian Health Care Amendments of
15 1988, shall prevent or hinder the right of recovery of the
16 United States, an Indian Tribe, or Tribal Organization
17 under subsection (a).

18 “(d) NO EFFECT ON PRIVATE RIGHTS OF ACTION.—
19 No action taken by the United States, an Indian Tribe,
20 or Tribal Organization to enforce the right of recovery
21 provided under this section shall operate to deny to the
22 injured person the recovery for that portion of the person’s
23 damage not covered hereunder.

24 “(e) ENFORCEMENT.—

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

4 “(A) intervening or joining in any civil ac-
 5 tion or proceeding brought—

6 “(i) by the individual for whom health
 7 services were provided by the Secretary, an
 8 Indian Tribe, or Tribal Organization; or

9 “(ii) by any representative or heirs of
 10 such individual; or

11 “(B) instituting a civil action, including a
 12 civil action for injunctive relief and other relief
 13 and including, with respect to a political sub-
 14 division or local governmental entity of a State,
 15 such an action against an official thereof.

16 “(2) NOTICE.—All reasonable efforts shall be
 17 made to provide notice of action instituted under
 18 paragraph (1)(B) to the individual to whom health
 19 services were provided, either before or during the
 20 pendency of such action.

21 “(f) LIMITATION.—Absent specific written authoriza-
 22 tion by the governing body of an Indian Tribe for the pe-
 23 riod of such authorization (which may not be for a period
 24 of more than 1 year and which may be revoked at any
 25 time upon written notice by the governing body to the

1 Service), the United States shall not have a right of recov-
 2 ery under this section if the injury, illness, or disability
 3 for which health services were provided is covered under
 4 a self-insurance plan funded by an Indian Tribe, Tribal
 5 Organization, or Urban Indian Organization. Where such
 6 authorization is provided, the Service may receive and ex-
 7 pend such amounts for the provision of additional health
 8 services consistent with such authorization.

9 “(g) COSTS AND ATTORNEYS’ FEES.—In any action
 10 brought to enforce the provisions of this section, a pre-
 11 vailing plaintiff shall be awarded its reasonable attorneys’
 12 fees and costs of litigation.

13 “(h) NONAPPLICATION OF CLAIMS FILING REQUIRE-
 14 MENTS.—An insurance company, health maintenance or-
 15 ganization, self-insurance plan, managed care plan, or
 16 other health care plan or program (under the Social Secu-
 17 rity Act or otherwise) may not deny a claim for benefits
 18 submitted by the Service or by an Indian Tribe or Tribal
 19 Organization based on the format in which the claim is
 20 submitted if such format complies with the format re-
 21 quired for submission of claims under title XVIII of the
 22 Social Security Act or recognized under section 1175 of
 23 such Act.

24 “(i) APPLICATION TO URBAN INDIAN ORGANIZA-
 25 TIONS.—The previous provisions of this section shall apply

1 to Urban Indian Organizations with respect to populations
 2 served by such Organizations in the same manner they
 3 apply to Indian Tribes and Tribal Organizations with re-
 4 spect to populations served by such Indian Tribes and
 5 Tribal Organizations.

6 “(j) **STATUTE OF LIMITATIONS.**—The provisions of
 7 section 2415 of title 28, United States Code, shall apply
 8 to all actions commenced under this section, and the ref-
 9 erences therein to the United States are deemed to include
 10 Indian Tribes, Tribal Organizations, and Urban Indian
 11 Organizations.

12 “(k) **SAVINGS.**—Nothing in this section shall be con-
 13 strued to limit any right of recovery available to the
 14 United States, an Indian Tribe, or Tribal Organization
 15 under the provisions of any applicable, Federal, State, or
 16 Tribal law, including medical lien laws and the Federal
 17 Medical Care Recovery Act (42 U.S.C. 2651 et seq.).

18 **“SEC. 404. CREDITING OF REIMBURSEMENTS.**

19 “(a) **USE OF AMOUNTS.**—

20 “(1) **RETENTION BY PROGRAM.**—Except as pro-
 21 vided in section 202(g) (relating to the Catastrophic
 22 Health Emergency Fund) and section 807 (relating
 23 to health services for ineligible persons), all reim-
 24 bursements received or recovered under any of the
 25 programs described in paragraph (2), including

1 under section 807, by reason of the provision of
 2 health services by the Service, by an Indian Tribe or
 3 Tribal Organization, or by an Urban Indian Organi-
 4 zation, shall be credited to the Service, such Indian
 5 Tribe or Tribal Organization, or such Urban Indian
 6 Organization, respectively, and may be used as pro-
 7 vided in section 401. In the case of such a service
 8 provided by or through a Service Unit, such
 9 amounts shall be credited to such unit and used for
 10 such purposes.

11 “(2) PROGRAMS COVERED.—The programs re-
 12 ferred to in paragraph (1) are the following:

13 “(A) Titles XVIII, XIX, and XXI of the
 14 Social Security Act.

15 “(B) This Act, including section 807.

16 “(C) Public Law 87-693.

17 “(D) Any other provision of law.

18 “(b) NO OFFSET OF AMOUNTS.—The Service may
 19 not offset or limit any amount obligated to any Service
 20 Unit or entity receiving funding from the Service because
 21 of the receipt of reimbursements under subsection (a).

22 **“SEC. 405. PURCHASING HEALTH CARE COVERAGE.**

23 “(a) IN GENERAL.—Insofar as amounts are made
 24 available under law (including a provision of the Social
 25 Security Act, the Indian Self-Determination and Edu-

1 cation Assistance Act, or other law, other than under sec-
 2 tion 402) to Indian Tribes, Tribal Organizations, and
 3 Urban Indian Organizations for health benefits for Service
 4 beneficiaries, Indian Tribes, Tribal Organizations, and
 5 Urban Indian Organizations may use such amounts to
 6 purchase health benefits coverage for such beneficiaries in
 7 any manner, including through—

8 “(1) a tribally owned and operated health care
 9 plan;

10 “(2) a State or locally authorized or licensed
 11 health care plan;

12 “(3) a health insurance provider or managed
 13 care organization; or

14 “(4) a self-insured plan.

15 The purchase of such coverage by an Indian Tribe, Tribal
 16 Organization, or Urban Indian Organization may be based
 17 on the financial needs of such beneficiaries (as determined
 18 by the Indian Tribe or Tribes being served based on a
 19 schedule of income levels developed or implemented by
 20 such Indian Tribe or Tribes).

21 “(b) ~~EXPENSES FOR SELF-INSURED PLAN.~~—In the
 22 case of a self-insured plan under subsection (a)(4), the
 23 amounts may be used for expenses of operating the plan,
 24 including administration and insurance to limit the finan-
 25 cial risks to the entity offering the plan.

1 “(c) CONSTRUCTION.—Nothing in this section shall
 2 be construed as affecting the use of any amounts not re-
 3 ferred to in subsection (a).-

4 **“SEC. 406. SHARING ARRANGEMENTS WITH FEDERAL AGEN-**
 5 **CIES.**

6 “(a) AUTHORITY.—

7 “(1) IN GENERAL.—The Secretary may enter
 8 into (or expand) arrangements for the sharing of
 9 medical facilities and services between the Service,
 10 Indian Tribes, and Tribal Organizations and the De-
 11 partment of Veterans Affairs and the Department of
 12 Defense.

13 “(2) CONSULTATION BY SECRETARY RE-
 14 QUIRED.—The Secretary may not finalize any ar-
 15 rangement between the Service and a Department
 16 described in paragraph (1) without first consulting
 17 with the Indian Tribes which will be significantly af-
 18 fected by the arrangement.

19 “(b) LIMITATIONS.—The Secretary shall not take
 20 any action under this section or under subchapter IV of
 21 chapter 81 of title 38, United States Code, which would
 22 impair—

23 “(1) the priority access of any Indian to health
 24 care services provided through the Service and the

1 eligibility of any Indian to receive health services
2 through the Service;

3 “(2) the quality of health care services provided
4 to any Indian through the Service;

5 “(3) the priority access of any veteran to health
6 care services provided by the Department of Vet-
7 erans Affairs;

8 “(4) the quality of health care services provided
9 by the Department of Veterans Affairs or the De-
10 partment of Defense; or

11 “(5) the eligibility of any Indian who is a vet-
12 eran to receive health services through the Depart-
13 ment of Veterans Affairs.

14 “(e) REIMBURSEMENT.—The Service, Indian Tribe,
15 or Tribal Organization shall be reimbursed by the Depart-
16 ment of Veterans Affairs or the Department of Defense
17 (as the case may be) where services are provided through
18 the Service, an Indian Tribe, or a Tribal Organization to
19 beneficiaries eligible for services from either such Depart-
20 ment, notwithstanding any other provision of law.

21 “(d) CONSTRUCTION.—Nothing in this section may
22 be construed as creating any right of a non-Indian veteran
23 to obtain health services from the Service.

1 **“SEC. 407. PAYOR OF LAST RESORT.**

2 “Indian Health Programs and health care programs
3 operated by Urban Indian Organizations shall be the
4 payor of last resort for services provided to persons eligible
5 for services from Indian Health Programs and Urban In-
6 dian Organizations, notwithstanding any Federal, State,
7 or local law to the contrary.

8 **“SEC. 408. NONDISCRIMINATION IN QUALIFICATIONS FOR**
9 **REIMBURSEMENT FOR SERVICES.**

10 “For purposes of determining the eligibility of an en-
11 tity that is operated by the Service, an Indian Tribe, Trib-
12 al Organization, or Urban Indian Organization to receive
13 payment or reimbursement from any federally funded
14 health care program for health care services it furnishes
15 to an Indian. Such program must provide that such entity,
16 meeting generally applicable State or other requirements
17 applicable for participation, must be accepted as a pro-
18 vider on the same basis as any other qualified provider,
19 except that any requirement that the entity be licensed
20 or recognized under State or local law to furnish such
21 services shall be deemed to have been met if the entity
22 meets all the applicable standards for such licensure, but
23 the entity need not obtain a license or other documenta-
24 tion. In determining whether the entity meets such stand-
25 ards, the absence of licensure of any staff member of the
26 entity may not be taken into account.

1 ~~“SEC. 409. CONSULTATION.~~

2 ~~“(a) TRIBAL TECHNICAL ADVISORY GROUP~~
 3 ~~(TTAG).—The Secretary shall maintain within the Cen-~~
 4 ~~ters for Medicaid & Medicare Services (CMS) a Tribal~~
 5 ~~Technical Advisory Group, established in accordance with~~
 6 ~~requirements of the charter dated September 30, 2003,~~
 7 ~~and in such group shall include a representative of the~~
 8 ~~Urban Indian Organizations and the Service. The rep-~~
 9 ~~resentative of the Urban Indian Organization shall be~~
 10 ~~deemed to be an elected officer of a tribal government for~~
 11 ~~purposes of applying section 204(b) of the Unfunded Man-~~
 12 ~~dates Reform Act of 1995 (2 U.S.C. 1534(b)).~~

13 ~~“(b) SOLICITATION OF MEDICAID ADVICE.—~~

14 ~~“(1) IN GENERAL.—As part of its plan under~~
 15 ~~title XIX of the Social Security Act, a State in~~
 16 ~~which the Service operates or funds health care pro-~~
 17 ~~grams, or in which 1 or more Indian Health Pro-~~
 18 ~~grams or Urban Indian Organizations provide health~~
 19 ~~care in the State for which medical assistance is~~
 20 ~~available under such title, may establish a process~~
 21 ~~under which the State seeks advice on a regular, on-~~
 22 ~~going basis from designees of such Indian Health~~
 23 ~~Programs and Urban Indian Organizations on mat-~~
 24 ~~ters relating to the application of such title to and~~
 25 ~~likely to have a direct effect on such Indian Health~~
 26 ~~Programs and Urban Indian Organizations.~~

1 “(2) MANNER OF ADVICE.—The process de-
 2 scribed in paragraph (1) should include solicitation
 3 of advice prior to submission of any plan amend-
 4 ments, waiver requests, and proposals for dem-
 5 onstration projects likely to have a direct effect on
 6 Indians, Indian Health Programs, or Urban Indian
 7 Organizations. Such process may include appoint-
 8 ment of an advisory committee and of a designee of
 9 such Indian Health Programs and Urban Indian Or-
 10 ganizations to the medical care advisory committee
 11 advising the State on its medicaid plan.

12 “(3) PAYMENT OF EXPENSES.—The reasonable
 13 expenses of carrying out this subsection shall be eli-
 14 gible for reimbursement under section 1903(a) of
 15 the Social Security Act.

16 “(c) CONSTRUCTION.—Nothing in this section shall
 17 be construed as superseding existing advisory committees,
 18 working groups, or other advisory procedures established
 19 by the Secretary or by any State.

20 **“SEC. 410. STATE CHILDREN’S HEALTH INSURANCE PRO-**
 21 **GRAM (SCHIP).**

22 “(a) OPTIONAL USE OF FUNDS FOR INDIAN HEALTH
 23 PROGRAM PAYMENTS.—Subject to the succeeding provi-
 24 sions of this section, a State may provide under its State
 25 child health plan under title XXI of the Social Security

1 Act (regardless of whether such plan is implemented under
 2 such title, title XIX of such Act, or both) for payments
 3 under this section to Indian Health Programs and Urban
 4 Indian Organizations operating in the State. Such pay-
 5 ments shall be treated under title XXI of the Social Secu-
 6 rity Act as expenditures described in section
 7 2105(a)(1)(A) of such Act.

8 “(b) USE OF FUNDS.—Payments under this section
 9 may be used only for expenditures described in clauses (i)
 10 through (iii) of section 2105(a)(1)(D) of the Social Secu-
 11 rity Act for targeted low-income children or other low-in-
 12 come children (as defined in 2110 of such Act) who are—

13 “(1) Indians; or

14 “(2) otherwise eligible for health services from
 15 the Indian Health Program involved.

16 “(c) SPECIAL RESTRICTIONS.—The following condi-
 17 tions apply to a State electing to provide payments under
 18 this section:

19 “(1) NO LIMITATION ON OTHER SCHIP PARTICI-
 20 PATION OF, OR PROVIDER PAYMENTS TO, INDIAN
 21 HEALTH PROGRAMS.—The State may not exclude or
 22 limit participation of otherwise eligible Indian
 23 Health Programs in its State child health program
 24 under title XXI of the Social Security Act or its
 25 medicaid program under title XIX of such Act or

1 pay such Programs less than they otherwise would
 2 as participating providers on the basis that pay-
 3 ments are made to such Programs under this sec-
 4 tion.

5 “(2) NO LIMITATION ON OTHER SCHIP ELIGI-
 6 BILITY OF INDIANS.—The State may not exclude or
 7 limit participation of otherwise eligible Indian chil-
 8 dren in such State child health or medicaid program
 9 on the basis that payments are made for assistance
 10 for such children under this section.

11 “(3) LIMITATION ON ACCEPTANCE OF CON-
 12 TRIBUTIONS.—

13 “(A) IN GENERAL.—The State may not ac-
 14 cept contributions or condition making of pay-
 15 ments under this section upon contribution of
 16 funds from any Indian Health Program to meet
 17 the State’s non-Federal matching fund require-
 18 ments under titles XIX and XXI of the Social
 19 Security Act.

20 “(B) CONTRIBUTION DEFINED.—For pur-
 21 poses of subparagraph (A), the term ‘contribu-
 22 tion’ includes any tax, donation, fee, or other
 23 payment made, whether made voluntarily or in-
 24 voluntarily.

1 “(d) APPLICATION OF SEPARATE 10 PERCENT LIMIT-
 2 TATION.—Payment may be made under section 2105(a)
 3 of the Social Security Act to a State for a fiscal year for
 4 payments under this section up to an amount equal to 10
 5 percent of the total amount available under title XXI of
 6 such Act (including allotments and reallocations available
 7 from previous fiscal years) to the State with respect to
 8 the fiscal year.

9 “(e) GENERAL TERMS.—A payment under this sec-
 10 tion shall only be made upon application to the State from
 11 the Indian Health Program involved and under such terms
 12 and conditions, and in a form and manner, as the Sec-
 13 retary determines appropriate.

14 **“SEC. 411. SOCIAL SECURITY ACT SANCTIONS.**

15 “(a) REQUESTS FOR WAIVER OF SANCTIONS.—

16 “(1) IN GENERAL.—For purposes of applying
 17 any authority under a provision of title XI, XVIII,
 18 XIX, or XXI of the Social Security Act to seek a
 19 waiver of a sanction imposed against a health care
 20 provider insofar as that provider provides services to
 21 individuals through an Indian Health Program, the
 22 Indian Health Program shall request the State to
 23 seek such waiver, and if such State has not sought
 24 the waiver within 60 days of the Indian Health Pro-

1 gram request, the Indian Health Program itself may
2 petition the Secretary for such waiver.

3 ~~“(2) PROCEDURE.—In seeking a waiver under~~
4 ~~paragraph (1), the Indian Health Program must~~
5 ~~provide notice and a copy of the request, including~~
6 ~~the reasons for the waiver sought, to the State. The~~
7 ~~Secretary may consider the State’s views in the de-~~
8 ~~termination of the waiver request, but may not with-~~
9 ~~hold or delay a determination based on the lack of~~
10 ~~the State’s views.~~

11 ~~“(b) SAFE HARBOR FOR TRANSACTIONS BETWEEN~~
12 ~~AND AMONG INDIAN HEALTH CARE PROGRAMS.—For~~
13 ~~purposes of applying section 1128B(b) of the Social Secu-~~
14 ~~rity Act, the exchange of anything of value between or~~
15 ~~among the following shall not be treated as remuneration~~
16 ~~if the exchange arises from or relates to any of the fol-~~
17 ~~lowing health programs:~~

18 ~~“(1) An exchange between or among the fol-~~
19 ~~lowing:~~

20 ~~“(A) Any Indian Health Program.~~

21 ~~“(B) Any Urban Indian Organization.~~

22 ~~“(2) An exchange between an Indian Tribe,~~
23 ~~Tribal Organization, or an Urban Indian Organiza-~~
24 ~~tion and any patient served or eligible for service~~
25 ~~from an Indian Tribe, Tribal Organization, or~~

1 Urban Indian Organization, including patients
2 served or eligible for service pursuant to section 807,
3 but only if such exchange—

4 “(A) is for the purpose of transporting the
5 patient for the provision of health care items or
6 services;

7 “(B) is for the purpose of providing hous-
8 ing to the patient (including a pregnant pa-
9 tient) and immediate family members or an es-
10 cort incidental to assuring the timely provision
11 of health care items and services to the patient;

12 “(C) is for the purpose of paying pre-
13 miums, copayments, deductibles, or other cost-
14 sharing on behalf of patients; or

15 “(D) consists of an item or service of small
16 value that is provided as a reasonable incentive
17 to secure timely and necessary preventive and
18 other items and services.

19 “(3) Other exchanges involving an Indian
20 Health Program, an Urban Indian Organization, or
21 an Indian Tribe or Tribal Organization that meet
22 such standards as the Secretary of Health and
23 Human Services, in consultation with the Attorney
24 General, determines is appropriate, taking into ac-
25 count the special circumstances of such Indian

1 Health Programs, Urban Indian Organizations, In-
 2 dian Tribes, and Tribal Organizations and of pa-
 3 tients served by Indian Health Programs, Urban In-
 4 dian Organizations, Indian Tribes, and Tribal Orga-
 5 nizations.

6 **“SEC. 412. COST SHARING.**

7 “(a) COINSURANCE, COPAYMENTS, AND
 8 DEDUCTIBLES.—Notwithstanding any other provision of
 9 Federal or State law—

10 “(1) PROTECTION FOR ELIGIBLE INDIANS
 11 UNDER SOCIAL SECURITY ACT HEALTH PRO-
 12 GRAMS.—No Indian who is furnished an item or
 13 service for which payment may be made under title
 14 XIX or XXI of the Social Security Act may be
 15 charged a deductible, copayment, or coinsurance.

16 “(2) PROTECTION FOR INDIANS.—No Indian
 17 who is furnished an item or service by the Service
 18 may be charged a deductible, copayment, or coinsur-
 19 ance.

20 “(3) NO REDUCTION IN AMOUNT OF PAYMENT
 21 TO INDIAN HEALTH PROVIDERS.—The payment or
 22 reimbursement due to the Service, Indian Tribe,
 23 Tribal Organization, or Urban Indian Organization
 24 under title XIX or XXI of the Social Security Act
 25 may not be reduced by the amount of the deductible,

1 copayment, or coinsurance that would be due from
2 the Indian but for the operation of this section.

3 ~~“(b) EXEMPTION FROM MEDICAID AND SCHIP PRE-~~
4 ~~MIUMS.—~~Notwithstanding any other provision of Federal
5 or State law, no Indian who is otherwise eligible for serv-
6 ices under title XIX of the Social Security Act (relating
7 to the medicaid program) or title XXI of such Act (relat-
8 ing to the State children’s health insurance program) may
9 be charged a premium, enrollment fee, or similar charge
10 as a condition of receiving benefits under the program
11 under the respective title.

12 ~~“(c) TREATMENT OF CERTAIN PROPERTY FOR MED-~~
13 ~~ICAID ELIGIBILITY.—~~Notwithstanding any other provision
14 of Federal or State law, the following property may not
15 be included when determining eligibility for services under
16 title XIX of the Social Security Act:

17 ~~“(1) Property, including real property and im-~~
18 ~~provements, located on a reservation, including any~~
19 ~~federally recognized Indian Tribe’s reservation,~~
20 ~~Pueblo, or Colony, including former reservations in~~
21 ~~Oklahoma, Alaska Native regions established by the~~
22 ~~Alaska Native Claims Settlement Act and Indian al-~~
23 ~~lotments on or near a reservation as designated and~~
24 ~~approved by the Bureau of Indian Affairs of the De-~~
25 ~~partment of the Interior.~~

1 “(2) For any federally recognized Tribe not de-
 2 scribed in paragraph (1), property located within the
 3 most recent boundaries of a prior Federal reserva-
 4 tion.

5 “(3) Ownership interests in rents, leases, royal-
 6 ties, or usage rights related to natural resources (in-
 7 cluding extraction of natural resources or harvesting
 8 of timber, other plants and plant products, animals,
 9 fish, and shellfish) resulting from the exercise of fed-
 10 erally protected rights.

11 “(4) Ownership interests in or usage rights to
 12 items not covered by paragraphs (1) through (3)
 13 that have unique religious, spiritual, traditional, or
 14 cultural significance or rights that support subsist-
 15 ence or a traditional life style according to applicable
 16 tribal law or custom.

17 “(d) CONTINUATION OF CURRENT LAW PROTEC-
 18 TIONS OF CERTAIN INDIAN PROPERTY FROM MEDICAID
 19 ESTATE RECOVERY.—Income, resources, and property
 20 that are exempt from medicaid estate recovery under title
 21 XIX of the Social Security Act as of April 1, 2003, under
 22 manual instructions issued to carry out section 1917(b)(3)
 23 of such Act because of Federal responsibility for Indian
 24 Tribes and Alaska Native Villages shall remain so exempt.
 25 Nothing in this subsection shall be construed as pre-

1 venting the Secretary from providing additional medicaid
 2 estate recovery exemptions for Indians.

3 **“SEC. 413. TREATMENT UNDER MEDICAID MANAGED CARE.**

4 **“(a) PROVISION OF SERVICES, TO ENROLLEES WITH**
 5 **NON-INDIAN MEDICAID MANAGED CARE ENTITIES, BY**
 6 **INDIAN HEALTH PROGRAMS AND URBAN INDIAN ORGANI-**
 7 **ZATIONS.—**

8 **“(1) PAYMENT RULES.—**

9 **“(A) IN GENERAL.—**Subject to subpara-
 10 graph (B), in the case of an Indian who is en-
 11 rolled with a non-Indian medicaid managed care
 12 entity (as defined in subsection (c)) and who re-
 13 ceives covered medicaid managed care services
 14 from an Indian Health Program or an Urban
 15 Indian Organization, whether or not it is a par-
 16 ticipating provider with respect to such entity,
 17 the following rules apply:

18 **“(i) DIRECT PAYMENT.—**The entity
 19 shall make prompt payment (in accordance
 20 with rules applicable to medicaid managed
 21 care entities under title XIX of the Social
 22 Security Act) to the Indian Health Pro-
 23 gram or Urban Indian Organization at a
 24 rate established by the entity for such serv-
 25 ices that is equal to the rate negotiated be-

1 tween such entity and the Program or Or-
2 ganization involved or, if such a rate has
3 not been negotiated, a rate that is not less
4 than the level and amount of payment
5 which the entity would make for the serv-
6 ices if the services were furnished by a pro-
7 vider which is not such a Program or Or-
8 ganization.

9 “(ii) PAYMENT THROUGH STATE.—If
10 there is no arrangement for direct payment
11 under clause (i) or if a State provides for
12 this clause to apply in lieu of clause (i),
13 the State shall provide for payment to the
14 Indian Health Program or Urban Indian
15 Organization under its State program
16 under title XIX of such Act at the rate
17 that would be otherwise applicable for such
18 services under such program and shall pro-
19 vide for an appropriate adjustment of the
20 capitation payment made to the entity to
21 take into account such payment.

22 “(B) COMPLIANCE WITH GENERALLY AP-
23 PLICABLE REQUIREMENTS.—

24 “(i) IN GENERAL.—Except as other-
25 wise provided, as a condition of payment

under subparagraph (A), the Indian Health Program or Urban Indian Organization shall comply with the generally applicable requirements of title XIX of the Social Security Act with respect to covered services.

“(ii) SATISFACTION OF CLAIM REQUIREMENT.—Any requirement for the submission of a claim or other documentation for services covered under subparagraph (A) by the enrollee is deemed to be satisfied through the submission of a claim or other documentation by the Indian Health Program or Urban Indian Organization consistent with section 403(h).

“(C) CONSTRUCTION.—Nothing in this subsection shall be construed as waiving the application of section 1902(a)(30)(A) of the Social Security Act (relating to application of standards to assure that payments are consistent with efficiency, economy, and quality of care).

“(2) ENROLLEE OPTION TO SELECT AN INDIAN HEALTH PROGRAM OR URBAN INDIAN ORGANIZATION AS PRIMARY CARE PROVIDER.—In the case of a non-Indian medicaid managed care entity that—

1 “(A) has an Indian enrolled with the enti-
2 ty; and

3 “(B) has an Indian Health Program or
4 Urban Indian Organization that is participating
5 as a primary care provider within the network
6 of the entity;
7 insofar as the Indian is otherwise eligible to receive
8 services from such Program or Organization and the
9 Program or Organization has the capacity to provide
10 primary care services to such Indian; the Indian
11 shall be allowed to choose such Program or Organi-
12 zation as the Indian’s primary care provider under
13 the entity.

14 “(b) OFFERING OF MANAGED CARE THROUGH IN-
15 DIAN MEDICAID MANAGED CARE ENTITIES.—If—

16 “(1) a State elects to provide services through
17 medicaid managed care entities under its medicaid
18 managed care program; and

19 “(2) an Indian Health Program or Urban In-
20 dian Organization that is funded in whole or in part
21 by the Service; or a consortium thereof; has estab-
22 lished an Indian medicaid managed care entity in
23 the State that meets generally applicable standards
24 required of such an entity under such medicaid man-
25 aged care program;

1 the State shall offer to enter into an agreement with the
 2 entity to serve as a medicaid managed care entity with
 3 respect to eligible Indians served by such entity under
 4 such program.

5 “(e) SPECIAL RULES FOR INDIAN MANAGED CARE
 6 ENTITIES.—The following are special rules regarding the
 7 application of a medicaid managed care program to Indian
 8 medicaid managed care entities:

9 “(1) ENROLLMENT.—

10 “(A) LIMITATION TO INDIANS.—An Indian
 11 medicaid managed care entity may restrict en-
 12 rollment under such program to Indians and to
 13 members of specific Tribes in the same manner
 14 as Indian Health Programs may restrict the de-
 15 livery of services to such Indians and tribal
 16 members.

17 “(B) NO LESS CHOICE OF PLANS.—Under
 18 such program the State may not limit the
 19 choice of an Indian among medicaid managed
 20 care entities only to Indian medicaid managed
 21 care entities or to be more restrictive than the
 22 choice of managed care entities offered to indi-
 23 viduals who are not Indians.

24 “(C) DEFAULT ENROLLMENT.—

1 “(i) IN GENERAL.—If such program
2 of a State requires the enrollment of Indi-
3 ans in a medicaid managed care entity in
4 order to receive benefits, the State shall
5 provide for the enrollment of Indians de-
6 scribed in clause (ii) who are not otherwise
7 enrolled with such an entity in an Indian
8 medicaid managed care entity described in
9 such clause.

10 “(ii) INDIAN DESCRIBED.—An Indian
11 described in this clause, with respect to an
12 Indian medicaid managed care entity, is an
13 Indian who, based upon the service area
14 and capacity of the entity, is eligible to be
15 enrolled with the entity consistent with
16 subparagraph (A).

17 “(D) EXCEPTION TO STATE LOCK-IN.—A
18 request by an Indian who is enrolled under such
19 program with a non-Indian medicaid managed
20 care entity to change enrollment with that enti-
21 ty to enrollment with an Indian medicaid man-
22 aged care entity shall be considered cause for
23 granting such request under procedures speci-
24 fied by the Secretary.

1 “(2) FLEXIBILITY IN APPLICATION OF SOL-
 2 VENCY.—In applying section 1903(m)(1) of the So-
 3 cial Security Act to an Indian medicaid managed
 4 care entity—

5 “(A) any reference to a ‘State’ in subpara-
 6 graph (A)(ii) of that section shall be deemed to
 7 be a reference to the ‘Secretary’; and

8 “(B) the entity shall be deemed to be a
 9 public entity described in subparagraph (C)(ii)
 10 of that section.

11 “(3) EXCEPTIONS TO ADVANCE DIRECTIVES.—
 12 The Secretary may modify or waive the require-
 13 ments of section 1902(w) of the Social Security Act
 14 (relating to provision of written materials on ad-
 15 vance directives) insofar as the Secretary finds that
 16 the requirements otherwise imposed are not an ap-
 17 propriate or effective way of communicating the in-
 18 formation to Indians.

19 “(4) FLEXIBILITY IN INFORMATION AND MAR-
 20 KETING.—

21 “(A) MATERIALS.—The Secretary may
 22 modify requirements under section 1932(a)(5)
 23 of the Social Security Act in a manner that im-
 24 proves the materials to take into account the
 25 special circumstances of such entities and their

1 enrollees while maintaining and clearly commu-
 2 nicating to potential enrollees their rights, pro-
 3 tections, and benefits.

4 “(B) DISTRIBUTION OF MARKETING MATE-
 5 RIALS.—The provisions of section
 6 1932(d)(2)(B) of the Social Security Act re-
 7 quiring the distribution of marketing materials
 8 to an entire service area shall be deemed satis-
 9 fied in the case of an Indian medicaid managed
 10 care entity that distributes appropriate mate-
 11 rials only to those Indians who are potentially
 12 eligible to enroll with the entity in the service
 13 area.

14 “(d) MALPRACTICE INSURANCE.—Insofar as, under
 15 a medicaid managed care program, a health care provider
 16 is required to have medical malpractice insurance coverage
 17 as a condition of contracting as a provider with a medicaid
 18 managed care entity, an Indian Health Program, or an
 19 Urban Indian Organization that is a Federally-qualified
 20 health center under title XIX of the Social Security Act,
 21 that is covered under the Federal Tort Claims Act (28
 22 U.S.C. 1346(b), 2671 et seq.) is deemed to satisfy such
 23 requirement.

24 “(e) DEFINITIONS.—For purposes of this section:

1 ~~“(1) MEDICAID MANAGED CARE ENTITY.—The~~
 2 ~~term ‘medicaid managed care entity’ means a man-~~
 3 ~~aged care entity (whether a managed care organiza-~~
 4 ~~tion or a primary care case manager) under title~~
 5 ~~XIX of the Social Security Act, whether pursuant to~~
 6 ~~section 1903(m) or section 1932 of such Act, a waiv-~~
 7 ~~er under section 1115 or 1915(b) of such Act, or~~
 8 ~~otherwise.~~

9 ~~“(2) INDIAN MEDICAID MANAGED CARE ENTI-~~
 10 ~~TY.—The term ‘Indian medicaid managed care enti-~~
 11 ~~ty’ means a managed care entity that is controlled~~
 12 ~~(within the meaning of the last sentence of section~~
 13 ~~1903(m)(1)(C) of the Social Security Act) by the In-~~
 14 ~~dian Health Service, a Tribe, Tribal Organization, or~~
 15 ~~Urban Indian Organization (as such terms are de-~~
 16 ~~fin ed in section 4), or a consortium, which may be~~
 17 ~~composed of 1 or more Tribes, Tribal Organizations,~~
 18 ~~or Urban Indian Organizations, and which also may~~
 19 ~~include the Service.~~

20 ~~“(3) NON-INDIAN MEDICAID MANAGED CARE~~
 21 ~~ENTITY.—The term ‘non-Indian medicaid managed~~
 22 ~~care entity’ means a medicaid managed care entity~~
 23 ~~that is not an Indian medicaid managed care entity.~~

24 ~~“(4) COVERED MEDICAID MANAGED CARE~~
 25 ~~SERVICES.—The term ‘covered medicaid managed~~

1 care services' means, with respect to an individual
 2 enrolled with a medicaid managed care entity, items
 3 and services that are within the scope of items and
 4 services for which benefits are available with respect
 5 to the individual under the contract between the en-
 6 tity and the State involved.

7 “(5) MEDICAID MANAGED CARE PROGRAM.—

8 The term ‘medicaid managed care program’ means
 9 a program under sections 1903(m) and 1932 of the
 10 Social Security Act and includes a managed care
 11 program operating under a waiver under section
 12 1915(b) or 1115 of such Act or otherwise.

13 **“SEC. 414. NAVAJO NATION MEDICAID AGENCY FEASI-**
 14 **BILITY STUDY.**

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

24 “(b) CONSIDERATIONS.—In conducting the study,
 25 the Secretary shall consider the feasibility of—

1 “(1) assigning and paying all expenditures for
2 the provision of services and related administration
3 funds, under title XIX of the Social Security Act, to
4 Indians living within the boundaries of the Navajo
5 Nation that are currently paid to or would otherwise
6 be paid to the State of Arizona, New Mexico, or
7 Utah;

8 “(2) providing assistance to the Navajo Nation
9 in the development and implementation of such enti-
10 ty for the administration, eligibility, payment, and
11 delivery of medical assistance under title XIX of the
12 Social Security Act;

13 “(3) providing an appropriate level of matching
14 funds for Federal medical assistance with respect to
15 amounts such entity expends for medical assistance
16 for services and related administrative costs; and

17 “(4) authorizing the Secretary, at the option of
18 the Navajo Nation, to treat the Navajo Nation as a
19 State for the purposes of title XIX of the Social Se-
20 curity Act (relating to the State children’s health in-
21 surance program) under terms equivalent to those
22 described in paragraphs (2) through (4).

23 “(e) REPORT.—Not later than 3 years after the date
24 of enactment of the Indian Health Act Improvement Act
25 Amendments of 2005, the Secretary shall submit to the

1 Committee of Indian Affairs and Committee on Finance
 2 of the Senate and the Committee on Resources and Com-
 3 mittee on Ways and Means of the House of Representa-
 4 tives a report that includes—

5 “(1) the results of the study under this section;

6 “(2) a summary of any consultation that oc-
 7 curred between the Secretary and the Navajo Na-
 8 tion, other Indian Tribes, the States of Arizona,
 9 New Mexico, and Utah, counties which include Nav-
 10 ajo Lands, and other interested parties, in con-
 11 ducting this study;

12 “(3) projected costs or savings associated with
 13 establishment of such entity, and any estimated im-
 14 pact on services provided as described in this section
 15 in relation to probable costs or savings; and

16 “(4) legislative actions that would be required
 17 to authorize the establishment of such entity if such
 18 entity is determined by the Secretary to be feasible.

19 **“SEC. 415. 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 V—HEALTH SERVICES**
 2 **FOR URBAN INDIANS**

3 **“SEC. 501. PURPOSE.**

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

7 **“SEC. 502. CONTRACTS WITH, AND GRANTS TO, URBAN IN-**
 8 **DIAN ORGANIZATIONS.**

9 “Under authority of the Act of November 2, 1921
 10 ~~(25 U.S.C. 13)~~ (commonly known as the ‘Snyder Act’),
 11 the Secretary, acting through the Service, shall enter into
 12 contracts with, or make grants to, Urban Indian Organi-
 13 zations to assist such organizations in the establishment
 14 and administration, within Urban Centers, of programs
 15 which meet the requirements set forth in this title. Subject
 16 to section 506, the Secretary, acting through the Service,
 17 shall include such conditions as the Secretary considers
 18 necessary to effect the purpose of this title in any contract
 19 into which the Secretary enters with, or in any grant the
 20 Secretary makes to, any Urban Indian Organization pur-
 21 suant to this title.

22 **“SEC. 503. CONTRACTS AND GRANTS FOR THE PROVISION**
 23 **OF HEALTH CARE AND REFERRAL SERVICES.**

24 “(a) REQUIREMENTS FOR GRANTS AND CON-
 25 TRACTS.—Under authority of the Act of November 2,

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

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

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

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

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

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

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

4 “(b) CRITERIA.—The Secretary, acting through the
5 Service, shall by regulation adopted pursuant to section
6 520 prescribe the criteria for selecting Urban Indian Or-
7 ganizations to enter into contracts or receive grants under
8 this section. Such criteria shall, among other factors, in-
9 clude—

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

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

15 “(3) the extent, if any, to which the activities
16 set forth in subsection (a) would duplicate any
17 project funded under this title;

18 “(4) the capability of an Urban Indian Organi-
19 zation to perform the activities set forth in sub-
20 section (a) and to enter into a contract with the Sec-
21 retary or to meet the requirements for receiving a
22 grant under this section;

23 “(5) the satisfactory performance and success-
24 ful completion by an Urban Indian Organization of
25 other contracts with the Secretary under this title;

1 “(6) the appropriateness and likely effectiveness
2 of conducting the activities set forth in subsection
3 (a) in an Urban Center or centers; and

4 “(7) the extent of existing or likely future par-
5 ticipation in the activities set forth in subsection (a)
6 by appropriate health and health-related Federal,
7 State, local, and other agencies.

8 “(e) ACCESS TO HEALTH PROMOTION AND DISEASE
9 PREVENTION PROGRAMS.—The Secretary, acting through
10 the Service, shall facilitate access to or provide health pro-
11 motion and disease prevention services for Urban Indians
12 through grants made to Urban Indian Organizations ad-
13 ministering contracts entered into or receiving grants
14 under subsection (a).

15 “(d) IMMUNIZATION SERVICES.—

16 “(1) ACCESS OR SERVICES PROVIDED.—The
17 Secretary, acting through the Service, shall facilitate
18 access to, or provide, immunization services for
19 Urban Indians through grants made to Urban In-
20 dian Organizations administering contracts entered
21 into or receiving grants under this section.

22 “(2) DEFINITION.—For purposes of this sub-
23 section, the term ‘immunization services’ means
24 services to provide without charge immunizations
25 against vaccine-preventable diseases.

1 “(e) BEHAVIORAL HEALTH SERVICES.—

2 “(1) ACCESS OR SERVICES PROVIDED.—The
3 Secretary, acting through the Service, shall facilitate
4 access to, or provide, behavioral health services for
5 Urban Indians through grants made to Urban In-
6 dian Organizations administering contracts entered
7 into or receiving grants under subsection (a).

8 “(2) ASSESSMENT REQUIRED.—Except as pro-
9 vided by paragraph (3)(A), a grant may not be made
10 under this subsection to an Urban Indian Organiza-
11 tion until that organization has prepared, and the
12 Service has approved, an assessment of the fol-
13 lowing:

14 “(A) The behavioral health needs of the
15 Urban Indian population concerned.

16 “(B) The behavioral health services and
17 other related resources available to that popu-
18 lation.

19 “(C) The barriers to obtaining those serv-
20 ices and resources.

21 “(D) The needs that are unmet by such
22 services and resources.

23 “(3) PURPOSES OF GRANTS.—Grants may be
24 made under this subsection for the following:

1 “(A) To prepare assessments required
2 under paragraph (2).

3 “(B) To provide outreach, educational, and
4 referral services to Urban Indians regarding the
5 availability of direct behavioral health services;
6 to educate Urban Indians about behavioral
7 health issues and services, and effect coordina-
8 tion with existing behavioral health providers in
9 order to improve services to Urban Indians.

10 “(C) To provide outpatient behavioral
11 health services to Urban Indians, including the
12 identification and assessment of illness, thera-
13 peutic treatments, case management, support
14 groups, family treatment, and other treatment.

15 “(D) To develop innovative behavioral
16 health service delivery models which incorporate
17 Indian cultural support systems and resources.

18 “(f) PREVENTION OF CHILD ABUSE.—

19 “(1) ACCESS OR SERVICES PROVIDED.—The
20 Secretary, acting through the Service, shall facilitate
21 access to or provide services for Urban Indians
22 through grants to Urban Indian Organizations ad-
23 ministering contracts entered into or receiving
24 grants under subsection (a) to prevent and treat

1 child abuse (including sexual abuse) among Urban
2 Indians.

3 “(2) EVALUATION REQUIRED.—Except as pro-
4 vided by paragraph (3)(A), a grant may not be made
5 under this subsection to an Urban Indian Organiza-
6 tion until that organization has prepared, and the
7 Service has approved, an assessment that documents
8 the prevalence of child abuse in the Urban Indian
9 population concerned and specifies the services and
10 programs (which may not duplicate existing services
11 and programs) for which the grant is requested.

12 “(3) PURPOSES OF GRANTS.—Grants may be
13 made under this subsection for the following:

14 “(A) To prepare assessments required
15 under paragraph (2).

16 “(B) For the development of prevention,
17 training, and education programs for Urban In-
18 dians, including child education, parent edu-
19 cation, provider training on identification and
20 intervention, education on reporting require-
21 ments, prevention campaigns, and establishing
22 service networks of all those involved in Indian
23 child protection.

24 “(C) To provide direct outpatient treat-
25 ment services (including individual treatment,

1 family treatment, group therapy, and support
 2 groups) to Urban Indians who are child victims
 3 of abuse (including sexual abuse) or adult sur-
 4 vivors of child sexual abuse, to the families of
 5 such child victims, and to Urban Indian per-
 6 petrators of child abuse (including sexual
 7 abuse).

8 “(4) CONSIDERATIONS WHEN MAKING
 9 GRANTS.—In making grants to carry out this sub-
 10 section, the Secretary shall take into consideration—

11 “(A) the support for the Urban Indian Or-
 12 ganization demonstrated by the child protection
 13 authorities in the area, including committees or
 14 other services funded under the Indian Child
 15 Welfare Act of 1978 (25 U.S.C. 1901 et seq.);
 16 if any;

17 “(B) the capability and expertise dem-
 18 onstrated by the Urban Indian Organization to
 19 address the complex problem of child sexual
 20 abuse in the community; and

21 “(C) the assessment required under para-
 22 graph (2).

23 “(g) OTHER GRANTS.—The Secretary, acting
 24 through the Service, may enter into a contract with or
 25 make grants to an Urban Indian Organization that pro-

1 vides or arranges for the provision of health care services
 2 (through satellite facilities, provider networks, or other-
 3 wise) to Urban Indians in more than 1 Urban Center.

4 **“SEC. 504. CONTRACTS AND GRANTS FOR THE DETERMINA-**
 5 **TION OF UNMET HEALTH CARE NEEDS.**

6 “(a) GRANTS AND CONTRACTS AUTHORIZED.—
 7 Under authority of the Act of November 2, 1921 (25
 8 U.S.C. 13) (commonly known as the ‘Snyder Act’), the
 9 Secretary, acting through the Service, may enter into con-
 10 tracts with or make grants to Urban Indian Organizations
 11 situated in Urban Centers for which contracts have not
 12 been entered into or grants have not been made under sec-
 13 tion 503.

14 “(b) PURPOSE.—The purpose of a contract or grant
 15 made under this section shall be the determination of the
 16 matters described in subsection (c)(1) in order to assist
 17 the Secretary in assessing the health status and health
 18 care needs of Urban Indians in the Urban Center involved
 19 and determining whether the Secretary should enter into
 20 a contract or make a grant under section 503 with respect
 21 to the Urban Indian Organization which the Secretary has
 22 entered into a contract with, or made a grant to, under
 23 this section.

1 “(c) GRANT AND CONTRACT REQUIREMENTS.—Any
 2 contract entered into, or grant made, by the Secretary
 3 under this section shall include requirements that—

4 “(1) the Urban Indian Organization success-
 5 fully undertakes to—

6 “(A) document the health care status and
 7 unmet health care needs of Urban Indians in
 8 the Urban Center involved; and

9 “(B) with respect to Urban Indians in the
 10 Urban Center involved, determine the matters
 11 described in paragraphs (2), (3), (4), and (7) of
 12 section 503(b); and

13 “(2) the Urban Indian Organization complete
 14 performance of the contract, or carry out the re-
 15 quirements of the grant, within 1 year after the date
 16 on which the Secretary and such organization enter
 17 into such contract, or within 1 year after such orga-
 18 nization receives such grant, whichever is applicable.

19 “(d) NO RENEWALS.—The Secretary may not renew
 20 any contract entered into or grant made under this sec-
 21 tion.

22 **“SEC. 505. EVALUATIONS; RENEWALS.**

23 “(a) PROCEDURES FOR EVALUATIONS.—The Sec-
 24 retary, acting through the Service, shall develop proce-
 25 dures to evaluate compliance with grant requirements and

1 compliance with and performance of contracts entered into
 2 by Urban Indian Organizations under this title. Such pro-
 3 cedures shall include provisions for carrying out the re-
 4 quirements of this section.

5 “(b) EVALUATIONS.—The Secretary, acting through
 6 the Service, shall evaluate the compliance of each Urban
 7 Indian Organization which has entered into a contract or
 8 received a grant under section 503 with the terms of such
 9 contract or grant. For purposes of this evaluation, in de-
 10 termining the capacity of an Urban Indian Organization
 11 to deliver quality patient care the Secretary shall, at the
 12 option of the organization—

13 “(1) acting through the Service, conduct an an-
 14 nual onsite evaluation of the organization; or

15 “(2) accept in lieu of such onsite evaluation evi-
 16 dence of the organization’s provisional or full accred-
 17 itation by a private independent entity recognized by
 18 the Secretary for purposes of conducting quality re-
 19 views of providers participating in the Medicare pro-
 20 gram under title XVIII of the Social Security Act.

21 “(c) NONCOMPLIANCE; UNSATISFACTORY PERFORM-
 22 ANCE.—If, as a result of the evaluations conducted under
 23 this section, the Secretary determines that an Urban In-
 24 dian Organization has not complied with the requirements
 25 of a grant or complied with or satisfactorily performed a

1 contract under section 503, the Secretary shall, prior to
 2 renewing such contract or grant, attempt to resolve with
 3 the organization the areas of noncompliance or unsatisfac-
 4 tory performance and modify the contract or grant to pre-
 5 vent future occurrences of noncompliance or unsatisfac-
 6 tory performance. If the Secretary determines that the
 7 noncompliance or unsatisfactory performance cannot be
 8 resolved and prevented in the future, the Secretary shall
 9 not renew the contract or grant with the organization and
 10 is authorized to enter into a contract or make a grant
 11 under section 503 with another Urban Indian Organiza-
 12 tion which is situated in the same Urban Center as the
 13 Urban Indian Organization whose contract or grant is not
 14 renewed under this section.

15 “(d) CONSIDERATIONS FOR RENEWALS.—In deter-
 16 mining whether to renew a contract or grant with an
 17 Urban Indian Organization under section 503 which has
 18 completed performance of a contract or grant under sec-
 19 tion 504, the Secretary shall review the records of the
 20 Urban Indian Organization, the reports submitted under
 21 section 507, and shall consider the results of the onsite
 22 evaluations or accreditations under subsection (b).

23 **“SEC. 506. OTHER CONTRACT AND GRANT REQUIREMENTS.**

24 “(a) PROCUREMENT.—Contracts with Urban Indian
 25 Organizations entered into pursuant to this title shall be

1 in accordance with all Federal contracting laws and regu-
2 lations relating to procurement except that in the discre-
3 tion of the Secretary, such contracts may be negotiated
4 without advertising and need not conform to the provisions
5 of sections 1304 and 3131 through 3133 of title 40,
6 United States Code.

7 “(b) PAYMENTS UNDER CONTRACTS OR GRANTS.—
8 Payments under any contracts or grants pursuant to this
9 title shall, notwithstanding any term or condition of such
10 contract or grant—

11 “(1) be made in their entirety by the Secretary
12 to the Urban Indian Organization by no later than
13 the end of the first 30 days of the funding period
14 with respect to which the payments apply, unless the
15 Secretary determines through an evaluation under
16 section 505 that the organization is not capable of
17 administering such payments in their entirety; and

18 “(2) if any portion thereof is unexpended by the
19 Urban Indian Organization during the funding pe-
20 riod with respect to which the payments initially
21 apply, shall be carried forward for expenditure with
22 respect to allowable or reimbursable costs incurred
23 by the organization during 1 or more subsequent
24 funding periods without additional justification or
25 documentation by the organization as a condition of

1 carrying forward the availability for expenditure of
 2 such funds.

3 ~~“(c) REVISION OR AMENDMENT OF CONTRACTS.—~~

4 Notwithstanding any provision of law to the contrary, the
 5 Secretary may, at the request and consent of an Urban
 6 Indian Organization, revise or amend any contract entered
 7 into by the Secretary with such organization under this
 8 title as necessary to carry out the purposes of this title.

9 ~~“(d) FAIR AND UNIFORM SERVICES AND ASSIST-~~
 10 ~~ANCE.—~~Contracts with or grants to Urban Indian Organi-
 11 zations and regulations adopted pursuant to this title shall
 12 include provisions to assure the fair and uniform provision
 13 to Urban Indians of services and assistance under such
 14 contracts or grants by such organizations.

15 **“SEC. 507. REPORTS AND RECORDS.**

16 ~~“(a) REPORTS.—~~For each fiscal year during which
 17 an Urban Indian Organization receives or expends funds
 18 pursuant to a contract entered into or a grant received
 19 pursuant to this title, such Urban Indian Organization
 20 shall submit to the Secretary not more frequently than
 21 every 6 months, a report that includes the following:

22 ~~“(1) In the case of a contract or grant under~~
 23 ~~section 503, recommendations pursuant to section~~
 24 ~~503(a)(5).~~

1 ~~“(2) Information on activities conducted by the~~
 2 ~~organization pursuant to the contract or grant.~~

3 ~~“(3) An accounting of the amounts and purpose~~
 4 ~~for which Federal funds were expended.~~

5 ~~“(4) A minimum set of data, using uniformly~~
 6 ~~defined elements, as specified by the Secretary after~~
 7 ~~consultation with Urban Indian Organizations.~~

8 ~~“(b) AUDIT.—The reports and records of the Urban~~
 9 ~~Indian Organization with respect to a contract or grant~~
 10 ~~under this title shall be subject to audit by the Secretary~~
 11 ~~and the Comptroller General of the United States.~~

12 ~~“(c) COSTS OF AUDITS.—The Secretary shall allow~~
 13 ~~as a cost of any contract or grant entered into or awarded~~
 14 ~~under section 502 or 503 the cost of an annual inde-~~
 15 ~~pendent financial audit conducted by—~~

16 ~~“(1) a certified public accountant; or~~

17 ~~“(2) a certified public accounting firm qualified~~
 18 ~~to conduct Federal compliance audits.~~

19 ~~**“SEC. 508. LIMITATION ON CONTRACT AUTHORITY.**~~

20 ~~“The authority of the Secretary to enter into con-~~
 21 ~~tracts or to award grants under this title shall be to the~~
 22 ~~extent, and in an amount, provided for in appropriation~~
 23 ~~Acts.~~

1 **“SEC. 509. FACILITIES.**

2 “(a) GRANTS.—The Secretary, acting through the
3 Service, may make grants to contractors or grant recipi-
4 ents under this title for the lease, purchase, renovation,
5 construction, or expansion of facilities, including leased fa-
6 cilities, in order to assist such contractors or grant recipi-
7 ents in complying with applicable licensure or certification
8 requirements.

9 “(b) LOAN FUND STUDY.—The Secretary, acting
10 through the Services, may carry out a study to determine
11 the feasibility of establishing a loan fund to provide to
12 Urban Indian Organizations direct loans or guarantees for
13 loans for the construction of health care facilities in a
14 manner consistent with section 309.

15 **“SEC. 510. OFFICE OF URBAN INDIAN HEALTH.**

16 “There is established within the Service an Office of
17 Urban Indian Health, which shall be responsible for—

18 “(1) carrying out the provisions of this title;

19 “(2) providing central oversight of the pro-
20 grams and services authorized under this title; and

21 “(3) providing technical assistance to Urban In-
22 dian Organizations.

23 **“SEC. 511. GRANTS FOR ALCOHOL AND SUBSTANCE ABUSE-**
24 **RELATED SERVICES.**

25 “(a) GRANTS AUTHORIZED.—The Secretary, acting
26 through the Service, may make grants for the provision

1 of health-related services in prevention of, treatment of,
 2 rehabilitation of, or school- and community-based edu-
 3 cation regarding, alcohol and substance abuse in Urban
 4 Centers to those Urban Indian Organizations with which
 5 the Secretary has entered into a contract under this title
 6 or under section 201.

7 “(b) GOALS.—Each grant made pursuant to sub-
 8 section (a) shall set forth the goals to be accomplished
 9 pursuant to the grant. The goals shall be specific to each
 10 grant as agreed to between the Secretary and the grantee.

11 “(c) CRITERIA.—The Secretary shall establish cri-
 12 teria for the grants made under subsection (a), including
 13 criteria relating to the following:

14 “(1) The size of the Urban Indian population.

15 “(2) Capability of the organization to ade-
 16 quately perform the activities required under the
 17 grant.

18 “(3) Satisfactory performance standards for the
 19 organization in meeting the goals set forth in such
 20 grant. The standards shall be negotiated and agreed
 21 to between the Secretary and the grantee on a
 22 grant-by-grant basis.

23 “(4) Identification of the need for services.

24 “(d) ALLOCATION OF GRANTS.—The Secretary shall
 25 develop a methodology for allocating grants made pursu-

1 ant to this section based on the criteria established pursu-
 2 ant to subsection (c).

3 ~~“(e) GRANTS SUBJECT TO CRITERIA.—Any funds re-~~
 4 ~~ceived by an Urban Indian Organization under this Act~~
 5 ~~for substance abuse prevention, treatment, and rehabilita-~~
 6 ~~tion shall be subject to the criteria set forth in subsection~~
 7 ~~(c).~~

8 **“SEC. 512. TREATMENT OF CERTAIN DEMONSTRATION**
 9 **PROJECTS.**

10 ~~“Notwithstanding any other provision of law, the~~
 11 ~~Tulsa Clinic and Oklahoma City Clinic demonstration~~
 12 ~~projects shall—~~

13 ~~“(1) be permanent programs within the Serv-~~
 14 ~~ice’s direct care program;~~

15 ~~“(2) continue to be treated as Service Units in~~
 16 ~~the allocation of resources and coordination of care;~~
 17 ~~and~~

18 ~~“(3) continue to meet the requirements and~~
 19 ~~definitions of an urban Indian organization in this~~
 20 ~~Act, and shall not be subject to the provisions of the~~
 21 ~~Indian Self-Determination and Education Assistance~~
 22 ~~Act.~~

23 **“SEC. 513. URBAN NIAAA TRANSFERRED PROGRAMS.**

24 ~~“(a) GRANTS AND CONTRACTS.—The Secretary,~~
 25 ~~through the Office of Urban Indian Health, shall make~~

1 grants or enter into contracts with Urban Indian Organi-
 2 zations for the administration of Urban Indian alcohol
 3 programs that were originally established under the Na-
 4 tional Institute on Alcoholism and Alcohol Abuse (here-
 5 after in this section referred to as ‘NIAAA’) and trans-
 6 ferred to the Service. Such grants and contracts shall be-
 7 come effective no later than September 30, 2008.

8 “(b) USE OF FUNDS.—Grants provided or contracts
 9 entered into under this section shall be used to provide
 10 support for the continuation of alcohol prevention and
 11 treatment services for Urban Indian populations and such
 12 other objectives as are agreed upon between the Service
 13 and a recipient of a grant or contract under this section.

14 “(c) ELIGIBILITY.—Urban Indian Organizations that
 15 operate Indian alcohol programs originally funded under
 16 the NIAAA and subsequently transferred to the Service
 17 are eligible for grants or contracts under this section.

18 “(d) REPORT.—The Secretary shall evaluate and re-
 19 port to Congress on the activities of programs funded
 20 under this section not less than every 5 years.

21 **“SEC. 514. CONSULTATION WITH URBAN INDIAN ORGANIZA-**
 22 **TIONS.**

23 “(a) IN GENERAL.—The Secretary shall ensure that
 24 the Service consults, to the greatest extent practicable,
 25 with Urban Indian Organizations.

1 “(b) DEFINITION OF CONSULTATION.—For purposes
 2 of subsection (a), consultation is the open and free ex-
 3 change of information and opinions which leads to mutual
 4 understanding and comprehension and which emphasizes
 5 trust, respect, and shared responsibility.

6 **“SEC. 515. FEDERAL TORT CLAIM ACT COVERAGE.**

7 “(a) IN GENERAL.—With respect to claims resulting
 8 from the performance of functions during fiscal year 2005
 9 and thereafter, or claims asserted after September 30,
 10 2004, but resulting from the performance of functions
 11 prior to fiscal year 2005, under a contract, grant agree-
 12 ment, or any other agreement authorized under this title,
 13 an Urban Indian Organization is deemed hereafter to be
 14 part of the Service in the Department of Health and
 15 Human Services while carrying out any such contract or
 16 agreement and its employees are deemed employees of the
 17 Service while acting within the scope of their employment
 18 in carrying out the contract or agreement. After Sep-
 19 tember 30, 2003, any civil action or proceeding involving
 20 such claims brought hereafter against any Urban Indian
 21 Organization or any employee of such Urban Indian Orga-
 22 nization covered by this provision shall be deemed to be
 23 an action against the United States and will be defended
 24 by the Attorney General and be afforded the full protec-
 25 tion and coverage of the Federal Tort Claims Act (28

1 U.S.C. 1346(b), 2671 et seq.). Future coverage under that
 2 Act shall be contingent on cooperation of the Urban In-
 3 dian Organization with the Attorney General in pros-
 4 ecuting past claims.

5 “(b) CLAIMS RESULTING FROM PERFORMANCE OF
 6 CONTRACT OR GRANT.—Beginning for fiscal year 2005
 7 and thereafter, the Secretary shall request through annual
 8 appropriations funds sufficient to reimburse the Treasury
 9 for any claims paid in the prior fiscal year pursuant to
 10 the foregoing provisions.

11 **“SEC. 516. URBAN YOUTH TREATMENT CENTER DEM-**
 12 **ONSTRATION.**

13 “(a) CONSTRUCTION AND OPERATION.—The Sec-
 14 retary, acting through the Service, through grant or con-
 15 tract, is authorized to fund the construction and operation
 16 of at least 2 residential treatment centers in each State
 17 described in subsection (b) to demonstrate the provision
 18 of alcohol and substance abuse treatment services to
 19 Urban Indian youth in a culturally competent residential
 20 setting.

21 “(b) DEFINITION OF STATE.—A State described in
 22 this subsection is a State in which—

23 “(1) there resides Urban Indian youth with
 24 need for alcohol and substance abuse treatment serv-
 25 ices in a residential setting; and

1 “(2) there is a significant shortage of culturally
2 competent residential treatment services for Urban
3 Indian youth.

4 **“SEC. 517. USE OF FEDERAL GOVERNMENT FACILITIES AND**
5 **SOURCES OF SUPPLY.**

6 “(a) AUTHORIZATION FOR USE.—The Secretary, act-
7 ing through the Service, shall allow an Urban Indian Or-
8 ganization that has entered into a contract or received a
9 grant pursuant to this title, in carrying out such contract
10 or grant, to use existing facilities and all equipment there-
11 in or pertaining thereto and other personal property
12 owned by the Federal Government within the Secretary’s
13 jurisdiction under such terms and conditions as may be
14 agreed upon for their use and maintenance.

15 “(b) DONATIONS.—Subject to subsection (d), the
16 Secretary may donate to an Urban Indian Organization
17 that has entered into a contract or received a grant pursu-
18 ant to this title any personal or real property determined
19 to be excess to the needs of the Service or the General
20 Services Administration for purposes of carrying out the
21 contract or grant.

22 “(c) ACQUISITION OF PROPERTY FOR DONATION.—
23 The Secretary may acquire excess or surplus government
24 personal or real property for donation (subject to sub-
25 section (d)), to an Urban Indian Organization that has

1 entered into a contract or received a grant pursuant to
2 this title if the Secretary determines that the property is
3 appropriate for use by the Urban Indian Organization for
4 a purpose for which a contract or grant is authorized
5 under this title.

6 “(d) PRIORITY.—In the event that the Secretary re-
7 ceives a request for donation of a specific item of personal
8 or real property described in subsection (b) or (c) from
9 both an Urban Indian Organization and from an Indian
10 Tribe or Tribal Organization, the Secretary shall give pri-
11 ority to the request for donation of the Indian Tribe or
12 Tribal Organization if the Secretary receives the request
13 from the Indian Tribe or Tribal Organization before the
14 date the Secretary transfers title to the property or, if ear-
15 lier, the date the Secretary transfers the property phys-
16 ically to the Urban Indian Organization.

17 “(e) URBAN INDIAN ORGANIZATIONS DEEMED EX-
18 ECUTIVE AGENCY FOR CERTAIN PURPOSES.—For pur-
19 poses of section 501 of title 40, United States Code, (relat-
20 ing to Federal sources of supply, including lodging pro-
21 viders, airlines, and other transportation providers), an
22 Urban Indian Organization that has entered into a con-
23 tract or received a grant pursuant to this title shall be
24 deemed an executive agency when carrying out such con-
25 tract or grant.

1 **“SEC. 518. GRANTS FOR DIABETES PREVENTION, TREAT-**
2 **MENT, AND CONTROL.**

3 “(a) GRANTS AUTHORIZED.—The Secretary may
4 make grants to those Urban Indian Organizations that
5 have entered into a contract or have received a grant
6 under this title for the provision of services for the preven-
7 tion and treatment of, and control of the complications
8 resulting from, diabetes among Urban Indians.

9 “(b) GOALS.—Each grant made pursuant to sub-
10 section (a) shall set forth the goals to be accomplished
11 under the grant. The goals shall be specific to each grant
12 as agreed to between the Secretary and the grantee.

13 “(c) ESTABLISHMENT OF CRITERIA.—The Secretary
14 shall establish criteria for the grants made under sub-
15 section (a) relating to—

16 “(1) the size and location of the Urban Indian
17 population to be served;

18 “(2) the need for prevention of and treatment
19 of, and control of the complications resulting from,
20 diabetes among the Urban Indian population to be
21 served;

22 “(3) performance standards for the organiza-
23 tion in meeting the goals set forth in such grant
24 that are negotiated and agreed to by the Secretary
25 and the grantee;

1 “(4) the capability of the organization to ade-
 2 quately perform the activities required under the
 3 grant; and

4 “(5) the willingness of the organization to col-
 5 laborate with the registry, if any, established by the
 6 Secretary under section 204(e) in the Area Office of
 7 the Service in which the organization is located.

8 “(d) FUNDS SUBJECT TO CRITERIA.—Any funds re-
 9 ceived by an Urban Indian Organization under this Act
 10 for the prevention, treatment, and control of diabetes
 11 among Urban Indians shall be subject to the criteria devel-
 12 oped by the Secretary under subsection (e).

13 **“SEC. 519. COMMUNITY HEALTH REPRESENTATIVES.**

14 “The Secretary, acting through the Service, may
 15 enter into contracts with, and make grants to, Urban In-
 16 dian Organizations for the employment of Indians trained
 17 as health service providers through the Community Health
 18 Representatives Program under section 109 in the provi-
 19 sion of health care, health promotion, and disease preven-
 20 tion services to Urban Indians.

21 **“SEC. 520. REGULATIONS.**

22 “(a) REQUIREMENTS FOR REGULATIONS.—The Sec-
 23 retary may promulgate regulations to implement the provi-
 24 sions of this title in accordance with the following:

1 “(1) Proposed regulations to implement this
2 Act shall be published in the Federal Register by the
3 Secretary no later than 9 months after the date of
4 enactment of this Act and shall have no less than a
5 4-month comment period.

6 “(2) The authority to promulgate regulations
7 under this Act shall expire 18 months from the date
8 of enactment of this Act.

9 “(b) ~~EFFECTIVE DATE OF TITLE.~~—The amendments
10 to this title made by the Indian Health Care Improvement
11 Act Amendments of 2005 shall be effective on the date
12 of enactment of such amendments, regardless of whether
13 the Secretary has promulgated regulations implementing
14 such amendments have been promulgated.

15 **“SEC. 521. ELIGIBILITY FOR SERVICES.**

16 “Urban Indians shall be eligible and the ultimate
17 beneficiaries for health care or referral services provided
18 pursuant to this title.

19 **“SEC. 522. 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 VI—ORGANIZATIONAL**
2 **IMPROVEMENTS**

3 **“SEC. 601. ESTABLISHMENT OF THE INDIAN HEALTH SERV-**
4 **ICE AS AN AGENCY OF THE PUBLIC HEALTH**
5 **SERVICE.**

6 “(a) ESTABLISHMENT.—

7 “(1) IN GENERAL.—In order to more effectively
8 and efficiently carry out the responsibilities, authori-
9 ties, and functions of the United States to provide
10 health care services to Indians and Indian Tribes, as
11 are or may be hereafter provided by Federal statute
12 or treaties, there is established within the Public
13 Health Service of the Department the Indian Health
14 Service.

15 “(2) ASSISTANT SECRETARY OF INDIAN
16 HEALTH.—The Service shall be administered by an
17 Assistant Secretary of Indian Health, who shall be
18 appointed by the President, by and with the advice
19 and consent of the Senate. The Assistant Secretary
20 shall report to the Secretary. Effective with respect
21 to an individual appointed by the President, by and
22 with the advice and consent of the Senate, after
23 January 1, 2005, the term of service of the Assist-
24 ant Secretary shall be 4 years. An Assistant Sec-
25 retary may serve more than 1 term.

1 “(3) INCUMBENT.—The individual serving in
2 the position of Director of the Indian Health Service
3 on the day before the date of enactment of the In-
4 dian Health Care Improvement Act Amendments of
5 2005 shall serve as Assistant Secretary.

6 “(4) ADVOCACY AND CONSULTATION.—The po-
7 sition of Assistant Secretary is established to, in a
8 manner consistent with the government-to-govern-
9 ment relationship between the United States and In-
10 dian Tribes—

11 “(A) facilitate advocacy for the develop-
12 ment of appropriate Indian health policy; and

13 “(B) promote consultation on matters re-
14 lating to Indian health.

15 “(b) AGENCY.—The Service shall be an agency within
16 the Public Health Service of the Department, and shall
17 not be an office, component, or unit of any other agency
18 of the Department.

19 “(c) DUTIES.—The Assistant Secretary of Indian
20 Health shall—

21 “(1) perform all functions that were, on the day
22 before the date of enactment of the Indian Health
23 Care Improvement Act Amendments of 2005, ear-
24 ried out by or under the direction of the individual
25 serving as Director of the Service on that day;

1 “(2) perform all functions of the Secretary re-
2 relating to the maintenance and operation of hospital
3 and health facilities for Indians and the planning
4 for, and provision and utilization of, health services
5 for Indians;

6 “(3) administer all health programs under
7 which health care is provided to Indians based upon
8 their status as Indians which are administered by
9 the Secretary, including programs under—

10 “(A) this Act;

11 “(B) the Act of November 2, 1921 (25
12 U.S.C. 13);

13 “(C) the Act of August 5, 1954 (42 U.S.C.
14 2001 et seq.);

15 “(D) the Act of August 16, 1957 (42
16 U.S.C. 2005 et seq.); and

17 “(E) the Indian Self-Determination and
18 Education Assistance Act (25 U.S.C. 450 et
19 seq.);

20 “(4) administer all scholarship and loan func-
21 tions carried out under title I;

22 “(5) report directly to the Secretary concerning
23 all policy- and budget-related matters affecting In-
24 dian health;

1 “(6) collaborate with the Assistant Secretary
2 for Health concerning appropriate matters of Indian
3 health that affect the agencies of the Public Health
4 Service;

5 “(7) advise each Assistant Secretary of the De-
6 partment concerning matters of Indian health with
7 respect to which that Assistant Secretary has au-
8 thority and responsibility;

9 “(8) advise the heads of other agencies and pro-
10 grams of the Department concerning matters of In-
11 dian health with respect to which those heads have
12 authority and responsibility;

13 “(9) coordinate the activities of the Department
14 concerning matters of Indian health; and

15 “(10) perform such other functions as the Sec-
16 retary may designate.

17 “(d) AUTHORITY.—

18 “(1) IN GENERAL.—The Secretary, acting
19 through the Assistant Secretary, shall have the au-
20 thority—

21 “(A) except to the extent provided for in
22 paragraph (2), to appoint and compensate em-
23 ployees for the Service in accordance with title
24 5, United States Code;

1 “(B) to enter into contracts for the pro-
 2 curement of goods and services to carry out the
 3 functions of the Service; and

4 “(C) to manage, expend, and obligate all
 5 funds appropriated for the Service.

6 “(2) **PERSONNEL ACTIONS.**—Notwithstanding
 7 any other provision of law, the provisions of section
 8 12 of the Act of June 18, 1934 (48 Stat. 986; 25
 9 U.S.C. 472), shall apply to all personnel actions
 10 taken with respect to new positions created within
 11 the Service as a result of its establishment under
 12 subsection (a).

13 “(e) **REFERENCES.**—Any reference to the Director of
 14 the Indian Health Service in any other Federal law, Exec-
 15 utive order, rule, regulation, or delegation of authority, or
 16 in any document of or relating to the Director of the In-
 17 dian Health Service, shall be deemed to refer to the Assist-
 18 ant Secretary.

19 **“SEC. 602. AUTOMATED MANAGEMENT INFORMATION SYS-**
 20 **TEM.**

21 “(a) **ESTABLISHMENT.**—

22 “(1) **IN GENERAL.**—The Secretary shall estab-
 23 lish an automated management information system
 24 for the Service.

1 “(2) REQUIREMENTS OF SYSTEM.—The infor-
 2 mation system established under paragraph (1) shall
 3 include—

4 “(A) a financial management system;

5 “(B) a patient care information system for
 6 each area served by the Service;

7 “(C) a privacy component that protects the
 8 privacy of patient information held by, or on be-
 9 half of, the Service;

10 “(D) a services-based cost accounting com-
 11 ponent that provides estimates of the costs as-
 12 sociated with the provision of specific medical
 13 treatments or services in each Area office of the
 14 Service;

15 “(E) an interface mechanism for patient
 16 billing and accounts receivable system; and

17 “(F) a training component.

18 “(b) PROVISION OF SYSTEMS TO TRIBES AND ORGA-
 19 NIZATIONS.—The Secretary shall provide each Tribal
 20 Health Program automated management information sys-
 21 tems which—

22 “(1) meet the management information needs
 23 of such Tribal Health Program with respect to the
 24 treatment by the Tribal Health Program of patients
 25 of the Service; and

1 “(2) meet the management information needs
2 of the Service.

3 “(e) ACCESS TO RECORDS.—Notwithstanding any
4 other provision of law, each patient shall have reasonable
5 access to the medical or health records of such patient
6 which are held by, or on behalf of, the Service.

7 “(d) AUTHORITY TO ENHANCE INFORMATION TECH-
8 NOLOGY.—The Secretary, acting through the Assistant
9 Secretary, shall have the authority to enter into contracts,
10 agreements, or joint ventures with other Federal agencies,
11 States, private and nonprofit organizations, for the pur-
12 pose of enhancing information technology in Indian health
13 programs and facilities.

14 **“SEC. 603. AUTHORIZATION OF APPROPRIATIONS.**

15 ““There is authorized to be appropriated such sums
16 as may be necessary for each fiscal year through fiscal
17 year 2015 to carry out this title.

18 **“TITLE VII—BEHAVIORAL**
19 **HEALTH PROGRAMS**

20 **“SEC. 701. BEHAVIORAL HEALTH PREVENTION AND TREAT-**
21 **MENT SERVICES.**

22 “(a) PURPOSES.—The purposes of this section are as
23 follows:

24 “(1) To authorize and direct the Secretary, act-
25 ing through the Service, Indian Tribes, Tribal Orga-

1 nizations, and Urban Indian Organizations, to de-
2 velop a comprehensive behavioral health prevention
3 and treatment program which emphasizes collabora-
4 tion among alcohol and substance abuse, social serv-
5 ices, and mental health programs.

6 “(2) To provide information, direction, and
7 guidance relating to mental illness and dysfunction
8 and self-destructive behavior, including child abuse
9 and family violence, to those Federal, tribal, State,
10 and local agencies responsible for programs in In-
11 dian communities in areas of health care, education,
12 social services, child and family welfare, alcohol and
13 substance abuse, law enforcement, and judicial serv-
14 ices.

15 “(3) To assist Indian Tribes to identify services
16 and resources available to address mental illness and
17 dysfunctional and self-destructive behavior.

18 “(4) To provide authority and opportunities for
19 Indian Tribes and Tribal Organizations to develop,
20 implement, and coordinate with community-based
21 programs which include identification, prevention,
22 education, referral, and treatment services, including
23 through multidisciplinary resource teams.

24 “(5) To ensure that Indians, as citizens of the
25 United States and of the States in which they re-

side, have the same access to behavioral health services to which all citizens have access.

~~“(6) To modify or supplement existing programs and authorities in the areas identified in paragraph (2).~~

~~“(b) PLANS.—~~

~~“(1) DEVELOPMENT.—The Secretary, acting through the Service, Indian Tribes, Tribal Organizations, and Urban Indian Organizations, shall encourage Indian Tribes and Tribal Organizations to develop tribal plans, and Urban Indian Organizations to develop local plans, and for all such groups to participate in developing areawide plans for Indian Behavioral Health Services. The plans shall include, to the extent feasible, the following components:~~

~~“(A) An assessment of the scope of alcohol or other substance abuse, mental illness, and dysfunctional and self-destructive behavior, including suicide, child abuse, and family violence, among Indians, including—~~

~~“(i) the number of Indians served who are directly or indirectly affected by such illness or behavior; or~~

1 “(ii) an estimate of the financial and
2 human cost attributable to such illness or
3 behavior.

4 “(B) An assessment of the existing and
5 additional resources necessary for the preven-
6 tion and treatment of such illness and behavior,
7 including an assessment of the progress toward
8 achieving the availability of the full continuum
9 of care described in subsection (c).

10 “(C) An estimate of the additional funding
11 needed by the Service, Indian Tribes, Tribal
12 Organizations, and Urban Indian Organizations
13 to meet their responsibilities under the plans.

14 “(2) NATIONAL CLEARINGHOUSE.—The Sec-
15 retary, acting through the Service, shall establish a
16 national clearinghouse of plans and reports on the
17 outcomes of such plans developed by Indian Tribes,
18 Tribal Organizations, Urban Indian Organizations,
19 and Service Areas relating to behavioral health. The
20 Secretary shall ensure access to these plans and out-
21 comes by any Indian Tribe, Tribal Organization,
22 Urban Indian Organization, or the Service.

23 “(3) TECHNICAL ASSISTANCE.—The Secretary
24 shall provide technical assistance to Indian Tribes,
25 Tribal Organizations, and Urban Indian Organiza-

1 tions in preparation of plans under this section and
 2 in developing standards of care that may be used
 3 and adopted locally.

4 “(c) PROGRAMS.—The Secretary, acting through the
 5 Service, Indian Tribes, and Tribal Organizations, shall
 6 provide, to the extent feasible and if funding is available,
 7 programs including the following:

8 “(1) COMPREHENSIVE CARE.—A comprehensive
 9 continuum of behavioral health care which pro-
 10 vides—

11 “(A) community-based prevention, inter-
 12 vention, outpatient, and behavioral health
 13 aftercare;

14 “(B) detoxification (social and medical);

15 “(C) acute hospitalization;

16 “(D) intensive outpatient/day treatment;

17 “(E) residential treatment;

18 “(F) transitional living for those needing a
 19 temporary, stable living environment that is
 20 supportive of treatment and recovery goals;

21 “(G) emergency shelter;

22 “(H) intensive case management;

23 “(I) Traditional Health Care Practices;

24 and

25 “(J) diagnostic services.

1 ~~“(2) CHILD CARE.—Behavioral health services~~
 2 for Indians from birth through age 17, including—

3 ~~“(A) preschool and school age fetal alcohol~~
 4 disorder services, including assessment and be-
 5 havioral intervention;

6 ~~“(B) mental health and substance abuse~~
 7 services (emotional, organic, alcohol, drug, in-
 8 halant, and tobacco);

9 ~~“(C) identification and treatment of co-oc-~~
 10 curring disorders and comorbidity;

11 ~~“(D) prevention of alcohol, drug, inhalant,~~
 12 and tobacco use;

13 ~~“(E) early intervention, treatment, and~~
 14 aftercare;

15 ~~“(F) promotion of healthy approaches to~~
 16 risk and safety issues; and

17 ~~“(G) identification and treatment of ne-~~
 18 glect and physical, mental, and sexual abuse.

19 ~~“(3) ADULT CARE.—Behavioral health services~~
 20 for Indians from age 18 through 55, including—

21 ~~“(A) early intervention, treatment, and~~
 22 aftercare;

23 ~~“(B) mental health and substance abuse~~
 24 services (emotional, alcohol, drug, inhalant, and
 25 tobacco); including sex specific services;

1 ~~“(C) identification and treatment of co-oc-~~
 2 ~~curing disorders (dual diagnosis) and comor-~~
 3 ~~bidity;~~

4 ~~“(D) promotion of healthy approaches for~~
 5 ~~risk-related behavior;~~

6 ~~“(E) treatment services for women at risk~~
 7 ~~of giving birth to a child with a fetal alcohol~~
 8 ~~disorder; and~~

9 ~~“(F) sex specific treatment for sexual as-~~
 10 ~~sault and domestic violence.~~

11 ~~“(4) FAMILY CARE.—Behavioral health services~~
 12 ~~for families, including—~~

13 ~~“(A) early intervention, treatment, and~~
 14 ~~aftercare for affected families;~~

15 ~~“(B) treatment for sexual assault and do-~~
 16 ~~mestic violence; and~~

17 ~~“(C) promotion of healthy approaches re-~~
 18 ~~lating to parenting, domestic violence, and other~~
 19 ~~abuse issues.~~

20 ~~“(5) ELDER CARE.—Behavioral health services~~
 21 ~~for Indians 56 years of age and older, including—~~

22 ~~“(A) early intervention, treatment, and~~
 23 ~~aftercare;~~

1 “(B) mental health and substance abuse
2 services (emotional, alcohol, drug, inhalant, and
3 tobacco); including sex specific services;

4 “(C) identification and treatment of co-oc-
5 curring disorders (dual diagnosis) and comor-
6 bidity;

7 “(D) promotion of healthy approaches to
8 managing conditions related to aging;

9 “(E) sex specific treatment for sexual as-
10 sault, domestic violence, neglect, physical and
11 mental abuse and exploitation; and

12 “(F) identification and treatment of de-
13 mentias regardless of cause.

14 “(d) COMMUNITY BEHAVIORAL HEALTH PLAN.—

15 “(1) ESTABLISHMENT.—The governing body of
16 any Indian Tribe, Tribal Organization, or Urban In-
17 dian Organization may adopt a resolution for the es-
18 tablishment of a community behavioral health plan
19 providing for the identification and coordination of
20 available resources and programs to identify, pre-
21 vent, or treat substance abuse, mental illness, or
22 dysfunctional and self-destructive behavior, including
23 child abuse and family violence, among its members
24 or its service population. This plan should include

1 behavioral health services, social services, intensive
2 outpatient services, and continuing aftercare.

3 “(2) TECHNICAL ASSISTANCE.—At the request
4 of an Indian Tribe, Tribal Organization, or Urban
5 Indian Organization, the Bureau of Indian Affairs
6 and the Service shall cooperate with and provide
7 technical assistance to the Indian Tribe, Tribal Or-
8 ganization, or Urban Indian Organization in the de-
9 velopment and implementation of such plan.

10 “(3) FUNDING.—The Secretary, acting through
11 the Service, may make funding available to Indian
12 Tribes and Tribal Organizations which adopt a reso-
13 lution pursuant to paragraph (1) to obtain technical
14 assistance for the development of a community be-
15 havioral health plan and to provide administrative
16 support in the implementation of such plan.

17 “(e) COORDINATION FOR AVAILABILITY OF SERV-
18 ICES.—The Secretary, acting through the Service, Indian
19 Tribes, Tribal Organizations, and Urban Indian Organiza-
20 tions, shall coordinate behavioral health planning, to the
21 extent feasible, with other Federal agencies and with State
22 agencies, to encourage comprehensive behavioral health
23 services for Indians regardless of their place of residence.

24 “(f) MENTAL HEALTH CARE NEED ASSESSMENT.—
25 Not later than 1 year after the date of enactment of the

1 Indian Health Care Improvement Act Amendments of
2 2005, the Secretary, acting through the Service, shall
3 make an assessment of the need for inpatient mental
4 health care among Indians and the availability and cost
5 of inpatient mental health facilities which can meet such
6 need. In making such assessment, the Secretary shall con-
7 sider the possible conversion of existing, underused Service
8 hospital beds into psychiatric units to meet such need.

9 **“SEC. 702. MEMORANDA OF AGREEMENT WITH THE DE-**
10 **PARTMENT OF THE INTERIOR.**

11 “(a) CONTENTS.—Not later than 12 months after the
12 date of enactment of the Indian Health Care Improvement
13 Act Amendments of 2005, the Secretary, acting through
14 the Service, and the Secretary of the Interior shall develop
15 and enter into a memoranda of agreement, or review and
16 update any existing memoranda of agreement, as required
17 by section 4205 of the Indian Alcohol and Substance
18 Abuse Prevention and Treatment Act of 1986 (25 U.S.C.
19 2411) under which the Secretaries address the following:

20 “(1) The scope and nature of mental illness and
21 dysfunctional and self-destructive behavior, including
22 child abuse and family violence, among Indians.

23 “(2) The existing Federal, tribal, State, local,
24 and private services, resources, and programs avail-

1 able to provide behavioral health services for Indi-
2 ans:

3 ~~“(3) The unmet need for additional services, re-~~
4 ~~sources, and programs necessary to meet the needs~~
5 ~~identified pursuant to paragraph (1).~~

6 ~~“(4)(A) The right of Indians, as citizens of the~~
7 ~~United States and of the States in which they re-~~
8 ~~side, to have access to behavioral health services to~~
9 ~~which all citizens have access.~~

10 ~~“(B) The right of Indians to participate in, and~~
11 ~~receive the benefit of, such services.~~

12 ~~“(C) The actions necessary to protect the exer-~~
13 ~~cise of such right.~~

14 ~~“(5) The responsibilities of the Bureau of In-~~
15 ~~dian Affairs and the Service, including mental illness~~
16 ~~identification, prevention, education, referral, and~~
17 ~~treatment services (including services through multi-~~
18 ~~disciplinary resource teams), at the central, area,~~
19 ~~and agency and Service Unit, Service Area, and~~
20 ~~headquarters levels to address the problems identi-~~
21 ~~fied in paragraph (1).~~

22 ~~“(6) A strategy for the comprehensive coordina-~~
23 ~~tion of the behavioral health services provided by the~~
24 ~~Bureau of Indian Affairs and the Service to meet~~

1 the problems identified pursuant to paragraph (1),
2 including—

3 “(A) the coordination of alcohol and sub-
4 stance abuse programs of the Service, the Bu-
5 reau of Indian Affairs, and Indian Tribes and
6 Tribal Organizations (developed under the In-
7 dian Alcohol and Substance Abuse Prevention
8 and Treatment Act of 1986) with behavioral
9 health initiatives pursuant to this Act, particu-
10 larly with respect to the referral and treatment
11 of dually diagnosed individuals requiring behav-
12 ioral health and substance abuse treatment; and

13 “(B) ensuring that the Bureau of Indian
14 Affairs and Service programs and services (in-
15 cluding multidisciplinary resource teams) ad-
16 dressing child abuse and family violence are co-
17 ordinated with such non-Federal programs and
18 services.

19 “(7) Directing appropriate officials of the Bu-
20 reau of Indian Affairs and the Service, particularly
21 at the agency and Service Unit levels, to cooperate
22 fully with tribal requests made pursuant to commu-
23 nity behavioral health plans adopted under section
24 701(e) and section 4206 of the Indian Alcohol and

1 Substance Abuse Prevention and Treatment Act of
2 1986 (25 U.S.C. 2412).

3 “(8) Providing for an annual review of such
4 agreement by the Secretaries which shall be provided
5 to Congress and Indian Tribes and Tribal Organiza-
6 tions.

7 “(b) SPECIFIC PROVISIONS REQUIRED.—The memo-
8 randa of agreement updated or entered into pursuant to
9 subsection (a) shall include specific provisions pursuant to
10 which the Service shall assume responsibility for—

11 “(1) the determination of the scope of the prob-
12 lem of alcohol and substance abuse among Indians;
13 including the number of Indians within the jurisdic-
14 tion of the Service who are directly or indirectly af-
15 fected by alcohol and substance abuse and the finan-
16 cial and human cost;

17 “(2) an assessment of the existing and needed
18 resources necessary for the prevention of alcohol and
19 substance abuse and the treatment of Indians af-
20 fected by alcohol and substance abuse; and

21 “(3) an estimate of the funding necessary to
22 adequately support a program of prevention of alco-
23 hol and substance abuse and treatment of Indians
24 affected by alcohol and substance abuse.

1 “(c) CONSULTATION.—The Secretary, acting through
 2 the Service, and the Secretary of the Interior shall, in de-
 3 veloping the memoranda of agreement under subsection
 4 (a), consult with and solicit the comments from—

5 “(1) Indian Tribes and Tribal Organizations;

6 “(2) Indians;

7 “(3) Urban Indian Organizations and other In-
 8 dian organizations; and

9 “(4) behavioral health service providers.

10 “(d) PUBLICATION.—Each memorandum of agree-
 11 ment entered into or renewed (and amendments or modi-
 12 fications thereto) under subsection (a) shall be published
 13 in the Federal Register. At the same time as publication
 14 in the Federal Register, the Secretary shall provide a copy
 15 of such memoranda, amendment, or modification to each
 16 Indian Tribe, Tribal Organization, and Urban Indian Or-
 17 ganization.

18 **“SEC. 703. COMPREHENSIVE BEHAVIORAL HEALTH PRE-**
 19 **VENTION AND TREATMENT PROGRAM.**

20 “(a) ESTABLISHMENT.—

21 “(1) IN GENERAL.—The Secretary, acting
 22 through the Service, Indian Tribes, and Tribal Orga-
 23 nizations, shall provide a program of comprehensive
 24 behavioral health, prevention, treatment, and

1 aftercare, including Traditional Health Care Prac-
 2 tices, which shall include—

3 “(A) prevention, through educational inter-
 4 vention, in Indian communities;

5 “(B) acute detoxification, psychiatric hos-
 6 pitalization, residential, and intensive outpatient
 7 treatment;

8 “(C) community-based rehabilitation and
 9 aftercare;

10 “(D) community education and involve-
 11 ment, including extensive training of health
 12 care, educational, and community-based per-
 13 sonnel;

14 “(E) specialized residential treatment pro-
 15 grams for high-risk populations, including preg-
 16 nant and postpartum women and their children;
 17 and

18 “(F) diagnostic services.

19 “(2) TARGET POPULATIONS.—The target popu-
 20 lation of such programs shall be members of Indian
 21 Tribes. Efforts to train and educate key members of
 22 the Indian community shall also 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 TECHNI-
 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 is required to be licensed as a clinical psychologist, social
 3 worker, or marriage and family therapist, respectively, or
 4 working under the direct supervision of a licensed clinical
 5 psychologist, social worker, or marriage and family thera-
 6 pist, respectively.

7 **“SEC. 706. INDIAN WOMEN TREATMENT PROGRAMS.**

8 “(a) FUNDING.—The Secretary, consistent with sec-
 9 tion 701, shall make funds available to Indian Tribes,
 10 Tribal Organizations, and Urban Indian Organizations to
 11 develop and implement a comprehensive behavioral health
 12 program of prevention, intervention, treatment, and re-
 13 lapse prevention services that specifically addresses the
 14 spiritual, cultural, historical, social, and child care needs
 15 of Indian women, regardless of age.

16 “(b) USE OF FUNDS.—Funds made available pursu-
 17 ant to this section may be used to—

18 “(1) develop and provide community training,
 19 education, and prevention programs for Indian
 20 women relating to behavioral health issues, including
 21 fetal alcohol disorders;

22 “(2) identify and provide psychological services,
 23 counseling, advocacy, support, and relapse preven-
 24 tion to Indian women and their families; and

1 “(3) develop prevention and intervention models
2 for Indian women which incorporate Traditional
3 Health Care Practices, cultural values, and commu-
4 nity and family involvement.

5 “(e) CRITERIA.—The Secretary, in consultation with
6 Indian Tribes and Tribal Organizations, shall establish
7 criteria for the review and approval of applications and
8 proposals for funding under this section.

9 “(d) EARMARK OF CERTAIN FUNDS.—Twenty per-
10 cent of the funds appropriated pursuant to this section
11 shall be used to make grants to Urban Indian Organiza-
12 tions.

13 **“SEC. 707. INDIAN YOUTH PROGRAM.**

14 “(a) DETOXIFICATION AND REHABILITATION.—The
15 Secretary, acting through the Service, consistent with sec-
16 tion 701, shall develop and implement a program for acute
17 detoxification and treatment for Indian youths, including
18 behavioral health services. The program shall include re-
19 gional treatment centers designed to include detoxification
20 and rehabilitation for both sexes on a referral basis and
21 programs developed and implemented by Indian Tribes or
22 Tribal Organizations at the local level under the Indian
23 Self-Determination and Education Assistance Act. Re-
24 gional centers shall be integrated with the intake and re-

1 habilitation programs based in the referring Indian com-
 2 munity.

3 “(b) ~~ALCOHOL AND SUBSTANCE ABUSE TREATMENT~~
 4 ~~CENTERS OR FACILITIES.—~~

5 “(1) ~~ESTABLISHMENT.—~~

6 “(A) ~~IN GENERAL.—~~The Secretary, acting
 7 through the Service, Indian Tribes, and Tribal
 8 Organizations, shall construct, renovate, or, as
 9 necessary, purchase, and appropriately staff
 10 and operate, at least 1 youth regional treatment
 11 center or treatment network in each area under
 12 the jurisdiction of an Area Office.

13 “(B) ~~AREA OFFICE IN CALIFORNIA.—~~For
 14 the purposes of this subsection, the Area Office
 15 in California shall be considered to be 2 Area
 16 Offices, 1 office whose jurisdiction shall be con-
 17 sidered to encompass the northern area of the
 18 State of California, and 1 office whose jurisdic-
 19 tion shall be considered to encompass the re-
 20 mainder of the State of California for the pur-
 21 pose of implementing California treatment net-
 22 works.

23 “(2) ~~FUNDING.—~~For the purpose of staffing
 24 and operating such centers or facilities, funding

1 shall be pursuant to the Act of November 2, 1921
 2 (~~25 U.S.C. 13~~).

3 ~~“(3) LOCATION.—~~A youth treatment center
 4 constructed or purchased under this subsection shall
 5 be constructed or purchased at a location within the
 6 area described in paragraph (1) agreed upon (by ap-
 7 propriate tribal resolution) by a majority of the In-
 8 dian Tribes to be served by such center.

9 ~~“(4) SPECIFIC PROVISION OF FUNDS.—~~

10 ~~“(A) IN GENERAL.—~~Notwithstanding any
 11 other provision of this title, the Secretary may,
 12 from amounts authorized to be appropriated for
 13 the purposes of carrying out this section, make
 14 funds available to—

15 ~~“(i) the Tanana Chiefs Conference;~~
 16 Incorporated, for the purpose of leasing,
 17 constructing, renovating, operating, and
 18 maintaining a residential youth treatment
 19 facility in Fairbanks, Alaska, and

20 ~~“(ii) the Southeast Alaska Regional~~
 21 Health Corporation to staff and operate a
 22 residential youth treatment facility without
 23 regard to the proviso set forth in section
 24 ~~4(l)~~ of the Indian Self-Determination and

1 Education Assistance Act (25 U.S.C.
2 450b(l)).

3 “(B) PROVISION OF SERVICES TO ELIGI-
4 BLE YOUTHS.—Until additional residential
5 youth treatment facilities are established in
6 Alaska pursuant to this section, the facilities
7 specified in subparagraph (A) shall make every
8 effort to provide services to all eligible Indian
9 youths residing in Alaska.

10 “(c) INTERMEDIATE ADOLESCENT BEHAVIORAL
11 HEALTH SERVICES.—

12 “(1) IN GENERAL.—The Secretary, acting
13 through the Service, Indian Tribes, and Tribal Orga-
14 nizations, may provide intermediate behavioral
15 health services, which may incorporate Traditional
16 Health Care Practices, to Indian children and ado-
17 lescents, including—

18 “(A) pretreatment assistance;

19 “(B) inpatient, outpatient, and aftercare
20 services;

21 “(C) emergency care;

22 “(D) suicide prevention and crisis interven-
23 tion; and

24 “(E) prevention and treatment of mental
25 illness and dysfunctional and self-destructive

1 behavior, including child abuse and family vio-
2 lence.

3 ~~“(2) USE OF FUNDS.—~~Funds provided under
4 this subsection may be used—

5 ~~“(A) to construct or renovate an existing~~
6 ~~health facility to provide intermediate behav-~~
7 ~~ioral health services;~~

8 ~~“(B) to hire behavioral health profes-~~
9 ~~sionals;~~

10 ~~“(C) to staff, operate, and maintain an in-~~
11 ~~termediate mental health facility, group home,~~
12 ~~sober housing, transitional housing or similar~~
13 ~~facilities, or youth shelter where intermediate~~
14 ~~behavioral health services are being provided;~~

15 ~~“(D) to make renovations and hire appro-~~
16 ~~priate staff to convert existing hospital beds~~
17 ~~into adolescent psychiatric units; and~~

18 ~~“(E) for intensive home- and community-~~
19 ~~based services.~~

20 ~~“(3) CRITERIA.—~~The Secretary, acting through
21 the Service, shall, in consultation with Indian Tribes
22 and Tribal Organizations, establish criteria for the
23 review and approval of applications or proposals for
24 funding made available pursuant to this subsection.

25 ~~“(d) FEDERALLY OWNED STRUCTURES.—~~

1 “(1) IN GENERAL.—The Secretary, in consulta-
2 tion with Indian Tribes and Tribal Organizations,
3 shall—

4 “(A) identify and use, where appropriate,
5 federally owned structures suitable for local res-
6 idential or regional behavioral health treatment
7 for Indian youths; and

8 “(B) establish guidelines, in consultation
9 with Indian Tribes and Tribal Organizations,
10 for determining the suitability of any such fed-
11 erally owned structure to be used for local resi-
12 dential or regional behavioral health treatment
13 for Indian youths.

14 “(2) TERMS AND CONDITIONS FOR USE OF
15 STRUCTURE.—Any structure described in paragraph
16 (1) may be used under such terms and conditions as
17 may be agreed upon by the Secretary and the agency
18 having responsibility for the structure and any In-
19 dian Tribe or Tribal Organization operating the pro-
20 gram.

21 “(c) REHABILITATION AND AFTERCARE SERVICES.—

22 “(1) IN GENERAL.—The Secretary, Indian
23 Tribes, or Tribal Organizations, in cooperation with
24 the Secretary of the Interior, shall develop and im-
25 plement within each Service Unit, community-based

1 rehabilitation and follow-up services for Indian
2 youths who are having significant behavioral health
3 problems, and require long-term treatment, commu-
4 nity reintegration, and monitoring to support the In-
5 dian youths after their return to their home commu-
6 nity.

7 “(2) ADMINISTRATION.—Services under para-
8 graph (1) shall be provided by trained staff within
9 the community who can assist the Indian youths in
10 their continuing development of self-image, positive
11 problem-solving skills, and nonalcohol or substance
12 abusing behaviors. Such staff may include alcohol
13 and substance abuse counselors, mental health pro-
14 fessionals, and other health professionals and para-
15 professionals, including community health represent-
16 atives.

17 “(f) INCLUSION OF FAMILY IN YOUTH TREATMENT
18 PROGRAM.—In providing the treatment and other services
19 to Indian youths authorized by this section, the Secretary,
20 acting through the Service, Indian Tribes, and Tribal Or-
21 ganizations, shall provide for the inclusion of family mem-
22 bers of such youths in the treatment programs or other
23 services as may be appropriate. Not less than 10 percent
24 of the funds appropriated for the purposes of carrying out
25 subsection (e) shall be used for outpatient care of adult

1 family members related to the treatment of an Indian
 2 youth under that subsection.

3 “(g) ~~MULTIDRUG ABUSE PROGRAM.~~—The Secretary,
 4 acting through the Service, Indian Tribes, Tribal Organi-
 5 zations, and Urban Indian Organizations, shall provide,
 6 consistent with section 701, programs and services to pre-
 7 vent and treat the abuse of multiple forms of substances,
 8 including alcohol, drugs, inhalants, and tobacco, among
 9 Indian youths residing in Indian communities, on or near
 10 reservations, and in urban areas and provide appropriate
 11 mental health services to address the incidence of mental
 12 illness among such youths.

13 **“SEC. 708. INPATIENT AND COMMUNITY-BASED MENTAL**
 14 **HEALTH FACILITIES DESIGN, CONSTRUC-**
 15 **TION, AND STAFFING.**

16 “Not later than 1 year after the date of enactment
 17 of the Indian Health Care Improvement Act Amendments
 18 of 2005, the Secretary, acting through the Service, Indian
 19 Tribes, and Tribal Organizations, may provide, in each
 20 area of the Service, not less than 1 inpatient mental health
 21 care facility, or the equivalent, for Indians with behavioral
 22 health problems. For the purposes of this subsection, Cali-
 23 fornia shall be considered to be 2 Area Offices, 1 office
 24 whose location shall be considered to encompass the north-
 25 ern area of the State of California and 1 office whose ju-

1 jurisdiction shall be considered to encompass the remainder
 2 of the State of California. The Secretary shall consider
 3 the possible conversion of existing, underused Service hos-
 4 pital beds into psychiatric units to meet such need.

5 **“SEC. 709. TRAINING AND COMMUNITY EDUCATION.**

6 “(a) PROGRAM.—The Secretary, in cooperation with
 7 the Secretary of the Interior, shall develop and implement
 8 or provide funding for Indian Tribes and Tribal Organiza-
 9 tions to develop and implement, within each Service Unit
 10 or tribal program, a program of community education and
 11 involvement which shall be designed to provide concise and
 12 timely information to the community leadership of each
 13 tribal community. Such program shall include education
 14 about behavioral health issues to political leaders, Tribal
 15 judges, law enforcement personnel, members of tribal
 16 health and education boards, health care providers includ-
 17 ing traditional practitioners, and other critical members
 18 of each tribal community. Community-based training (ori-
 19 ented toward local capacity development) shall also include
 20 tribal community provider training (designed for adult
 21 learners from the communities receiving services for pre-
 22 vention, intervention, treatment, and aftercare).

23 “(b) INSTRUCTION.—The Secretary, acting through
 24 the Service, shall, either directly or through Indian Tribes
 25 and Tribal Organizations, provide instruction in the area

1 of behavioral health issues, including instruction in crisis
 2 intervention and family relations in the context of alcohol
 3 and substance abuse; child sexual abuse; youth alcohol and
 4 substance abuse; and the causes and effects of fetal alco-
 5 hol disorders to appropriate employees of the Bureau of
 6 Indian Affairs and the Service, and to personnel in schools
 7 or programs operated under any contract with the Bureau
 8 of Indian Affairs or the Service, including supervisors of
 9 emergency shelters and halfway houses described in sec-
 10 tion 4213 of the Indian Alcohol and Substance Abuse Pre-
 11 vention and Treatment Act of 1986 (25 U.S.C. 2433).

12 “(e) TRAINING MODELS.—In carrying out the edu-
 13 cation and training programs required by this section, the
 14 Secretary, in consultation with Indian Tribes, Tribal Or-
 15 ganizations, Indian behavioral health experts, and Indian
 16 alcohol and substance abuse prevention experts, shall de-
 17 velop and provide community-based training models. Such
 18 models shall address—

19 “(1) the elevated risk of alcohol and behavioral
 20 health problems faced by children of alcoholics;

21 “(2) the cultural, spiritual, and
 22 multigenerational aspects of behavioral health prob-
 23 lem prevention and recovery; and

1 “(3) community-based and multidisciplinary
2 strategies for preventing and treating behavioral
3 health problems.

4 **“SEC. 710. BEHAVIORAL HEALTH PROGRAM.**

5 “(a) INNOVATIVE PROGRAMS.—The Secretary, acting
6 through the Service, Indian Tribes, and Tribal Organiza-
7 tions, consistent with section 701, may plan, develop, im-
8 plement, and carry out programs to deliver innovative
9 community-based behavioral health services to Indians.

10 “(b) FUNDING; CRITERIA.—The Secretary may
11 award such funding for a project under subsection (a) to
12 an Indian Tribe or Tribal Organization and may consider
13 the following criteria:

14 “(1) The project will address significant unmet
15 behavioral health needs among Indians.

16 “(2) The project will serve a significant number
17 of Indians.

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

20 “(4) The Indian Tribe or Tribal Organization
21 has the administrative and financial capability to ad-
22 minister the project.

23 “(5) The project may deliver services in a man-
24 ner consistent with Traditional Health Care Prac-
25 tices.

1 “(6) The project is coordinated with, and avoids
2 duplication of, existing services.

3 “(c) ~~EQUITABLE TREATMENT.~~—For purposes of this
4 subsection, the Secretary shall, in evaluating project appli-
5 cations or proposals, use the same criteria that the Sec-
6 retary uses in evaluating any other application or proposal
7 for such funding.

8 **“SEC. 711. FETAL ALCOHOL DISORDER FUNDING.**

9 “(a) ~~PROGRAMS.~~—

10 “(1) ~~ESTABLISHMENT.~~—The Secretary, con-
11 sistent with section 701, acting through the Service,
12 Indian Tribes, and Tribal Organizations, is author-
13 ized to establish and operate fetal alcohol disorder
14 programs as provided in this section for the pur-
15 poses of meeting the health status objectives speci-
16 fied in section 3.

17 “(2) ~~USE OF FUNDS.~~—Funding provided pursu-
18 ant to this section shall be used for the following:

19 “(A) To develop and provide for Indians
20 community and in school training, education,
21 and prevention programs relating to fetal alco-
22 hol disorders.

23 “(B) To identify and provide behavioral
24 health treatment to high-risk Indian women

1 and high-risk women pregnant with an Indian's
2 child.

3 “(C) To identify and provide appropriate
4 psychological services, educational and voca-
5 tional support, counseling, advocacy, and infor-
6 mation to fetal alcohol disorder affected Indians
7 and their families or caretakers.

8 “(D) To develop and implement counseling
9 and support programs in schools for fetal alco-
10 hol disorder affected Indian children.

11 “(E) To develop prevention and interven-
12 tion models which incorporate practitioners of
13 Traditional Health Care Practices, cultural and
14 spiritual values, and community involvement.

15 “(F) To develop, print, and disseminate
16 education and prevention materials on fetal al-
17 cohol disorder.

18 “(G) To develop and implement, through
19 the tribal consultation process, culturally sen-
20 sitive assessment and diagnostic tools including
21 dysmorphology clinics and multidisciplinary
22 fetal alcohol disorder clinics for use in Indian
23 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 eoholism.

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 perpe-
 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**
9 **NEURODEVELOPMENTAL DISORDERS OR ARND.**—The
10 term ‘alcohol-related neurodevelopmental disorders’
11 or ‘ARND’ means, with a history of maternal alco-
12 hol consumption during pregnancy, central nervous
13 system involvement such as developmental delay, in-
14 tellectual deficit, or neurologic abnormalities. Behav-
15 iorally, there can be problems with irritability, and
16 failure to thrive as infants. As children become older
17 there will likely be hyperactivity, attention deficit,
18 language dysfunction, and perceptual and judgment
19 problems:

20 “(3) **BEHAVIORAL HEALTH AFTERCARE.**—The
21 term ‘behavioral health aftercare’ includes those ac-
22 tivities and resources used to support recovery fol-
23 lowing inpatient, residential, intensive substance
24 abuse, or mental health outpatient or outpatient
25 treatment. The purpose is to help prevent or deal
26 with relapse by ensuring that by the time a client or

1 patient is discharged from a level of care, such as
 2 outpatient treatment, an aftercare plan has been de-
 3 veloped with the client. An aftercare plan may use
 4 such resources as community-based therapeutic
 5 group, transitional living facilities, a 12-step spon-
 6 sor, a local 12-step or other related support group,
 7 and other community-based providers (mental health
 8 professionals, traditional health care practitioners,
 9 community health aides, community health rep-
 10 resentatives, mental health technicians, ministers,
 11 etc.)

12 “(4) DUAL DIAGNOSIS.—The term ‘dual diag-
 13 nosis’ means coexisting substance abuse and mental
 14 illness conditions or diagnosis. Such clients are
 15 sometimes referred to as mentally ill chemical abus-
 16 ers (MICAs).

17 “(5) FETAL ALCOHOL DISORDERS.—The term
 18 ‘fetal alcohol disorders’ means fetal alcohol syn-
 19 drome, partial fetal alcohol syndrome and alcohol re-
 20 lated neurodevelopmental disorder (ARND).

21 “(6) FETAL ALCOHOL SYNDROME OR FAS.—
 22 The term ‘fetal alcohol syndrome’ or ‘FAS’ means a
 23 syndrome in which, with a history of maternal alco-
 24 hol consumption during pregnancy, the following cri-
 25 teria are met:

1 “(A) Central nervous system involvement
2 such as developmental delay, intellectual deficit,
3 microencephaly, or neurologic abnormalities.

4 “(B) Craniofacial abnormalities with at
5 least 2 of the following: microphthalmia, short
6 palpebral fissures, poorly developed philtrum,
7 thin upper lip, flat nasal bridge, and short
8 upturned nose.

9 “(C) Prenatal or postnatal growth delay.

10 “(7) PARTIAL FAS.—The term ‘partial FAS’
11 means, with a history of maternal alcohol consump-
12 tion during pregnancy, having most of the criteria of
13 FAS, though not meeting a minimum of at least 2
14 of the following: microphthalmia, short palpebral
15 fissures, poorly developed philtrum, thin upper lip,
16 flat nasal bridge, and short upturned nose.

17 “(8) REHABILITATION.—The term ‘rehabilita-
18 tion’ means to restore the ability or capacity to en-
19 gage in usual and customary life activities through
20 education and therapy.

21 “(9) SUBSTANCE ABUSE.—The term ‘substance
22 abuse’ includes inhalant abuse.

1 **~~“SEC. 715. AUTHORIZATION OF APPROPRIATIONS.~~**

2 ~~“There is authorized to be appropriated such sums~~
 3 ~~as may be necessary for each fiscal year through fiscal~~
 4 ~~year 2015 to carry out the provisions of this title.~~

5 **~~“TITLE VII—MISCELLANEOUS~~**

6 **~~“SEC. 801. REPORTS.~~**

7 ~~“The President shall, at the time the budget is sub-~~
 8 ~~mitted under section 1105 of title 31, United States Code,~~
 9 ~~for each fiscal year transmit to Congress a report con-~~
 10 ~~taining the following:~~

11 ~~“(1) A report on the progress made in meeting~~
 12 ~~the objectives of this Act, including a review of pro-~~
 13 ~~grams established or assisted pursuant to this Act~~
 14 ~~and assessments and recommendations of additional~~
 15 ~~programs or additional assistance necessary to, at a~~
 16 ~~minimum, provide health services to Indians and en-~~
 17 ~~sure a health status for Indians, which are at a par-~~
 18 ~~ity with the health services available to and the~~
 19 ~~health status of the general population, including~~
 20 ~~specific comparisons of appropriations provided and~~
 21 ~~those required for such parity.~~

22 ~~“(2) A report on whether, and to what extent,~~
 23 ~~new national health care programs, benefits, initia-~~
 24 ~~tives, or financing systems have had an impact on~~
 25 ~~the purposes of this Act and any steps that the Sec-~~
 26 ~~retary may have taken to consult with Indian Tribes,~~

1 Tribal Organizations, and Urban Indian Organiza-
2 tions to address such impact, including a report on
3 proposed changes in allocation of funding pursuant
4 to section 808.

5 “(3) A report on the use of health services by
6 Indians—

7 “(A) on a national and area or other rel-
8 evant geographical basis;

9 “(B) by gender and age;

10 “(C) by source of payment and type of
11 service;

12 “(D) comparing such rates of use with
13 rates of use among comparable non-Indian pop-
14 ulations; and

15 “(E) provided under contracts.

16 “(4) A report of contractors to the Secretary on
17 Health Care Educational Loan Repayments every 6
18 months required by section 110.

19 “(5) A general audit report of the Secretary on
20 the Health Care Educational Loan Repayment Pro-
21 gram as required by section 110(n).

22 “(6) A report of the findings and conclusions of
23 demonstration programs on development of edu-
24 cational curricula for substance abuse counseling as
25 required in section 125(f).

1 “(7) A separate statement which specifies the
2 amount of funds requested to carry out the provi-
3 sions of section 201.

4 “(8) A report of the evaluations of health pro-
5 motion and disease prevention as required in section
6 203(e).

7 “(9) A biennial report to Congress on infectious
8 diseases as required by section 212.

9 “(10) A report on environmental and nuclear
10 health hazards as required by section 215.

11 “(11) An annual report on the status of all
12 health care facilities needs as required by section
13 301(c)(2) and 301(d).

14 “(12) Reports on safe water and sanitary waste
15 disposal facilities as required by section 302(h).

16 “(13) An annual report on the expenditure of
17 nonservice funds for renovation as required by sec-
18 tions 304(b)(2).

19 “(14) A report identifying the backlog of main-
20 tenance and repair required at Service and tribal fa-
21 cilities required by section 313(a).

22 “(15) A report providing an accounting of reim-
23 bursement funds made available to the Secretary
24 under titles XVIII, XIX, and XXI of the Social Se-
25 curity Act.

1 “(16) A report on any arrangements for the
2 sharing of medical facilities or services, as author-
3 ized by section 406.

4 “(17) A report on evaluation and renewal of
5 Urban Indian programs under section 505.

6 “(18) A report on the evaluation of programs
7 as required by section 513(d).

8 “(19) A report on alcohol and substance abuse
9 as required by section 701(f).

10 **“SEC. 802. REGULATIONS.**

11 “(a) DEADLINES.—

12 “(1) PROCEDURES.—Not later than 90 days
13 after the date of enactment of the Indian Health
14 Care Improvement Act Amendments of 2005, the
15 Secretary shall initiate procedures under subchapter
16 III of chapter 5 of title 5, United States Code, to
17 negotiate and promulgate such regulations or
18 amendments thereto that are necessary to carry out
19 titles I (except sections 105, 115, and 117), II, III,
20 and VII. The Secretary may promulgate regulations
21 to carry out sections 105, 115, 117, and titles IV
22 and V, using the procedures required by chapter V
23 of title 5, United States Code (commonly known as
24 the ‘Administrative Procedure Act’). The Secretary

1 shall issue no regulations to carry out titles VI and
2 VIII.

3 ~~“(2) PROPOSED REGULATIONS.—~~Proposed reg-
4 ulations to implement this Act shall be published in
5 the Federal Register by the Secretary no later than
6 1 year after the date of enactment of the Indian
7 Health Care Improvement Act Amendments of 2005
8 and shall have no less than a 120-day comment pe-
9 riod.

10 ~~“(3) EXPIRATION OF AUTHORITY.—~~Except as
11 otherwise provided herein, the authority to promul-
12 gate regulations under this Act shall expire 24
13 months from the date of enactment of this Act.

14 ~~“(b) COMMITTEE.—~~A negotiated rulemaking com-
15 mittee established pursuant to section 565 of title 5,
16 United States Code, to carry out this section shall have
17 as its members only representatives of the Federal Gov-
18 ernment and representatives of Indian Tribes and Tribal
19 Organizations, a majority of whom shall be nominated by
20 and be representatives of Indian Tribes, Tribal Organiza-
21 tions, and Urban Indian Organizations from each Service
22 Area. The representative of the Urban Indian Organiza-
23 tion shall be deemed to be an elected officer of a tribal
24 government for purposes of applying section 204(b) of the

1 Unfunded Mandates Reform Act of 1995 (2 U.S.C.
2 1534(b)).

3 “(c) ADAPTATION OF PROCEDURES.—The Secretary
4 shall adapt the negotiated rulemaking procedures to the
5 unique context of self-governance and the government-to-
6 government relationship between the United States and
7 Indian Tribes.

8 “(d) LACK OF REGULATIONS.—The lack of promul-
9 gated regulations shall not limit the effect of this Act.

10 “(e) INCONSISTENT REGULATIONS.—The provisions
11 of this Act shall supersede any conflicting provisions of
12 law in effect on the day before the date of enactment of
13 the Indian Health Care Improvement Act Amendments of
14 2005, and the Secretary is authorized to repeal any regu-
15 lation inconsistent with the provisions of this Act.

16 **“SEC. 803. PLAN OF IMPLEMENTATION.**

17 “Not later than 9 months after the date of enactment
18 of the Indian Health Care Improvement Act Amendments
19 of 2005, the Secretary in consultation with Indian Tribes,
20 Tribal Organizations, and Urban Indian Organizations,
21 shall submit to Congress a plan explaining the manner and
22 schedule (including a schedule of appropriation requests),
23 by title and section, by which the Secretary will implement
24 the provisions of this Act.

1 **~~“SEC. 804. AVAILABILITY OF FUNDS.~~**

2 ~~“The funds appropriated pursuant to this Act shall~~
 3 ~~remain available until expended.~~

4 **~~“SEC. 805. LIMITATION ON USE OF FUNDS APPROPRIATED~~**
 5 **~~TO THE INDIAN HEALTH SERVICE.~~**

6 ~~“Any limitation on the use of funds contained in an~~
 7 ~~Act providing appropriations for the Department for a pe-~~
 8 ~~riod with respect to the performance of abortions shall~~
 9 ~~apply for that period with respect to the performance of~~
 10 ~~abortions using funds contained in an Act providing ap-~~
 11 ~~propriations for the Service.~~

12 **~~“SEC. 806. ELIGIBILITY OF CALIFORNIA INDIANS.~~**

13 ~~“(a) IN GENERAL.—The following California Indians~~
 14 ~~shall be eligible for health services provided by the Service:~~

15 ~~“(1) Any member of a federally recognized In-~~
 16 ~~dian Tribe.~~

17 ~~“(2) Any descendant of an Indian who was re-~~
 18 ~~siding in California on June 1, 1852, if such de-~~
 19 ~~scendant—~~

20 ~~“(A) is a member of the Indian community~~
 21 ~~served by a local program of the Service; and~~

22 ~~“(B) is regarded as an Indian by the com-~~
 23 ~~munity in which such descendant lives.~~

24 ~~“(3) Any Indian who holds trust interests in~~
 25 ~~public domain, national forest, or reservation allot-~~
 26 ~~ments in California.~~

1 “(4) Any Indian in California who is listed on
 2 the plans for distribution of the assets of rancherias
 3 and reservations located within the State of Cali-
 4 fornia under the Act of August 18, 1958 (72 Stat.
 5 619), and any descendant of such an Indian.

6 “(b) CLARIFICATION.—Nothing in this section may
 7 be construed as expanding the eligibility of California Indi-
 8 ans for health services provided by the Service beyond the
 9 scope of eligibility for such health services that applied on
 10 May 1, 1986.

11 **“SEC. 807. HEALTH SERVICES FOR INELIGIBLE PERSONS.**

12 “(a) CHILDREN.—Any individual who—

13 “(1) has not attained 19 years of age;

14 “(2) is the natural or adopted child, stepchild,
 15 foster child, legal ward, or orphan of an eligible In-
 16 dian; and

17 “(3) is not otherwise eligible for health services
 18 provided by the Service;

19 shall be eligible for all health services provided by the
 20 Service on the same basis and subject to the same rules
 21 that apply to eligible Indians until such individual attains
 22 19 years of age. The existing and potential health needs
 23 of all such individuals shall be taken into consideration
 24 by the Service in determining the need for, or the allocat-
 25 tion of, the health resources of the Service. If such an indi-

1 individual has been determined to be legally incompetent prior
 2 to attaining 19 years of age, such individual shall remain
 3 eligible for such services until 1 year after the date of a
 4 determination of competency.

5 “(b) SPOUSES.—Any spouse of an eligible Indian who
 6 is not an Indian, or who is of Indian descent but is not
 7 otherwise eligible for the health services provided by the
 8 Service, shall be eligible for such health services if all such
 9 spouses or spouses who are married to members of each
 10 Indian Tribe being served are made eligible, as a class,
 11 by an appropriate resolution of the governing body of the
 12 Indian Tribe or Tribal Organization providing such serv-
 13 ices. The health needs of persons made eligible under this
 14 paragraph shall not be taken into consideration by the
 15 Service in determining the need for, or allocation of, its
 16 health resources.

17 “(c) PROVISION OF SERVICES TO OTHER INDIVID-
 18 UALS.—

19 “(1) IN GENERAL.—The Secretary is authorized
 20 to provide health services under this subsection
 21 through health programs operated directly by the
 22 Service to individuals who reside within the Service
 23 Unit and who are not otherwise eligible for such
 24 health services if—

1 “(A) the Indian Tribes served by such
2 Service Unit request such provision of health
3 services to such individuals; and

4 “(B) the Secretary and the served Indian
5 Tribes have jointly determined that—

6 “(i) the provision of such health serv-
7 ices will not result in a denial or diminu-
8 tion of health services to eligible Indians;
9 and

10 “(ii) there is no reasonable alternative
11 health facilities or services, within or with-
12 out the Service Unit, available to meet the
13 health needs of such individuals.

14 “(2) ISDEAA PROGRAMS.—In the case of
15 health programs and facilities operated under a con-
16 tract or compact entered into under the Indian Self-
17 Determination and Education Assistance Act (25
18 U.S.C. 450 et seq.); the governing body of the In-
19 dian Tribe or Tribal Organization providing health
20 services under such contract or compact is author-
21 ized to determine whether health services should be
22 provided under such contract or compact to individ-
23 uals who are not otherwise eligible for such services
24 under any other subsection of this section or under
25 any other provision of law. In making such deter-

1 mination, the governing body of the Indian Tribe or
 2 Tribal organization shall take into account the con-
 3 siderations described in clauses (i) and (ii) of para-
 4 graph (1)(B).

5 “(3) PAYMENT FOR SERVICES.—

6 “(A) IN GENERAL.—Persons receiving
 7 health services provided by the Service under of
 8 this subsection shall be liable for payment of
 9 such health services under a schedule of charges
 10 prescribed by the Secretary which, in the judg-
 11 ment of the Secretary, results in reimbursement
 12 in an amount not less than the actual cost of
 13 providing the health services. Notwithstanding
 14 section 404 of this Act or any other provision
 15 of law, amounts collected under this subsection,
 16 including medicare, medicaid, or SCHIP reim-
 17 bursements under titles XVIII, XIX, and XXI
 18 of the Social Security Act, shall be credited to
 19 the account of the program providing the serv-
 20 ice and shall be used for the purposes listed in
 21 section 401(d)(2) and amounts collected under
 22 this subsection shall be available for expendi-
 23 ture within such program.

24 “(B) INDIGENT PEOPLE.—Health services
 25 may be provided by the Secretary through the

Service under this subsection to an indigent individual who would not be otherwise eligible for such health services but for the provisions of paragraph (1) only if an agreement has been entered into with a State or local government under which the State or local government agrees to reimburse the Service for the expenses incurred by the Service in providing such health services to such indigent individual.

“(4) REVOCATION OF CONSENT FOR SERVICES.—

“(A) SINGLE TRIBE SERVICE AREA.—In the case of a Service Area which serves only 1 Indian Tribe, the authority of the Secretary to provide health services under paragraph (1) shall terminate at the end of the fiscal year succeeding the fiscal year in which the governing body of the Indian Tribe revokes its concurrence to the provision of such health services.

“(B) MULTITRIBAL SERVICE AREA.—In the case of a multitribal Service Area, the authority of the Secretary to provide health services under paragraph (1) shall terminate at the end of the fiscal year succeeding the fiscal year in which at least 51 percent of the number of

1 Indian Tribes in the Service Area revoke their
 2 concurrence to the provisions of such health
 3 services.

4 “(d) OTHER SERVICES.—The Service may provide
 5 health services under this subsection to individuals who
 6 are not eligible for health services provided by the Service
 7 under any other provision of law in order to—

8 “(1) achieve stability in a medical emergency;

9 “(2) prevent the spread of a communicable dis-
 10 ease or otherwise deal with a public health hazard;

11 “(3) provide care to non-Indian women preg-
 12 nant with an eligible Indian’s child for the duration
 13 of the pregnancy through postpartum; or

14 “(4) provide care to immediate family members
 15 of an eligible individual if such care is directly re-
 16 lated to the treatment of the eligible individual.

17 “(e) HOSPITAL PRIVILEGES FOR PRACTITIONERS.—
 18 Hospital privileges in health facilities operated and main-
 19 tained by the Service or operated under a contract or com-
 20 pact pursuant to the Indian Self-Determination and Edu-
 21 cation Assistance Act (25 U.S.C. 450 et seq.) may be ex-
 22 tended to non-Service health care practitioners who pro-
 23 vide services to individuals described in subsection (a), (b),
 24 (c), or (d). Such non-Service health care practitioners
 25 may, as part of privileging process, be designated as em-

1 ployees of the Federal Government for purposes of section
 2 1346(b) and chapter 171 of title 28, United States Code
 3 (relating to Federal tort claims) only with respect to acts
 4 or omissions which occur in the course of providing serv-
 5 ices to eligible individuals as a part of the conditions under
 6 which such hospital privileges are extended.

7 “(f) ELIGIBLE INDIAN.—For purposes of this sec-
 8 tion, the term ‘eligible Indian’ means any Indian who is
 9 eligible for health services provided by the Service without
 10 regard to the provisions of this section.

11 **“SEC. 808. REALLOCATION OF BASE RESOURCES.**

12 “(a) REPORT REQUIRED.—Notwithstanding any
 13 other provision of law, any allocation of Service funds for
 14 a fiscal year that reduces by 5 percent or more from the
 15 previous fiscal year the funding for any recurring pro-
 16 gram, project, or activity of a Service Unit may be imple-
 17 mented only after the Secretary has submitted to the
 18 President, for inclusion in the report required to be trans-
 19 mitted to Congress under section 801, a report on the pro-
 20 posed change in allocation of funding, including the rea-
 21 sons for the change and its likely effects.

22 “(b) EXCEPTION.—Subsection (a) shall not apply if
 23 the total amount appropriated to the Service for a fiscal
 24 year is at least 5 percent less than the amount appro-
 25 priated to the Service for the previous fiscal year.

1 **“SEC. 809. RESULTS OF DEMONSTRATION PROJECTS.**

2 “The Secretary shall provide for the dissemination to
3 Indian Tribes, Tribal Organizations, and Urban Indian
4 Organizations of the findings and results of demonstration
5 projects conducted under this Act.

6 **“SEC. 810. PROVISION OF SERVICES IN MONTANA.**

7 “(a) CONSISTENT WITH COURT DECISION.—The
8 Secretary, acting through the Service, shall provide serv-
9 ices and benefits for Indians in Montana in a manner con-
10 sistent with the decision of the United States Court of Ap-
11 peals for the Ninth Circuit in *McNabb* for *McNabb v.*
12 *Bowen*, 829 F.2d 787 (9th Cir. 1987).

13 “(b) CLARIFICATION.—The provisions of subsection
14 (a) shall not be construed to be an expression of the sense
15 of Congress on the application of the decision described
16 in subsection (a) with respect to the provision of services
17 or benefits for Indians living in any State other than Mon-
18 tana.

19 **“SEC. 811. MORATORIUM.**

20 “During the period of the moratorium imposed on
21 implementation of the final rule published in the Federal
22 Register on September 16, 1987, by the Health Resources
23 and Services Administration of the Public Health Service,
24 relating to eligibility for the health care services of the
25 Indian Health Service, the Indian Health Service shall
26 provide services pursuant to the criteria for eligibility for

1 such services that were in effect on September 15, 1987,
2 subject to the provisions of sections 806 and 807 until
3 such time as new criteria governing eligibility for services
4 are developed in accordance with section 802.

5 **~~“SEC. 812. TRIBAL EMPLOYMENT.~~**

6 ~~“For purposes of section 2(2) of the Act of July 5,~~
7 ~~1935 (49 Stat. 450, chapter 372), an Indian Tribe or~~
8 ~~Tribal Organization carrying out a contract or compact~~
9 ~~pursuant to the Indian Self-Determination and Education~~
10 ~~Assistance Act (25 U.S.C. 450 et seq.) shall not be consid-~~
11 ~~ered an ‘employer’.~~

12 **~~“SEC. 813. SEVERABILITY PROVISIONS.~~**

13 ~~“If any provision of this Act, any amendment made~~
14 ~~by the Act, or the application of such provision or amend-~~
15 ~~ment to any person or circumstances is held to be invalid,~~
16 ~~the remainder of this Act, the remaining amendments~~
17 ~~made by this Act, and the application of such provisions~~
18 ~~to persons or circumstances other than those to which it~~
19 ~~is held invalid, shall not be affected thereby.~~

20 **~~“SEC. 814. ESTABLISHMENT OF NATIONAL BIPARTISAN~~**
21 **~~COMMISSION ON INDIAN HEALTH CARE.~~**

22 ~~“(a) ESTABLISHMENT.—There is established the Na-~~
23 ~~tional Bipartisan Indian Health Care Commission (the~~
24 ~~‘Commission’).~~

1 “(b) DUTIES OF COMMISSION.—The duties of the
2 Commission are the following:

3 “(1) To establish a study committee composed
4 of those members of the Commission appointed by
5 the Director and at least 4 members of Congress
6 from among the members of the Commission, the
7 duties of which shall be the following:

8 “(A) To the extent necessary to carry out
9 its duties, collect and compile data necessary to
10 understand the extent of Indian needs with re-
11 gard to the provision of health services, regard-
12 less of the location of Indians, including holding
13 hearings and soliciting the views of Indians, In-
14 dian Tribes, Tribal Organizations, and Urban
15 Indian Organizations, which may include au-
16 thorizing and making funds available for feasi-
17 bility studies of various models for providing
18 and funding health services for all Indian bene-
19 ficiaries, including those who live outside of a
20 reservation, temporarily or permanently.

21 “(B) To make legislative recommendations
22 to the Commission regarding the delivery of
23 Federal health care services to Indians. Such
24 recommendations shall include those related to
25 issues of eligibility, benefits, the range of serv-

1 ice providers, the cost of such services, financ-
2 ing such services, and the optimal manner in
3 which to provide such services.

4 “(C) To determine the effect of the enact-
5 ment of such recommendations on (i) the exist-
6 ing system of delivery of health services for In-
7 dians, and (ii) the sovereign status of Indian
8 Tribes.

9 “(D) Not later than 12 months after the
10 appointment of all members of the Commission,
11 to submit a written report of its findings and
12 recommendations to the full Commission. The
13 report shall include a statement of the minority
14 and majority position of the Committee and
15 shall be disseminated, at a minimum, to every
16 Indian Tribe, Tribal Organization, and Urban
17 Indian Organization for comment to the Com-
18 mission.

19 “(E) To report regularly to the full Com-
20 mission regarding the findings and rec-
21 ommendations developed by the study com-
22 mittee in the course of carrying out its duties
23 under this section.

24 “(2) To review and analyze the recommenda-
25 tions of the report of the study committee.

1 ~~“(3) To make legislative recommendations to~~
 2 Congress regarding the delivery of Federal health
 3 care services to Indians. Such recommendations
 4 shall include those related to issues of eligibility,
 5 benefits, the range of service providers, the cost of
 6 such services, financing such services, and the opti-
 7 mal manner in which to provide such services.

8 ~~“(4) Not later than 18 months following the~~
 9 date of appointment of all members of the Commis-
 10 sion, submit a written report to Congress regarding
 11 the delivery of Federal health care services to Indi-
 12 ans. Such recommendations shall include those re-
 13 lated to issues of eligibility, benefits, the range of
 14 service providers, the cost of such services, financing
 15 such services, and the optimal manner in which to
 16 provide such services.

17 ~~“(c) MEMBERS.—~~

18 ~~“(1) APPOINTMENT.—The Commission shall be~~
 19 composed of 25 members, appointed as follows:

20 ~~“(A) Ten members of Congress, including~~
 21 3 from the House of Representatives and 2
 22 from the Senate, appointed by their respective
 23 majority leaders, and 3 from the House of Rep-
 24 resentatives and 2 from the Senate, appointed
 25 by their respective minority leaders, and who

1 shall be members of the standing committees of
2 Congress that consider legislation affecting
3 health care to Indians.

4 “(B) Twelve persons chosen by the con-
5 gressional members of the Commission, 1 from
6 each Service Area as currently designated by
7 the Director to be chosen from among 3 nomi-
8 nees from each Service Area put forward by the
9 Indian Tribes within the area, with due regard
10 being given to the experience and expertise of
11 the nominees in the provision of health care to
12 Indians and to a reasonable representation on
13 the commission of members who are familiar
14 with various health care delivery modes and
15 who represent Indian Tribes of various size
16 populations.

17 “(C) Three persons appointed by the Di-
18 rector who are knowledgeable about the provi-
19 sion of health care to Indians, at least 1 of
20 whom shall be appointed from among 3 nomi-
21 nees put forward by those programs whose
22 funds are provided in whole or in part by the
23 Service primarily or exclusively for the benefit
24 of Urban Indians.

1 ~~“(D) All those persons chosen by the con-~~
2 ~~gressional members of the Commission and by~~
3 ~~the Director shall be members of federally rec-~~
4 ~~ognized Indian Tribes.~~

5 ~~“(2) CHAIR; VICE CHAIR.—The Chair and Vice~~
6 ~~Chair of the Commission shall be selected by the~~
7 ~~congressional members of the Commission.~~

8 ~~“(3) TERMS.—The terms of members of the~~
9 ~~Commission shall be for the life of the Commission.~~

10 ~~“(4) DEADLINE FOR APPOINTMENTS.—Con-~~
11 ~~gressional members of the Commission shall be ap-~~
12 ~~pointed not later than 180 days after the date of en-~~
13 ~~actment of the Indian Health Care Improvement Act~~
14 ~~Amendments of 2005, and the remaining members~~
15 ~~of the Commission shall be appointed not later than~~
16 ~~60 days following the appointment of the congres-~~
17 ~~sional members.~~

18 ~~“(5) VACANCY.—A vacancy in the Commission~~
19 ~~shall be filled in the manner in which the original~~
20 ~~appointment was made.~~

21 ~~“(d) COMPENSATION.—~~

22 ~~“(1) CONGRESSIONAL MEMBERS.—Each con-~~
23 ~~gressional member of the Commission shall receive~~
24 ~~no additional pay, allowances, or benefits by reason~~
25 ~~of their service on the Commission and shall receive~~

1 travel expenses and per diem in lieu of subsistence
 2 in accordance with sections ~~5702~~ and ~~5703~~ of title
 3 ~~5~~, United States Code.

4 “~~(2)~~ OTHER MEMBERS.—Remaining members
 5 of the Commission, while serving on the business of
 6 the Commission (including travel time), shall be en-
 7 titled to receive compensation at the per diem equiv-
 8 alent of the rate provided for level IV of the Execu-
 9 tive Schedule under section ~~5315~~ of title ~~5~~, United
 10 States Code, and while so serving away from home
 11 and the member’s regular place of business, a mem-
 12 ber may be allowed travel expenses, as authorized by
 13 the Chairman of the Commission. For purpose of
 14 pay (other than pay of members of the Commission)
 15 and employment benefits, rights, and privileges, all
 16 personnel of the Commission shall be treated as if
 17 they were employees of the United States Senate.

18 “~~(c)~~ MEETINGS.—The Commission shall meet at the
 19 call of the Chair.

20 “~~(f)~~ QUORUM.—A quorum of the Commission shall
 21 consist of not less than ~~15~~ members, provided that no less
 22 than ~~6~~ of the members of Congress who are Commission
 23 members are present and no less than ~~9~~ of the members
 24 who are Indians are present.

25 “~~(g)~~ EXECUTIVE DIRECTOR, STAFF, FACILITIES.—

1 “(1) APPOINTMENT; PAY.—The Commission
2 shall appoint an executive director of the Commis-
3 sion. The executive director shall be paid the rate of
4 basic pay for level V of the Executive Schedule.

5 “(2) STAFF APPOINTMENT.—With the approval
6 of the Commission, the executive director may ap-
7 point such personnel as the executive director deems
8 appropriate.

9 “(3) STAFF PAY.—The staff of the Commission
10 shall be appointed without regard to the provisions
11 of title 5, United States Code, governing appoint-
12 ments in the competitive service, and shall be paid
13 without regard to the provisions of chapter 51 and
14 subchapter III of chapter 53 of such title (relating
15 to classification and General Schedule pay rates).

16 “(4) TEMPORARY SERVICES.—With the ap-
17 proval of the Commission, the executive director may
18 procure temporary and intermittent services under
19 section 3109(b) of title 5, United States Code.

20 “(5) FACILITIES.—The Administrator of Gen-
21 eral Services shall locate suitable office space for the
22 operation of the Commission. The facilities shall
23 serve as the headquarters of the Commission and
24 shall include all necessary equipment and incidentals

1 required for the proper functioning of the Commis-
2 sion.

3 “(h) HEARINGS.—(1) For the purpose of carrying
4 out its duties, the Commission may hold such hearings
5 and undertake such other activities as the Commission de-
6 termines to be necessary to carry out its duties, provided
7 that at least 6 regional hearings are held in different areas
8 of the United States in which large numbers of Indians
9 are present. Such hearings are to be held to solicit the
10 views of Indians regarding the delivery of health care serv-
11 ices to them. To constitute a hearing under this sub-
12 section, at least 5 members of the Commission, including
13 at least 1 member of Congress, must be present. Hearings
14 held by the study committee established in this section
15 may count toward the number of regional hearings re-
16 quired by this subsection.

17 “(2) Upon request of the Commission, the Comp-
18 troller General shall conduct such studies or investigations
19 as the Commission determines to be necessary to carry
20 out its duties.

21 “(3)(A) The Director of the Congressional Budget
22 Office or the Chief Actuary of the Centers for Medicare
23 & Medicaid Services, or both, shall provide to the Commis-
24 sion, upon the request of the Commission, such cost esti-

1 mates as the Commission determines to be necessary to
2 carry out its duties.

3 “(B) The Commission shall reimburse the Director
4 of the Congressional Budget Office for expenses relating
5 to the employment in the office of the Director of such
6 additional staff as may be necessary for the Director to
7 comply with requests by the Commission under subpara-
8 graph (A).

9 “(4) Upon the request of the Commission, the head
10 of any Federal agency is authorized to detail, without re-
11 imbursement, any of the personnel of such agency to the
12 Commission to assist the Commission in carrying out its
13 duties. Any such detail shall not interrupt or otherwise
14 affect the civil service status or privileges of the Federal
15 employee.

16 “(5) Upon the request of the Commission, the head
17 of a Federal agency shall provide such technical assistance
18 to the Commission as the Commission determines to be
19 necessary to carry out its duties.

20 “(6) The Commission may use the United States
21 mails in the same manner and under the same conditions
22 as Federal agencies and shall, for purposes of the frank,
23 be considered a commission of Congress as described in
24 section 3215 of title 39, United States Code.

1 “(7) The Commission may secure directly from any
 2 Federal agency information necessary to enable it to carry
 3 out its duties, if the information may be disclosed under
 4 section 552 of title 4, United States Code. Upon request
 5 of the Chairman of the Commission, the head of such
 6 agency shall furnish such information to the Commission.

7 “(8) Upon the request of the Commission, the Ad-
 8 ministrator of General Services shall provide to the Com-
 9 mission on a reimbursable basis such administrative sup-
 10 port services as the Commission may request.

11 “(9) For purposes of costs relating to printing and
 12 binding, including the cost of personnel detailed from the
 13 Government Printing Office, the Commission shall be
 14 deemed to be a committee of Congress.

15 “(i) AUTHORIZATION OF APPROPRIATIONS.—There is
 16 authorized to be appropriated \$4,000,000 to carry out the
 17 provisions of this section, which sum shall not be deducted
 18 from or affect any other appropriation for health care for
 19 Indian persons.

20 “(j) FACA.—The Federal Advisory Committee Act
 21 (5 U.S.C. App.) shall not apply to the Commission.

22 **“SEC. 815. APPROPRIATIONS; AVAILABILITY.**

23 “Any new spending authority (described in subsection
 24 (c)(2)(A) or (B) of section 401 of the Congressional Budg-
 25 et Act of 1974) which is provided under this Act shall

1 be effective for any fiscal year only to such extent or in
 2 such amounts as are provided in appropriation Acts.

3 **~~“SEC. 816. AUTHORIZATION OF APPROPRIATIONS.~~**

4 ~~“(a) IN GENERAL.—There are authorized to be ap-~~
 5 ~~propriated such sums as may be necessary for each fiscal~~
 6 ~~year through fiscal year 2015 to carry out this title.”.~~

7 ~~(b) RATE OF PAY.—~~

8 ~~(1) POSITIONS AT LEVEL IV.—Section 5315 of~~
 9 ~~title 5, United States Code, is amended by striking~~
 10 ~~“Assistant Secretaries of Health and Human Serv-~~
 11 ~~ices (6).” and inserting “Assistant Secretaries of~~
 12 ~~Health and Human Services (7)”.~~

13 ~~(2) POSITIONS AT LEVEL V.—Section 5316 of~~
 14 ~~title 5, United States Code, is amended by striking~~
 15 ~~“Director, Indian Health Service, Department of~~
 16 ~~Health and Human Services”.~~

17 ~~(c) AMENDMENTS TO OTHER PROVISIONS OF LAW.—~~

18 ~~(1) Section 3307(b)(1)(C) of the Children’s~~
 19 ~~Health Act of 2000 (25 U.S.C. 1671 note; Public~~
 20 ~~Law 106–310) is amended by striking “Director of~~
 21 ~~the Indian Health Service” and inserting “Assistant~~
 22 ~~Secretary for Indian Health”.~~

23 ~~(2) The Indian Lands Open Dump Cleanup Act~~
 24 ~~of 1994 is amended—~~

25 ~~(A) in section 3 (25 U.S.C. 3902)—~~

1 (i) by striking paragraph (2);
 2 (ii) by redesignating paragraphs (1),
 3 (3), (4), (5), and (6) as paragraphs (4),
 4 (5), (2), (6), and (1), respectively, and
 5 moving those paragraphs so as to appear
 6 in numerical order; and

7 (iii) by inserting before paragraph (4)
 8 (as redesignated by subelause (II)) the fol-
 9 lowing:

10 “(3) ASSISTANT SECRETARY.—The term ‘As-
 11 sistant Secretary’ means the Assistant Secretary for
 12 Indian Health.”;

13 (B) in section 5 (25 U.S.C. 3904), by
 14 striking the section heading and inserting the
 15 following:

16 **“SEC. 5. AUTHORITY OF ASSISTANT SECRETARY FOR IN-
 17 DIAN HEALTH.”;**

18 (C) in section 6(a) (25 U.S.C. 3905(a)), in
 19 the subsection heading, by striking “DIREC-
 20 TOR” and inserting “ASSISTANT SECRETARY”;

21 (D) in section 9(a) (25 U.S.C. 3908(a)), in
 22 the subsection heading, by striking “DIREC-
 23 TOR” and inserting “ASSISTANT SECRETARY”;
 24 and

1 (E) by striking “Director” each place it
2 appears and inserting “Assistant Secretary”.

3 (3) Section 5504(d)(2) of the Augustus F.
4 Hawkins-Robert T. Stafford Elementary and Sec-
5 ondary School Improvement Amendments of 1988
6 (25 U.S.C. 2001 note; Public Law 100-297) is
7 amended by striking “Director of the Indian Health
8 Service” and inserting “Assistant Secretary for In-
9 dian Health”.

10 (4) Section 203(a)(1) of the Rehabilitation Act
11 of 1973 (29 U.S.C. 763(a)(1)) is amended by strik-
12 ing “Director of the Indian Health Service” and in-
13 serting “Assistant Secretary for Indian Health”.

14 (5) Subsections (b) and (c) of section 518 of
15 the Federal Water Pollution Control Act (33 U.S.C.
16 1377) are amended by striking “Director of the In-
17 dian Health Service” each place it appears and in-
18 serting “Assistant Secretary for Indian Health”.

19 (6) Section 317M(b) of the Public Health Serv-
20 ice Act (42 U.S.C. 247b-14(b)) is amended—

21 (A) by striking “Director of the Indian
22 Health Service” each place it appears and in-
23 serting “Assistant Secretary for Indian
24 Health”; and

1 ~~(B) in paragraph (2)(A), by striking “the~~
 2 ~~Directors referred to in such paragraph” and~~
 3 ~~inserting “the Director of the Centers for Dis-~~
 4 ~~ease Control and Prevention and the Assistant~~
 5 ~~Secretary for Indian Health”.~~

6 ~~(7) Section 417C(b) of the Public Health Serv-~~
 7 ~~ice Act (42 U.S.C. 285–9(b)) is amended by striking~~
 8 ~~“Director of the Indian Health Service” and insert-~~
 9 ~~ing “Assistant Secretary for Indian Health”.~~

10 ~~(8) Section 1452(i) of the Safe Drinking Water~~
 11 ~~Act (42 U.S.C. 300j–12(i)) is amended by striking~~
 12 ~~“Director of the Indian Health Service” each place~~
 13 ~~it appears and inserting “Assistant Secretary for In-~~
 14 ~~dian Health”.~~

15 ~~(9) Section 803B(d)(1) of the Native American~~
 16 ~~Programs Act of 1974 (42 U.S.C. 2991b–2(d)(1)) is~~
 17 ~~amended in the last sentence by striking “Director~~
 18 ~~of the Indian Health Service” and inserting “Assist-~~
 19 ~~ant Secretary for Indian Health”.~~

20 ~~(10) Section 203(b) of the Michigan Indian~~
 21 ~~Land Claims Settlement Act (Public Law 105–143;~~
 22 ~~111 Stat. 2666) is amended by striking “Director of~~
 23 ~~the Indian Health Service” and inserting “Assistant~~
 24 ~~Secretary for Indian Health”.~~

1 **SEC. 3. SOBOBA SANITATION FACILITIES.**

2 The Act of December 17, 1970 (84 Stat. 1465), is
3 amended by adding at the end the following new section:

4 **“SEC. 9. NOTHING IN THIS ACT SHALL PRECLUDE THE**
5 **SOBOBA BAND OF MISSION INDIANS AND THE**
6 **SOBOBA INDIAN RESERVATION FROM BEING**
7 **PROVIDED WITH SANITATION FACILITIES**
8 **AND SERVICES UNDER THE AUTHORITY OF**
9 **SECTION 7 OF THE ACT OF AUGUST 5, 1954 (68**
10 **STAT. 674), AS AMENDED BY THE ACT OF JULY**
11 **31, 1959 (73 STAT. 267).”.**

12 **SEC. 4. AMENDMENTS TO THE MEDICAID AND STATE CHIL-**
13 **DREN’S HEALTH INSURANCE PROGRAMS.**

14 ~~(a) EXPANSION OF MEDICAID PAYMENT FOR ALL~~
15 ~~COVERED SERVICES FURNISHED BY INDIAN HEALTH~~
16 ~~PROGRAMS.—~~

17 ~~(1) EXPANSION TO ALL COVERED SERVICES.—~~

18 Section 1911 of the Social Security Act (42 U.S.C.
19 1396j) is amended—

20 ~~(A) by amending the heading to read as~~
21 ~~follows:~~

22 **“SEC. INDIAN HEALTH PROGRAMS.”; AND**

23 ~~(B) by amending subsection (a) to read as~~
24 ~~follows:~~

25 ~~“(a) ELIGIBILITY FOR REIMBURSEMENT FOR MED-~~
26 ~~ICAL ASSISTANCE.—The Indian Health Service and an In-~~

1 dian Tribe, Tribal Organization, or an urban Indian Orga-
 2 nization (as such terms are defined in section 4 of the
 3 Indian Health Care Improvement Act) shall be eligible for
 4 reimbursement for medical assistance provided under a
 5 State plan or under waiver authority with respect to items
 6 and services furnished by the Indian Health Service, In-
 7 dian Tribe, Tribal Organization, or Urban Indian Organi-
 8 zation if the furnishing of such services meets all the con-
 9 ditions and requirements which are applicable generally to
 10 the furnishing of items and services under this title and
 11 under such plan or waiver authority.”.

12 ~~(2) ELIMINATION OF TEMPORARY DEEMING~~
 13 PROVISION.—Such section is amended by striking
 14 subsection (b).

15 ~~(3) REVISION OF AUTHORITY TO ENTER INTO~~
 16 AGREEMENTS.—Subsection (c) of such section is re-
 17 designated as subsection (b) and is amended to read
 18 as follows:

19 “(b) AUTHORITY TO ENTER INTO AGREEMENTS.—
 20 The Secretary may enter into an agreement with a State
 21 for the purpose of reimbursing the State for medical as-
 22 sistance provided by the Indian Health Service, an Indian
 23 Tribe, Tribal Organizations, or an Urban Indian Organi-
 24 zation (as so defined), directly, through referral, or under
 25 contracts or other arrangements between the Indian

1 Health Service, an Indian Tribe, Tribal Organization, or
 2 an Urban Indian Organization and another health care
 3 provider to Indians who are eligible for medical assistance
 4 under the State plan or under waiver authority.”.

5 (4) REFERENCE CORRECTION.—Subsection (d)
 6 of such section is redesignated as subsection (e) and
 7 is amended—

8 (A) by striking “For” and inserting “**DI-**
 9 **RECT BILLING.**—For”; and

10 (B) by striking “section 405” and insert-
 11 ing “section 401(d)”.

12 (b) SPECIAL RULES FOR INDIANS, INDIAN HEALTH
 13 CARE PROVIDERS, AND INDIAN MANAGED CARE ENTI-
 14 TIES.—

15 (1) IN GENERAL.—Section 1932 of the Social
 16 Security Act (42 U.S.C. 1396u-2) is amended by
 17 adding at the end the following new subsection:

18 “(h) SPECIAL RULES FOR INDIANS, INDIAN HEALTH
 19 CARE PROVIDERS, AND INDIAN MANAGED CARE ENTI-
 20 TIES.—A State shall comply with the provisions of section
 21 413 of the Indian Health Care Improvement Act (relating
 22 to the treatment of Indians, Indian health care providers,
 23 and Indian managed care entities under a medicaid man-
 24 aged care program).”.

1 (2) APPLICATION TO SCHIP.—Section
 2 2107(e)(1) of the Social Security Act (42 U.S.C.
 3 1397gg(1)) is amended by adding at the end the fol-
 4 lowing:

5 “(E) Subsections (a)(2)(C) and (h) of sec-
 6 tion 1932.”.

7 (c) SCHIP TREATMENT OF INDIAN TRIBES, TRIBAL
 8 ORGANIZATIONS, AND URBAN INDIAN ORGANIZATIONS.—
 9 Section 2105(e) of the Social Security Act (42 U.S.C.
 10 1397ee(e)) is amended—

11 (1) in paragraph (2), by adding at the end the
 12 following:

13 “(C) INDIAN HEALTH PROGRAM PAY-
 14 MENTS.—For provisions relating to authorizing
 15 use of allotments under this title for payments
 16 to Indian Health Programs and Urban Indian
 17 Organizations, see section 410 of the Indian
 18 Health Care Improvement Act.”; and

19 (2) in paragraph (6)(B), by inserting “or by an
 20 Indian Tribe, Tribal Organization, or Urban Indian
 21 Organization (as such terms are defined in section
 22 4 of the Indian Health Care Improvement Act)”
 23 after “Service”.

1 **SEC. 5. NATIVE AMERICAN HEALTH AND WELLNESS FOUN-**
 2 **DATION.**

3 (a) IN GENERAL.—The Indian Self-Determination
 4 and Education Assistance Act (25 U.S.C. 450 et seq.) is
 5 amended by adding at the end the following:

6 **“TITLE VII—NATIVE AMERICAN**
 7 **HEALTH AND WELLNESS**
 8 **FOUNDATION**

9 **“SEC. 801. DEFINITIONS.**

10 “In this title:

11 “(1) BOARD.—The term ‘Board’ means the
 12 Board of Directors of the Foundation.

13 “(2) COMMITTEE.—The term ‘Committee’
 14 means the Committee for the Establishment of Na-
 15 tive American Health and Wellness Foundation es-
 16 tablished under section 802(f).

17 “(3) FOUNDATION.—The term ‘Foundation’
 18 means the Native American Health and Wellness
 19 Foundation established under section 802.

20 “(4) SECRETARY.—The term ‘Secretary’ means
 21 the Secretary of Health and Human Services.

22 “(5) SERVICE.—The term ‘Service’ means the
 23 Indian Health Service of the Department of Health
 24 and Human Services.

1 ~~“SEC. 802. NATIVE AMERICAN HEALTH AND WELLNESS~~
2 ~~FOUNDATION.~~

3 ~~“(a) IN GENERAL.—As soon as practicable after the~~
4 ~~date of enactment of this title, the Secretary shall estab-~~
5 ~~lish, under the laws of the District of Columbia and in~~
6 ~~accordance with this title, the Native American Health~~
7 ~~and Wellness Foundation.~~

8 ~~“(b) PERPETUAL EXISTENCE.—The Foundation~~
9 ~~shall have perpetual existence.~~

10 ~~“(c) NATURE OF CORPORATION.—The Foundation—~~

11 ~~“(1) shall be a charitable and nonprofit feder-~~
12 ~~ally chartered corporation; and~~

13 ~~“(2) shall not be an agency or instrumentality~~
14 ~~of the United States.~~

15 ~~“(d) PLACE OF INCORPORATION AND DOMICILE.—~~

16 ~~The Foundation shall be incorporated and domiciled in the~~
17 ~~District of Columbia.~~

18 ~~“(e) DUTIES.—The Foundation shall—~~

19 ~~“(1) encourage, accept, and administer private~~
20 ~~gifts of real and personal property, and any income~~
21 ~~from or interest in such gifts, for the benefit of, or~~
22 ~~in support of, the mission of the Service;~~

23 ~~“(2) undertake and conduct such other activi-~~
24 ~~ties as will further the health and wellness activities~~
25 ~~and opportunities of Native Americans; and~~

1 ~~“(3) participate with and assist Federal, State,~~
 2 ~~and tribal governments, agencies, entities, and indi-~~
 3 ~~viduals in undertaking and conducting activities that~~
 4 ~~will further the health and wellness activities and op-~~
 5 ~~portunities of Native Americans.~~

6 ~~“(f) COMMITTEE FOR THE ESTABLISHMENT OF NA-~~
 7 ~~TIVE AMERICAN HEALTH AND WELLNESS FOUNDA-~~
 8 ~~TION.—~~

9 ~~“(1) IN GENERAL.—The Secretary shall estab-~~
 10 ~~lish the Committee for the Establishment of Native~~
 11 ~~American Health and Wellness Foundation to assist~~
 12 ~~the Secretary in establishing the Foundation.~~

13 ~~“(2) DUTIES.—Not later than 180 days after~~
 14 ~~the date of enactment of this section, the Committee~~
 15 ~~shall—~~

16 ~~“(A) carry out such activities as are nec-~~
 17 ~~essary to incorporate the Foundation under the~~
 18 ~~laws of the District of Columbia, including act-~~
 19 ~~ing as incorporators of the Foundation;~~

20 ~~“(B) ensure that the Foundation qualifies~~
 21 ~~for and maintains the status required to carry~~
 22 ~~out this section, until the Board is established;~~

23 ~~“(C) establish the constitution and initial~~
 24 ~~bylaws of the Foundation;~~

1 “(D) provide for the initial operation of
 2 the Foundation, including providing for tem-
 3 porary or interim quarters, equipment, and
 4 staff; and

5 “(E) appoint the initial members of the
 6 Board in accordance with the constitution and
 7 initial bylaws of the Foundation.

8 “(g) BOARD OF DIRECTORS.—

9 “(1) IN GENERAL.—The Board of Directors
 10 shall be the governing body of the Foundation.

11 “(2) POWERS.—The Board may exercise, or
 12 provide for the exercise of, the powers of the Foun-
 13 dation.

14 “(3) SELECTION.—

15 “(A) IN GENERAL.—Subject to subpara-
 16 graph (B), the number of members of the
 17 Board, the manner of selection of the members
 18 (including the filling of vacancies), and the
 19 terms of office of the members shall be as pro-
 20 vided in the constitution and bylaws of the
 21 Foundation.

22 “(B) REQUIREMENTS.—

23 “(i) NUMBER OF MEMBERS.—The
 24 Board shall have at least 11 members, who
 25 shall have staggered terms.

1 “(ii) INITIAL VOTING MEMBERS.—The
2 initial voting members of the Board—

3 “(I) shall be appointed by the
4 Committee not later than 180 days
5 after the date on which the Founda-
6 tion is established; and

7 “(H) shall have staggered terms.

8 “(iii) QUALIFICATION.—The members
9 of the Board shall be United States citi-
10 zens who are knowledgeable or experienced
11 in Native American health care and related
12 matters.

13 “(C) COMPENSATION.—A member of the
14 Board shall not receive compensation for service
15 as a member, but shall be reimbursed for actual
16 and necessary travel and subsistence expenses
17 incurred in the performance of the duties of the
18 Foundation.

19 “(h) OFFICERS.—

20 “(1) IN GENERAL.—The officers of the Founda-
21 tion shall be—

22 “(A) a secretary, elected from among the
23 members of the Board; and

24 “(B) any other officers provided for in the
25 constitution and bylaws of the Foundation.

1 ~~“(2) SECRETARY.—~~The secretary of the Foun-
 2 dation shall serve, at the direction of the Board, as
 3 the chief operating officer of the Foundation.

4 ~~“(3) ELECTION.—~~The manner of election, term
 5 of office, and duties of the officers of the Founda-
 6 tion shall be as provided in the constitution and by-
 7 laws of the Foundation.

8 ~~“(i) POWERS.—~~The Foundation—

9 ~~“(1) shall adopt a constitution and bylaws for~~
 10 the management of the property of the Foundation
 11 and the regulation of the affairs of the Foundation;

12 ~~“(2) may adopt and alter a corporate seal;~~

13 ~~“(3) may enter into contracts;~~

14 ~~“(4) may acquire (through a gift or otherwise),~~
 15 own, lease, encumber, and transfer real or personal
 16 property as necessary or convenient to carry out the
 17 purposes of the Foundation;

18 ~~“(5) may sue and be sued; and~~

19 ~~“(6) may perform any other act necessary and~~
 20 proper to carry out the purposes of the Foundation.

21 ~~“(j) PRINCIPAL OFFICE.—~~

22 ~~“(1) IN GENERAL.—~~The principal office of the
 23 Foundation shall be in the District of Columbia.

24 ~~“(2) ACTIVITIES; OFFICES.—~~The activities of
 25 the Foundation may be conducted, and offices may

1 be maintained, throughout the United States in ac-
 2 cordance with the constitution and bylaws of the
 3 Foundation.

4 “(k) SERVICE OF PROCESS.—The Foundation shall
 5 comply with the law on service of process of each State
 6 in which the Foundation is incorporated and of each State
 7 in which the Foundation carries on activities.

8 “(l) LIABILITY OF OFFICERS, EMPLOYEES, AND
 9 AGENTS.—

10 “(1) IN GENERAL.—The Foundation shall be
 11 liable for the acts of the officers, employees, and
 12 agents of the Foundation acting within the scope of
 13 their authority.

14 “(2) PERSONAL LIABILITY.—A member of the
 15 Board shall be personally liable only for gross neg-
 16 ligence in the performance of the duties of the mem-
 17 ber.

18 “(m) RESTRICTIONS.—

19 “(1) LIMITATION ON SPENDING.—Beginning
 20 with the fiscal year following the first full fiscal year
 21 during which the Foundation is in operation, the ad-
 22 ministrative costs of the Foundation shall not exceed
 23 10 percent of the sum of—

1 “(A) the amounts transferred to the Foun-
 2 dation under subsection (o) during the pre-
 3 ceding fiscal year; and

4 “(B) donations received from private
 5 sources during the preceding fiscal year.

6 “(2) APPOINTMENT AND HIRING.—The ap-
 7 pointment of officers and employees of the Founda-
 8 tion shall be subject to the availability of funds.

9 “(3) STATUS.—A member of the Board or offi-
 10 cer, employee, or agent of the Foundation shall not
 11 by reason of association with the Foundation be con-
 12 sidered to be an officer, employee, or agent of the
 13 United States.

14 “(n) AUDITS.—The Foundation shall comply with
 15 section 10101 of title 36, United States Code, as if the
 16 Foundation were a corporation under part B of subtitle
 17 II of that title.

18 “(o) FUNDING.—

19 “(1) AUTHORIZATION OF APPROPRIATIONS.—
 20 There is authorized to be appropriated to carry out
 21 subsection (c)(1) \$500,000 for each fiscal year, as
 22 adjusted to reflect changes in the Consumer Price
 23 Index for all-urban consumers published by the De-
 24 partment of Labor.

1 ~~“(2) TRANSFER OF DONATED FUNDS.—The~~
 2 Secretary shall transfer to the Foundation funds
 3 held by the Department of Health and Human Serv-
 4 ices under the Act of August 5, 1954 (42 U.S.C.
 5 2001 et seq.); if the transfer or use of the funds is
 6 not prohibited by any term under which the funds
 7 were donated.

8 **~~“SEC. 803. ADMINISTRATIVE SERVICES AND SUPPORT.~~**

9 ~~“(a) PROVISION OF SUPPORT BY SECRETARY.—Sub-~~
 10 ject to subsection (b); during the 5-year period beginning
 11 on the date on which the Foundation is established; the
 12 Secretary—

13 ~~“(1) may provide personnel, facilities, and other~~
 14 administrative support services to the Foundation;

15 ~~“(2) may provide funds for initial operating~~
 16 costs and to reimburse the travel expenses of the
 17 members of the Board; and

18 ~~“(3) shall require and accept reimbursements~~
 19 from the Foundation for—

20 ~~“(A) services provided under paragraph~~
 21 ~~(1); and~~

22 ~~“(B) funds provided under paragraph (2).~~

23 ~~“(b) REIMBURSEMENT.—Reimbursements accepted~~
 24 under subsection (a)(3)—

1 “(1) shall be deposited in the Treasury of the
2 United States to the credit of the applicable appro-
3 priations account; and

4 “(2) shall be chargeable for the cost of pro-
5 viding services described in subsection (a)(1) and
6 travel expenses described in subsection (a)(2).-

7 “(c) CONTINUATION OF CERTAIN SERVICES.—The
8 Secretary may continue to provide facilities and necessary
9 support services to the Foundation after the termination
10 of the 5-year period specified in subsection (a) if the facili-
11 ties and services—

12 “(1) are available; and

13 “(2) are provided on reimbursable cost basis.”.

14 (b) TECHNICAL AMENDMENTS.—The Indian Self-De-
15 termination and Education Assistance Act is amended—

16 (1) by redesignating title V (as added by sec-
17 tion 1302 of the American Indian Education Foun-
18 dation Act of 2000) (25 U.S.C. 458bbb et seq.) as
19 title VII;

20 (2) by redesignating sections 501, 502, and 503
21 (as added by section 1302 of the American Indian
22 Education Foundation Act of 2000) as sections 701,
23 702, and 703, respectively; and

24 (3) in subsection (a)(2) of section 702 and
25 paragraph (2) of section 703 (as redesignated by

1 paragraph (2)), by striking “section 501” and in-
 2 serting “section 701”.

3 **SECTION 1. SHORT TITLE.**

4 *This Act may be cited as the “Indian Health Care Im-*
 5 *provement Act Amendments of 2005”.*

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

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

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

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

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

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

“Sec. 2. *Findings.*

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

“Sec. 4. *Definitions.*

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

“Sec. 101. *Purpose.*

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

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

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

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

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

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

“Sec. 108. *Continuing education allowances.*

“Sec. 109. *Community health representative program.*

“Sec. 110. *Indian Health Service loan repayment program.*

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

“Sec. 112. *Recruitment activities.*

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

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

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

- “Sec. 116. Tribal cultural orientation.*
- “Sec. 117. INMED program.*
- “Sec. 118. Health training programs of community colleges.*
- “Sec. 119. Retention bonus.*
- “Sec. 120. Nursing residency program.*
- “Sec. 121. Community health aide program.*
- “Sec. 122. Tribal health program administration.*
- “Sec. 123. Health professional chronic shortage demonstration programs.*
- “Sec. 124. National Health Service Corps.*
- “Sec. 125. Substance abuse counselor educational curricula demonstration programs.*
- “Sec. 126. Behavioral health training and community education programs.*
- “Sec. 127. Authorization of appropriations.*

“TITLE II—HEALTH SERVICES

- “Sec. 201. Indian Health Care Improvement Fund.*
- “Sec. 202. Catastrophic Health Emergency Fund.*
- “Sec. 203. Health promotion and disease prevention services.*
- “Sec. 204. Diabetes prevention, treatment, and control.*
- “Sec. 205. Shared services for long-term care.*
- “Sec. 206. Health services research.*
- “Sec. 207. Mammography and other cancer screening.*
- “Sec. 208. Patient travel costs.*
- “Sec. 209. Epidemiology centers.*
- “Sec. 210. Comprehensive school health education programs.*
- “Sec. 211. Indian youth program.*
- “Sec. 212. Prevention, control, and elimination of communicable and infectious diseases.*
- “Sec. 213. Authority for provision of other services.*
- “Sec. 214. Indian women’s health care.*
- “Sec. 215. Environmental and nuclear health hazards.*
- “Sec. 216. Arizona as a contract health service delivery area.*
- “Sec. 216A. North Dakota and South Dakota as 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. Office of Indian Men’s Health.*
- “Sec. 226. Authorization of appropriations.*

“TITLE III—FACILITIES

- “Sec. 301. Consultation; construction and renovation of facilities; reports.*
- “Sec. 302. Sanitation facilities.*
- “Sec. 303. Preference to Indians and Indian firms.*
- “Sec. 304. Expenditure of 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. *Study on loans, loan guarantees, and loan repayment.*
- “Sec. 310. *Tribal leasing.*
- “Sec. 311. *Indian Health Service/tribal facilities joint venture program.*
- “Sec. 312. *Location of facilities.*
- “Sec. 313. *Maintenance and improvement of health care facilities.*
- “Sec. 314. *Tribal management of Federally owned quarters.*
- “Sec. 315. *Applicability of Buy American Act requirement.*
- “Sec. 316. *Other funding for facilities.*
- “Sec. 317. *Authorization of appropriations.*

“TITLE IV—ACCESS TO HEALTH SERVICES

- “Sec. 401. *Treatment of payments under Social Security Act health care programs.*
- “Sec. 402. *Grants to and contracts 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 feasibility study.*
- “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. *Division of Urban Indian Health.*
- “Sec. 511. *Grants for alcohol and substance abuse-related services.*
- “Sec. 512. *Treatment of certain demonstration projects.*
- “Sec. 513. *Urban NIAAA transferred programs.*
- “Sec. 514. *Consultation with Urban Indian Organizations.*
- “Sec. 515. *Federal Tort Claim 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. *Effective date.*
- “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. *Indian youth telemental health demonstration project.*

“Sec. 709. *Inpatient and community-based mental health facilities design, construction, and staffing.*

“Sec. 710. *Training and community education.*

“Sec. 711. *Behavioral health program.*

“Sec. 712. *Fetal alcohol disorder programs.*

“Sec. 713. *Child sexual abuse and prevention treatment programs.*

“Sec. 714. *Behavioral health research.*

“Sec. 715. *Definitions.*

“Sec. 716. *Authorization of appropriations.*

“TITLE VIII—MISCELLANEOUS

“Sec. 801. *Reports.*

“Sec. 802. *Regulations.*

“Sec. 803. *Plan of implementation.*

“Sec. 804. *Availability of funds.*

“Sec. 805. *Limitation on use of funds appropriated to 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. *Severability provisions.*

“Sec. 814. *Establishment of National Bipartisan Commission on Indian Health Care.*

“Sec. 815. *Appropriations; availability.*

“Sec. 816. *Authorization of appropriations.*

1 **“SEC. 2. FINDINGS.**

2 “Congress makes the following findings:

3 “(1) *Federal health services to maintain and im-*
 4 *prove the health of the Indians are consonant with*

1 *and required by the Federal Government's historical*
2 *and unique legal relationship with, and resulting re-*
3 *sponsibility to, the American Indian people.*

4 “(2) *A major national goal of the United States*
5 *is to provide the quantity and quality of health serv-*
6 *ices which will permit the health status of Indians to*
7 *be raised to the highest possible level and to encourage*
8 *the maximum participation of Indians in the plan-*
9 *ning and management of those services.*

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

14 “(4) *Despite such services, the unmet health*
15 *needs of the American Indian people are severe and*
16 *the health status of the Indians is far below that of*
17 *the general population of the United States.*

18 **“SEC. 3. DECLARATION OF NATIONAL INDIAN HEALTH POL-**
19 **ICY.**

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

23 “(1) *to assure the highest possible health status*
24 *for Indians and to provide all resources necessary to*
25 *effect that policy;*

1 “(2) to raise the health status of Indians by the
2 year 2010 to at least the levels set forth in the goals
3 contained within the *Healthy People 2010* or suc-
4 cessor objectives;

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

8 “(4) to increase the proportion of all degrees in
9 the health professions and allied and associated health
10 professions awarded to Indians so that the proportion
11 of Indian health professionals in each Service Area is
12 raised to at least the level of that of the general popu-
13 lation;

14 “(5) to require meaningful consultation with In-
15 dian Tribes, Tribal Organizations, and Urban Indian
16 Organizations to implement this Act and the national
17 policy of Indian self-determination; and

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

23 **“SEC. 4. DEFINITIONS.**

24 *“For purposes of this Act:*

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

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

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

11 “(4)(A) *The term ‘behavioral health’ means the*
12 *blending of substance (alcohol, drugs, inhalants, and*
13 *tobacco) abuse and mental health prevention and*
14 *treatment, for the purpose of providing comprehensive*
15 *services.*

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

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

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

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

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

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

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

10 “(9) *The term ‘disease prevention’ means the re-*
 11 *duction, limitation, and prevention of disease and its*
 12 *complications and reduction in the consequences of*
 13 *disease, including—*

14 “(A) *controlling—*

15 “(i) *the development of diabetes;*

16 “(ii) *high blood pressure;*

17 “(iii) *infectious agents;*

18 “(iv) *injuries;*

19 “(v) *occupational hazards and disabil-*
 20 *ities;*

21 “(vi) *sexually transmittable diseases;*

22 *and*

23 “(vii) *toxic agents; and*

24 “(B) *providing—*

25 “(i) *fluoridation of water; and*

1 “(ii) immunizations.

2 “(10) The term ‘health profession’ means
3 allopathic medicine, family medicine, internal medi-
4 cine, pediatrics, geriatric medicine, obstetrics and
5 gynecology, podiatric medicine, nursing, public health
6 nursing, dentistry, psychiatry, osteopathy, optometry,
7 pharmacy, psychology, public health, social work,
8 marriage and family therapy, chiropractic medicine,
9 environmental health and engineering, allied health
10 professions, and any other health profession.

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

12 “(A) fostering social, economic, environ-
13 mental, and personal factors conducive to health,
14 including raising public awareness about health
15 matters and enabling the people to cope with
16 health problems by increasing their knowledge
17 and providing them with valid information;

18 “(B) encouraging adequate and appropriate
19 diet, exercise, and sleep;

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

22 “(D) making available suitable housing,
23 safe water, and sanitary facilities;

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

1 “(F) promoting adequate opportunity for
 2 spiritual, religious, and Traditional Health Care
 3 Practices; and

4 “(G) providing adequate and appropriate
 5 programs, including—

6 “(i) abuse prevention (mental and
 7 physical);

8 “(ii) community health;

9 “(iii) community safety;

10 “(iv) consumer health education;

11 “(v) diet and nutrition;

12 “(vi) immunization and other preven-
 13 tion of communicable diseases, including
 14 HIV/AIDS;

15 “(vii) environmental health;

16 “(viii) exercise and physical fitness;

17 “(ix) avoidance of fetal alcohol dis-
 18 orders;

19 “(x) first aid and CPR education;

20 “(xi) human growth and development;

21 “(xii) injury prevention and personal
 22 safety;

23 “(xiii) behavioral health;

24 “(xiv) monitoring of disease indicators
 25 between health care provider visits, through

- 1 *appropriate means, including Internet-*
- 2 *based health care management systems;*
- 3 “(xv) *personal health and wellness*
- 4 *practices;*
- 5 “(xvi) *personal capacity building;*
- 6 “(xvii) *prenatal, pregnancy, and in-*
- 7 *fant care;*
- 8 “(xviii) *psychological well-being;*
- 9 “(xix) *reproductive health and family*
- 10 *planning;*
- 11 “(xx) *safe and adequate water;*
- 12 “(xxi) *safe housing, relating to elimi-*
- 13 *nation, reduction, and prevention of con-*
- 14 *taminants that create unhealthy housing*
- 15 *conditions;*
- 16 “(xxii) *safe work environments;*
- 17 “(xxiii) *stress control;*
- 18 “(xxiv) *substance abuse;*
- 19 “(xxv) *sanitary facilities;*
- 20 “(xxvi) *sudden infant death syndrome*
- 21 *prevention;*
- 22 “(xxvii) *tobacco use cessation and re-*
- 23 *duction;*
- 24 “(xxviii) *violence prevention; and*

1 “(xxix) such other activities identified
 2 by the Service, a Tribal Health Program, or
 3 an Urban Indian Organization, to promote
 4 achievement of any of the objectives de-
 5 scribed in section 3(2).

6 “(12) The term ‘Indian’, unless otherwise des-
 7 ignated, means any person who is a member of an In-
 8 dian Tribe or is eligible for health services under sec-
 9 tion 806, except that, for the purpose of sections 102
 10 and 103, the term also means any individual who—

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

18 “(ii) is a descendant, in the first or second
 19 degree, of any such member;

20 “(B) is an Eskimo or Aleut or other Alaska
 21 Native;

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

24 “(D) is determined to be an Indian under
 25 regulations promulgated by the Secretary.

1 “(13) *The term ‘Indian Health Program’*
2 *means—*

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

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

6 “(C) *any Indian Tribe or Tribal Organiza-*
7 *tion to which the Secretary provides funding*
8 *pursuant to section 23 of the Act of June 25,*
9 *1910 (25 U.S.C. 47) (commonly known as the*
10 *‘Buy Indian Act’).*

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

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

17 “(16) *The term ‘reservation’ means any federally*
18 *recognized Indian Tribe’s reservation, Pueblo, or col-*
19 *ony, including former reservations in Oklahoma, In-*
20 *Indian allotments, and Alaska Native Regions estab-*
21 *lished pursuant to the Alaska Native Claims Settle-*
22 *ment Act (25 U.S.C. 1601 et seq.).*

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

1 “(18) The term ‘Service’ means the Indian
2 *Health Service.*

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

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

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

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

21 “(23) The term ‘Traditional Health Care Prac-
22 *tices’ means the application by Native healing practi-*
23 *tioners of the Native healing sciences (as opposed or*
24 *in contradistinction to Western healing sciences)*
25 *which embody the influences or forces of innate Tribal*

1 *discovery, history, description, explanation and*
2 *knowledge of the states of wellness and illness and*
3 *which call upon these influences or forces in the pro-*
4 *motion, restoration, preservation, and maintenance of*
5 *health, well-being, and life's harmony.*

6 “(24) The term ‘tribal college or university’ has
7 the meaning given the term in section 316(b)(3) of the
8 Higher Education Act (20 U.S.C. 1059c(b)(3)).

9 “(25) The term ‘Tribal Health Program’ means
10 an Indian Tribe or Tribal Organization that operates
11 any health program, service, function, activity, or fa-
12 cility funded, in whole or part, by the Service
13 through, or provided for in, a contract or compact
14 with the Service under the Indian Self-Determination
15 and Education Assistance Act (25 U.S.C. 450 et seq.).

16 “(26) The term ‘Tribal Organization’ has the
17 meaning given the term in the Indian Self-Deter-
18 mination and Education Assistance Act (25 U.S.C.
19 450 et seq.).

20 “(27) The term ‘Urban Center’ means any com-
21 munity which has a sufficient Urban Indian popu-
22 lation with unmet health needs to warrant assistance
23 under title V of this Act, as determined by the Sec-
24 retary.

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

4 “(A) *Irrespective of whether the individual*
5 *lives on or near a reservation, the individual is*
6 *a member of a tribe, band, or other organized*
7 *group of Indians, including those tribes, bands,*
8 *or groups terminated since 1940 and those tribes,*
9 *bands, or groups that are recognized by the*
10 *States in which they reside, or who is a descend-*
11 *ant in the first or second degree of any such*
12 *member.*

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

15 “(C) *The individual is considered by the*
16 *Secretary of the Interior to be an Indian for any*
17 *purpose.*

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

21 “(29) *The term ‘Urban Indian Organization’*
22 *means a nonprofit corporate body that (A) is situated*
23 *in an Urban Center; (B) is governed by an Urban In-*
24 *dian-controlled board of directors; (C) provides for the*
25 *participation of all interested Indian groups and in-*

1 *dividuals; and (D) is capable of legally cooperating*
 2 *with other public and private entities for the purpose*
 3 *of performing the activities described in section*
 4 *503(a).*

5 **“TITLE I—INDIAN HEALTH,**
 6 **HUMAN RESOURCES, AND DE-**
 7 **VELOPMENT**

8 **“SEC. 101. PURPOSE.**

9 *“The purpose of this title is to increase, to the max-*
 10 *imum extent feasible, the number of Indians entering the*
 11 *health professions and providing health services, and to as-*
 12 *sure an optimum supply of health professionals to the In-*
 13 *dian Health Programs and Urban Indian Organizations*
 14 *involved in the provision of health services to Indians.*

15 **“SEC. 102. HEALTH PROFESSIONS RECRUITMENT PROGRAM**
 16 **FOR INDIANS.**

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

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

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

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

7 “(2) publicizing existing sources of financial aid
8 available to Indians enrolled in any course of study
9 referred to in paragraph (1) or who are undertaking
10 training necessary to qualify them to enroll in any
11 such course of study; or

12 “(3) establishing other programs which the Sec-
13 retary determines will enhance and facilitate the en-
14 rollment of Indians in, and the subsequent pursuit
15 and completion by them of, courses of study referred
16 to in paragraph (1).

17 “(b) FUNDING.—

18 “(1) APPLICATION.—The Secretary shall not
19 make a grant under this section unless an application
20 has been submitted to, and approved by, the Sec-
21 retary. Such application shall be in such form, sub-
22 mitted in such manner, and contain such informa-
23 tion, as the Secretary shall by regulation prescribe
24 pursuant to this Act. The Secretary shall give a pref-

1 *erence to applications submitted by Tribal Health*
 2 *Programs or Urban Indian Organizations.*

3 “(2) *AMOUNT OF GRANTS; PAYMENT.—The*
 4 *amount of a grant under this section shall be deter-*
 5 *mined by the Secretary. Payments pursuant to this*
 6 *section may be made in advance or by way of reim-*
 7 *bursement, and at such intervals and on such condi-*
 8 *tions as provided for in regulations issued pursuant*
 9 *to this Act. To the extent not otherwise prohibited by*
 10 *law, funding commitments shall be for 3 years, as*
 11 *provided in regulations issued pursuant to this Act.*

12 **“SEC. 103. HEALTH PROFESSIONS PREPARATORY SCHOLAR-**
 13 **SHIP PROGRAM FOR INDIANS.**

14 “(a) *SCHOLARSHIPS AUTHORIZED.—The Secretary,*
 15 *acting through the Service, shall provide scholarship grants*
 16 *to Indians who—*

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

19 “(2) *have demonstrated the potential to success-*
 20 *fully complete courses of study in the health profes-*
 21 *sions.*

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

24 “(1) *Compensatory preprofessional education of*
 25 *any recipient, such scholarship not to exceed 2 years*

1 on a full-time basis (or the part-time equivalent there-
 2 of, as determined by the Secretary pursuant to regu-
 3 lations issued under this Act).

4 “(2) Pregraduate education of any recipient
 5 leading to a baccalaureate degree in an approved
 6 course of study preparatory to a field of study in a
 7 health profession, such scholarship not to exceed 4
 8 years. An extension of up to 2 years (or the part-time
 9 equivalent thereof, as determined by the Secretary
 10 pursuant to regulations issued pursuant to this Act)
 11 may be approved.

12 “(c) *OTHER CONDITIONS.*—Scholarships under this
 13 section—

14 “(1) may cover costs of tuition, books, transpor-
 15 tation, board, and other necessary related expenses of
 16 a recipient while attending school;

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

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

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

25 “(a) *IN GENERAL.*—

1 “(1) *AUTHORITY.*—*The Secretary, acting through*
 2 *the Service, shall make scholarship grants to Indians*
 3 *who are enrolled full or part time in accredited*
 4 *schools pursuing courses of study in the health profes-*
 5 *sions. Such scholarships shall be designated Indian*
 6 *Health Scholarships and shall be made in accordance*
 7 *with section 338A of the Public Health Services Act*
 8 *(42 U.S.C. 2541), except as provided in subsection (b)*
 9 *of this section.*

10 “(2) *DETERMINATIONS BY SECRETARY.*—*The*
 11 *Secretary, acting through the Service, shall deter-*
 12 *mine—*

13 “(A) *who shall receive scholarship grants*
 14 *under subsection (a); and*

15 “(B) *the distribution of the scholarships*
 16 *among health professions on the basis of the rel-*
 17 *ative needs of Indians for additional service in*
 18 *the health professions.*

19 “(3) *CERTAIN DELEGATION NOT ALLOWED.*—*The*
 20 *administration of this section shall be a responsibility*
 21 *of the Assistant Secretary and shall not be delegated*
 22 *in a contract or compact under the Indian Self-Deter-*
 23 *mination and Education Assistance Act (25 U.S.C.*
 24 *450 et seq.).*

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

1 “(1) *OBLIGATION MET.*—*The active duty service*
2 *obligation under a written contract with the Sec-*
3 *retary under this section that an Indian has entered*
4 *into shall, if that individual is a recipient of an In-*
5 *dian Health Scholarship, be met in full-time practice*
6 *on an equivalent year-for-year obligation, by service*
7 *in 1 or more of the following:*

8 “(A) *In an Indian Health Program.*

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

11 “(C) *In the private practice of the applica-*
12 *ble profession if, as determined by the Secretary,*
13 *in accordance with guidelines promulgated by*
14 *the Secretary, such practice is situated in a phy-*
15 *sician or other health professional shortage area*
16 *and addresses the health care needs of a substan-*
17 *tial number of Indians.*

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

23 “(2) *OBLIGATION DEFERRED.*—*At the request of*
24 *any individual who has entered into a contract re-*
25 *ferred to in paragraph (1) and who receives a degree*

1 *in medicine (including osteopathic or allopathic med-*
2 *icine), dentistry, optometry, podiatry, or pharmacy,*
3 *the Secretary shall defer the active duty service obli-*
4 *gation of that individual under that contract, in*
5 *order that such individual may complete any intern-*
6 *ship, residency, or other advanced clinical training*
7 *that is required for the practice of that health profes-*
8 *sion, for an appropriate period (in years, as deter-*
9 *mined by the Secretary), subject to the following con-*
10 *ditions:*

11 “(A) *No period of internship, residency, or*
12 *other advanced clinical training shall be counted*
13 *as satisfying any period of obligated service*
14 *under this subsection.*

15 “(B) *The active duty service obligation of*
16 *that individual shall commence not later than 90*
17 *days after the completion of that advanced clin-*
18 *ical training (or by a date specified by the Sec-*
19 *retary).*

20 “(C) *The active duty service obligation will*
21 *be served in the health profession of that indi-*
22 *vidual in a manner consistent with paragraph*
23 *(1).*

24 “(D) *A recipient of a scholarship under this*
25 *section may, at the election of the recipient, meet*

1 *the active duty service obligation described in*
 2 *paragraph (1) by service in a program specified*
 3 *under that paragraph that—*

4 *“(i) is located on the reservation of the*
 5 *Indian Tribe in which the recipient is en-*
 6 *rolled; or*

7 *“(ii) serves the Indian Tribe in which*
 8 *the recipient is enrolled.*

9 *“(3) PRIORITY WHEN MAKING ASSIGNMENTS.—*
 10 *Subject to paragraph (2), the Secretary, in making*
 11 *assignments of Indian Health Scholarship recipients*
 12 *required to meet the active duty service obligation de-*
 13 *scribed in paragraph (1), shall give priority to as-*
 14 *signing individuals to service in those programs spec-*
 15 *ified in paragraph (1) that have a need for health*
 16 *professionals to provide health care services as a re-*
 17 *sult of individuals having breached contracts entered*
 18 *into under this section.*

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

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

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

3 “(A) the part-time equivalent of 1 year for
4 each year for which the individual was provided
5 a scholarship (as determined by the Area Office);
6 or

7 “(B) 2 years; and

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

13 “(d) *BREACH OF CONTRACT.*—

14 “(1) *SPECIFIED BREACHES.*—An individual
15 shall be liable to the United States for the amount
16 which has been paid to the individual, or on behalf
17 of the individual, under a contract entered into with
18 the Secretary under this section on or after the date
19 of enactment of the Indian Health Care Improvement
20 Act Amendments of 2005 if that individual—

21 “(A) fails to maintain an acceptable level of
22 academic standing in the educational institution
23 in which he or she is enrolled (such level deter-
24 mined by the educational institution under regu-
25 lations of the Secretary);

1 “(B) is dismissed from such educational in-
2 stitution for disciplinary reasons;

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

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

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

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

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

3 “(4) *WAIVERS AND SUSPENSIONS.—*

4 “(A) *IN GENERAL.—The Secretary shall*
 5 *provide for the partial or total waiver or suspen-*
 6 *sion of any obligation of service or payment of*
 7 *a recipient of an Indian Health Scholarship if*
 8 *the Secretary, in consultation with the affected*
 9 *Area Office, Indian Tribes, Tribal Organiza-*
 10 *tions, and Urban Indian Organizations, deter-*
 11 *mines that—*

12 “(i) *it is not possible for the recipient*
 13 *to meet that obligation or make that pay-*
 14 *ment;*

15 “(ii) *requiring that recipient to meet*
 16 *that obligation or make that payment would*
 17 *result in extreme hardship to the recipient;*
 18 *or*

19 “(iii) *the enforcement of the require-*
 20 *ment to meet the obligation or make the*
 21 *payment would be unconscionable.*

22 “(B) *FACTORS FOR CONSIDERATION.—Be-*
 23 *fore waiving or suspending an obligation of serv-*
 24 *ice or payment under subparagraph (A), the Sec-*
 25 *retary may take into consideration whether the*

1 *obligation may be satisfied in a teaching capac-*
 2 *ity at a tribal college or university nursing pro-*
 3 *gram under subsection (b)(1)(D).*

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

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

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

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

1 *reer recruitment programs as a means of encouraging Indi-*
2 *ans to enter the behavioral health field. These programs*
3 *shall be located at various locations throughout the country*
4 *to maximize their availability to Indian students and new*
5 *programs shall be established in different locations from*
6 *time to time.*

7 “(b) *QUENTIN N. BURDICK PROGRAM GRANT.*—*The*
8 *Secretary shall provide a grant authorized under subsection*
9 *(a) to develop and maintain a program at the University*
10 *of North Dakota to be known as the ‘Quentin N. Burdick*
11 *American Indians Into Psychology Program’. Such pro-*
12 *gram shall, to the maximum extent feasible, coordinate with*
13 *the Quentin N. Burdick Indian Health Programs author-*
14 *ized under section 117(b), the Quentin N. Burdick Amer-*
15 *ican Indians Into Nursing Program authorized under sec-*
16 *tion 115(e), and existing university research and commu-*
17 *nications networks.*

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

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

24 “(1) *provides outreach and recruitment for*
25 *health professions to Indian communities including*

1 *elementary, secondary, and accredited and accessible*
2 *community colleges that will be served by the pro-*
3 *gram;*

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

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

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

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

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

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

23 “(e) *ACTIVE DUTY SERVICE REQUIREMENT.—The ac-*
24 *tive duty service obligation prescribed under section 338C*
25 *of the Public Health Service Act (42 U.S.C. 254m) shall*

1 *be met by each graduate who receives a stipend described*
 2 *in subsection (d)(4) that is funded under this section. Such*
 3 *obligation shall be met by service—*

4 *“(1) in an Indian Health Program;*

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

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

13 *“(f) AUTHORIZATION OF APPROPRIATIONS.—There*
 14 *is authorized to be appropriated to carry out this section*
 15 *\$2,700,000 for each of fiscal years 2006 through 2015.*

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

17 *“(a) IN GENERAL.—*

18 *“(1) GRANTS AUTHORIZED.—The Secretary, act-*
 19 *ing through the Service, shall make grants to Tribal*
 20 *Health Programs for the purpose of providing schol-*
 21 *arships for Indians to serve as health professionals in*
 22 *Indian communities.*

23 *“(2) AMOUNT.—Amounts available under para-*
 24 *graph (1) for any fiscal year shall not exceed 5 per-*

1 *cent of the amounts available for each fiscal year for*
2 *Indian Health Scholarships under section 104.*

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

7 “(b) *REQUIREMENTS.*—

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

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

14 “(A) *80 percent of the costs of the scholar-*
15 *ship shall be paid from the funds made available*
16 *pursuant to subsection (a)(1) provided to the*
17 *Tribal Health Program; and*

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

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

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

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

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

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

18 “(2) *provide that the amount of the scholar-*
 19 *ship—*

20 “(A) *may only be expended for—*

21 “(i) *tuition expenses, other reasonable*
 22 *educational expenses, and reasonable living*
 23 *expenses incurred in attendance at the edu-*
 24 *cational institution; and*

1 “(ii) payment to the recipient of a
 2 monthly stipend of not more than the
 3 amount authorized by section 338(g)(1)(B)
 4 of the Public Health Service Act (42 U.S.C.
 5 254m(g)(1)(B)), with such amount to be re-
 6 duced pro rata (as determined by the Sec-
 7 retary) based on the number of hours such
 8 student is enrolled, and not to exceed, for
 9 any year of attendance for which the schol-
 10 arship is provided, the total amount re-
 11 quired for the year for the purposes author-
 12 ized in this clause; and

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

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

22 “(4) require the recipient of such scholarship to
 23 meet the educational and licensure requirements ap-
 24 propriate to each health profession.

25 “(e) *BREACH OF CONTRACT.*—

1 “(1) *SPECIFIC BREACHES.*—*An individual who*
2 *has entered into a written contract with the Secretary*
3 *and a Tribal Health Program under subsection (d)*
4 *shall be liable to the United States for the Federal*
5 *share of the amount which has been paid to him or*
6 *her, or on his or her behalf, under the contract if that*
7 *individual—*

8 “(A) *fails to maintain an acceptable level of*
9 *academic standing in the educational institution*
10 *in which he or she is enrolled (such level as de-*
11 *termined by the educational institution under*
12 *regulations of the Secretary);*

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

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

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

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

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

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

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

24 “(1) not to discriminate against an individual
 25 seeking care on the basis of the ability of the indi-

1 *vidual to pay for such care or on the basis that pay-*
 2 *ment for such care will be made pursuant to a pro-*
 3 *gram established in title XVIII of the Social Security*
 4 *Act or pursuant to the programs established in title*
 5 *XIX or title XXI of such Act; and*

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

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

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

24 *“(a) EMPLOYMENT PREFERENCE.—Any individual*
 25 *who receives a scholarship pursuant to section 104 or 106*

1 *shall be given preference for employment in the Service, or*
 2 *may be employed by a Tribal Health Program or an Urban*
 3 *Indian Organization, or other agencies of the Department*
 4 *as available, during any nonacademic period of the year.*

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

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

17 “(d) *NONAPPLICABILITY OF COMPETITIVE PERSONNEL*
 18 *SYSTEM.*—*Any employment pursuant to this section shall*
 19 *be made without regard to any competitive personnel sys-*
 20 *tem or agency personnel limitation and to a position which*
 21 *will enable the individual so employed to receive practical*
 22 *experience in the health profession in which he or she is*
 23 *engaged in study. Any individual so employed shall receive*
 24 *payment for his or her services comparable to the salary*
 25 *he or she would receive if he or she were employed in the*

1 *competitive system. Any individual so employed shall not*
 2 *be counted against any employment ceiling affecting the*
 3 *Service or the Department.*

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

5 *“In order to encourage health professionals, including*
 6 *community health representatives and emergency medical*
 7 *technicians, to join or continue in an Indian Health Pro-*
 8 *gram or an Urban Indian Organization and to provide*
 9 *their services in the rural and remote areas where a signifi-*
 10 *cant portion of Indians reside, the Secretary, acting*
 11 *through the Service, may provide allowances to health pro-*
 12 *fessionals employed in an Indian Health Program or an*
 13 *Urban Indian Organization to enable them for a period of*
 14 *time each year prescribed by regulation of the Secretary to*
 15 *take leave of their duty stations for professional consulta-*
 16 *tion and refresher training courses.*

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

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

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

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

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

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

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

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

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

23 “(3) maintain a system which identifies the
24 needs of community health representatives for con-
25 tinuing education in health care, health promotion,

1 and disease prevention and develop programs that
2 meet the needs for continuing education;

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

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

8 “(6) promote Traditional Health Care Practices
9 of the Indian Tribes served consistent with the Service
10 standards for the provision of health care, health pro-
11 motion, and disease prevention.

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

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

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

25 “(1)(A) be enrolled—

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

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

11 “(B) have—

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

13 “(ii) a license to practice a health profes-
 14 sion;

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

18 “(B) be eligible for selection for civilian service
 19 in the Regular or Reserve Corps of the Public Health
 20 Service;

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

23 “(D) be employed in an Indian Health Program
 24 or Urban Indian Organization without a service obli-
 25 gation; and

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

3 “(c) *APPLICATION*.—

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

21 “(2) *CLEAR LANGUAGE*.—The application form,
22 contract form, and all other information furnished by
23 the Secretary under this section shall be written in a
24 manner calculated to be understood by the average in-

1 *dividual applying to participate in the Loan Repay-*
 2 *ment Program.*

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

10 “(d) *PRIORITIES.*—

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

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

16 “(B) *rank those positions in order of pri-*
 17 *ority.*

18 “(2) *APPROVALS.*—*Notwithstanding the priority*
 19 *determined under paragraph (1), the Secretary, in de-*
 20 *termining which applications under the Loan Repay-*
 21 *ment Program to approve (and which contracts to ac-*
 22 *cept), shall—*

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

1 “(B) after making determinations on all
 2 applications submitted by individual Indians as
 3 required under subparagraph (A), give priority
 4 to—

5 “(i) individuals recruited through the
 6 efforts of an Indian Health Program or
 7 Urban Indian Organization; and

8 “(ii) other individuals based on the
 9 priority rankings under paragraph (1).

10 “(e) *RECIPIENT CONTRACTS.*—

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

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

18 “(A) an agreement under which—

19 “(i) subject to subparagraph (C), the
 20 Secretary agrees—

21 “(I) to pay loans on behalf of the
 22 individual in accordance with the pro-
 23 visions of this section; and

24 “(II) to accept (subject to the
 25 availability of appropriated funds for

1 *carrying out this section) the indi-*
2 *vidual into the Service or place the in-*
3 *dividual with a Tribal Health Pro-*
4 *gram or Urban Indian Organization*
5 *as provided in clause (ii)(III); and*

6 *“(ii) subject to subparagraph (C), the*
7 *individual agrees—*

8 *“(I) to accept loan payments on*
9 *behalf of the individual;*

10 *“(II) in the case of an individual*
11 *described in subsection (b)(1)—*

12 *“(aa) to maintain enrollment*
13 *in a course of study or training*
14 *described in subsection (b)(1)(A)*
15 *until the individual completes the*
16 *course of study or training; and*

17 *“(bb) while enrolled in such*
18 *course of study or training, to*
19 *maintain an acceptable level of*
20 *academic standing (as determined*
21 *under regulations of the Secretary*
22 *by the educational institution of-*
23 *fering such course of study or*
24 *training); and*

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

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

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

22 “(D) a statement of the damages to which
23 the United States is entitled under subsection (I)
24 for the individual’s breach of the contract; and

1 “(E) such other statements of the rights and
 2 liabilities of the Secretary and of the individual,
 3 not inconsistent with this section.

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

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

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

14 “(g) *PAYMENTS.*—

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

24 “(A) tuition expenses;

1 “(B) all other reasonable educational ex-
2 penses, including fees, books, and laboratory ex-
3 penses, incurred by the individual; and

4 “(C) reasonable living expenses as deter-
5 mined by the Secretary.

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

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

21 “(B) provides an incentive to serve in In-
22 dian Health Programs and Urban Indian Orga-
23 nizations with the greatest shortages of health
24 professionals; and

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

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

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

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

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

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

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

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

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

24 “(k) ASSIGNMENT OF INDIVIDUALS.—The Secretary,
25 in assigning individuals to serve in Indian Health Pro-

1 *grams or Urban Indian Organizations pursuant to con-*
 2 *tracts entered into under this section, shall—*

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

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

13 “(l) *BREACH OF CONTRACT.—*

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

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

24 “(i) *fails to maintain an acceptable*
 25 *level of academic standing in the edu-*

1 *cational institution in which he or she is*
 2 *enrolled (such level determined by the edu-*
 3 *cational institution under regulations of the*
 4 *Secretary);*

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

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

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

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

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

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

vidual and the interest on such amounts which would be payable if, at the time the amounts were paid, they were loans bearing interest at the maximum legal prevailing rate, as determined by the Secretary of the Treasury;

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

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

“(3) DEDUCTIONS IN MEDICARE PAYMENTS.—Amounts not paid within such period shall be subject to collection through deductions in medicare payments pursuant to section 1892 of the Social Security Act.

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

“(5) RECOVERY OF DELINQUENCY.—

1 “(A) *IN GENERAL.*—If damages described in
 2 paragraph (4) are delinquent for 3 months, the
 3 Secretary shall, for the purpose of recovering
 4 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 recov-
 9 ery of such damages with collection agencies
 10 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 31,
 17 United States Code, shall apply to any such con-
 18 tract to the extent not inconsistent with this sub-
 19 section.

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

21 “(1) *IN GENERAL.*—The Secretary shall by regu-
 22 lation provide for the partial or total waiver or sus-
 23 pension of any obligation of service or payment by an
 24 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 Program*
6 *for service or payment of damages shall be canceled*
7 *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 the*
20 *bankruptcy court finds that nondischarge of the obli-*
21 *gation would be unconscionable.*

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

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

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

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

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

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

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

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

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

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

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

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

18 “(b) *USE OF FUNDS.*—

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

9 “(b) *SERVICE OBLIGATION.*—*An individual who par-*
 10 *ticipates in a program under subsection (a), where the edu-*
 11 *cational costs are borne by the Service, shall incur an obli-*
 12 *gation to serve in an Indian Health Program or Urban*
 13 *Indian Organization for a period of obligated service equal*
 14 *to at least the period of time during which the individual*
 15 *participates in such program. In the event that the indi-*
 16 *vidual fails to complete such obligated service, the indi-*
 17 *vidual shall be liable to the United States for the period*
 18 *of service remaining. In such event, with respect to individ-*
 19 *uals entering the program after the date of enactment of*
 20 *the Indian Health Care Improvement Act Amendments of*
 21 *2005, the United States shall be entitled to recover from*
 22 *such individual an amount to be determined in accordance*
 23 *with the formula specified in subsection (l) of section 110*
 24 *in the manner provided for in such subsection.*

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

23 “(1) *in the Service;*

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

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

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

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

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

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

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

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

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

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

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

11 “(4) describe the use and place of Traditional
 12 Health Care Practices of the Indian Tribes in the
 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’ (hereinafter
 20 in this section referred to as ‘INMED’) as a means of en-
 21 couraging Indians to enter the health professions.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

11 “(A) *is accredited;*

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

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

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

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

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

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

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

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

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

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

20 “(d) *ADVANCED TRAINING.*—

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

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

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

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

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

14 **“SEC. 119. RETENTION BONUS.**

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

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

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 with*
 6 *an Indian Health Program or Urban Indian Or-*
 7 *ganization; 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 1*
 17 *year.*

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

23 “(c) *DEFAULT OF RETENTION AGREEMENT.—Any*
 24 *health professional failing to complete the agreed upon term*
 25 *of service, except where such failure is through no fault of*

1 *the individual, shall be obligated to refund to the Govern-*
 2 *ment the full amount of the retention bonus for the period*
 3 *covered by the agreement, plus interest as determined by*
 4 *the Secretary in accordance with section 110(l)(2)(B).*

5 “(d) *OTHER RETENTION BONUS.—The Secretary may*
 6 *pay a retention bonus to any health professional employed*
 7 *by a Tribal Health Program if such health professional is*
 8 *serving in a position which the Secretary determines is—*
 9 “(1) *a position for which recruitment or reten-*
 10 *tion is difficult; and*
 11 “(2) *necessary for providing health care services*
 12 *to Indians.*

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

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

1 degree (in the case of a registered nurse), or advanced de-
 2 grees or certifications in nursing and public health.

3 “(b) *SERVICE OBLIGATION.*—An individual who par-
 4 ticipates in a program under subsection (a), where the edu-
 5 cational costs are paid by the Service, shall incur an obliga-
 6 tion to serve in an Indian Health Program or Urban In-
 7 dian Organization for a period of obligated service equal
 8 to the amount of time during which the individual partici-
 9 pates in such program. In the event that the individual fails
 10 to complete such obligated service, the United States shall
 11 be entitled to recover from such individual an amount deter-
 12 mined in accordance with the formula specified in sub-
 13 section (l) of section 110 in the manner provided for in
 14 such subsection.

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

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

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

24 “(2) uses such aides or practitioners in the pro-
 25 vision of health care, health promotion, and disease

1 *prevention services to Alaska Natives living in vil-*
2 *lages in rural Alaska; and*

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

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

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

16 *“(2) in order to provide such training, develop*
17 *a curriculum that—*

18 *“(A) combines education in the theory of*
19 *health care with supervised practical experience*
20 *in the provision of health care;*

21 *“(B) provides instruction and practical ex-*
22 *perience in the provision of acute care, emer-*
23 *gency care, health promotion, disease prevention,*
24 *and the efficient and effective management of*

1 *clinic pharmacies, supplies, equipment, and fa-*
2 *cilities; and*

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

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

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

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

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

25 “(c) *PROGRAM REVIEW.—*

1 “(1) *NEUTRAL PANEL.*—

2 “(A) *ESTABLISHMENT.*—*The Secretary, act-*
3 *ing through the Service, shall establish a neutral*
4 *panel to carry out the study under paragraph*
5 *(2).*

6 “(B) *MEMBERSHIP.*—*Members of the neu-*
7 *tral panel shall be appointed by the Secretary*
8 *from among clinicians, economists, community*
9 *practitioners, oral epidemiologists, and Alaska*
10 *Natives.*

11 “(2) *STUDY.*—

12 “(A) *IN GENERAL.*—*The neutral panel es-*
13 *tablished under paragraph (1) shall conduct a*
14 *study of the dental health aide therapist services*
15 *provided by the Community Health Aide Pro-*
16 *gram under this section to ensure that the qual-*
17 *ity of care provided through those services is ade-*
18 *quate and appropriate.*

19 “(B) *PARAMETERS OF STUDY.*—*The Sec-*
20 *retary, in consultation with interested parties,*
21 *including professional dental organizations, shall*
22 *develop the parameters of the study.*

23 “(C) *INCLUSIONS.*—*The study shall include*
24 *a determination by the neutral panel with re-*
25 *spect to—*

1 “(i) the ability of the dental health
2 aide therapist services under this section to
3 address the dental care needs of Alaska Na-
4 tives;

5 “(ii) the quality of care provided
6 through those services, including any train-
7 ing, improvement, or additional oversight
8 required to improve the quality of care; and

9 “(iii) whether safer and less costly al-
10 ternatives to the dental health aide therapist
11 services exist.

12 “(D) CONSULTATION.—In carrying out the
13 study under this paragraph, the neutral panel
14 shall consult with Alaska Tribal Organizations
15 with respect to the adequacy and accuracy of the
16 study.

17 “(3) REPORT.—The neutral panel shall submit
18 to the Secretary, the Committee on Indian Affairs of
19 the Senate, and the Committee on Resources of the
20 House of Representatives a report describing the re-
21 sults of the study under paragraph (2), including a
22 description of—

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

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

3 “(d) NATIONALIZATION OF PROGRAM.—

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

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

12 “(3) REQUIREMENT.—In establishing a national
13 program under paragraph (1), the Secretary shall not
14 reduce the amount of funds provided for the Commu-
15 nity Health Aide Program described in subsections
16 (a) and (b).

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

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

21 **“SEC. 123. HEALTH PROFESSIONAL CHRONIC SHORTAGE**
22 **DEMONSTRATION PROGRAMS.**

23 “(a) DEMONSTRATION PROGRAMS AUTHORIZED.—The
24 Secretary, acting through the Service, may fund demonstra-

1 tion programs for Tribal Health Programs to address the
 2 chronic shortages of health professionals.

3 “(b) *PURPOSES OF PROGRAMS.*—The purposes of dem-
 4 onstration programs funded under subsection (a) shall be—

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

8 “(2) to improve the quality of health care for In-
 9 dians by assuring access to qualified health care pro-
 10 fessionals; and

11 “(3) to provide academic and scholarly opportu-
 12 nities for health professionals serving Indians by
 13 identifying all academic and scholarly resources of
 14 the region.

15 “(c) *ADVISORY BOARD.*—The demonstration programs
 16 established pursuant to subsection (a) shall incorporate a
 17 program advisory board composed of representatives from
 18 the Indian Tribes and Indian communities in the area
 19 which will be served by the program.

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

21 “(a) *NO REDUCTION IN SERVICES.*—The Secretary
 22 shall not—

23 “(1) remove a member of the National Health
 24 Service Corps from an Indian Health Program or
 25 Urban Indian Organization; or

1 “(2) *withdraw funding used to support such*
 2 *member, unless the Secretary, acting through the*
 3 *Service, Indian Tribes, or Tribal Organizations, has*
 4 *ensured that the Indians receiving services from such*
 5 *member will experience no reduction in services.*

6 “(b) *EXEMPTION FROM LIMITATIONS.—National*
 7 *Health Service Corps scholars qualifying for the Commis-*
 8 *sioned Corps in the United States Public Health Service*
 9 *shall be exempt from the full-time equivalent limitations of*
 10 *the National Health Service Corps and the Service when*
 11 *serving as a commissioned corps officer in a Tribal Health*
 12 *Program or an Urban Indian Organization.*

13 **“SEC. 125. SUBSTANCE ABUSE COUNSELOR EDUCATIONAL**
 14 **CURRICULA DEMONSTRATION PROGRAMS.**

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

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

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

6 “(d) *CRITERIA FOR REVIEW AND APPROVAL OF APPLI-*
7 *CATIONS.*—Not later than 180 days after the date of enact-
8 *ment of the Indian Health Care Improvement Act Amend-*
9 *ments of 2005, the Secretary, after consultation with Indian*
10 *Tribes and administrators of tribal colleges and universities*
11 *and eligible accredited and accessible community colleges,*
12 *shall develop and issue criteria for the review and approval*
13 *of applications for funding (including applications for re-*
14 *newals of funding) under this section. Such criteria shall*
15 *ensure that demonstration programs established under this*
16 *section promote the development of the capacity of such en-*
17 *tities to educate substance abuse counselors.*

18 “(e) *ASSISTANCE.*—The Secretary shall provide such
19 *technical and other assistance as may be necessary to enable*
20 *grant recipients to comply with the provisions of this sec-*
21 *tion.*

22 “(f) *REPORT.*—Each fiscal year, the Secretary shall
23 *submit to the President, for inclusion in the report which*
24 *is required to be submitted under section 801 for that fiscal*
25 *year, a report on the findings and conclusions derived from*

1 *the demonstration programs conducted under this section*
 2 *during that fiscal year.*

3 “(g) *DEFINITION.*—*For the purposes of this section, the*
 4 *term ‘educational curriculum’ means 1 or more of the fol-*
 5 *lowing:*

6 “(1) *Classroom education.*

7 “(2) *Clinical work experience.*

8 “(3) *Continuing education workshops.*

9 “**SEC. 126. BEHAVIORAL HEALTH TRAINING AND COMMU-**
 10 ***NITY EDUCATION PROGRAMS.***

11 “(a) *STUDY; LIST.*—*The Secretary, acting through the*
 12 *Service, and the Secretary of the Interior, in consultation*
 13 *with Indian Tribes and Tribal Organizations, shall conduct*
 14 *a study and compile a list of the types of staff positions*
 15 *specified in subsection (b) whose qualifications include, or*
 16 *should include, training in the identification, prevention,*
 17 *education, referral, or treatment of mental illness, or dys-*
 18 *functional and self destructive behavior.*

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

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

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

24 “(B) *social services and family and child*
 25 *welfare;*

1 “(C) law enforcement and judicial services;

2 *and*

3 “(D) alcohol and substance abuse;

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

5 “(3) staff positions similar to those identified in
6 paragraphs (1) and (2) established and maintained
7 by Indian Tribes, Tribal Organizations (without re-
8 gard to the funding source), and Urban Indian Orga-
9 nizations.

10 “(c) TRAINING CRITERIA.—

11 “(1) IN GENERAL.—The appropriate Secretary
12 shall provide training criteria appropriate to each
13 type of position identified in subsection (b)(1) and
14 (b)(2) and ensure that appropriate training has been,
15 or shall be provided to any individual in any such
16 position. With respect to any such individual in a po-
17 sition identified pursuant to subsection (b)(3), the re-
18 spective Secretaries shall provide appropriate train-
19 ing to, or provide funds to, an Indian Tribe, Tribal
20 Organization, or Urban Indian Organization for
21 training of appropriate individuals. In the case of po-
22 sitions funded under a contract or compact under the
23 Indian Self-Determination and Education Assistance
24 Act (25 U.S.C. 450 et seq.), the appropriate Secretary
25 shall ensure that such training costs are included in

1 *the contract or compact, as the Secretary determines*
2 *necessary.*

3 “(2) *POSITION SPECIFIC TRAINING CRITERIA.*—
4 *Position specific training criteria shall be culturally*
5 *relevant to Indians and Indian Tribes and shall en-*
6 *sure that appropriate information regarding Tradi-*
7 *tional Health Care Practices is provided.*

8 “(d) *COMMUNITY EDUCATION ON MENTAL ILLNESS.*—
9 *The Service shall develop and implement, on request of an*
10 *Indian Tribe, Tribal Organization, or Urban Indian Orga-*
11 *nization, or assist the Indian Tribe, Tribal Organization,*
12 *or Urban Indian Organization to develop and implement,*
13 *a program of community education on mental illness. In*
14 *carrying out this subsection, the Service shall, upon request*
15 *of an Indian Tribe, Tribal Organization, or Urban Indian*
16 *Organization, provide technical assistance to the Indian*
17 *Tribe, Tribal Organization, or Urban Indian Organization*
18 *to obtain and develop community educational materials on*
19 *the identification, prevention, referral, and treatment of*
20 *mental illness and dysfunctional and self-destructive behav-*
21 *ior.*

22 “(e) *PLAN.*—*Not later than 90 days after the date of*
23 *enactment of the Indian Health Care Improvement Act*
24 *Amendments of 2005, the Secretary shall develop a plan*
25 *under which the Service will increase the health care staff*

1 *providing behavioral health services by at least 500 posi-*
 2 *tions within 5 years after the date of enactment of this sec-*
 3 *tion, with at least 200 of such positions devoted to child,*
 4 *adolescent, and family services. The plan developed under*
 5 *this subsection shall be implemented under the Act of No-*
 6 *vember 2, 1921 (25 U.S.C. 13) (commonly known as the*
 7 *‘Snyder Act’).*

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

9 *“There are authorized to be appropriated such sums*
 10 *as may be necessary for each fiscal year through fiscal year*
 11 *2015 to carry out this title.*

12 **“TITLE II—HEALTH SERVICES**

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

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

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

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

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

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

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

10 “(A) *Clinical care, including inpatient*
11 *care, outpatient care (including audiology, clin-*
12 *ical eye, and vision care), primary care, sec-*
13 *ondary and tertiary care, and long-term care.*

14 “(B) *Preventive health, including mammog-*
15 *raphy and other cancer screening in accordance*
16 *with section 207.*

17 “(C) *Dental care.*

18 “(D) *Mental health, including community*
19 *mental health services, inpatient mental health*
20 *services, dormitory mental health services, thera-*
21 *peutic and residential treatment centers, and*
22 *training of traditional health care practitioners.*

23 “(E) *Emergency medical services.*

24 “(F) *Treatment and control of, and reha-*
25 *bitative care related to, alcoholism and drug*

1 *abuse (including fetal alcohol syndrome) among*
 2 *Indians.*

3 “(G) *Injury prevention programs.*

4 “(H) *Home health care.*

5 “(I) *Community health representatives.*

6 “(J) *Maintenance and improvement.*

7 “(K) *Traditional Health Care Practices.*

8 “(b) *NO OFFSET OR LIMITATION.—Any funds appro-*
 9 *priated under the authority of this section shall not be used*
 10 *to offset or limit any other appropriations made to the*
 11 *Service under this Act or the Act of November 2, 1921 (25*
 12 *U.S.C. 13) (commonly known as the ‘Snyder Act’), or any*
 13 *other provision of law.*

14 “(c) *ALLOCATION; USE.—*

15 “(1) *IN GENERAL.—Funds appropriated under*
 16 *the authority of this section shall be allocated to Serv-*
 17 *ice Units, Indian Tribes, or Tribal Organizations.*
 18 *The funds allocated to each Indian Tribe, Tribal Or-*
 19 *ganization, or Service Unit under this paragraph*
 20 *shall be used by the Indian Tribe, Tribal Organiza-*
 21 *tion, or Service Unit under this paragraph to im-*
 22 *prove the health status and reduce the resource defi-*
 23 *ciency of each Indian Tribe served by such Service*
 24 *Unit, Indian Tribe, or Tribal Organization.*

1 “(2) *APPORTIONMENT OF ALLOCATED FUNDS.*—

2 *The apportionment of funds allocated to a Service*
 3 *Unit, Indian Tribe, or Tribal Organization under*
 4 *paragraph (1) among the health service responsibil-*
 5 *ities described in subsection (a)(5) shall be determined*
 6 *by the Service in consultation with, and with the ac-*
 7 *tive participation of, the affected Indian Tribes and*
 8 *Tribal Organizations.*

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

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

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

16 “(B) *the Indian Tribe or Tribal Organiza-*
 17 *tion does not have available to it the health re-*
 18 *sources it needs, taking into account the actual*
 19 *cost of providing health care services given local*
 20 *geographic, climatic, rural, or other cir-*
 21 *cumstances.*

22 “(2) *AVAILABLE RESOURCES.*—*The health re-*
 23 *sources available to an Indian Tribe or Tribal Orga-*
 24 *nization include health resources provided by the*
 25 *Service as well as health resources used by the Indian*

1 *Tribe or Tribal Organization, including services and*
2 *financing systems provided by any Federal programs,*
3 *private insurance, and programs of State or local*
4 *governments.*

5 “(3) *PROCESS FOR REVIEW OF DETERMINA-*
6 *TIONS.—The Secretary shall establish procedures*
7 *which allow any Indian Tribe or Tribal Organization*
8 *to petition the Secretary for a review of any deter-*
9 *mination of the extent of the health status and re-*
10 *source deficiency of such Indian Tribe or Tribal Or-*
11 *ganization.*

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

16 “(f) *REPORT.—By no later than the date that is 3*
17 *years after the date of enactment of the Indian Health Care*
18 *Improvement Act Amendments of 2005, the Secretary shall*
19 *submit to Congress the current health status and resource*
20 *deficiency report of the Service for each Service Unit, in-*
21 *cluding newly recognized or acknowledged Indian Tribes.*
22 *Such report shall set out—*

23 “(1) *the methodology then in use by the Service*
24 *for determining Tribal health status and resource de-*

1 *iciencies, as well as the most recent application of*
2 *that methodology;*

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

6 “(3) *the amount of funds necessary to eliminate*
7 *the health status and resource deficiencies of all In-*
8 *Indian Tribes served by the Service or a Tribal Health*
9 *Program; and*

10 “(4) *an estimate of—*

11 “(A) *the amount of health service funds ap-*
12 *propriated under the authority of this Act, or*
13 *any other Act, including the amount of any*
14 *funds transferred to the Service for the preceding*
15 *fiscal year which is allocated to each Service*
16 *Unit, Indian Tribe, or Tribal Organization;*

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

20 “(C) *the number of Indians using the Serv-*
21 *ice resources made available to each Service*
22 *Unit, Indian Tribe or Tribal Organization, and,*
23 *to the extent available, information on the wait-*
24 *ing lists and number of Indians turned away for*
25 *services due to lack of resources.*

1 “(g) *INCLUSION IN BASE BUDGET.*—Funds appro-
 2 priated under this section for any fiscal year shall be in-
 3 cluded in the base budget of the Service for the purpose of
 4 determining appropriations under this section in subse-
 5 quent fiscal years.

6 “(h) *CLARIFICATION.*—Nothing in this section is in-
 7 tended to diminish the primary responsibility of the Service
 8 to eliminate existing backlogs in unmet health care needs,
 9 nor are the provisions of this section intended to discourage
 10 the Service from undertaking additional efforts to achieve
 11 equity among Indian Tribes and Tribal Organizations.

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

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

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

19 “(1) the amounts deposited under subsection (f);
 20 and

21 “(2) the amounts appropriated to CHEF under
 22 this section.

23 “(b) *ADMINISTRATION.*—CHEF shall be administered
 24 by the Secretary, acting through the central office of the
 25 Service, solely for the purpose of meeting the extraordinary

1 *medical costs associated with the treatment of victims of*
 2 *disasters or catastrophic illnesses who are within the re-*
 3 *sponsibility of the Service.*

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

11 “(d) *REGULATIONS.*—The Secretary shall, through the
 12 negotiated rulemaking process under title VIII, promulgate
 13 regulations consistent with the provisions of this section
 14 to—

15 “(1) *establish a definition of disasters and cata-*
 16 *strophic illnesses for which the cost of the treatment*
 17 *provided under contract would qualify for payment*
 18 *from CHEF;*

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

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

1 “(B) for any subsequent year, not less than
 2 the threshold cost of the previous year increased
 3 by the percentage increase in the medical care
 4 expenditure category of the consumer price index
 5 for all urban consumers (United States city av-
 6 erage) for the 12-month period ending with De-
 7 cember of the previous year;

8 “(3) establish a procedure for the reimbursement
 9 of the portion of the costs that exceeds such threshold
 10 cost incurred by—

11 “(A) Service Units; or

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

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

18 “(5) establish a procedure that will ensure that
 19 no payment shall be made from CHEF to any pro-
 20 vider of treatment to the extent that such provider is
 21 eligible to receive payment for the treatment from any
 22 other Federal, State, local, or private source of reim-
 23 bursement for which the patient is eligible.

24 “(e) NO OFFSET OR LIMITATION.—Amounts appro-
 25 priated to CHEF under this section shall not be used to

1 *offset or limit appropriations made to the Service under*
 2 *the authority of the Act of November 2, 1921 (25 U.S.C.*
 3 *13) (commonly known as the ‘Snyder Act’), or any other*
 4 *law.*

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

11 **“SEC. 203. HEALTH PROMOTION AND DISEASE PREVENTION**
 12 **SERVICES.**

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

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

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

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

24 “(c) *EVALUATION.*—*The Secretary, after obtaining*
 25 *input from the affected Tribal Health Programs, shall sub-*

1 *mit to the President for inclusion in the report which is*
 2 *required to be submitted to Congress under section 801 an*
 3 *evaluation of—*

4 “(1) *the health promotion and disease prevention*
 5 *needs of Indians;*

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

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

10 “(4) *the resources which would be required to en-*
 11 *able the Service and Tribal Health Programs to un-*
 12 *dertake the health promotion and disease prevention*
 13 *activities necessary to meet such needs.*

14 **“SEC. 204. DIABETES PREVENTION, TREATMENT, AND CON-**
 15 **TROL.**

16 “(a) *DETERMINATIONS REGARDING DIABETES.—The*
 17 *Secretary, acting through the Service, and in consultation*
 18 *with Indian Tribes and Tribal Organizations, shall deter-*
 19 *mine—*

20 “(1) *by Indian Tribe and by Service Unit, the*
 21 *incidence of, and the types of complications resulting*
 22 *from, diabetes among Indians; and*

23 “(2) *based on the determinations made pursuant*
 24 *to paragraph (1), the measures (including patient*
 25 *education and effective ongoing monitoring of disease*

1 *indicators) each Service Unit should take to reduce*
2 *the incidence of, and prevent, treat, and control the*
3 *complications resulting from, diabetes among Indian*
4 *Tribes within that Service Unit.*

5 *“(b) DIABETES SCREENING.—To the extent medically*
6 *indicated and with informed consent, the Secretary shall*
7 *screen each Indian who receives services from the Service*
8 *for diabetes and for conditions which indicate a high risk*
9 *that the individual will become diabetic and, in consulta-*
10 *tion with Indian Tribes, Urban Indian Organizations, and*
11 *appropriate health care providers, establish a cost-effective*
12 *approach to ensure ongoing monitoring of disease indica-*
13 *tors. Such screening and monitoring may be conducted by*
14 *a Tribal Health Program and may be conducted through*
15 *appropriate Internet-based health care management pro-*
16 *grams.*

17 *“(c) FUNDING FOR DIABETES.—The Secretary shall*
18 *continue to maintain each model diabetes project in exist-*
19 *ence on the date of enactment of the Indian Health Care*
20 *Improvement Act Amendments of 2005, any such other dia-*
21 *betes programs operated by the Service or Tribal Health*
22 *Programs, and any additional diabetes projects, such as the*
23 *Medical Vanguard program provided for in title IV of Pub-*
24 *lic Law 108–87, as implemented to serve Indian Tribes.*
25 *Tribal Health Programs shall receive recurring funding for*

1 *the diabetes projects that they operate pursuant to this sec-*
 2 *tion, both at the date of enactment of the Indian Health*
 3 *Care Improvement Act Amendments of 2005 and for*
 4 *projects which are added and funded thereafter.*

5 “(d) *FUNDING FOR DIALYSIS PROGRAMS.—The Sec-*
 6 *retary is authorized to provide funding through the Service,*
 7 *Indian Tribes, and Tribal Organizations to establish dialy-*
 8 *sis programs, including funding to purchase dialysis equip-*
 9 *ment and provide necessary staffing.*

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

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

13 “(A) *in each Area Office, consult with In-*
 14 *dian Tribes and Tribal Organizations regarding*
 15 *programs for the prevention, treatment, and con-*
 16 *trol of diabetes;*

17 “(B) *establish in each Area Office a registry*
 18 *of patients with diabetes to track the incidence*
 19 *of diabetes and the complications from diabetes*
 20 *in that area; and*

21 “(C) *ensure that data collected in each Area*
 22 *Office regarding diabetes and related complica-*
 23 *tions among Indians are disseminated to all*
 24 *other Area Offices, subject to applicable patient*
 25 *privacy laws.*

1 “(2) *DIABETES CONTROL OFFICERS.*—

2 “(A) *IN GENERAL.*—*The Secretary may es-*
 3 *tablish and maintain in each Area Office a posi-*
 4 *tion of diabetes control officer to coordinate and*
 5 *manage any activity of that Area Office relating*
 6 *to the prevention, treatment, or control of diabe-*
 7 *tes to assist the Secretary in carrying out a pro-*
 8 *gram under this section or section 330C of the*
 9 *Public Health Service Act (42 U.S.C. 254c–3).*

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

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

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

1 *provide for the sharing of staff or other services between the*
 2 *Service or a Tribal Health Program and a long-term care*
 3 *or other similar facility owned and operated (directly or*
 4 *through a contract or compact under the Indian Self-Deter-*
 5 *mination and Education Assistance Act (25 U.S.C. 450 et*
 6 *seq.)) by such Indian Tribe or Tribal Organization.*

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

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

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

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

24 “(c) *MINIMUM REQUIREMENT.—Any nursing facility*
 25 *provided for under this section shall meet the requirements*

1 *for nursing facilities under section 1919 of the Social Secu-*
 2 *rity Act.*

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

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

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

12 *“The Secretary, acting through the Service, shall make*
 13 *funding available for research to further the performance*
 14 *of the health service responsibilities of Indian Health Pro-*
 15 *grams. The Secretary shall also, to the maximum extent*
 16 *practicable, coordinate departmental research resources and*
 17 *activities to address relevant Indian Health Program re-*
 18 *search needs. Tribal Health Programs shall be given an*
 19 *equal opportunity to compete for, and receive, research*
 20 *funds under this section. This funding may be used for both*
 21 *clinical and nonclinical research.*

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

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

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

9 “(2) Other cancer screening meeting accepted
 10 and appropriate national standards.

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

12 *“The Secretary, acting through the Service and Tribal*
 13 *Health Programs, is authorized to provide funds for the fol-*
 14 *lowing patient travel costs, including appropriate and nec-*
 15 *essary qualified escorts, associated with receiving health*
 16 *care services provided (either through direct or contract care*
 17 *or through a contract or compact under the Indian Self-*
 18 *Determination and Education Assistance Act (25 U.S.C.*
 19 *450 et seq.)) under this Act—*

20 “(1) emergency air transportation and non-
 21 emergency air transportation where ground transpor-
 22 tation is infeasible;

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

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

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

5 “(a) *ADDITIONAL CENTERS.*—In addition to those epi-
 6 demiology centers already established as of the date of enact-
 7 ment of this Act, and without reducing the funding levels
 8 for such centers, not later than 180 days after the date of
 9 enactment of the Indian Health Care Improvement Act
 10 Amendments of 2005, the Secretary, acting through the
 11 Service, shall establish an epidemiology center in each Serv-
 12 ice Area which does not yet have one to carry out the func-
 13 tions described in subsection (b). Any new centers so estab-
 14 lished may be operated by Tribal Health Programs, but
 15 such funding shall not be divisible.

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

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

1 “(2) *evaluate existing delivery systems, data sys-*
 2 *tems, and other systems that impact the improvement*
 3 *of Indian health;*

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

9 “(4) *make recommendations for the targeting of*
 10 *services needed by the populations served;*

11 “(5) *make recommendations to improve health*
 12 *care delivery systems for Indians and Urban Indians;*

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

18 “(7) *provide disease surveillance and assist In-*
 19 *dian Tribes, Tribal Organizations, and Urban Indian*
 20 *Organizations to promote public health.*

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

1 “(d) *FUNDING FOR STUDIES.*—*The Secretary may*
 2 *make funding available to Indian Tribes, Tribal Organiza-*
 3 *tions, and Urban Indian Organizations to conduct epide-*
 4 *miological studies of Indian communities.*

5 **“SEC. 210. COMPREHENSIVE SCHOOL HEALTH EDUCATION**
 6 **PROGRAMS.**

7 “(a) *FUNDING FOR DEVELOPMENT OF PROGRAMS.*—
 8 *In addition to carrying out any other program for health*
 9 *promotion or disease prevention, the Secretary, acting*
 10 *through the Service, is authorized to award grants to In-*
 11 *dian Tribes, Tribal Organizations, and Urban Indian Or-*
 12 *ganizations to develop comprehensive school health edu-*
 13 *cation programs for children from pre-school through grade*
 14 *12 in schools for the benefit of Indian and Urban Indian*
 15 *children.*

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

19 “(1) *Developing and implementing health edu-*
 20 *cation curricula both for regular school programs and*
 21 *afterschool programs.*

22 “(2) *Training teachers in comprehensive school*
 23 *health education curricula.*

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

1 “(4) *Encouraging healthy, tobacco-free school en-*
2 *vironments.*

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

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

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

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

12 “(9) *Developing substance abuse prevention pro-*
13 *grams.*

14 “(10) *Developing injury prevention and safety*
15 *education programs.*

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

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

21 “(13) *Violence prevention.*

22 “(14) *Such other health issues as are appro-*
23 *priate.*

24 “(c) *TECHNICAL ASSISTANCE.—Upon request, the Sec-*
25 *retary, acting through the Service, shall provide technical*

1 *assistance to Indian Tribes, Tribal Organizations, and*
 2 *Urban Indian Organizations in the development of com-*
 3 *prehensive health education plans and the dissemination of*
 4 *comprehensive health education materials and information*
 5 *on existing health programs and resources.*

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

12 “(e) *DEVELOPMENT OF PROGRAM FOR BIA FUNDED*
 13 *SCHOOLS.—*

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

22 “(2) *REQUIREMENTS FOR PROGRAMS.—Such*
 23 *programs shall include—*

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

1 “(B) behavioral health wellness programs;
 2 “(C) chronic disease prevention programs;
 3 “(D) substance abuse prevention programs;
 4 “(E) injury prevention and safety education
 5 programs; and
 6 “(F) activities for the prevention and con-
 7 trol of communicable diseases.

8 “(3) *DUTIES OF THE SECRETARY.*—The Sec-
 9 retary of the Interior shall—

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

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

16 “(C) encourage healthy, tobacco-free school
 17 environments.

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

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

1 “(b) *USE OF FUNDS.*—

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

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

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

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

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

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

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

23 “(3) *at the request of an Indian Tribe, Tribal*
24 *Organization, or Urban Indian Organization, provide*

1 *technical assistance in the implementation of such*
 2 *models.*

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

8 **“SEC. 212. PREVENTION, CONTROL, AND ELIMINATION OF**
 9 **COMMUNICABLE AND INFECTIOUS DISEASES.**

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

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

21 “(2) *Public information and education programs*
 22 *for the prevention, control, and elimination of com-*
 23 *municable and infectious diseases.*

24 “(3) *Education, training, and clinical skills im-*
 25 *provement activities in the prevention, control, and*

1 *elimination of communicable and infectious diseases*
2 *for health professionals, including allied health profes-*
3 *sionals.*

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

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

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

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

17 “(1) *may, at the request of an Indian Tribe,*
18 *Tribal Organization, or Urban Indian Organization,*
19 *provide technical assistance; and*

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

1 **“SEC. 213. AUTHORITY FOR PROVISION OF OTHER SERV-**
 2 **ICES.**

3 “(a) *FUNDING AUTHORIZED.*—*The Secretary, acting*
 4 *through the Service, Indian Tribes, and Tribal Organiza-*
 5 *tions, may provide funding under this Act to meet the objec-*
 6 *tives set forth in section 3 through health care-related serv-*
 7 *ices and programs not otherwise described in this Act, in-*
 8 *cluding—*

- 9 “(1) *hospice care;*
 10 “(2) *assisted living;*
 11 “(3) *long-term health care;*
 12 “(4) *home- and community-based services, in ac-*
 13 *cordance with subsection (d); and*
 14 “(5) *public health functions.*

15 “(b) *SERVICES TO OTHERWISE INELIGIBLE PER-*
 16 *SONS.*—*Subject to section 807, at the discretion of the Serv-*
 17 *ice, Indian Tribes, or Tribal Organizations, services pro-*
 18 *vided for hospice care, home- and community-based care,*
 19 *assisted living, and long-term care may be provided (subject*
 20 *to reimbursement) to persons otherwise ineligible for the*
 21 *health care benefits of the Service. Any funds received under*
 22 *this subsection shall not be used to offset or limit the fund-*
 23 *ing allocated to the Service or an Indian Tribe or Tribal*
 24 *Organization.*

25 “(c) *TERMS AND CONDITIONS.*—*The Secretary shall re-*
 26 *quire that any service provided under this section shall be*

1 *in accordance with such terms and conditions as the Sec-*
 2 *retary determines to be consistent with accepted and appro-*
 3 *priate standards relating to the service, including any li-*
 4 *censing term or condition under this Act.*

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

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

9 “(i) *Home health aide services.*

10 “(ii) *Personal care services.*

11 “(iii) *Nursing care services provided outside*
 12 *of a nursing facility by, or under the supervision*
 13 *of, a registered nurse.*

14 “(iv) *Respite care.*

15 “(v) *Training for family members.*

16 “(vi) *Adult day care.*

17 “(vii) *Such other home- and community-*
 18 *based services as the Secretary, an Indian Tribe,*
 19 *or a Tribal Organization may approve.*

20 “(B) *The term ‘home- and community-based*
 21 *services’ does not include a service provided by an in-*
 22 *dividual that is legally responsible for providing the*
 23 *service.*

24 “(2) *The term ‘hospice care’ means the items and*
 25 *services specified in subparagraphs (A) through (H)*

1 *of section 1861(dd)(1) of the Social Security Act (42*
 2 *U.S.C. 1395x(dd)(1)), and such other services which*
 3 *an Indian Tribe or Tribal Organization determines*
 4 *are necessary and appropriate to provide in further-*
 5 *ance of this care.*

6 “(3)(A) *The term ‘personal care services’ means*
 7 *services relating to assistance in carrying out activi-*
 8 *ties of daily living.*

9 “(B) *The term ‘personal care services’ does not*
 10 *include a service solely relating to assistance in car-*
 11 *rying out an ancillary activity, such as housekeeping*
 12 *or household chores, as determined by the Secretary.*

13 “(4) *The term ‘public health functions’ means*
 14 *the provision of public health-related programs, func-*
 15 *tions, and services, including assessment, assurance,*
 16 *and policy development which Indian Tribes and*
 17 *Tribal Organizations are authorized and encouraged,*
 18 *in those circumstances where it meets their needs, to*
 19 *do by forming collaborative relationships with all lev-*
 20 *els of local, State, and Federal Government.*

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

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

1 *livery of programs administered by the Service, in order*
 2 *to improve and enhance the treatment models of care for*
 3 *Indian women.*

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

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

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

22 “(2) *an analysis of the potential effect of ongoing*
 23 *and future environmental resource development on or*
 24 *near reservations and Indian communities, including*
 25 *the cumulative effect over time on health;*

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

11 “(4) a summary of any findings and rec-
12 ommendations provided in Federal and State studies,
13 reports, investigations, and inspections during the 5
14 years prior to the date of enactment of the Indian
15 Health Care Improvement Act Amendments of 2005
16 that directly or indirectly relate to the activities,
17 practices, and conditions affecting the health or safety
18 of such Indians; and

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

24 “(b) *HEALTH CARE PLANS*.—Upon completion of such
25 studies, the Secretary and the Service shall take into ac-

1 *count the results of such studies and, in consultation with*
2 *Indian Tribes and Tribal Organizations, develop health*
3 *care plans to address the health problems studied under sub-*
4 *section (a). The plans shall include—*

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

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

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

18 *“(c) SUBMISSION OF REPORT AND PLAN TO CON-*
19 *GRESS.—The Secretary and the Service shall submit to*
20 *Congress the study prepared under subsection (a) no later*
21 *than 18 months after the date of enactment of the Indian*
22 *Health Care Improvement Act Amendments of 2005. The*
23 *health care plan prepared under subsection (b) shall be sub-*
24 *mitted in a report no later than 1 year after the study pre-*
25 *pared under subsection (a) is submitted to Congress. Such*

1 *report shall include recommended activities for the imple-*
 2 *mentation of the plan, as well as an evaluation of any ac-*
 3 *tivities previously undertaken by the Service to address such*
 4 *health problems.*

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

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

9 “(A) *The Secretary of Energy.*

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

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

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

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

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

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

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

21 “(A) *identify existing and potential oper-*
 22 *ations related to nuclear resource development or*
 23 *other environmental hazards that affect or may*
 24 *affect the health of Indians on or near a reserva-*
 25 *tion or in an Indian community; and*

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

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

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

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

16 “(2) is eligible to receive diagnosis and treatment
 17 services from an Indian Health Program; and

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

1 of such operator or entity from such operator or enti-
 2 ty. Nothing in this subsection shall affect the rights
 3 of such Indian to recover damages other than such
 4 amounts paid to the Indian Health Program from the
 5 employer for providing medical care for such illness
 6 or condition.

7 **“SEC. 216. ARIZONA AS A CONTRACT HEALTH SERVICE DE-**
 8 **LIVERY AREA.**

9 “(a) *IN GENERAL.*—For fiscal years beginning with
 10 the fiscal year ending September 30, 1983, and ending with
 11 the fiscal year ending September 30, 2015, the State of Ari-
 12 zona shall be designated as a contract health service delivery
 13 area by the Service for the purpose of providing contract
 14 health care services to members of federally recognized In-
 15 dian Tribes of Arizona.

16 “(b) *MAINTENANCE OF SERVICES.*—The Service shall
 17 not curtail any health care services provided to Indians re-
 18 siding on reservations in the State of Arizona if such cur-
 19 tailment is due to the provision of contract services in such
 20 State pursuant to the designation of such State as a con-
 21 tract health service delivery area pursuant to subsection (a).

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

24 “(a) *IN GENERAL.*—Beginning in fiscal year 2003, the
 25 States of North Dakota and South Dakota shall be des-

1 *ignated as a contract health service delivery area by the*
 2 *Service for the purpose of providing contract health care*
 3 *services to members of federally recognized Indian Tribes*
 4 *of North Dakota and South Dakota.*

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

13 **“SEC. 217. CALIFORNIA CONTRACT HEALTH SERVICES PRO-**
 14 **GRAM.**

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

20 “(b) *REIMBURSEMENT CONTRACT.*—*The Secretary*
 21 *shall enter into an agreement with the CRIHB to reimburse*
 22 *the CRIHB for costs (including reasonable administrative*
 23 *costs) incurred pursuant to this section, in providing med-*
 24 *ical treatment under contract to California Indians de-*
 25 *scribed in section 806(a) throughout the California contract*

1 *health services delivery area described in section 218 with*
 2 *respect to high cost contract care cases.*

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

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

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

22 **“SEC. 218. CALIFORNIA AS A CONTRACT HEALTH SERVICE**
 23 **DELIVERY AREA.**

24 *“The State of California, excluding the counties of Ala-*
 25 *meda, Contra Costa, Los Angeles, Marin, Orange, Sac-*

1 *ramento, San Francisco, San Mateo, Santa Clara, Kern,*
 2 *Merced, Monterey, Napa, San Benito, San Joaquin, San*
 3 *Luis Obispo, Santa Cruz, Solano, Stanislaus, and Ventura,*
 4 *shall be designated as a contract health service delivery area*
 5 *by the Service for the purpose of providing contract health*
 6 *services to California Indians. However, any of the counties*
 7 *listed herein may only be included in the contract health*
 8 *services delivery area if funding is specifically provided by*
 9 *the Service for such services in those counties.*

10 **“SEC. 219. CONTRACT HEALTH SERVICES FOR THE TREN-**
 11 **TON SERVICE AREA.**

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

19 “(b) *NO EXPANSION OF ELIGIBILITY.*—*Nothing in this*
 20 *section may be construed as expanding the eligibility of*
 21 *members of the Turtle Mountain Band of Chippewa Indians*
 22 *for health services provided by the Service beyond the scope*
 23 *of eligibility for such health services that applied on May*
 24 *1, 1986.*

1 **“SEC. 220. PROGRAMS OPERATED BY INDIAN TRIBES AND**
 2 **TRIBAL ORGANIZATIONS.**

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

7 **“SEC. 221. LICENSING.**

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

14 **“SEC. 222. NOTIFICATION OF PROVISION OF EMERGENCY**
 15 **CONTRACT HEALTH SERVICES.**

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

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

23 *“(a) DEADLINE FOR RESPONSE.—The Service shall re-*
 24 *spond to a notification of a claim by a provider of a con-*
 25 *tract care service with either an individual purchase order*

1 *or a denial of the claim within 5 working days after the*
 2 *receipt of such notification.*

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

7 “(c) *DEADLINE FOR PAYMENT OF VALID CLAIM.*—*The*
 8 *Service shall pay a valid contract care service claim within*
 9 *30 days after the completion of the claim.*

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

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

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

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

1 *have no further recourse against the patient who received*
 2 *the services.*

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

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

8 “(b) *DIRECTOR.*—

9 “(1) *IN GENERAL.*—*The Office shall be headed by*
 10 *a Director, to be appointed by the Secretary.*

11 “(2) *DUTIES.*—*The Director shall coordinate*
 12 *and promote the status of the health of Indian men*
 13 *in the United States.*

14 “(c) *REPORT.*—*Not later than 2 years after the date*
 15 *of enactment of the Indian Health Care Improvement Act*
 16 *Amendments of 2005, the Secretary, acting through the Di-*
 17 *rector of the Office, shall submit to Congress a report de-*
 18 *scribing—*

19 “(1) *any activity carried out by the Director as*
 20 *of the date on which the report is prepared; and*

21 “(2) *any finding of the Director with respect to*
 22 *the health of Indian men.*

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

2 *“There are authorized to be appropriated such sums*
 3 *as may be necessary for each fiscal year through fiscal year*
 4 *2015 to carry out this title.*

5 **“TITLE III—FACILITIES**

6 **“SEC. 301. CONSULTATION; CONSTRUCTION AND RENOVA-**
 7 **TION OF FACILITIES; REPORTS.**

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

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

21 *“(2) ensure, whenever practicable and applicable,*
 22 *that such facility meets the construction standards of*
 23 *any accrediting body recognized by the Secretary for*
 24 *the purposes of the medicare, medicaid, and SCHIP*
 25 *programs under titles XVIII, XIX, and XXI of the*
 26 *Social Security Act by not later than 1 year after the*

1 *date on which the construction or renovation of such*
2 *facility is completed.*

3 “(b) *CLOSURES.*—

4 “(1) *EVALUATION REQUIRED.*—Notwithstanding
5 *any other provision of law, no facility operated by the*
6 *Service may be closed if the Secretary has not sub-*
7 *mitted to Congress at least 1 year prior to the date*
8 *of the proposed closure an evaluation of the impact of*
9 *the proposed closure which specifies, in addition to*
10 *other considerations—*

11 “(A) *the accessibility of alternative health*
12 *care resources for the population served by such*
13 *facility;*

14 “(B) *the cost-effectiveness of such closure;*

15 “(C) *the quality of health care to be pro-*
16 *vided to the population served by such facility*
17 *after such closure;*

18 “(D) *the availability of contract health care*
19 *funds to maintain existing levels of service;*

20 “(E) *the views of the Indian Tribes served*
21 *by such facility concerning such closure;*

22 “(F) *the level of use of such facility by all*
23 *eligible Indians; and*

24 “(G) *the distance between such facility and*
25 *the nearest operating Service hospital.*

1 “(2) *EXCEPTION FOR CERTAIN TEMPORARY CLO-*
 2 *SURES.—Paragraph (1) shall not apply to any tem-*
 3 *porary closure of a facility or any portion of a facil-*
 4 *ity if such closure is necessary for medical, environ-*
 5 *mental, or construction safety reasons.*

6 “(c) *HEALTH CARE FACILITY PRIORITY SYSTEM.—*

7 “(1) *IN GENERAL.—*

8 “(A) *ESTABLISHMENT.—The Secretary, act-*
 9 *ing through the Service, shall establish a health*
 10 *care facility priority system, which shall—*

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

14 “(ii) *give Indian Tribes’ needs the*
 15 *highest priority; and*

16 “(iii) *at a minimum, include the lists*
 17 *required in paragraph (2)(B) and the meth-*
 18 *odology required in paragraph (2)(E).*

19 “(B) *PRIORITY OF CERTAIN PROJECTS PRO-*
 20 *TECTED.—The priority of any project established*
 21 *under the construction priority system in effect*
 22 *on the date of the Indian Health Care Improve-*
 23 *ment Act Amendments of 2005 shall not be af-*
 24 *ected by any change in the construction priority*
 25 *system taking place thereafter if the project was*

1 *identified as 1 of the 10 top-priority inpatient*
2 *projects, 1 of the 10 top-priority outpatient*
3 *projects, 1 of the 10 top-priority staff quarters*
4 *developments, or 1 of the 10 top-priority Youth*
5 *Regional Treatment Centers in the fiscal year*
6 *2005 Indian Health Service budget justification,*
7 *or if the project had completed both Phase I and*
8 *Phase II of the construction priority system in*
9 *effect on the date of enactment of such Act.*

10 “(2) *REPORT; CONTENTS.*—*The Secretary shall*
11 *submit to the President, for inclusion in the report re-*
12 *quired to be transmitted to Congress under section*
13 *801, a report which sets forth the following:*

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

17 “(B) *Health care facilities lists, including—*

18 “(i) *the 10 top-priority inpatient*
19 *health care facilities;*

20 “(ii) *the 10 top-priority outpatient*
21 *health care facilities;*

22 “(iii) *the 10 top-priority specialized*
23 *health care facilities (such as long-term care*
24 *and alcohol and drug abuse treatment);*

1 “(iv) the 10 top-priority staff quarters
2 developments associated with health care fa-
3 cilities; and

4 “(v) the 10 top-priority hostels associ-
5 ated with health care facilities.

6 “(C) The justification for such order of pri-
7 ority.

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

9 “(E) The methodology adopted by the Serv-
10 ice in establishing priorities under its health
11 care facility priority system.

12 “(3) REQUIREMENTS FOR PREPARATION OF RE-
13 PORTS.—In preparing each report required under
14 paragraph (2) (other than the initial report), the Sec-
15 retary shall annually—

16 “(A) consult with and obtain information
17 on all health care facilities needs from Indian
18 Tribes, Tribal Organizations, and Urban Indian
19 Organizations; and

20 “(B) review the total unmet needs of all In-
21 dian Tribes, Tribal Organizations, and Urban
22 Indian Organizations for health care facilities
23 (including hostels and staff quarters), including
24 needs for renovation and expansion of existing
25 facilities.

1 “(4) *CRITERIA FOR EVALUATING NEEDS.*—For
 2 purposes of this subsection, the Secretary shall, in
 3 evaluating the needs of facilities operated under any
 4 contract or compact under the Indian Self-Deter-
 5 mination and Education Assistance Act (25 U.S.C.
 6 450 et seq.) use the same criteria that the Secretary
 7 uses in evaluating the needs of facilities operated di-
 8 rectly by the Service.

9 “(5) *NEEDS OF FACILITIES UNDER ISDEAA*
 10 *AGREEMENTS.*—The Secretary shall ensure that the
 11 planning, design, construction, and renovation needs
 12 of Service and non-Service facilities operated under
 13 contracts or compacts in accordance with the Indian
 14 Self-Determination and Education Assistance Act (25
 15 U.S.C. 450 et seq.) are fully and equitably integrated
 16 into the health care facility priority system.

17 “(d) *REVIEW OF NEED FOR FACILITIES.*—

18 “(1) *INITIAL REPORT.*—In the year 2006, the
 19 Government Accountability Office shall prepare and
 20 finalize a report which sets forth the needs of the
 21 Service, Indian Tribes, Tribal Organizations, and
 22 Urban Indian Organizations, for the types of facili-
 23 ties listed under subsection (c)(2)(B), including the
 24 needs for renovation and expansion of existing facili-
 25 ties. The Government Accountability Office shall sub-

1 *mit the report to the appropriate authorizing and ap-*
2 *propriations committees of Congress and to the Sec-*
3 *retary.*

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

7 *“(3) In preparing an updated report under*
8 *paragraph (2), the Secretary shall consult with In-*
9 *dian Tribes, Tribal Organizations, and Urban Indian*
10 *Organizations. The Secretary shall submit the report*
11 *under paragraph (2) for inclusion in the report re-*
12 *quired to be transmitted to Congress under section*
13 *801.*

14 *“(4) For purposes of this subsection, the reports*
15 *shall, regarding the needs of facilities operated under*
16 *any contract or compact under the Indian Self-Deter-*
17 *mination and Education Assistance Act (25 U.S.C.*
18 *450 et seq.), be based on the same criteria that the*
19 *Secretary uses in evaluating the needs of facilities op-*
20 *erated directly by the Service.*

21 *“(5) The planning, design, construction, and*
22 *renovation needs of facilities operated under contracts*
23 *or compacts under the Indian Self-Determination and*
24 *Education Assistance Act (25 U.S.C. 450 et seq.) shall*

1 *be fully and equitably integrated into the development*
 2 *of the health facility priority system.*

3 *“(6) Beginning in 2007 and each fiscal year*
 4 *thereafter, the Secretary shall provide an opportunity*
 5 *for nomination of planning, design, and construction*
 6 *projects by the Service, Indian Tribes, Tribal Organi-*
 7 *zations, and Urban Indian Organizations for consid-*
 8 *eration under the health care facility priority system.*

9 *“(e) FUNDING CONDITION.—All funds appropriated*
 10 *under the Act of November 2, 1921 (25 U.S.C. 13) (com-*
 11 *monly known as the ‘Snyder Act’), for the planning, design,*
 12 *construction, or renovation of health facilities for the benefit*
 13 *of 1 or more Indian Tribes shall be subject to the provisions*
 14 *of the Indian Self-Determination and Education Assistance*
 15 *Act (25 U.S.C. 450 et seq.).*

16 *“(f) DEVELOPMENT OF INNOVATIVE APPROACHES.—*
 17 *The Secretary shall consult and cooperate with Indian*
 18 *Tribes, Tribal Organizations, and Urban Indian Organi-*
 19 *zations in developing innovative approaches to address all or*
 20 *part of the total unmet need for construction of health facili-*
 21 *ties, including those provided for in other sections of this*
 22 *title and other approaches.*

23 **“SEC. 302. SANITATION FACILITIES.**

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

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

3 “(2) *Indian people suffer an inordinately high*
4 *incidence of disease, injury, and illness directly at-*
5 *tributable to the absence or inadequacy of sanitation*
6 *facilities.*

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

12 “(4) *Many Indian homes and Indian commu-*
13 *nities still lack sanitation facilities.*

14 “(5) *It is in the interest of the United States,*
15 *and it is the policy of the United States, that all In-*
16 *Indian communities and Indian homes, new and exist-*
17 *ing, be provided with sanitation facilities.*

18 “(b) *FACILITIES AND SERVICES.—In furtherance of the*
19 *findings made in subsection (a), Congress reaffirms the pri-*
20 *mary responsibility and authority of the Service to provide*
21 *the necessary sanitation facilities and services as provided*
22 *in section 7 of the Act of August 5, 1954 (42 U.S.C. 2004a).*
23 *Under such authority, the Secretary, acting through the*
24 *Service, is authorized to provide the following:*

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

10 “(2) *Ongoing technical assistance and training*
11 *to Indian Tribes, Tribal Organizations, and Indian*
12 *communities in the management of utility organiza-*
13 *tions which operate and maintain sanitation facili-*
14 *ties.*

15 “(3) *Priority funding for operation and mainte-*
16 *nance assistance for, and emergency repairs to, sani-*
17 *tation facilities operated by an Indian Tribe, Tribal*
18 *Organization or Indian community when necessary*
19 *to avoid an imminent health threat or to protect the*
20 *investment in sanitation facilities and the investment*
21 *in the health benefits gained through the provision of*
22 *sanitation facilities.*

23 “(c) *FUNDING.*—*Notwithstanding any other provision*
24 *of law—*

1 “(1) the Secretary of Housing and Urban Devel-
2 opment is authorized to transfer funds appropriated
3 under the Native American Housing Assistance and
4 Self-Determination Act of 1996 to the Secretary of
5 Health and Human Services;

6 “(2) the Secretary of Health and Human Serv-
7 ices is authorized to accept and use such funds for the
8 purpose of providing sanitation facilities and services
9 for Indians under section 7 of the Act of August 5,
10 1954 (42 U.S.C. 2004a);

11 “(3) unless specifically authorized when funds
12 are appropriated, the Secretary shall not use funds
13 appropriated under section 7 of the Act of August 5,
14 1954 (42 U.S.C. 2004a), to provide sanitation facili-
15 ties to new homes constructed using funds provided by
16 the Department of Housing and Urban Development;

17 “(4) the Secretary of Health and Human Serv-
18 ices is authorized to accept from any source, includ-
19 ing Federal and State agencies, funds for the purpose
20 of providing sanitation facilities and services and
21 place these funds into contracts or compacts under the
22 Indian Self-Determination and Education Assistance
23 Act (25 U.S.C. 450 et seq.);

24 “(5) except as otherwise prohibited by this sec-
25 tion, the Secretary may use funds appropriated under

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

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

13 *“(7) all Federal agencies are authorized to trans-*
14 *fer to the Secretary funds identified, granted, loaned,*
15 *or appropriated whereby the Department's applicable*
16 *policies, rules, and regulations shall apply in the im-*
17 *plementation of such projects;*

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

23 *“(9) the Secretary of Health and Human Serv-*
24 *ices shall, by regulation developed through rulemaking*
25 *under section 802, establish standards applicable to*

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

3 “(d) *CERTAIN CAPABILITIES NOT PREREQUISITE.—*
4 *The financial and technical capability of an Indian Tribe,*
5 *Tribal Organization, or Indian community to safely oper-*
6 *ate, manage, and maintain a sanitation facility shall not*
7 *be a prerequisite to the provision or construction of sanita-*
8 *tion facilities by the Secretary.*

9 “(e) *FINANCIAL ASSISTANCE.—The Secretary is au-*
10 *thorized to provide financial assistance to Indian Tribes,*
11 *Tribal Organizations, and Indian communities for oper-*
12 *ation, management, and maintenance of their sanitation*
13 *facilities.*

14 “(f) *OPERATION, MANAGEMENT, AND MAINTENANCE OF*
15 *FACILITIES.—The Indian Tribe has the primary responsi-*
16 *bility to establish, collect, and use reasonable user fees, or*
17 *otherwise set aside funding, for the purpose of operating,*
18 *managing, and maintaining sanitation facilities. If a sani-*
19 *tation facility serving a community that is operated by an*
20 *Indian Tribe or Tribal Organization is threatened with im-*
21 *minent failure and such operator lacks capacity to main-*
22 *tain the integrity or the health benefits of the sanitation*
23 *facility, then the Secretary is authorized to assist the In-*
24 *dian Tribe, Tribal Organization, or Indian community in*
25 *the resolution of the problem on a short-term basis through*

1 *cooperation with the emergency coordinator or by providing*
 2 *operation, management, and maintenance service.*

3 “(g) *ISDEAA PROGRAM FUNDED ON EQUAL BASIS.—*
 4 *Tribal Health Programs shall be eligible (on an equal basis*
 5 *with programs that are administered directly by the Serv-*
 6 *ice) for—*

7 “(1) *any funds appropriated pursuant to this*
 8 *section; and*

9 “(2) *any funds appropriated for the purpose of*
 10 *providing sanitation facilities.*

11 “(h) *REPORT.—*

12 “(1) *REQUIRED; CONTENTS.—The Secretary, in*
 13 *consultation with the Secretary of Housing and*
 14 *Urban Development, Indian Tribes, Tribal Organiza-*
 15 *tions, and tribally designated housing entities (as de-*
 16 *finied in section 4 of the Native American Housing*
 17 *Assistance and Self-Determination Act of 1996 (25*
 18 *U.S.C. 4103)) shall submit to the President, for inclu-*
 19 *sion in the report required to be transmitted to Con-*
 20 *gress under section 801, a report which sets forth—*

21 “(A) *the current Indian sanitation facility*
 22 *priority system of the Service;*

23 “(B) *the methodology for determining sani-*
 24 *tation deficiencies and needs;*

1 “(C) the level of initial and final sanitation
2 deficiency for each type of sanitation facility for
3 each project of each Indian Tribe or Indian com-
4 munity;

5 “(D) the amount and most effective use of
6 funds, derived from whatever source, necessary to
7 accommodate the sanitation facilities needs of
8 new homes assisted with funds under the Native
9 American Housing Assistance and Self-Deter-
10 mination Act, and to reduce the identified sani-
11 tation deficiency levels of all Indian Tribes and
12 Indian communities to level I sanitation defi-
13 ciency as defined in paragraph (4)(A); and

14 “(E) a 10-year plan to provide sanitation
15 facilities to serve existing Indian homes and In-
16 dian communities and new and renovated In-
17 dian homes.

18 “(2) CRITERIA.—The criteria on which the defi-
19 ciencies and needs will be evaluated shall be developed
20 through negotiated rulemaking pursuant to section
21 802.

22 “(3) UNIFORM METHODOLOGY.—The method-
23 ology used by the Secretary in determining, pre-
24 paring cost estimates for, and reporting sanitation
25 deficiencies for purposes of paragraph (1) shall be ap-

1 *plied uniformly to all Indian Tribes and Indian com-*
 2 *munities.*

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

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

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

14 “(ii) *deficiencies relate to routine re-*
 15 *placement, repair, or maintenance needs.*

16 “(B) *A level II deficiency exists if a sanita-*
 17 *tion facility serving an individual, Indian*
 18 *Tribe, or Indian community substantially or re-*
 19 *cently complied with all applicable water sup-*
 20 *ply, pollution control, and solid waste laws and*
 21 *any deficiencies relate to—*

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

1 “(ii) capital improvements that are
2 necessary to enlarge or improve the facili-
3 ties in order to meet the current needs for
4 domestic sanitation facilities; or

5 “(iii) the lack of equipment or training
6 by an Indian Tribe, Tribal Organization,
7 or an Indian community to properly oper-
8 ate and maintain the sanitation facilities.

9 “(C) A level III deficiency exists if a sani-
10 tation facility serving an individual, Indian
11 Tribe or Indian community meets 1 or more of
12 the following conditions—

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

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

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

23 “(D) A level IV deficiency exists—

1 “(i) if a sanitation facility for an in-
 2 dividual home, an Indian Tribe, or an In-
 3 dian community exists but—

4 “(I) lacks—

5 “(aa) a safe water supply
 6 system; or

7 “(bb) a waste disposal sys-
 8 tem;

9 “(II) contains no piped water or
 10 sewer facilities; or

11 “(III) has become inoperable due
 12 to a major component failure; or

13 “(ii) if only a washeteria or central fa-
 14 cility exists in the community.

15 “(E) A level V deficiency exists in the ab-
 16 sence of a sanitation facility, where individual
 17 homes do not have access to safe drinking water
 18 or adequate wastewater (including sewage) dis-
 19 posal.

20 “(i) DEFINITIONS.—For purposes of this section, the
 21 following terms apply:

22 “(1) INDIAN COMMUNITY.—The term ‘Indian
 23 community’ means a geographic area, a significant
 24 proportion of whose inhabitants are Indians and

1 *which is served by or capable of being served by a fa-*
 2 *cility described in this section.*

3 “(2) *SANITATION FACILITIES.*—*The terms ‘sani-*
 4 *tation facility’ and ‘sanitation facilities’ mean safe*
 5 *and adequate water supply systems, sanitary sewage*
 6 *disposal systems, and sanitary solid waste systems*
 7 *(and all related equipment and support infrastruc-*
 8 *ture).*

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

10 “(a) *BUY INDIAN ACT.*—*The Secretary, acting through*
 11 *the Service, may use the negotiating authority of section*
 12 *23 of the Act of June 25, 1910 (25 U.S.C. 47, commonly*
 13 *known as the ‘Buy Indian Act’), to give preference to any*
 14 *Indian or any enterprise, partnership, corporation, or other*
 15 *type of business organization owned and controlled by an*
 16 *Indian or Indians including former or currently federally*
 17 *recognized Indian Tribes in the State of New York (herein-*
 18 *after referred to as an ‘Indian firm’) in the construction*
 19 *and renovation of Service facilities pursuant to section 301*
 20 *and in the construction of sanitation facilities pursuant to*
 21 *section 302. Such preference may be accorded by the Sec-*
 22 *retary unless the Secretary finds, pursuant to regulations*
 23 *adopted pursuant to section 802, that the project or function*
 24 *to be contracted for will not be satisfactory or such project*
 25 *or function cannot be properly completed or maintained*

1 *under the proposed contract. The Secretary, in arriving at*
 2 *such a finding, shall consider whether the Indian or Indian*
 3 *firm will be deficient with respect to—*

4 “(1) ownership and control by Indians;

5 “(2) equipment;

6 “(3) bookkeeping and accounting procedures;

7 “(4) substantive knowledge of the project or func-
 8 *tion to be contracted for;*

9 “(5) adequately trained personnel; or

10 “(6) other necessary components of contract per-
 11 *formance.*

12 “(b) *LABOR STANDARDS.—*

13 “(1) *IN GENERAL.—For the purposes of imple-*
 14 *menting the provisions of this title, contracts for the*
 15 *construction or renovation of health care facilities,*
 16 *staff quarters, and sanitation facilities, and related*
 17 *support infrastructure, funded in whole or in part*
 18 *with funds made available pursuant to this title, shall*
 19 *contain a provision requiring compliance with sub-*
 20 *chapter IV of chapter 31 of title 40, United States*
 21 *Code (commonly known as the ‘Davis-Bacon Act’),*
 22 *unless such construction or renovation—*

23 “(A) *is performed by a contractor pursuant*
 24 *to a contract with an Indian Tribe or Tribal Or-*
 25 *ganization with funds supplied through a con-*

1 *tract or compact authorized by the Indian Self-*
 2 *Determination and Education Assistance Act (25*
 3 *U.S.C. 450 et seq.), or other statutory authority;*
 4 *and*

5 *“(B) is subject to prevailing wage rates for*
 6 *similar construction or renovation in the locality*
 7 *as determined by the Indian Tribes or Tribal*
 8 *Organizations to be served by the construction or*
 9 *renovation.*

10 *“(2) EXCEPTION.—This subsection shall not*
 11 *apply to construction or renovation carried out by an*
 12 *Indian Tribe or Tribal Organization with its own*
 13 *employees.*

14 **“SEC. 304. EXPENDITURE OF NONSERVICE FUNDS FOR REN-**
 15 **OVATION.**

16 *“(a) IN GENERAL.—Notwithstanding any other provi-*
 17 *sion of law, if the requirements of subsection (c) are met,*
 18 *the Secretary, acting through the Service, is authorized to*
 19 *accept any major expansion, renovation, or modernization*
 20 *by any Indian Tribe or Tribal Organization of any Service*
 21 *facility or of any other Indian health facility operated pur-*
 22 *suant to a contract or compact under the Indian Self-Deter-*
 23 *mination and Education Assistance Act (25 U.S.C. 450 et*
 24 *seq.), including—*

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

3 “(2) *any expansion, renovation, or moderniza-*
4 *tion for which funds appropriated under any Federal*
5 *law were lawfully expended.*

6 “(b) *PRIORITY LIST.—*

7 “(1) *IN GENERAL.—The Secretary shall main-*
8 *tain a separate priority list to address the needs for*
9 *increased operating expenses, personnel, or equipment*
10 *for such facilities. The methodology for establishing*
11 *priorities shall be developed through negotiated rule-*
12 *making under section 802. The list of priority facili-*
13 *ties will be revised annually in consultation with In-*
14 *Indian Tribes and Tribal Organizations.*

15 “(2) *REPORT.—The Secretary shall submit to the*
16 *President, for inclusion in the report required to be*
17 *transmitted to Congress under section 801, the pri-*
18 *ority list maintained pursuant to paragraph (1).*

19 “(c) *REQUIREMENTS.—The requirements of this sub-*
20 *section are met with respect to any expansion, renovation,*
21 *or modernization if—*

22 “(1) *the Indian Tribe or Tribal Organization—*

23 “(A) *provides notice to the Secretary of its*
24 *intent to expand, renovate, or modernize; and*

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

5 “(2) the expansion, renovation, or moderniza-
6 tion—

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

9 “(B) is administered by the Indian Tribe or
10 Tribal Organization in accordance with any ap-
11 plicable regulations prescribed by the Secretary
12 with respect to construction or renovation of
13 Service facilities.

14 “(d) *ADDITIONAL REQUIREMENT FOR EXPANSION.*—
15 In addition to the requirements under subsection (c), for
16 any expansion, the Indian Tribe or Tribal Organization
17 shall provide to the Secretary additional information devel-
18 oped through negotiated rulemaking under section 802, in-
19 cluding additional staffing, equipment, and other costs as-
20 sociated with the expansion.

21 “(e) *CLOSURE OR CONVERSION OF FACILITIES.*—If
22 any Service facility which has been expanded, renovated,
23 or modernized by an Indian Tribe or Tribal Organization
24 under this section ceases to be used as a Service facility
25 during the 20-year period beginning on the date such ex-

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

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

15 “(a) *FUNDING.*—

16 “(1) *IN GENERAL.*—The Secretary, acting
 17 *through the Service, shall make grants to Indian*
 18 *Tribes and Tribal Organizations for the construction,*
 19 *expansion, or modernization of facilities for the provi-*
 20 *sion of ambulatory care services to eligible Indians*
 21 *(and noneligible persons pursuant to subsections*
 22 *(b)(2) and (c)(1)(C)). A grant made under this sec-*
 23 *tion may cover up to 100 percent of the costs of such*
 24 *construction, expansion, or modernization. For the*

1 *purposes of this section, the term ‘construction’ in-*
 2 *cludes the replacement of an existing facility.*

3 “(2) *GRANT AGREEMENT REQUIRED.—A grant*
 4 *under paragraph (1) may only be made available to*
 5 *a Tribal Health Program operating an Indian health*
 6 *facility (other than a facility owned or constructed by*
 7 *the Service, including a facility originally owned or*
 8 *constructed by the Service and transferred to an In-*
 9 *Indian Tribe or Tribal Organization).*

10 “(b) *USE OF GRANT FUNDS.—*

11 “(1) *ALLOWABLE USES.—A grant awarded*
 12 *under this section may be used for the construction,*
 13 *expansion, or modernization (including the planning*
 14 *and design of such construction, expansion, or mod-*
 15 *ernization) of an ambulatory care facility—*

16 “(A) *located apart from a hospital;*

17 “(B) *not funded under section 301 or sec-*
 18 *tion 307; and*

19 “(C) *which, upon completion of such con-*
 20 *struction or modernization will—*

21 “(i) *have a total capacity appropriate*
 22 *to its projected service population;*

23 “(ii) *provide annually no fewer than*
 24 *150 patient visits by eligible Indians and*
 25 *other users who are eligible for services in*

1 *such facility in accordance with section*
 2 *807(c)(2); and*

3 “(iii) *provide ambulatory care in a*
 4 *Service Area (specified in the contract or*
 5 *compact under the Indian Self-Determina-*
 6 *tion and Education Assistance Act (25*
 7 *U.S.C. 450 et seq.)) with a population of no*
 8 *fewer than 1,500 eligible Indians and other*
 9 *users who are eligible for services in such*
 10 *facility in accordance with section*
 11 *807(c)(2).*

12 “(2) *ADDITIONAL ALLOWABLE USE.—The Sec-*
 13 *retary may also reserve a portion of the funding pro-*
 14 *vided under this section and use those reserved funds*
 15 *to reduce an outstanding debt incurred by Indian*
 16 *Tribes or Tribal Organizations for the construction,*
 17 *expansion, or modernization of an ambulatory care*
 18 *facility that meets the requirements under paragraph*
 19 *(1). The provisions of this section shall apply, except*
 20 *that such applications for funding under this para-*
 21 *graph shall be considered separately from applica-*
 22 *tions for funding under paragraph (1).*

23 “(3) *USE ONLY FOR CERTAIN PORTION OF*
 24 *COSTS.—A grant provided under this section may be*
 25 *used only for the cost of that portion of a construc-*

1 *tion, expansion, or modernization project that benefits*
 2 *the Service population identified above in subsection*
 3 *(b)(1)(C) (ii) and (iii). The requirements of clauses*
 4 *(ii) and (iii) of paragraph (1)(C) shall not apply to*
 5 *an Indian Tribe or Tribal Organization applying for*
 6 *a grant under this section for a health care facility*
 7 *located or to be constructed on an island or when such*
 8 *facility is not located on a road system providing di-*
 9 *rect access to an inpatient hospital where care is*
 10 *available to the Service population.*

11 “(c) GRANTS.—

12 “(1) APPLICATION.—No grant may be made
 13 under this section unless an application or proposal
 14 for the grant has been approved by the Secretary in
 15 accordance with applicable regulations and has forth
 16 reasonable assurance by the applicant that, at all
 17 times after the construction, expansion, or moderniza-
 18 tion of a facility carried out using a grant received
 19 under this section—

20 “(A) adequate financial support will be
 21 available for the provision of services at such fa-
 22 cility;

23 “(B) such facility will be available to eligi-
 24 ble Indians without regard to ability to pay or
 25 source of payment; and

1 “(C) *such facility will, as feasible without*
2 *diminishing the quality or quantity of services*
3 *provided to eligible Indians, serve noneligible*
4 *persons on a cost basis.*

5 “(2) *PRIORITY.—In awarding grants under this*
6 *section, the Secretary shall give priority to Indian*
7 *Tribes and Tribal Organizations that demonstrate—*

8 “(A) *a need for increased ambulatory care*
9 *services; and*

10 “(B) *insufficient capacity to deliver such*
11 *services.*

12 “(3) *PEER REVIEW PANELS.—The Secretary may*
13 *provide for the establishment of peer review panels, as*
14 *necessary, to review and evaluate applications and*
15 *proposals and to advise the Secretary regarding such*
16 *applications using the criteria developed pursuant to*
17 *subsection (a)(1).*

18 “(d) *REVERSION OF FACILITIES.—If any facility (or*
19 *portion thereof) with respect to which funds have been paid*
20 *under this section, ceases, within 5 years after completion*
21 *of the construction, expansion, or modernization carried out*
22 *with such funds, to be used for the purposes of providing*
23 *health care services to eligible Indians, all of the right, title,*
24 *and interest in and to such facility (or portion thereof) shall*

1 *transfer to the United States unless otherwise negotiated by*
 2 *the Service and the Indian Tribe or Tribal Organization.*

3 “(e) *FUNDING NONRECURRING.—Funding provided*
 4 *under this section shall be nonrecurring and shall not be*
 5 *available for inclusion in any individual Indian Tribe’s*
 6 *tribal share for an award under the Indian Self-Determina-*
 7 *tion and Education Assistance Act (25 U.S.C. 450 et seq.)*
 8 *or for reallocation or redesign thereunder.*

9 **“SEC. 306. INDIAN HEALTH CARE DELIVERY DEMONSTRATION PROJECT.**
 10

11 “(a) *HEALTH CARE DEMONSTRATION PROJECTS.—*
 12 *The Secretary, acting through the Service, and in consulta-*
 13 *tion with Indian Tribes and Tribal Organizations, is au-*
 14 *thorized to enter into construction agreements under the In-*
 15 *dian Self-Determination and Education Assistance Act (25*
 16 *U.S.C. 450 et seq.) with Indian Tribes or Tribal Organiza-*
 17 *tions for the purpose of carrying out a health care delivery*
 18 *demonstration project to test alternative means of delivering*
 19 *health care and services to Indians through facilities.*

20 “(b) *USE OF FUNDS.—The Secretary, in approving*
 21 *projects pursuant to this section, may authorize funding for*
 22 *the construction and renovation of hospitals, health centers,*
 23 *health stations, and other facilities to deliver health care*
 24 *services and is authorized to—*

25 “(1) *waive any leasing prohibition;*

1 “(2) permit carryover of funds appropriated for
2 the provision of health care services;

3 “(3) permit the use of other available funds;

4 “(4) permit the use of funds or property donated
5 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 and
11 promulgate regulations not later than 1 year after the date
12 of enactment of the Indian Health Care Improvement Act
13 Amendments of 2005. If the Secretary has not promulgated
14 regulations by that date, the Secretary shall develop and
15 publish regulations, through rulemaking under section 802,
16 for the review and approval of applications submitted
17 under this section.

18 “(d) *CRITERIA.*—The Secretary may approve projects
19 that meet the following criteria:

20 “(1) There is a need for a new facility or pro-
21 gram or the reorientation of an existing facility or
22 program.

23 “(2) A significant number of Indians, including
24 those with low health status, will be served by the
25 project.

1 “(3) *The project has the potential to deliver serv-*
 2 *ices in an efficient and effective manner.*

3 “(4) *The project is economically viable.*

4 “(5) *The Indian Tribe or Tribal Organization*
 5 *has the administrative and financial capability to*
 6 *administer the project.*

7 “(6) *The project is integrated with providers of*
 8 *related health and social services and is coordinated*
 9 *with, and avoids duplication of, existing services.*

10 “(e) *PEER REVIEW PANELS.—The Secretary may pro-*
 11 *vide for the establishment of peer review panels, as nec-*
 12 *essary, to review and evaluate applications using the cri-*
 13 *teria developed pursuant to subsection (d).*

14 “(f) *PRIORITY.—The Secretary shall give priority to*
 15 *applications for demonstration projects in each of the fol-*
 16 *lowing Service Units to the extent that such applications*
 17 *are timely filed and meet the criteria specified in subsection*
 18 *(d):*

19 “(1) *Cass Lake, Minnesota.*

20 “(2) *Clinton, Oklahoma.*

21 “(3) *Harlem, Montana.*

22 “(4) *Mescalero, New Mexico.*

23 “(5) *Owyhee, Nevada.*

24 “(6) *Parker, Arizona.*

25 “(7) *Schurz, Nevada.*

1 “(8) Winnebago, Nebraska.

2 “(9) Ft. Yuma, California.

3 “(g) *TECHNICAL ASSISTANCE.*—*The Secretary shall*
 4 *provide such technical and other assistance as may be nec-*
 5 *essary to enable applicants to comply with the provisions*
 6 *of this section.*

7 “(h) *SERVICE TO INELIGIBLE PERSONS.*—*Subject to*
 8 *section 807, the authority to provide services to persons oth-*
 9 *erwise ineligible for the health care benefits of the Service*
 10 *and the authority to extend hospital privileges in Service*
 11 *facilities to non-Service health practitioners as provided in*
 12 *section 807 may be included, subject to the terms of such*
 13 *section, in any demonstration project approved pursuant*
 14 *to this section.*

15 “(i) *EQUITABLE TREATMENT.*—*For purposes of sub-*
 16 *section (d)(1), the Secretary shall, in evaluating facilities*
 17 *operated under any contract or compact under the Indian*
 18 *Self-Determination and Education Assistance Act (25*
 19 *U.S.C. 450 et seq.), use the same criteria that the Secretary*
 20 *uses in evaluating facilities operated directly by the Service.*

21 “(j) *EQUITABLE INTEGRATION OF FACILITIES.*—*The*
 22 *Secretary shall ensure that the planning, design, construc-*
 23 *tion, renovation, and expansion needs of Service and non-*
 24 *Service facilities which are the subject of a contract or com-*
 25 *pact under the Indian Self-Determination and Education*

1 *Assistance Act (25 U.S.C. 450 et seq.) for health services*
2 *are fully and equitably integrated into the implementation*
3 *of the health care delivery demonstration projects under this*
4 *section.*

5 **“SEC. 307. LAND TRANSFER.**

6 *“Notwithstanding any other provision of law, the Bu-*
7 *reau of Indian Affairs and all other agencies and depart-*
8 *ments of the United States are authorized to transfer, at*
9 *no cost, land and improvements to the Service for the provi-*
10 *sion of health care services. The Secretary is authorized to*
11 *accept such land and improvements for such purposes.*

12 **“SEC. 308. LEASES, CONTRACTS, AND OTHER AGREEMENTS.**

13 *“The Secretary, acting through the Service, may enter*
14 *into leases, contracts, and other agreements with Indian*
15 *Tribes and Tribal Organizations which hold (1) title to, (2)*
16 *a leasehold interest in, or (3) a beneficial interest in (when*
17 *title is held by the United States in trust for the benefit*
18 *of an Indian Tribe) facilities used or to be used for the ad-*
19 *ministration and delivery of health services by an Indian*
20 *Health Program. Such leases, contracts, or agreements may*
21 *include provisions for construction or renovation and pro-*
22 *vide for compensation to the Indian Tribe or Tribal Orga-*
23 *nization of rental and other costs consistent with section*
24 *105(l) of the Indian Self-Determination and Education As-*
25 *sistance Act (25 U.S.C. 450j(l)) and regulations thereunder.*

1 **“SEC. 309. STUDY ON LOANS, LOAN GUARANTEES, AND**
2 **LOAN REPAYMENT.**

3 “(a) *IN GENERAL.*—*The Secretary, in consultation*
4 *with the Secretary of the Treasury, Indian Tribes, and*
5 *Tribal Organizations, shall carry out a study to determine*
6 *the feasibility of establishing a loan fund to provide to In-*
7 *dian Tribes and Tribal Organizations direct loans or guar-*
8 *antees for loans for the construction of health care facilities,*
9 *including—*

10 “(1) *inpatient facilities;*

11 “(2) *outpatient facilities;*

12 “(3) *staff quarters;*

13 “(4) *hostels; and*

14 “(5) *specialized care facilities, such as behavioral*
15 *health and elder care facilities.*

16 “(b) *DETERMINATIONS.*—*In carrying out the study*
17 *under subsection (a), the Secretary shall determine—*

18 “(1) *the maximum principal amount of a loan*
19 *or loan guarantee that should be offered to a recipient*
20 *from the loan fund;*

21 “(2) *the percentage of eligible costs, not to exceed*
22 *100 percent, that may be covered by a loan or loan*
23 *guarantee from the loan fund (including costs relating*
24 *to planning, design, financing, site land development,*
25 *construction, rehabilitation, renovation, conversion,*
26 *improvements, medical equipment and furnishings,*

1 *and other facility-related costs and capital purchase*
2 *(but excluding staffing));*

3 *“(3) the cumulative total of the principal of di-*
4 *rect loans and loan guarantees, respectively, that may*
5 *be outstanding at any 1 time;*

6 *“(4) the maximum term of a loan or loan guar-*
7 *antee that may be made for a facility from the loan*
8 *fund;*

9 *“(5) the maximum percentage of funds from the*
10 *loan fund that should be allocated for payment of*
11 *costs associated with planning and applying for a*
12 *loan or loan guarantee;*

13 *“(6) whether acceptance by the Secretary of an*
14 *assignment of the revenue of an Indian Tribe or Trib-*
15 *al Organization as security for any direct loan or*
16 *loan guarantee from the loan fund would be appro-*
17 *priate;*

18 *“(7) whether, in the planning and design of*
19 *health facilities under this section, users eligible*
20 *under section 807(c) may be included in any projec-*
21 *tion of patient population;*

22 *“(8) whether funds of the Service provided*
23 *through loans or loan guarantees from the loan fund*
24 *should be eligible for use in matching other Federal*
25 *funds under other programs;*

1 “(9) the appropriateness of, and best methods
2 for, coordinating the loan fund with the health care
3 priority system of the Service under section 301; and

4 “(10) any legislative or regulatory changes re-
5 quired to implement recommendations of the Sec-
6 retary based on results of the study.

7 “(c) *REPORT*.—Not later than September 30, 2007, the
8 Secretary shall submit to the Committee on Indian Affairs
9 of the Senate and the Committee on Resources and the Com-
10 mittee on Energy and Commerce of the House of Represent-
11 atives a report that describes—

12 “(1) the manner of consultation made as re-
13 quired by subsection (a); and

14 “(2) the results of the study, including any rec-
15 ommendations of the Secretary based on results of the
16 study.

17 **“SEC. 310. TRIBAL LEASING.**

18 “A Tribal Health Program may lease permanent
19 structures for the purpose of providing health care services
20 without obtaining advance approval in appropriation Acts.

21 **“SEC. 311. INDIAN HEALTH SERVICE/TRIBAL FACILITIES**
22 **JOINT VENTURE PROGRAM.**

23 “(a) *IN GENERAL*.—The Secretary, acting through the
24 Service, shall make arrangements with Indian Tribes and
25 Tribal Organizations to establish joint venture demonstra-

1 *tion projects under which an Indian Tribe or Tribal Orga-*
 2 *nization shall expend tribal, private, or other available*
 3 *funds, for the acquisition or construction of a health facility*
 4 *for a minimum of 10 years, under a no-cost lease, in ex-*
 5 *change for agreement by the Service to provide the equip-*
 6 *ment, supplies, and staffing for the operation and mainte-*
 7 *nance of such a health facility. An Indian Tribe or Tribal*
 8 *Organization may use tribal funds, private sector, or other*
 9 *available resources, including loan guarantees, to fulfill its*
 10 *commitment under a joint venture entered into under this*
 11 *subsection. An Indian Tribe or Tribal Organization shall*
 12 *be eligible to establish a joint venture project if, when it*
 13 *submits a letter of intent, it—*

14 “(1) *has begun but not completed the process of*
 15 *acquisition or construction of a health facility to be*
 16 *used in the joint venture project; or*

17 “(2) *has not begun the process of acquisition or*
 18 *construction of a health facility for use in the joint*
 19 *venture project.*

20 “(b) *REQUIREMENTS.—The Secretary shall make such*
 21 *an arrangement with an Indian Tribe or Tribal Organi-*
 22 *zation only if—*

23 “(1) *the Secretary first determines that the In-*
 24 *dian Tribe or Tribal Organization has the adminis-*
 25 *trative and financial capabilities necessary to com-*

1 *plete the timely acquisition or construction of the rel-*
2 *evant health facility; and*

3 *“(2) the Indian Tribe or Tribal Organization*
4 *meets the need criteria which shall be developed*
5 *through the negotiated rulemaking process provided*
6 *for under section 802.*

7 *“(c) CONTINUED OPERATION.—The Secretary shall ne-*
8 *gotiate an agreement with the Indian Tribe or Tribal Orga-*
9 *nization regarding the continued operation of the facility*
10 *at the end of the initial 10 year no-cost lease period.*

11 *“(d) BREACH OF AGREEMENT.—An Indian Tribe or*
12 *Tribal Organization that has entered into a written agree-*
13 *ment with the Secretary under this section, and that*
14 *breaches or terminates without cause such agreement, shall*
15 *be liable to the United States for the amount that has been*
16 *paid to the Indian Tribe or Tribal Organization, or paid*
17 *to a third party on the Indian Tribe’s or Tribal Organiza-*
18 *tion’s behalf, under the agreement. The Secretary has the*
19 *right to recover tangible property (including supplies) and*
20 *equipment, less depreciation, and any funds expended for*
21 *operations and maintenance under this section. The pre-*
22 *ceding sentence does not apply to any funds expended for*
23 *the delivery of health care services, personnel, or staffing.*

24 *“(e) RECOVERY FOR NONUSE.—An Indian Tribe or*
25 *Tribal Organization that has entered into a written agree-*

1 *ment with the Secretary under this subsection shall be enti-*
 2 *tled to recover from the United States an amount that is*
 3 *proportional to the value of such facility if, at any time*
 4 *within the 10-year term of the agreement, the Service ceases*
 5 *to use the facility or otherwise breaches the agreement.*

6 “(f) *DEFINITION.*—*For the purposes of this section, the*
 7 *term ‘health facility’ or ‘health facilities’ includes quarters*
 8 *needed to provide housing for staff of the relevant Tribal*
 9 *Health Program.*

10 **“SEC. 312. LOCATION OF FACILITIES.**

11 “(a) *IN GENERAL.*—*In all matters involving the reor-*
 12 *ganization or development of Service facilities or in the es-*
 13 *tablishment of related employment projects to address un-*
 14 *employment conditions in economically depressed areas, the*
 15 *Bureau of Indian Affairs and the Service shall give priority*
 16 *to locating such facilities and projects on Indian lands, or*
 17 *lands in Alaska owned by any Alaska Native village, or*
 18 *village or regional corporation under the Alaska Native*
 19 *Claims Settlement Act, or any land allotted to any Alaska*
 20 *Native, if requested by the Indian owner and the Indian*
 21 *Tribe with jurisdiction over such lands or other lands*
 22 *owned or leased by the Indian Tribe or Tribal Organiza-*
 23 *tion. Top priority shall be given to Indian land owned by*
 24 *1 or more Indian Tribes.*

1 “(b) *DEFINITION.*—For purposes of this section, the
2 term ‘Indian lands’ means—

3 “(1) all lands within the exterior boundaries of
4 any reservation; and

5 “(2) any lands title to which is held in trust by
6 the United States for the benefit of any Indian Tribe
7 or individual Indian or held by any Indian Tribe or
8 individual Indian subject to restriction by the United
9 States against alienation.

10 **“SEC. 313. MAINTENANCE AND IMPROVEMENT OF HEALTH**
11 **CARE FACILITIES.**

12 “(a) *REPORT.*—The Secretary shall submit to the
13 President, for inclusion in the report required to be trans-
14 mitted to Congress under section 801, a report which identi-
15 fies the backlog of maintenance and repair work required
16 at both Service and tribal health care facilities, including
17 new health care facilities expected to be in operation in the
18 next fiscal year. The report shall also identify the need for
19 renovation and expansion of existing facilities to support
20 the growth of health care programs.

21 “(b) *MAINTENANCE OF NEWLY CONSTRUCTED*
22 *SPACE.*—The Secretary, acting through the Service, is au-
23 thorized to expend maintenance and improvement funds to
24 support maintenance of newly constructed space only if
25 such space falls within the approved supportable space allo-

1 cation for the Indian Tribe or Tribal Organization. Sup-
 2 portable space allocation shall be defined through the nego-
 3 tiated rulemaking process provided for under section 802.

4 “(c) *REPLACEMENT FACILITIES.*—In addition to using
 5 maintenance and improvement funds for renovation, mod-
 6 ernization, and expansion of facilities, an Indian Tribe or
 7 Tribal Organization may use maintenance and improve-
 8 ment funds for construction of a replacement facility if the
 9 costs of renovation of such facility would exceed a maximum
 10 renovation cost threshold. The maximum renovation cost
 11 threshold shall be determined through the negotiated rule-
 12 making process provided for under section 802.

13 **“SEC. 314. TRIBAL MANAGEMENT OF FEDERALLY OWNED**
 14 **QUARTERS.**

15 “(a) *RENTAL RATES.*—

16 “(1) *ESTABLISHMENT.*—Notwithstanding any
 17 other provision of law, a Tribal Health Program
 18 which operates a hospital or other health facility and
 19 the federally owned quarters associated therewith pur-
 20 suant to a contract or compact under the Indian Self-
 21 Determination and Education Assistance Act (25
 22 U.S.C. 450 et seq.) shall have the authority to estab-
 23 lish the rental rates charged to the occupants of such
 24 quarters by providing notice to the Secretary of its
 25 election to exercise such authority.

1 “(2) *OBJECTIVES.*—*In establishing rental rates*
2 *pursuant to authority of this subsection, a Tribal*
3 *Health Program shall endeavor to achieve the fol-*
4 *lowing objectives:*

5 “(A) *To base such rental rates on the rea-*
6 *sonable value of the quarters to the occupants*
7 *thereof.*

8 “(B) *To generate sufficient funds to pru-*
9 *dently provide for the operation and mainte-*
10 *nance of the quarters, and subject to the discre-*
11 *tion of the Tribal Health Program, to supply re-*
12 *serve funds for capital repairs and replacement*
13 *of the quarters.*

14 “(3) *EQUITABLE FUNDING.*—*Any quarters whose*
15 *rental rates are established by a Tribal Health Pro-*
16 *gram pursuant to this subsection shall remain eligible*
17 *for quarters improvement and repair funds to the*
18 *same extent as all federally owned quarters used to*
19 *house personnel in Services-supported programs.*

20 “(4) *NOTICE OF RATE CHANGE.*—*A Tribal*
21 *Health Program which exercises the authority pro-*
22 *vided under this subsection shall provide occupants*
23 *with no less than 60 days notice of any change in*
24 *rental rates.*

25 “(b) *DIRECT COLLECTION OF RENT.*—

1 “(1) *IN GENERAL.*—Notwithstanding any other
2 *provision of law, and subject to paragraph (2), a*
3 *Tribal Health Program shall have the authority to*
4 *collect rents directly from Federal employees who oc-*
5 *cupy such quarters in accordance with the following:*

6 “(A) *The Tribal Health Program shall no-*
7 *tify the Secretary and the subject Federal em-*
8 *ployees of its election to exercise its authority to*
9 *collect rents directly from such Federal employ-*
10 *ees.*

11 “(B) *Upon receipt of a notice described in*
12 *subparagraph (A), the Federal employees shall*
13 *pay rents for occupancy of such quarters directly*
14 *to the Tribal Health Program and the Secretary*
15 *shall have no further authority to collect rents*
16 *from such employees through payroll deduction*
17 *or otherwise.*

18 “(C) *Such rent payments shall be retained*
19 *by the Tribal Health Program and shall not be*
20 *made payable to or otherwise be deposited with*
21 *the United States.*

22 “(D) *Such rent payments shall be deposited*
23 *into a separate account which shall be used by*
24 *the Tribal Health Program for the maintenance*
25 *(including capital repairs and replacement) and*

1 *operation of the quarters and facilities as the*
2 *Tribal Health Program shall determine.*

3 “(2) *RETROCESSION OF AUTHORITY.—If a Trib-*
4 *al Health Program which has made an election under*
5 *paragraph (1) requests retrocession of its authority to*
6 *directly collect rents from Federal employees occu-*
7 *pying federally owned quarters, such retrocession*
8 *shall become effective on the earlier of—*

9 “(A) *the first day of the month that begins*
10 *no less than 180 days after the Tribal Health*
11 *Program notifies the Secretary of its desire to*
12 *retrocede; or*

13 “(B) *such other date as may be mutually*
14 *agreed by the Secretary and the Tribal Health*
15 *Program.*

16 “(c) *RATES IN ALASKA.—To the extent that a Tribal*
17 *Health Program, pursuant to authority granted in sub-*
18 *section (a), establishes rental rates for federally owned quar-*
19 *ters provided to a Federal employee in Alaska, such rents*
20 *may be based on the cost of comparable private rental hous-*
21 *ing in the nearest established community with a year-round*
22 *population of 1,500 or more individuals.*

1 **“SEC. 315. APPLICABILITY OF BUY AMERICAN ACT REQUIRE-**
2 **MENT.**

3 “(a) *APPLICABILITY.*—*The Secretary shall ensure that*
4 *the requirements of the Buy American Act apply to all pro-*
5 *curements made with funds provided pursuant to section*
6 *317. Indian Tribes and Tribal Organizations shall be ex-*
7 *empt from these requirements.*

8 “(b) *EFFECT OF VIOLATION.*—*If it has been finally de-*
9 *termined by a court or Federal agency that any person in-*
10 *tentionally affixed a label bearing a ‘Made in America’ in-*
11 *scription or any inscription with the same meaning, to any*
12 *product sold in or shipped to the United States that is not*
13 *made in the United States, such person shall be ineligible*
14 *to receive any contract or subcontract made with funds pro-*
15 *vided pursuant to section 317, pursuant to the debarment,*
16 *suspension, and ineligibility procedures described in sec-*
17 *tions 9.400 through 9.409 of title 48, Code of Federal Regu-*
18 *lations.*

19 “(c) *DEFINITIONS.*—*For purposes of this section, the*
20 *term ‘Buy American Act’ means title III of the Act entitled*
21 *‘An Act making appropriations for the Treasury and Post*
22 *Office Departments for the fiscal year ending June 30,*
23 *1934, and for other purposes’, approved March 3, 1933 (41*
24 *U.S.C. 10a et seq.).*

1 **“SEC. 316. OTHER FUNDING FOR FACILITIES.**

2 “(a) *AUTHORITY TO ACCEPT FUNDS.*—*The Secretary*
3 *is authorized to accept from any source, including Federal*
4 *and State agencies, funds that are available for the con-*
5 *struction of health care facilities and use such funds to*
6 *plan, design, and construct health care facilities for Indians*
7 *and to place such funds into a contract or compact under*
8 *the Indian Self-Determination and Education Assistance*
9 *Act (25 U.S.C. 450 et seq.). Receipt of such funds shall have*
10 *no effect on the priorities established pursuant to section*
11 *301.*

12 “(b) *INTERAGENCY AGREEMENTS.*—*The Secretary is*
13 *authorized to enter into interagency agreements with other*
14 *Federal agencies or State agencies and other entities and*
15 *to accept funds from such Federal or State agencies or other*
16 *sources to provide for the planning, design, and construc-*
17 *tion of health care facilities to be administered by Indian*
18 *Health Programs in order to carry out the purposes of this*
19 *Act and the purposes for which the funds were appropriated*
20 *or for which the funds were otherwise provided.*

21 “(c) *TRANSFERRED FUNDS.*—*Any Federal agency to*
22 *which funds for the construction of health care facilities are*
23 *appropriated is authorized to transfer such funds to the Sec-*
24 *retary for the construction of health care facilities to carry*
25 *out the purposes of this Act as well as the purposes for*

1 *which such funds are appropriated to such other Federal*
 2 *agency.*

3 “(d) *ESTABLISHMENT OF STANDARDS.—The Sec-*
 4 *retary, through the Service, shall establish standards by reg-*
 5 *ulation, developed by rulemaking under section 802, for the*
 6 *planning, design, and construction of health care facilities*
 7 *serving Indians under this Act.*

8 **“SEC. 317. AUTHORIZATION OF APPROPRIATIONS.**

9 “*There are authorized to be appropriated such sums*
 10 *as may be necessary for each fiscal year through fiscal year*
 11 *2015 to carry out this title.*

12 **“TITLE IV—ACCESS TO HEALTH**
 13 **SERVICES**

14 **“SEC. 401. TREATMENT OF PAYMENTS UNDER SOCIAL SECU-**
 15 **RITY ACT HEALTH CARE PROGRAMS.**

16 “(a) *DISREGARD OF MEDICARE, MEDICAID, AND*
 17 *SCHIP PAYMENTS IN DETERMINING APPROPRIATIONS.—*
 18 *Any payments received by an Indian Health Program or*
 19 *by an Urban Indian Organization made under title XVIII,*
 20 *XIX, or XXI of the Social Security Act for services provided*
 21 *to Indians eligible for benefits under such respective titles*
 22 *shall not be considered in determining appropriations for*
 23 *the provision of health care and services to Indians.*

24 “(b) *NONPREFERENTIAL TREATMENT.—Nothing in*
 25 *this Act authorizes the Secretary to provide services to an*

1 *Indian with coverage under title XVIII, XIX, or XXI of*
2 *the Social Security Act in preference to an Indian without*
3 *such coverage.*

4 “(c) *USE OF FUNDS.*—

5 “(1) *SPECIAL FUND.*—Notwithstanding any
6 *other provision of law, but subject to paragraph (2),*
7 *payments to which a facility of the Service is entitled*
8 *by reason of a provision of the Social Security Act*
9 *shall be placed in a special fund to be held by the Sec-*
10 *retary and first used (to such extent or in such*
11 *amounts as are provided in appropriation Acts) for*
12 *the purpose of making any improvements in the pro-*
13 *grams of the Service which may be necessary to*
14 *achieve or maintain compliance with the applicable*
15 *conditions and requirements of titles XVIII, XIX, and*
16 *XXI of the Social Security Act. Any amounts to be*
17 *reimbursed that are in excess of the amount necessary*
18 *to achieve or maintain such conditions and require-*
19 *ments shall, subject to the consultation with Indian*
20 *Tribes being served by the Service Unit, be used for*
21 *reducing the health resource deficiencies of the Indian*
22 *Tribes. In making payments from such fund, the Sec-*
23 *retary shall ensure that each Service Unit of the Serv-*
24 *ice receives 100 percent of the amount to which the*
25 *facilities of the Service, for which such Service Unit*

1 *makes collections, are entitled by reason of a provi-*
 2 *sion of the Social Security Act.*

3 “(2) *DIRECT PAYMENT OPTION.*—*Paragraph (1)*
 4 *shall not apply upon the election of a Tribal Health*
 5 *Program under subsection (d) to receive payments di-*
 6 *rectly. No payment may be made out of the special*
 7 *fund described in such paragraph with respect to re-*
 8 *imbursement made for services provided during the*
 9 *period of such election.*

10 “(d) *DIRECT BILLING.*—

11 “(1) *IN GENERAL.*—*A Tribal Health Program*
 12 *may directly bill for, and receive payment for, health*
 13 *care items and services provided by such Indian Tribe*
 14 *or Tribal Organization for which payment is made*
 15 *under title XVIII, XIX, or XXI of the Social Security*
 16 *Act or from any other third party payor.*

17 “(2) *DIRECT REIMBURSEMENT.*—

18 “(A) *USE OF FUNDS.*—*Each Tribal Health*
 19 *Program exercising the option described in para-*
 20 *graph (1) with respect to a program under a*
 21 *title of the Social Security Act shall be reim-*
 22 *bursed directly by that program for items and*
 23 *services furnished without regard to section*
 24 *401(c), but all amounts so reimbursed shall be*
 25 *used by the Tribal Health Program for the pur-*

pose of making any improvements in Tribal facilities or Tribal Health Programs that may be necessary to achieve or maintain compliance with the conditions and requirements applicable generally to such items and services under the program under such title and to provide additional health care services, improvements in health care facilities and Tribal Health Programs, any health care-related purpose, or otherwise to achieve the objectives provided in section 3 of this Act.

“(B) AUDITS.—The amounts paid to an Indian Tribe or Tribal Organization exercising the option described in paragraph (1) with respect to a program under a title of the Social Security Act shall be subject to all auditing requirements applicable to programs administered by an Indian Health Program.

“(C) IDENTIFICATION OF SOURCE OF PAYMENTS.—If an Indian Tribe or Tribal Organization receives funding from the Service under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.) or an Urban Indian Organization receives funding from the Service under title V of this Act and receives re-

1 *imbursements or payments under title XVIII,*
2 *XIX, or XXI of the Social Security Act, such In-*
3 *dian Tribe or Tribal Organization, or Urban In-*
4 *dian Organization, shall provide to the Service*
5 *a list of each provider enrollment number (or*
6 *other identifier) under which it receives such re-*
7 *imbursements or payments.*

8 “(3) *EXAMINATION AND IMPLEMENTATION OF*
9 *CHANGES.—The Secretary, acting through the Service*
10 *and with the assistance of the Administrator of the*
11 *Centers for Medicare & Medicaid Services, shall ex-*
12 *amine on an ongoing basis and implement any ad-*
13 *ministrative changes that may be necessary to facili-*
14 *tate direct billing and reimbursement under the pro-*
15 *gram established under this subsection, including any*
16 *agreements with States that may be necessary to pro-*
17 *vide for direct billing under a program under a title*
18 *of the Social Security Act.*

19 “(4) *WITHDRAWAL FROM PROGRAM.—A Tribal*
20 *Health Program that bills directly under the program*
21 *established under this subsection may withdraw from*
22 *participation in the same manner and under the*
23 *same conditions that an Indian Tribe or Tribal Orga-*
24 *nization may retrocede a contracted program to the*
25 *Secretary under the authority of the Indian Self-De-*

1 *termination and Education Assistance Act (25 U.S.C.*
 2 *450 et seq.). All cost accounting and billing authority*
 3 *under the program established under this subsection*
 4 *shall be returned to the Secretary upon the Sec-*
 5 *retary's acceptance of the withdrawal of participation*
 6 *in this program.*

7 **“SEC. 402. GRANTS TO AND CONTRACTS WITH THE SERV-**
 8 **ICE, INDIAN TRIBES, TRIBAL ORGANIZA-**
 9 **TIONS, AND URBAN INDIAN ORGANIZATIONS.**

10 *“(a) INDIAN TRIBES AND TRIBAL ORGANIZATIONS.—*
 11 *The Secretary, acting through the Service, shall make*
 12 *grants to or enter into contracts with Indian Tribes and*
 13 *Tribal Organizations to assist such Tribes and Tribal Orga-*
 14 *nizations in establishing and administering programs on*
 15 *or near reservations and trust lands to assist individual*
 16 *Indians—*

17 *“(1) to enroll for benefits under title XVIII, XIX,*
 18 *or XXI of the Social Security Act and other health*
 19 *benefits programs; and*

20 *“(2) to pay premiums for coverage for such bene-*
 21 *fits, which may be based on financial need (as deter-*
 22 *mined by the Indian Tribe or Tribes being served*
 23 *based on a schedule of income levels developed or im-*
 24 *plemented by such Tribe or Tribes).*

1 “(b) *CONDITIONS.—The Secretary, acting through the*
 2 *Service, shall place conditions as deemed necessary to effect*
 3 *the purpose of this section in any grant or contract which*
 4 *the Secretary makes with any Indian Tribe or Tribal Orga-*
 5 *nization pursuant to this section. Such conditions shall in-*
 6 *clude requirements that the Indian Tribe or Tribal Organi-*
 7 *zation successfully undertake—*

8 “(1) *to determine the population of Indians eli-*
 9 *gible for the benefits described in subsection (a);*

10 “(2) *to educate Indians with respect to the bene-*
 11 *fits available under the respective programs;*

12 “(3) *to provide transportation for such indi-*
 13 *vidual Indians to the appropriate offices for enroll-*
 14 *ment or applications for such benefits; and*

15 “(4) *to develop and implement methods of im-*
 16 *proving the participation of Indians in receiving the*
 17 *benefits provided under titles XVIII, XIX, and XXI of*
 18 *the Social Security Act.*

19 “(c) *AGREEMENTS RELATING TO IMPROVING ENROLL-*
 20 *MENT OF INDIANS UNDER SOCIAL SECURITY ACT PRO-*
 21 *GRAMS.—*

22 “(1) *AGREEMENTS WITH SECRETARY TO IM-*
 23 *PROVE RECEIPT AND PROCESSING OF APPLICA-*
 24 *TIONS.—*

1 “(A) *AUTHORIZATION.*—*The Secretary, act-*
2 *ing through the Service, may enter into an*
3 *agreement with an Indian Tribe, Tribal Organi-*
4 *zation, or Urban Indian Organization which*
5 *provides for the receipt and processing of appli-*
6 *cations by Indians for assistance under titles*
7 *XIX and XXI of the Social Security Act, and*
8 *benefits under title XVIII of such Act, by an In-*
9 *Indian Health Program or Urban Indian Organi-*
10 *zation.*

11 “(B) *REIMBURSEMENT OF COSTS.*—*Such*
12 *agreements may provide for reimbursement of*
13 *costs of outreach, education regarding eligibility*
14 *and benefits, and translation when such services*
15 *are provided. The reimbursement may, as appro-*
16 *priate, be added to the applicable rate per en-*
17 *counter or be provided as a separate fee-for-serv-*
18 *ice payment to the Indian Tribe or Tribal Orga-*
19 *nization.*

20 “(C) *PROCESSING CLARIFIED.*—*In this*
21 *paragraph, the term ‘processing’ does not include*
22 *a final determination of eligibility.*

23 “(2) *AGREEMENTS WITH STATES FOR OUTREACH*
24 *ON OR NEAR RESERVATION.*—

1 “(A) *IN GENERAL.*—In order to improve the
2 access of Indians residing on or near a reserva-
3 tion to obtain benefits under title XIX or XXI of
4 the Social Security Act, the Secretary shall en-
5 courage the State to take steps to provide for en-
6 rollment on or near the reservation. Such steps
7 may include outreach efforts such as the
8 outstationing of eligibility workers, entering into
9 agreements with Indian Tribes and Tribal Orga-
10 nizations to provide outreach, education regard-
11 ing eligibility and benefits, enrollment, and
12 translation services when such services are pro-
13 vided.

14 “(B) *CONSTRUCTION.*—Nothing in subpara-
15 graph (A) shall be construed as affecting ar-
16 rangements entered into between States and In-
17 dian Tribes and Tribal Organizations for such
18 Indian Tribes and Tribal Organizations to con-
19 duct administrative activities under such titles.

20 “(d) *FACILITATING COOPERATION.*—The Secretary,
21 acting through the Centers for Medicare & Medicaid Serv-
22 ices, shall take such steps as are necessary to facilitate co-
23 operation with, and agreements between, States and the
24 Service, Indian Tribes, Tribal Organizations, or Urban In-
25 dian Organizations.

1 “(e) *APPLICATION TO URBAN INDIAN ORGANIZA-*
2 *TIONS.*—

3 “(1) *IN GENERAL.*—*The provisions of subsection*
4 *(a) shall apply with respect to grants and other fund-*
5 *ing to Urban Indian Organizations with respect to*
6 *populations served by such organizations in the same*
7 *manner they apply to grants and contracts with In-*
8 *dian Tribes and Tribal Organizations with respect to*
9 *programs on or near reservations.*

10 “(2) *REQUIREMENTS.*—*The Secretary shall in-*
11 *clude in the grants or contracts made or provided*
12 *under paragraph (1) requirements that are—*

13 “(A) *consistent with the requirements im-*
14 *posed by the Secretary under subsection (b);*

15 “(B) *appropriate to Urban Indian Organi-*
16 *zations and Urban Indians; and*

17 “(C) *necessary to effect the purposes of this*
18 *section.*

19 **“SEC. 403. REIMBURSEMENT FROM CERTAIN THIRD PAR-**
20 ***TIES OF COSTS OF HEALTH SERVICES.***

21 “(a) *RIGHT OF RECOVERY.*—*Except as provided in*
22 *subsection (f), the United States, an Indian Tribe, or Tribal*
23 *Organization shall have the right to recover from an insur-*
24 *ance company, health maintenance organization, employee*
25 *benefit plan, third-party tortfeasor, or any other responsible*

1 *or liable third party (including a political subdivision or*
 2 *local governmental entity of a State) the reasonable charges*
 3 *as determined by the Secretary, and billed by the Secretary,*
 4 *an Indian Tribe, or Tribal Organization, in providing*
 5 *health services, through the Service, an Indian Tribe, or*
 6 *Tribal Organization to any individual to the same extent*
 7 *that such individual, or any nongovernmental provider of*
 8 *such services, would be eligible to receive damages, reim-*
 9 *bursement, or indemnification for such charges or expenses*
 10 *if—*

11 “(1) *such services had been provided by a non-*
 12 *governmental provider; and*

13 “(2) *such individual had been required to pay*
 14 *such charges or expenses and did pay such charges or*
 15 *expenses.*

16 “(b) *LIMITATIONS ON RECOVERIES FROM STATES.—*
 17 *Subsection (a) shall provide a right of recovery against any*
 18 *State, only if the injury, illness, or disability for which*
 19 *health services were provided is covered under—*

20 “(1) *workers’ compensation laws; or*

21 “(2) *a no-fault automobile accident insurance*
 22 *plan or program.*

23 “(c) *NONAPPLICATION OF OTHER LAWS.—No law of*
 24 *any State, or of any political subdivision of a State and*
 25 *no provision of any contract, insurance or health mainte-*

1 nance organization policy, employee benefit plan, self-in-
 2 surance plan, managed care plan, or other health care plan
 3 or program entered into or renewed after the date of the
 4 enactment of the Indian Health Care Amendments of 1988,
 5 shall prevent or hinder the right of recovery of the United
 6 States, an Indian Tribe, or Tribal Organization under sub-
 7 section (a).

8 “(d) *NO EFFECT ON PRIVATE RIGHTS OF ACTION.*—
 9 No action taken by the United States, an Indian Tribe, or
 10 Tribal Organization to enforce the right of recovery pro-
 11 vided under this section shall operate to deny to the injured
 12 person the recovery for that portion of the person’s damage
 13 not covered hereunder.

14 “(e) *ENFORCEMENT.*—

15 “(1) *IN GENERAL.*—The United States, an In-
 16 dian Tribe, or Tribal Organization may enforce the
 17 right of recovery provided under subsection (a) by—

18 “(A) intervening or joining in any civil ac-
 19 tion or proceeding brought—

20 “(i) by the individual for whom health
 21 services were provided by the Secretary, an
 22 Indian Tribe, or Tribal Organization; or

23 “(ii) by any representative or heirs of
 24 such individual, or

1 “(B) instituting a civil action, including a
2 civil action for injunctive relief and other relief
3 and including, with respect to a political sub-
4 division or local governmental entity of a State,
5 such an action against an official thereof.

6 “(2) NOTICE.—All reasonable efforts shall be
7 made to provide notice of action instituted under
8 paragraph (1)(B) to the individual to whom health
9 services were provided, either before or during the
10 pendency of such action.

11 “(f) LIMITATION.—Absent specific written authoriza-
12 tion by the governing body of an Indian Tribe for the period
13 of such authorization (which may not be for a period of
14 more than 1 year and which may be revoked at any time
15 upon written notice by the governing body to the Service),
16 the United States shall not have a right of recovery under
17 this section if the injury, illness, or disability for which
18 health services were provided is covered under a self-insur-
19 ance plan funded by an Indian Tribe, Tribal Organization,
20 or Urban Indian Organization. Where such authorization
21 is provided, the Service may receive and expend such
22 amounts for the provision of additional health services con-
23 sistent with such authorization.

24 “(g) COSTS AND ATTORNEYS’ FEES.—In any action
25 brought to enforce the provisions of this section, a prevailing

1 *plaintiff shall be awarded its reasonable attorneys' fees and*
 2 *costs of litigation.*

3 “(h) *NONAPPLICATION OF CLAIMS FILING REQUIRE-*
 4 *MENTS.—An insurance company, health maintenance orga-*
 5 *nization, self-insurance plan, managed care plan, or other*
 6 *health care plan or program (under the Social Security Act*
 7 *or otherwise) may not deny a claim for benefits submitted*
 8 *by the Service or by an Indian Tribe or Tribal Organiza-*
 9 *tion based on the format in which the claim is submitted*
 10 *if such format complies with the format required for sub-*
 11 *mission of claims under title XVIII of the Social Security*
 12 *Act or recognized under section 1175 of such Act.*

13 “(i) *APPLICATION TO URBAN INDIAN ORGANIZA-*
 14 *TIONS.—The previous provisions of this section shall apply*
 15 *to Urban Indian Organizations with respect to populations*
 16 *served by such Organizations in the same manner they*
 17 *apply to Indian Tribes and Tribal Organizations with re-*
 18 *spect to populations served by such Indian Tribes and Trib-*
 19 *al Organizations.*

20 “(j) *STATUTE OF LIMITATIONS.—The provisions of sec-*
 21 *tion 2415 of title 28, United States Code, shall apply to*
 22 *all actions commenced under this section, and the references*
 23 *therein to the United States are deemed to include Indian*
 24 *Tribes, Tribal Organizations, and Urban Indian Organiza-*
 25 *tions.*

1 “(k) SAVINGS.—Nothing in this section shall be con-
 2 strued to limit any right of recovery available to the United
 3 States, an Indian Tribe, or Tribal Organization under the
 4 provisions of any applicable, Federal, State, or Tribal law,
 5 including medical lien laws and the Federal Medical Care
 6 Recovery Act (42 U.S.C. 2651 et seq.).

7 **“SEC. 404. CREDITING OF REIMBURSEMENTS.**

8 “(a) USE OF AMOUNTS.—

9 “(1) RETENTION BY PROGRAM.—Except as pro-
 10 vided in section 202(g) (relating to the Catastrophic
 11 Health Emergency Fund) and section 807 (relating to
 12 health services for ineligible persons), all reimburse-
 13 ments received or recovered under any of the pro-
 14 grams described in paragraph (2), including under
 15 section 807, by reason of the provision of health serv-
 16 ices by the Service, by an Indian Tribe or Tribal Or-
 17 ganization, or by an Urban Indian Organization,
 18 shall be credited to the Service, such Indian Tribe or
 19 Tribal Organization, or such Urban Indian Organi-
 20 zation, respectively, and may be used as provided in
 21 section 401. In the case of such a service provided by
 22 or through a Service Unit, such amounts shall be
 23 credited to such unit and used for such purposes.

24 “(2) PROGRAMS COVERED.—The programs re-
 25 ferred to in paragraph (1) are the following:

1 “(A) *Titles XVIII, XIX, and XXI of the So-*
2 *cial Security Act.*

3 “(B) *This Act, including section 807.*

4 “(C) *Public Law 87–693.*

5 “(D) *Any other provision of law.*

6 “(b) *NO OFFSET OF AMOUNTS.—The Service may not*
7 *offset or limit any amount obligated to any Service Unit*
8 *or entity receiving funding from the Service because of the*
9 *receipt of reimbursements under subsection (a).*

10 **“SEC. 405. PURCHASING HEALTH CARE COVERAGE.**

11 “(a) *IN GENERAL.—Insofar as amounts are made*
12 *available under law (including a provision of the Social*
13 *Security Act, the Indian Self-Determination and Education*
14 *Assistance Act (25 U.S.C. 450 et seq.), or other law, other*
15 *than under section 402) to Indian Tribes, Tribal Organiza-*
16 *tions, and Urban Indian Organizations for health benefits*
17 *for Service beneficiaries, Indian Tribes, Tribal Organiza-*
18 *tions, and Urban Indian Organizations may use such*
19 *amounts to purchase health benefits coverage for such bene-*
20 *ficiaries in any manner, including through—*

21 “(1) *a tribally owned and operated health care*
22 *plan;*

23 “(2) *a State or locally authorized or licensed*
24 *health care plan;*

1 “(3) a health insurance provider or managed
2 care organization; or

3 “(4) a self-insured plan.

4 *The purchase of such coverage by an Indian Tribe, Tribal*
5 *Organization, or Urban Indian Organization may be based*
6 *on the financial needs of such beneficiaries (as determined*
7 *by the Indian Tribe or Tribes being served based on a sched-*
8 *ule of income levels developed or implemented by such In-*
9 *dian Tribe or Tribes).*

10 “(b) *EXPENSES FOR SELF-INSURED PLAN.*—*In the*
11 *case of a self-insured plan under subsection (a)(4), the*
12 *amounts may be used for expenses of operating the plan,*
13 *including administration and insurance to limit the finan-*
14 *cial risks to the entity offering the plan.*

15 “(c) *CONSTRUCTION.*—*Nothing in this section shall be*
16 *construed as affecting the use of any amounts not referred*
17 *to in subsection (a).*

18 **“SEC. 406. SHARING ARRANGEMENTS WITH FEDERAL AGEN-**
19 **CIES.**

20 “(a) *AUTHORITY.*—

21 “(1) *IN GENERAL.*—*The Secretary may enter*
22 *into (or expand) arrangements for the sharing of*
23 *medical facilities and services between the Service, In-*
24 *dian Tribes, and Tribal Organizations and the De-*

1 *partment of Veterans Affairs and the Department of*
 2 *Defense.*

3 “(2) *CONSULTATION BY SECRETARY RE-*
 4 *QUIRED.—The Secretary may not finalize any ar-*
 5 *rangement between the Service and a Department de-*
 6 *scribed in paragraph (1) without first consulting with*
 7 *the Indian Tribes which will be significantly affected*
 8 *by the arrangement.*

9 “(b) *LIMITATIONS.—The Secretary shall not take any*
 10 *action under this section or under subchapter IV of chapter*
 11 *81 of title 38, United States Code, which would impair—*

12 “(1) *the priority access of any Indian to health*
 13 *care services provided through the Service and the eli-*
 14 *gibility of any Indian to receive health services*
 15 *through the Service;*

16 “(2) *the quality of health care services provided*
 17 *to any Indian through the Service;*

18 “(3) *the priority access of any veteran to health*
 19 *care services provided by the Department of Veterans*
 20 *Affairs;*

21 “(4) *the quality of health care services provided*
 22 *by the Department of Veterans Affairs or the Depart-*
 23 *ment of Defense; or*

1 “(5) the eligibility of any Indian who is a vet-
2 eran to receive health services through the Department
3 of Veterans Affairs.

4 “(c) *REIMBURSEMENT.*—*The Service, Indian Tribe, or*
5 *Tribal Organization shall be reimbursed by the Department*
6 *of Veterans Affairs or the Department of Defense (as the*
7 *case may be) where services are provided through the Serv-*
8 *ice, an Indian Tribe, or a Tribal Organization to bene-*
9 *ficiaries eligible for services from either such Department,*
10 *notwithstanding any other provision of law.*

11 “(d) CONSTRUCTION.—Nothing in this section may be
12 construed as creating any right of a non-Indian veteran
13 to obtain health services from the Service.

14 **“SEC. 407. PAYOR OF LAST RESORT.**

15 *“Indian Health Programs and health care programs*
16 *operated by Urban Indian Organizations shall be the payor*
17 *of last resort for services provided to persons eligible for*
18 *services from Indian Health Programs and Urban Indian*
19 *Organizations, notwithstanding any Federal, State, or local*
20 *law to the contrary.*

21 “SEC. 408. NONDISCRIMINATION IN QUALIFICATIONS FOR
22 REIMBURSEMENT FOR SERVICES.

23 “For purposes of determining the eligibility of an enti-
24 ty that is operated by the Service, an Indian Tribe, Tribal
25 Organization, or Urban Indian Organization to receive

1 *payment or reimbursement from any federally funded*
2 *health care program for health care services it furnishes to*
3 *an Indian, such program must provide that such entity,*
4 *meeting generally applicable State or other requirements*
5 *applicable for participation, must be accepted as a provider*
6 *on the same basis as any other qualified provider, except*
7 *that any requirement that the entity be licensed or recog-*
8 *nized under State or local law to furnish such services shall*
9 *be deemed to have been met if the entity meets all the appli-*
10 *cable standards for such licensure, but the entity need not*
11 *obtain a license or other documentation. In determining*
12 *whether the entity meets such standards, the absence of li-*
13 *censure of any staff member of the entity may not be taken*
14 *into account.*

15 **“SEC. 409. CONSULTATION.**

16 “(a) *TRIBAL TECHNICAL ADVISORY GROUP (TTAG).*—
17 *The Secretary shall maintain within the Centers for Med-*
18 *icaid & Medicare Services (CMS) a Tribal Technical Advi-*
19 *sory Group, established in accordance with requirements of*
20 *the charter dated September 30, 2003, and in such group*
21 *shall include a representative of the Urban Indian Organi-*
22 *zations and the Service. The representative of the Urban*
23 *Indian Organization shall be deemed to be an elected officer*
24 *of a tribal government for purposes of applying section*

1 204(b) of the Unfunded Mandates Reform Act of 1995 (2
2 U.S.C. 1534(b)).

3 “(b) SOLICITATION OF MEDICAID ADVICE.—

4 “(1) IN GENERAL.—As part of its plan under
5 title XIX of the Social Security Act, a State in which
6 the Service operates or funds health care programs, or
7 in which 1 or more Indian Health Programs or
8 Urban Indian Organizations provide health care in
9 the State for which medical assistance is available
10 under such title, may establish a process under which
11 the State seeks advice on a regular, ongoing basis
12 from designees of such Indian Health Programs and
13 Urban Indian Organizations on matters relating to
14 the application of such title to and likely to have a
15 direct effect on such Indian Health Programs and
16 Urban Indian Organizations.

17 “(2) MANNER OF ADVICE.—The process described
18 in paragraph (1) should include solicitation of advice
19 prior to submission of any plan amendments, waiver
20 requests, and proposals for demonstration projects
21 likely to have a direct effect on Indians, Indian
22 Health Programs, or Urban Indian Organizations.
23 Such process may include appointment of an advisory
24 committee and of a designee of such Indian
25 Health Programs and Urban Indian Organizations to

1 *the medical care advisory committee advising the*
 2 *State on its medicaid plan.*

3 “(3) *PAYMENT OF EXPENSES.*—*The reasonable*
 4 *expenses of carrying out this subsection shall be eligi-*
 5 *ble for reimbursement under section 1903(a) of the*
 6 *Social Security Act.*

7 “(c) *CONSTRUCTION.*—*Nothing in this section shall be*
 8 *construed as superseding existing advisory committees,*
 9 *working groups, or other advisory procedures established by*
 10 *the Secretary or by any State.*

11 **“SEC. 410. STATE CHILDREN’S HEALTH INSURANCE PRO-**
 12 **GRAM (SCHIP).**

13 “(a) *OPTIONAL USE OF FUNDS FOR INDIAN HEALTH*
 14 *PROGRAM PAYMENTS.*—*Subject to the succeeding provisions*
 15 *of this section, a State may provide under its State child*
 16 *health plan under title XXI of the Social Security Act (re-*
 17 *gardless of whether such plan is implemented under such*
 18 *title, title XIX of such Act, or both) for payments under*
 19 *this section to Indian Health Programs and Urban Indian*
 20 *Organizations operating in the State. Such payments shall*
 21 *be treated under title XXI of the Social Security Act as*
 22 *expenditures described in section 2105(a)(1)(A) of such Act.*

23 “(b) *USE OF FUNDS.*—*Payments under this section*
 24 *may be used only for expenditures described in clauses (i)*
 25 *through (iii) of section 2105(a)(1)(D) of the Social Security*

1 *Act for targeted low-income children or other low-income*
 2 *children (as defined in 2110 of such Act) who are—*

3 “(1) *Indians; or*

4 “(2) *otherwise eligible for health services from the*
 5 *Indian Health Program involved.*

6 “(c) *SPECIAL RESTRICTIONS.—The following condi-*
 7 *tions apply to a State electing to provide payments under*
 8 *this section:*

9 “(1) *NO LIMITATION ON OTHER SCHIP PARTICI-*
 10 *PATION OF, OR PROVIDER PAYMENTS TO, INDIAN*
 11 *HEALTH PROGRAMS.—The State may not exclude or*
 12 *limit participation of otherwise eligible Indian*
 13 *Health Programs in its State child health program*
 14 *under title XXI of the Social Security Act or its med-*
 15 *icaid program under title XIX of such Act or pay*
 16 *such Programs less than they otherwise would as par-*
 17 *ticipating providers on the basis that payments are*
 18 *made to such Programs under this section.*

19 “(2) *NO LIMITATION ON OTHER SCHIP ELIGI-*
 20 *BILITY OF INDIANS.—The State may not exclude or*
 21 *limit participation of otherwise eligible Indian chil-*
 22 *dren in such State child health or medicaid program*
 23 *on the basis that payments are made for assistance*
 24 *for such children under this section.*

1 “(3) *LIMITATION ON ACCEPTANCE OF CONTRIBU-*
2 *TIONS.—*

3 “(A) *IN GENERAL.—The State may not ac-*
4 *cept contributions or condition making of pay-*
5 *ments under this section upon contribution of*
6 *funds from any Indian Health Program to meet*
7 *the State’s non-Federal matching fund require-*
8 *ments under titles XIX and XXI of the Social*
9 *Security Act.*

10 “(B) *CONTRIBUTION DEFINED.—For pur-*
11 *poses of subparagraph (A), the term ‘contribu-*
12 *tion’ includes any tax, donation, fee, or other*
13 *payment made, whether made voluntarily or in-*
14 *voluntarily.*

15 “(d) *APPLICATION OF SEPARATE 10 PERCENT LIMITA-*
16 *TION.—Payment may be made under section 2105(a) of the*
17 *Social Security Act to a State for a fiscal year for payments*
18 *under this section up to an amount equal to 10 percent*
19 *of the total amount available under title XXI of such Act*
20 *(including allotments and reallolements available from pre-*
21 *vious fiscal years) to the State with respect to the fiscal*
22 *year.*

23 “(e) *GENERAL TERMS.—A payment under this section*
24 *shall only be made upon application to the State from the*
25 *Indian Health Program involved and under such terms and*

1 *conditions, and in a form and manner, as the Secretary*
 2 *determines appropriate.*

3 **“SEC. 411. SOCIAL SECURITY ACT SANCTIONS.**

4 *“(a) REQUESTS FOR WAIVER OF SANCTIONS.—*

5 *“(1) IN GENERAL.—For purposes of applying*
 6 *any authority under a provision of title XI, XVIII,*
 7 *XIX, or XXI of the Social Security Act to seek a*
 8 *waiver of a sanction imposed against a health care*
 9 *provider insofar as that provider provides services to*
 10 *individuals through an Indian Health Program, the*
 11 *Indian Health Program shall request the State to seek*
 12 *such waiver, and if such State has not sought the*
 13 *waiver within 60 days of the Indian Health Program*
 14 *request, the Indian Health Program itself may peti-*
 15 *tion the Secretary for such waiver.*

16 *“(2) PROCEDURE.—In seeking a waiver under*
 17 *paragraph (1), the Indian Health Program must pro-*
 18 *vide notice and a copy of the request, including the*
 19 *reasons for the waiver sought, to the State. The Sec-*
 20 *retary may consider the State’s views in the deter-*
 21 *mination of the waiver request, but may not withhold*
 22 *or delay a determination based on the lack of the*
 23 *State’s views.*

24 *“(b) SAFE HARBOR FOR TRANSACTIONS BETWEEN*
 25 *AND AMONG INDIAN HEALTH CARE PROGRAMS.—For pur-*

1 *poses of applying section 1128B(b) of the Social Security*
 2 *Act, the exchange of anything of value between or among*
 3 *the following shall not be treated as remuneration if the*
 4 *exchange arises from or relates to any of the following health*
 5 *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 Urban*
 14 *Indian Organization, including patients served or eli-*
 15 *gible for service pursuant to section 807, but only if*
 16 *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 housing*
 21 *to the patient (including a pregnant patient)*
 22 *and immediate family members or an escort in-*
 23 *cidental to assuring the timely provision of*
 24 *health care items and services to the patient;*

1 “(C) is for the purpose of paying premiums,
2 copayments, deductibles, or other cost-sharing on
3 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) Other exchanges involving an Indian
9 Health Program, an Urban Indian Organization, or
10 an Indian Tribe or Tribal Organization that meet
11 such standards as the Secretary of Health and
12 Human Services, in consultation with the Attorney
13 General, determines is appropriate, taking into ac-
14 count the special circumstances of such Indian Health
15 Programs, Urban Indian Organizations, Indian
16 Tribes, and Tribal Organizations and of patients
17 served by Indian Health Programs, Urban Indian
18 Organizations, Indian Tribes, and Tribal Organiza-
19 tions.

20 **“SEC. 412. COST SHARING.**

21 “(a) COINSURANCE, COPAYMENTS, AND
22 DEDUCTIBLES.—Notwithstanding any other provision of
23 Federal or State law—

24 “(1) PROTECTION FOR ELIGIBLE INDIANS UNDER
25 SOCIAL SECURITY ACT HEALTH PROGRAMS.—No In-

1 *dian who is furnished an item or service for which*
 2 *payment may be made under title XIX or XXI of the*
 3 *Social Security Act may be charged a deductible, co-*
 4 *payment, or coinsurance.*

5 *“(2) PROTECTION FOR INDIANS.—No Indian who*
 6 *is furnished an item or service by the Service may be*
 7 *charged a deductible, copayment, or coinsurance.*

8 *“(3) NO REDUCTION IN AMOUNT OF PAYMENT TO*
 9 *INDIAN HEALTH PROVIDERS.—The payment or reim-*
 10 *bursement due to the Service, Indian Tribe, Tribal*
 11 *Organization, or Urban Indian Organization under*
 12 *title XIX or XXI of the Social Security Act may not*
 13 *be reduced by the amount of the deductible, copay-*
 14 *ment, or coinsurance that would be due from the In-*
 15 *dian but for the operation of this section.*

16 *“(b) EXEMPTION FROM MEDICAID AND SCHIP PRE-*
 17 *MIUMS.—Notwithstanding any other provision of Federal*
 18 *or State law, no Indian who is otherwise eligible for services*
 19 *under title XIX of the Social Security Act (relating to the*
 20 *medicaid program) or title XXI of such Act (relating to*
 21 *the State children’s health insurance program) may be*
 22 *charged a premium, enrollment fee, or similar charge as*
 23 *a condition of receiving benefits under the program under*
 24 *the respective title.*

1 “(c) *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 real property and im-*
 7 *provements, located on a reservation, including any*
 8 *federally recognized Indian Tribe’s reservation, Pueb-*
 9 *lo, or Colony, including former reservations in Okla-*
 10 *homa, Alaska Native regions established by the Alaska*
 11 *Native Claims Settlement Act and Indian allotments*
 12 *on or near a reservation as designated and approved*
 13 *by the Bureau of Indian Affairs of the Department of*
 14 *the Interior.*

15 “(2) *For any federally recognized Tribe not de-*
 16 *scribed in paragraph (1), property located within the*
 17 *most recent boundaries of a prior Federal reservation.*

18 “(3) *Ownership interests in rents, leases, royal-*
 19 *ties, or usage rights related to natural resources (in-*
 20 *cluding extraction of natural resources or harvesting*
 21 *of timber, other plants and plant products, animals,*
 22 *fish, and shellfish) resulting from the exercise of feder-*
 23 *ally protected rights.*

24 “(4) *Ownership interests in or usage rights to*
 25 *items not covered by paragraphs (1) through (3) that*

1 *have unique religious, spiritual, traditional, or cul-*
 2 *tural significance or rights that support subsistence or*
 3 *a traditional life style according to applicable tribal*
 4 *law or custom.*

5 “(d) *CONTINUATION OF CURRENT LAW PROTECTIONS*
 6 *OF CERTAIN INDIAN PROPERTY FROM MEDICAID ESTATE*
 7 *RECOVERY.*—*Income, resources, and property that are ex-*
 8 *empt from medicaid estate recovery under title XIX of the*
 9 *Social Security Act as of April 1, 2003, under manual in-*
 10 *structions issued to carry out section 1917(b)(3) of such Act*
 11 *because of Federal responsibility for Indian Tribes and*
 12 *Alaska Native Villages shall remain so exempt. Nothing in*
 13 *this subsection shall be construed as preventing the Sec-*
 14 *retary from providing additional medicaid estate recovery*
 15 *exemptions for Indians.*

16 **“SEC. 413. TREATMENT UNDER MEDICAID MANAGED CARE.**

17 “(a) *PROVISION OF SERVICES, TO ENROLLEES WITH*
 18 *NON-INDIAN MEDICAID MANAGED CARE ENTITIES, BY IN-*
 19 *DIAN HEALTH PROGRAMS AND URBAN INDIAN ORGANIZA-*
 20 *TIONS.*—

21 “(1) *PAYMENT RULES.*—

22 “(A) *IN GENERAL.*—*Subject to subpara-*
 23 *graph (B), in the case of an Indian who is en-*
 24 *rolled with a non-Indian medicaid managed care*
 25 *entity (as defined in subsection (c)) and who re-*

1 *ceives covered medicaid managed care services*
2 *from an Indian Health Program or an Urban*
3 *Indian Organization, whether or not it is a par-*
4 *ticipating provider with respect to such entity,*
5 *the following rules apply:*

6 “(i) *DIRECT PAYMENT.*—*The entity*
7 *shall make prompt payment (in accordance*
8 *with rules applicable to medicaid managed*
9 *care entities under title XIX of the Social*
10 *Security Act) to the Indian Health Pro-*
11 *gram or Urban Indian Organization at a*
12 *rate established by the entity for such serv-*
13 *ices that is equal to the rate negotiated be-*
14 *tween such entity and the Program or Or-*
15 *ganization involved or, if such a rate has*
16 *not been negotiated, a rate that is not less*
17 *than the level and amount of payment*
18 *which the entity would make for the services*
19 *if the services were furnished by a provider*
20 *which is not such a Program or Organiza-*
21 *tion.*

22 “(ii) *PAYMENT THROUGH STATE.*—*If*
23 *there is no arrangement for direct payment*
24 *under clause (i) or if a State provides for*
25 *this clause to apply in lieu of clause (i), the*

1 *State shall provide for payment to the In-*
 2 *dian Health Program or Urban Indian Or-*
 3 *ganization under its State program under*
 4 *title XIX of such Act at the rate that would*
 5 *be otherwise applicable for such services*
 6 *under such program and shall provide for*
 7 *an appropriate adjustment of the capitation*
 8 *payment made to the entity to take into ac-*
 9 *count such payment.*

10 “(B) *COMPLIANCE WITH GENERALLY APPLI-*
 11 *CABLE REQUIREMENTS.—*

12 “(i) *IN GENERAL.—Except as otherwise*
 13 *provided, as a condition of payment under*
 14 *subparagraph (A), the Indian Health Pro-*
 15 *gram or Urban Indian Organization shall*
 16 *comply with the generally applicable re-*
 17 *quirements of title XIX of the Social Secu-*
 18 *rity Act with respect to covered services.*

19 “(ii) *SATISFACTION OF CLAIM RE-*
 20 *QUIREMENT.—Any requirement for the sub-*
 21 *mission of a claim or other documentation*
 22 *for services covered under subparagraph (A)*
 23 *by the enrollee is deemed to be satisfied*
 24 *through the submission of a claim or other*
 25 *documentation by the Indian Health Pro-*

1 *gram or Urban Indian Organization con-*
 2 *sistent with section 403(h).*

3 “(C) CONSTRUCTION.—*Nothing in this sub-*
 4 *section shall be construed as waiving the appli-*
 5 *cation of section 1902(a)(30)(A) of the Social Se-*
 6 *curity Act (relating to application of standards*
 7 *to assure that payments are consistent with effi-*
 8 *ciency, economy, and quality of care).*

9 “(2) ENROLLEE OPTION TO SELECT AN INDIAN
 10 *HEALTH PROGRAM OR URBAN INDIAN ORGANIZATION*
 11 *AS PRIMARY CARE PROVIDER.—In the case of a non-*
 12 *Indian medicaid managed care entity that—*

13 “(A) *has an Indian enrolled with the entity;*
 14 *and*

15 “(B) *has an Indian Health Program or*
 16 *Urban Indian Organization that is partici-*
 17 *pating as a primary care provider within the*
 18 *network of the entity,*

19 *insofar as the Indian is otherwise eligible to receive*
 20 *services from such Program or Organization and the*
 21 *Program or Organization has the capacity to provide*
 22 *primary care services to such Indian, the Indian shall*
 23 *be allowed to choose such Program or Organization as*
 24 *the Indian’s primary care provider under the entity.*

1 “(b) *OFFERING OF MANAGED CARE THROUGH INDIAN*
 2 *MEDICAID MANAGED CARE ENTITIES.*—If—

3 “(1) *a State elects to provide services through*
 4 *medicaid managed care entities under its medicaid*
 5 *managed care program; and*

6 “(2) *an 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 an Indian medicaid managed care entity in*
 10 *the State that meets generally applicable standards*
 11 *required of such an entity under such medicaid man-*
 12 *aged care program,*

13 *the State shall offer to enter into an agreement with the*
 14 *entity to serve as a medicaid managed care entity with re-*
 15 *spect to eligible Indians served by such entity under such*
 16 *program.*

17 “(c) *SPECIAL RULES FOR INDIAN MANAGED CARE EN-*
 18 *TITIES.*—*The following are special rules regarding the ap-*
 19 *plication of a medicaid managed care program to Indian*
 20 *medicaid managed care entities:*

21 “(1) *ENROLLMENT.*—

22 “(A) *LIMITATION TO INDIANS.*—*An Indian*
 23 *medicaid managed care entity may restrict en-*
 24 *rollment under such program to Indians and to*
 25 *members of specific Tribes in the same manner*

1 *as Indian Health Programs may restrict the de-*
 2 *livery of services to such Indians and tribal*
 3 *members.*

4 “(B) *NO LESS CHOICE OF PLANS.*—*Under*
 5 *such program the State may not limit the choice*
 6 *of an Indian among medicaid managed care en-*
 7 *tities only to Indian medicaid managed care en-*
 8 *tities or to be more restrictive than the choice of*
 9 *managed care entities offered to individuals who*
 10 *are not Indians.*

11 “(C) *DEFAULT ENROLLMENT.*—

12 “(i) *IN GENERAL.*—*If such program of*
 13 *a State requires the enrollment of Indians*
 14 *in a medicaid managed care entity in order*
 15 *to receive benefits, the State shall provide*
 16 *for the enrollment of Indians described in*
 17 *clause (ii) who are not otherwise enrolled*
 18 *with such an entity in an Indian medicaid*
 19 *managed care entity described in such*
 20 *clause.*

21 “(ii) *INDIAN DESCRIBED.*—*An Indian*
 22 *described in this clause, with respect to an*
 23 *Indian medicaid managed care entity, is an*
 24 *Indian who, based upon the service area*
 25 *and capacity of the entity, is eligible to be*

1 enrolled with the entity consistent with sub-
2 paragraph (A).

3 “(D) *EXCEPTION TO STATE LOCK-IN.*—A re-
4 quest by an Indian who is enrolled under such
5 program with a non-Indian medicaid managed
6 care entity to change enrollment with that entity
7 to enrollment with an Indian medicaid managed
8 care entity shall be considered cause for granting
9 such request under procedures specified by the
10 Secretary.

11 “(2) *FLEXIBILITY IN APPLICATION OF SOL-*
12 *VENCY.*—In applying section 1903(m)(1) of the Social
13 Security Act to an Indian medicaid managed care
14 entity—

15 “(A) any reference to a ‘State’ in subpara-
16 graph (A)(ii) of that section shall be deemed to
17 be a reference to the ‘Secretary’; and

18 “(B) the entity shall be deemed to be a pub-
19 lic entity described in subparagraph (C)(ii) of
20 that section.

21 “(3) *EXCEPTIONS TO ADVANCE DIRECTIVES.*—
22 The Secretary may modify or waive the requirements
23 of section 1902(w) of the Social Security Act (relating
24 to provision of written materials on advance direc-
25 tives) insofar as the Secretary finds that the require-

ments otherwise imposed are not an appropriate or effective way of communicating the information to Indians.

“(4) *FLEXIBILITY IN INFORMATION AND MARKETING.*—

“(A) *MATERIALS.*—The Secretary may modify requirements under section 1932(a)(5) of the Social Security Act in a manner that improves the materials to take into account the special circumstances of such entities and their enrollees while maintaining and clearly communicating to potential enrollees their rights, protections, and benefits.

“(B) *DISTRIBUTION OF MARKETING MATERIALS.*—The provisions of section 1932(d)(2)(B) of the Social Security Act requiring the distribution of marketing materials to an entire service area shall be deemed satisfied in the case of an Indian medicaid managed care entity that distributes appropriate materials only to those Indians who are potentially eligible to enroll with the entity in the service area.

“(d) *MALPRACTICE INSURANCE.*—Insofar as, under a medicaid managed care program, a health care provider is required to have medical malpractice insurance coverage as

1 *a condition of contracting as a provider with a medicaid*
 2 *managed care entity, an Indian Health Program, or an*
 3 *Urban Indian Organization that is a Federally-qualified*
 4 *health center under title XIX of the Social Security Act,*
 5 *that is covered under the Federal Tort Claims Act (28*
 6 *U.S.C. 1346(b), 2671 et seq.) is deemed to satisfy such re-*
 7 *quirement.*

8 “(e) *DEFINITIONS.—For purposes of this section:*

9 “(1) *MEDICAID MANAGED CARE ENTITY.—The*
 10 *term ‘medicaid managed care entity’ means a man-*
 11 *aged care entity (whether a managed care organiza-*
 12 *tion or a primary care case manager) under title XIX*
 13 *of the Social Security Act, whether pursuant to sec-*
 14 *tion 1903(m) or section 1932 of such Act, a waiver*
 15 *under section 1115 or 1915(b) of such Act, or other-*
 16 *wise.*

17 “(2) *INDIAN MEDICAID MANAGED CARE ENTI-*
 18 *TY.—The term ‘Indian medicaid managed care enti-*
 19 *ty’ means a managed care entity that is controlled*
 20 *(within the meaning of the last sentence of section*
 21 *1903(m)(1)(C) of the Social Security Act) by the In-*
 22 *Indian Health Service, a Tribe, Tribal Organization, or*
 23 *Urban Indian Organization (as such terms are de-*
 24 *defined in section 4), or a consortium, which may be*
 25 *composed of 1 or more Tribes, Tribal Organizations,*

1 or Urban Indian Organizations, and which also may
2 include the Service.

3 “(3) *NON-INDIAN MEDICAID MANAGED CARE EN-*
4 *TITY.*—The term ‘non-Indian medicaid managed care
5 entity’ means a medicaid managed care entity that is
6 not an Indian medicaid managed care entity.

7 “(4) *COVERED MEDICAID MANAGED CARE SERV-*
8 *ICES.*—The term ‘covered medicaid managed care
9 services’ means, with respect to an individual enrolled
10 with a medicaid managed care entity, items and serv-
11 ices that are within the scope of items and services for
12 which benefits are available with respect to the indi-
13 vidual under the contract between the entity and the
14 State involved.

15 “(5) *MEDICAID MANAGED CARE PROGRAM.*—The
16 term ‘medicaid managed care program’ means a pro-
17 gram under sections 1903(m) and 1932 of the Social
18 Security Act and includes a managed care program
19 operating under a waiver under section 1915(b) or
20 1115 of such Act or otherwise.

21 **“SEC. 414. NAVAJO NATION MEDICAID AGENCY FEASIBILITY**
22 **STUDY.**

23 “(a) *STUDY.*—The Secretary shall conduct a study to
24 determine the feasibility of treating the Navajo Nation as
25 a State for the purposes of title XIX of the Social Security

1 *Act, to provide services to Indians living within the bound-*
 2 *aries of the Navajo Nation through an entity established*
 3 *having the same authority and performing the same func-*
 4 *tions as single-State medicaid agencies responsible for the*
 5 *administration of the State plan under title XIX of the So-*
 6 *cial Security Act.*

7 “(b) *CONSIDERATIONS.—In conducting the study, the*
 8 *Secretary shall consider the feasibility of—*

9 “(1) *assigning and paying all expenditures for*
 10 *the provision of services and related administration*
 11 *funds, under title XIX of the Social Security Act, to*
 12 *Indians living within the boundaries of the Navajo*
 13 *Nation that are currently paid to or would otherwise*
 14 *be paid to the State of Arizona, New Mexico, or Utah;*

15 “(2) *providing assistance to the Navajo Nation*
 16 *in the development and implementation of such entity*
 17 *for the administration, eligibility, payment, and de-*
 18 *livery of medical assistance under title XIX of the So-*
 19 *cial Security Act;*

20 “(3) *providing an appropriate level of matching*
 21 *funds for Federal medical assistance with respect to*
 22 *amounts such entity expends for medical assistance*
 23 *for services and related administrative costs; and*

24 “(4) *authorizing the Secretary, at the option of*
 25 *the Navajo Nation, to treat the Navajo Nation as a*

1 *State for the purposes of title XIX of the Social Secu-*
2 *rity Act (relating to the State children's health insur-*
3 *ance program) under terms equivalent to those de-*
4 *scribed in paragraphs (2) through (4).*

5 “(c) *REPORT.*—Not later than 3 years after the date
6 of enactment of the Indian Health Act Improvement Act
7 Amendments of 2005, the Secretary shall submit to the
8 Committee on Indian Affairs and Committee on Finance
9 of the Senate and the Committee on Resources and Com-
10 mittee on Energy and Commerce of the House of Represent-
11 atives a report that includes—

12 “(1) *the results of the study under this section;*

13 “(2) *a summary of any consultation that oc-*
14 *curred between the Secretary and the Navajo Nation,*
15 *other Indian Tribes, the States of Arizona, New Mex-*
16 *ico, and Utah, counties which include Navajo Lands,*
17 *and other interested parties, in conducting this study;*

18 “(3) *projected costs or savings associated with es-*
19 *tablishment of such entity, and any estimated impact*
20 *on services provided as described in this section in re-*
21 *lation to probable costs or savings; and*

22 “(4) *legislative actions that would be required to*
23 *authorize the establishment of such entity if such enti-*
24 *ty is determined by the Secretary to be feasible.*

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 year*
 4 *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 and maintain*
 9 *programs in Urban Centers to make health services more*
 10 *accessible 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 (25*
 14 *U.S.C. 13) (commonly known as the ‘Snyder Act’), the Sec-*
 15 *retary, acting through the Service, shall enter into contracts*
 16 *with, or make grants to, Urban Indian Organizations to*
 17 *assist such organizations in the establishment and adminis-*
 18 *tration, within Urban Centers, of programs which meet the*
 19 *requirements set forth in this title. Subject to section 506,*
 20 *the Secretary, acting through the Service, shall include such*
 21 *conditions as the Secretary considers necessary to effect the*
 22 *purpose of this title in any contract into which the Sec-*
 23 *retary enters with, or in any grant the Secretary makes*
 24 *to, any Urban Indian Organization pursuant 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 CONTRACTS.—*
4 *Under authority of the Act of November 2, 1921 (25 U.S.C.*
5 *13) (commonly known as the ‘Snyder Act’), the Secretary,*
6 *acting through the Service, shall enter into contracts with,*
7 *and make grants to, Urban Indian Organizations for the*
8 *provision of health care and referral services for Urban In-*
9 *dians. Any such contract or grant shall include require-*
10 *ments that the Urban Indian Organization successfully un-*
11 *dertake to—*

12 “(1) *estimate the population of Urban Indians*
13 *residing in the Urban Center or centers that the orga-*
14 *nization proposes to serve who are or could be recipi-*
15 *ents of health care or referral services;*

16 “(2) *estimate the current health status of Urban*
17 *Indians residing in such Urban Center or centers;*

18 “(3) *estimate the current health care needs of*
19 *Urban Indians residing in such Urban Center or cen-*
20 *ters;*

21 “(4) *provide basic health education, including*
22 *health promotion and disease prevention education, to*
23 *Urban Indians;*

24 “(5) *make recommendations to the Secretary and*
25 *Federal, State, local, and other resource agencies on*

1 *methods of improving health service programs to meet*
2 *the needs of Urban Indians; and*

3 “(6) *where necessary, provide, or enter into con-*
4 *tracts for the provision of, health care services for*
5 *Urban Indians.*

6 “(b) *CRITERIA.—The Secretary, acting through the*
7 *Service, shall, by regulation, prescribe the criteria for select-*
8 *ing Urban Indian Organizations to enter into contracts or*
9 *receive grants under this section. Such criteria shall, among*
10 *other factors, include—*

11 “(1) *the extent of unmet health care needs of*
12 *Urban Indians in the Urban Center or centers in-*
13 *volved;*

14 “(2) *the size of the Urban Indian population in*
15 *the Urban Center or centers involved;*

16 “(3) *the extent, if any, to which the activities set*
17 *forth in subsection (a) would duplicate any project*
18 *funded under this title;*

19 “(4) *the capability of an Urban Indian Organi-*
20 *zation to perform the activities set forth in subsection*
21 *(a) and to enter into a contract with the Secretary*
22 *or to meet the requirements for receiving a grant*
23 *under this section;*

1 “(5) the satisfactory performance and successful
2 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 (a)
6 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 under
17 subsection (a).

18 “(d) IMMUNIZATION SERVICES.—

19 “(1) ACCESS OR SERVICES PROVIDED.—The Sec-
20 retary, acting through the Service, shall facilitate ac-
21 cess to, or provide, immunization services for Urban
22 Indians through grants made to Urban Indian Orga-
23 nizations administering contracts entered into or re-
24 ceiving grants under this section.

1 “(2) *DEFINITION.*—*For purposes of this sub-*
 2 *section, the term ‘immunization services’ means serv-*
 3 *ices to provide without charge immunizations against*
 4 *vaccine-preventable diseases.*

5 “(e) *BEHAVIORAL HEALTH SERVICES.*—

6 “(1) *ACCESS OR SERVICES PROVIDED.*—*The Sec-*
 7 *retary, acting through the Service, shall facilitate ac-*
 8 *cess to, or provide, behavioral health services for*
 9 *Urban Indians through grants made to Urban Indian*
 10 *Organizations administering contracts entered into or*
 11 *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 following:*

17 “(A) *The behavioral health needs of the*
 18 *Urban Indian population concerned.*

19 “(B) *The behavioral health services and*
 20 *other related resources available to that popu-*
 21 *lation.*

22 “(C) *The barriers to obtaining those services*
 23 *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 under*
4 *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 Sec-*
22 *retary, acting through the Service, shall facilitate ac-*
23 *cess to or provide services for Urban Indians through*
24 *grants to Urban Indian Organizations administering*
25 *contracts entered into or receiving grants under sub-*

1 *section (a) to prevent and treat child abuse (including*
2 *sexual abuse) among Urban Indians.*

3 “(2) *EVALUATION REQUIRED.*—*Except as pro-*
4 *vided by paragraph (3)(A), a grant may not be made*
5 *under this subsection to an Urban Indian Organiza-*
6 *tion until that organization has prepared, and the*
7 *Service has approved, an assessment that documents*
8 *the prevalence of child abuse in the Urban Indian*
9 *population concerned and specifies the services and*
10 *programs (which may not duplicate existing services*
11 *and programs) for which the grant is requested.*

12 “(3) *PURPOSES OF GRANTS.*—*Grants may be*
13 *made under this subsection for the following:*

14 “(A) *To prepare assessments required under*
15 *paragraph (2).*

16 “(B) *For the development of prevention,*
17 *training, and education programs for Urban In-*
18 *dians, including child education, parent edu-*
19 *cation, provider training on identification and*
20 *intervention, education on reporting require-*
21 *ments, prevention campaigns, and establishing*
22 *service networks of all those involved in Indian*
23 *child protection.*

24 “(C) *To provide direct outpatient treatment*
25 *services (including individual treatment, family*

1 *treatment, group therapy, and support groups)*
2 *to Urban Indians who are child victims of abuse*
3 *(including sexual abuse) or adult survivors of*
4 *child sexual abuse, to the families of such child*
5 *victims, and to Urban Indian perpetrators of*
6 *child abuse (including sexual abuse).*

7 “(4) *CONSIDERATIONS WHEN MAKING GRANTS.—*
8 *In making grants to carry out this subsection, the*
9 *Secretary shall take into consideration—*

10 “(A) *the support for the Urban Indian Or-*
11 *ganization demonstrated by the child protection*
12 *authorities in the area, including committees or*
13 *other services funded under the Indian Child*
14 *Welfare Act of 1978 (25 U.S.C. 1901 et seq.), if*
15 *any;*

16 “(B) *the capability and expertise dem-*
17 *onstrated by the Urban Indian Organization to*
18 *address the complex problem of child sexual*
19 *abuse in the community; and*

20 “(C) *the assessment required under para-*
21 *graph (2).*

22 “(g) *OTHER GRANTS.—The Secretary, acting through*
23 *the Service, may enter into a contract with or make grants*
24 *to an Urban Indian Organization that provides or arranges*
25 *for the provision of health care services (through satellite*

1 facilities, provider networks, or otherwise) to Urban Indi-
 2 ans in more than 1 Urban Center.

3 **“SEC. 504. CONTRACTS AND GRANTS FOR THE DETERMINA-**
 4 **TION OF UNMET HEALTH CARE NEEDS.**

5 “(a) *GRANTS AND CONTRACTS AUTHORIZED.*—Under
 6 authority of the Act of November 2, 1921 (25 U.S.C. 13)
 7 (commonly known as the ‘Snyder Act’), the Secretary, act-
 8 ing through the Service, may enter into contracts with or
 9 make grants to Urban Indian Organizations situated in
 10 Urban Centers for which contracts have not been entered
 11 into or grants have not been made under section 503.

12 “(b) *PURPOSE.*—The purpose of a contract or grant
 13 made under this section shall be the determination of the
 14 matters described in subsection (c)(1) in order to assist the
 15 Secretary in assessing the health status and health care
 16 needs of Urban Indians in the Urban Center involved and
 17 determining whether the Secretary should enter into a con-
 18 tract or make a grant under section 503 with respect to
 19 the Urban Indian Organization which the Secretary has en-
 20 tered into a contract with, or made a grant to, under this
 21 section.

22 “(c) *GRANT AND CONTRACT REQUIREMENTS.*—Any
 23 contract entered into, or grant made, by the Secretary
 24 under this section shall include requirements that—

1 “(1) the Urban Indian Organization successfully
2 undertakes to—

3 “(A) document the health care status and
4 unmet health care needs of Urban Indians in the
5 Urban Center involved; and

6 “(B) with respect to Urban Indians in the
7 Urban Center involved, determine the matters
8 described in paragraphs (2), (3), (4), and (7) of
9 section 503(b); and

10 “(2) the Urban Indian Organization complete
11 performance of the contract, or carry out the require-
12 ments of the grant, within 1 year after the date on
13 which the Secretary and such organization enter into
14 such contract, or within 1 year after such organiza-
15 tion receives such grant, whichever is applicable.

16 “(d) NO RENEWALS.—The Secretary may not renew
17 any contract entered into or grant made under this section.

18 **“SEC. 505. EVALUATIONS; RENEWALS.**

19 “(a) PROCEDURES FOR EVALUATIONS.—The Sec-
20 retary, acting through the Service, shall develop procedures
21 to evaluate compliance with grant requirements and com-
22 pliance with and performance of contracts entered into by
23 Urban Indian Organizations under this title. Such proce-
24 dures shall include provisions for carrying out the require-
25 ments of this section.

1 “(b) *EVALUATIONS.*—*The Secretary, acting through*
 2 *the Service, shall evaluate the compliance of each Urban*
 3 *Indian Organization which has entered into a contract or*
 4 *received a grant under section 503 with the terms of such*
 5 *contract or grant. For purposes of this evaluation, in deter-*
 6 *mining the capacity of an Urban Indian Organization to*
 7 *deliver quality patient care the Secretary shall—*

8 “(1) *acting through the Service, conduct an an-*
 9 *nual onsite evaluation of the organization; or*

10 “(2) *accept in lieu of such onsite evaluation evi-*
 11 *dence of the organization’s provisional or full accredi-*
 12 *tation by a private independent entity recognized by*
 13 *the Secretary for purposes of conducting quality re-*
 14 *views of providers participating in the Medicare pro-*
 15 *gram under title XVIII of the Social Security Act.*

16 “(c) *NONCOMPLIANCE; UNSATISFACTORY PERFORM-*
 17 *ANCE.*—*If, as a result of the evaluations conducted under*
 18 *this section, the Secretary determines that an Urban Indian*
 19 *Organization has not complied with the requirements of a*
 20 *grant or complied with or satisfactorily performed a con-*
 21 *tract under section 503, the Secretary shall, prior to renew-*
 22 *ing such contract or grant, attempt to resolve with the orga-*
 23 *nization the areas of noncompliance or unsatisfactory per-*
 24 *formance and modify the contract or grant to prevent future*
 25 *occurrences of noncompliance or unsatisfactory perform-*

1 *ance. If the Secretary determines that the noncompliance*
 2 *or unsatisfactory performance cannot be resolved and pre-*
 3 *vented in the future, the Secretary shall not renew the con-*
 4 *tract or grant with the organization and is authorized to*
 5 *enter into a contract or make a grant under section 503*
 6 *with another Urban Indian Organization which is situated*
 7 *in the same Urban Center as the Urban Indian Organiza-*
 8 *tion whose contract or grant is not renewed under this sec-*
 9 *tion.*

10 “(d) *CONSIDERATIONS FOR RENEWALS.*—*In deter-*
 11 *mining whether to renew a contract or grant with an Urban*
 12 *Indian Organization under section 503 which has com-*
 13 *pleted performance of a contract or grant under section 504,*
 14 *the Secretary shall review the records of the Urban Indian*
 15 *Organization, the reports submitted under section 507, and*
 16 *shall consider the results of the onsite evaluations or accred-*
 17 *itations under subsection (b).*

18 **“SEC. 506. OTHER CONTRACT AND GRANT REQUIREMENTS.**

19 “(a) *PROCUREMENT.*—*Contracts with Urban Indian*
 20 *Organizations entered into pursuant to this title shall be*
 21 *in accordance with all Federal contracting laws and regula-*
 22 *tions relating to procurement except that in the discretion*
 23 *of the Secretary, such contracts may be negotiated without*
 24 *advertising and need not conform to the provisions of sec-*

1 *tions 1304 and 3131 through 3133 of title 40, United States*
 2 *Code.*

3 “(b) *PAYMENTS UNDER CONTRACTS OR GRANTS.*—
 4 *Payments under any contracts or grants pursuant to this*
 5 *title shall, notwithstanding any term or condition of such*
 6 *contract or grant—*

7 “(1) *be made in their entirety by the Secretary*
 8 *to the Urban Indian Organization by no later than*
 9 *the end of the first 30 days of the funding period with*
 10 *respect to which the payments apply, unless the Sec-*
 11 *retary determines through an evaluation under sec-*
 12 *tion 505 that the organization is not capable of ad-*
 13 *ministering such payments in their entirety; and*

14 “(2) *if any portion thereof is unexpended by the*
 15 *Urban Indian Organization during the funding pe-*
 16 *riod with respect to which the payments initially*
 17 *apply, shall be carried forward for expenditure with*
 18 *respect to allowable or reimbursable costs incurred by*
 19 *the organization during 1 or more subsequent funding*
 20 *periods without additional justification or docu-*
 21 *mentation by the organization as a condition of car-*
 22 *rying forward the availability for expenditure of such*
 23 *funds.*

24 “(c) *REVISION OR AMENDMENT OF CONTRACTS.*—*Not-*
 25 *withstanding any provision of law to the contrary, the Sec-*

1 retary may, at the request and consent of an Urban Indian
 2 Organization, revise or amend any contract entered into
 3 by the Secretary with such organization under this title as
 4 necessary to carry out the purposes of this title.

5 “(d) *FAIR AND UNIFORM SERVICES AND ASSIST-*
 6 *ANCE.*—Contracts with or grants to Urban Indian Organi-
 7 zations and regulations adopted pursuant to this title shall
 8 include provisions to assure the fair and uniform provision
 9 to Urban Indians of services and assistance under such con-
 10 tracts or grants by such organizations.

11 **“SEC. 507. REPORTS AND RECORDS.**

12 “(a) *REPORTS.*—For each fiscal year during which an
 13 Urban Indian Organization receives or expends funds pur-
 14 suant to a contract entered into or a grant received pursu-
 15 ant to this title, such Urban Indian Organization shall sub-
 16 mit to the Secretary not more frequently than every 6
 17 months, a report that includes the following:

18 “(1) *In the case of a contract or grant under sec-*
 19 *tion 503, recommendations pursuant to section*
 20 *503(a)(5).*

21 “(2) *Information on activities conducted by the*
 22 *organization pursuant to the contract or grant.*

23 “(3) *An accounting of the amounts and purpose*
 24 *for which Federal funds were expended.*

1 “(4) *A minimum set of data, using uniformly*
 2 *defined elements, as specified by the Secretary after*
 3 *consultation with Urban Indian Organizations.*

4 “(b) *AUDIT.—The reports and records of the Urban In-*
 5 *dian Organization with respect to a contract or grant under*
 6 *this title shall be subject to audit by the Secretary and the*
 7 *Comptroller General of the United States.*

8 “(c) *COSTS OF AUDITS.—The Secretary shall allow as*
 9 *a cost of any contract or grant entered into or awarded*
 10 *under section 502 or 503 the cost of an annual independent*
 11 *financial audit conducted by—*

12 “(1) *a certified public accountant; or*

13 “(2) *a certified public accounting firm qualified*
 14 *to conduct Federal compliance audits.*

15 **“SEC. 508. LIMITATION ON CONTRACT AUTHORITY.**

16 *“The authority of the Secretary to enter into contracts*
 17 *or to award grants under this title shall be to the extent,*
 18 *and in an amount, provided for in appropriation Acts.*

19 **“SEC. 509. FACILITIES.**

20 “(a) *GRANTS.—The Secretary, acting through the*
 21 *Service, may make grants to contractors or grant recipients*
 22 *under this title for the lease, purchase, renovation, construc-*
 23 *tion, or expansion of facilities, including leased facilities,*
 24 *in order to assist such contractors or grant recipients in*

1 *complying with applicable licensure or certification re-*
2 *quirements.*

3 “(b) *LOAN FUND STUDY.*—*The Secretary, acting*
4 *through the Services, may carry out a study to determine*
5 *the feasibility of establishing a loan fund to provide to*
6 *Urban Indian Organizations direct loans or guarantees for*
7 *loans for the construction of health care facilities in a man-*
8 *ner consistent with section 309.*

9 **“SEC. 510. DIVISION OF URBAN INDIAN HEALTH.**

10 *“There is established within the Service a Division of*
11 *Urban Indian Health, which shall be responsible for—*

12 *“(1) carrying out the provisions of this title;*

13 *“(2) providing central oversight of the programs*
14 *and services authorized under this title; and*

15 *“(3) providing technical assistance to Urban In-*
16 *dian Organizations.*

17 **“SEC. 511. GRANTS FOR ALCOHOL AND SUBSTANCE ABUSE-**
18 ***RELATED SERVICES.***

19 “(a) *GRANTS AUTHORIZED.*—*The Secretary, acting*
20 *through the Service, may make grants for the provision of*
21 *health-related services in prevention of, treatment of, reha-*
22 *bilitation of, or school- and community-based education re-*
23 *garding, alcohol and substance abuse in Urban Centers to*
24 *those Urban Indian Organizations with which the Sec-*

1 retary has entered into a contract under this title or under
2 section 201.

3 “(b) *GOALS.*—Each grant made pursuant to subsection
4 (a) shall set forth the goals to be accomplished pursuant
5 to the grant. The goals shall be specific to each grant as
6 agreed to between the Secretary and the grantee.

7 “(c) *CRITERIA.*—The Secretary shall establish criteria
8 for the grants made under subsection (a), including criteria
9 relating to the following:

10 “(1) *The size of the Urban Indian population.*

11 “(2) *Capability of the organization to adequately*
12 *perform the activities required under the grant.*

13 “(3) *Satisfactory performance standards for the*
14 *organization in meeting the goals set forth in such*
15 *grant. The standards shall be negotiated and agreed*
16 *to between the Secretary and the grantee on a grant-*
17 *by-grant basis.*

18 “(4) *Identification of the need for services.*

19 “(d) *ALLOCATION OF GRANTS.*—The Secretary shall
20 develop a methodology for allocating grants made pursuant
21 to this section based on the criteria established pursuant
22 to subsection (c).

23 “(e) *GRANTS SUBJECT TO CRITERIA.*—Any funds re-
24 ceived by an Urban Indian Organization under this Act
25 for substance abuse prevention, treatment, and rehabilita-

1 *tion shall be subject to the criteria set forth in subsection*
 2 *(c).*

3 **“SEC. 512. TREATMENT OF CERTAIN DEMONSTRATION**
 4 **PROJECTS.**

5 *“Notwithstanding any other provision of law, the*
 6 *Tulsa Clinic and Oklahoma City Clinic demonstration*
 7 *projects shall—*

8 *“(1) be permanent programs within the Service’s*
 9 *direct care program;*

10 *“(2) continue to be treated as Service Units in*
 11 *the allocation of resources and coordination of care;*
 12 *and*

13 *“(3) continue to meet the requirements and defi-*
 14 *nitions of an Urban Indian Organization in this Act,*
 15 *and shall not be subject to the provisions of the In-*
 16 *dian Self-Determination and Education Assistance*
 17 *Act (25 U.S.C. 450 et seq.).*

18 **“SEC. 513. URBAN NIAAA TRANSFERRED PROGRAMS.**

19 *“(a) GRANTS AND CONTRACTS.—The Secretary,*
 20 *through the Division of Urban Indian Health, shall make*
 21 *grants or enter into contracts with Urban Indian Organiza-*
 22 *tions, to take effect not later than September 30, 2008, for*
 23 *the administration of Urban Indian alcohol programs that*
 24 *were originally established under the National Institute on*

1 *Alcoholism and Alcohol Abuse (hereafter in this section re-*
 2 *ferred to as ‘NIAAA’) and transferred to the Service.*

3 “(b) *USE OF FUNDS.*—Grants provided or contracts
 4 entered into under this section shall be used to provide sup-
 5 port for the continuation of alcohol prevention and treat-
 6 ment services for Urban Indian populations and such other
 7 objectives as are agreed upon between the Service and a re-
 8 cipient of a grant or contract under this section.

9 “(c) *ELIGIBILITY.*—Urban Indian Organizations that
 10 operate Indian alcohol programs originally funded under
 11 the NIAAA and subsequently transferred to the Service are
 12 eligible for grants or contracts under this section.

13 “(d) *REPORT.*—The Secretary shall evaluate and re-
 14 port to Congress on the activities of programs funded under
 15 this section not less than every 5 years.

16 **“SEC. 514. CONSULTATION WITH URBAN INDIAN ORGANIZA-**
 17 **TIONS.**

18 “(a) *IN GENERAL.*—The Secretary shall ensure that
 19 the Service consults, to the greatest extent practicable, with
 20 Urban Indian Organizations.

21 “(b) *DEFINITION OF CONSULTATION.*—For purposes of
 22 subsection (a), consultation is the open and free exchange
 23 of information and opinions which leads to mutual under-
 24 standing and comprehension and which emphasizes trust,
 25 respect, and shared responsibility.

1 **“SEC. 515. FEDERAL TORT CLAIM ACT COVERAGE.**

2 “(a) *IN GENERAL.*—With respect to claims resulting
3 from the performance of functions during fiscal year 2005
4 and thereafter, or claims asserted after September 30, 2004,
5 but resulting from the performance of functions prior to fis-
6 cal year 2005, under a contract, grant agreement, or any
7 other agreement authorized under this title, an Urban In-
8 dian Organization is deemed hereafter to be part of the
9 Service in the Department of Health and Human Services
10 while carrying out any such contract or agreement and its
11 employees are deemed employees of the Service while acting
12 within the scope of their employment in carrying out the
13 contract or agreement. After September 30, 2003, any civil
14 action or proceeding involving such claims brought here-
15 after against any Urban Indian Organization or any em-
16 ployee of such Urban Indian Organization covered by this
17 provision shall be deemed to be an action against the United
18 States and will be defended by the Attorney General and
19 be afforded the full protection and coverage of the Federal
20 Tort Claims Act (28 U.S.C. 1346(b), 2671 et seq.). Future
21 coverage under that Act shall be contingent on cooperation
22 of the Urban Indian Organization with the Attorney Gen-
23 eral in prosecuting past claims.

24 “(b) *CLAIMS RESULTING FROM PERFORMANCE OF*
25 *CONTRACT OR GRANT.*—Beginning for fiscal year 2005 and
26 thereafter, the Secretary shall request through annual ap-

1 *appropriations funds sufficient to reimburse the Treasury for*
 2 *any claims paid in the prior fiscal year pursuant to the*
 3 *foregoing provisions.*

4 **“SEC. 516. URBAN YOUTH TREATMENT CENTER DEM-**
 5 **ONSTRATION.**

6 *“(a) CONSTRUCTION AND OPERATION.—The Secretary,*
 7 *acting through the Service, through grant or contract, is*
 8 *authorized to fund the construction and operation of at least*
 9 *2 residential treatment centers in each State described in*
 10 *subsection (b) to demonstrate the provision of alcohol and*
 11 *substance abuse treatment services to Urban Indian youth*
 12 *in a culturally competent residential setting.*

13 *“(b) DEFINITION OF STATE.—A State described in this*
 14 *subsection is a State in which—*

15 *“(1) there resides Urban Indian youth with need*
 16 *for alcohol and substance abuse treatment services in*
 17 *a residential setting; and*

18 *“(2) there is a significant shortage of culturally*
 19 *competent residential treatment services for Urban*
 20 *Indian youth.*

21 **“SEC. 517. USE OF FEDERAL GOVERNMENT FACILITIES AND**
 22 **SOURCES OF SUPPLY.**

23 *“(a) AUTHORIZATION FOR USE.—The Secretary, act-*
 24 *ing through the Service, shall allow an Urban Indian Orga-*
 25 *nization that has entered into a contract or received a grant*

1 *pursuant to this title, in carrying out such contract or*
2 *grant, to use existing facilities and all equipment therein*
3 *or pertaining thereto and other personal property owned*
4 *by the Federal Government within the Secretary's jurisdic-*
5 *tion under such terms and conditions as may be agreed*
6 *upon for their use and maintenance.*

7 “(b) *DONATIONS.*—Subject to subsection (d), the Sec-
8 *retary may donate to an Urban Indian Organization that*
9 *has entered into a contract or received a grant pursuant*
10 *to this title any personal or real property determined to*
11 *be excess to the needs of the Service or the General Services*
12 *Administration for purposes of carrying out the contract*
13 *or grant.*

14 “(c) *ACQUISITION OF PROPERTY FOR DONATION.*—The
15 *Secretary may acquire excess or surplus government per-*
16 *sonal or real property for donation (subject to subsection*
17 *(d)), to an Urban Indian Organization that has entered*
18 *into a contract or received a grant pursuant to this title*
19 *if the Secretary determines that the property is appropriate*
20 *for use by the Urban Indian Organization for a purpose*
21 *for which a contract or grant is authorized under this title.*

22 “(d) *PRIORITY.*—In the event that the Secretary re-
23 *ceives a request for donation of a specific item of personal*
24 *or real property described in subsection (b) or (c) from both*
25 *an Urban Indian Organization and from an Indian Tribe*

1 *or Tribal Organization, the Secretary shall give priority*
 2 *to the request for donation of the Indian Tribe or Tribal*
 3 *Organization if the Secretary receives the request from the*
 4 *Indian Tribe or Tribal Organization before the date the*
 5 *Secretary transfers title to the property or, if earlier, the*
 6 *date the Secretary transfers the property physically to the*
 7 *Urban Indian Organization.*

8 “(e) *URBAN INDIAN ORGANIZATIONS DEEMED EXECU-*
 9 *TIVE AGENCY FOR CERTAIN PURPOSES.—For purposes of*
 10 *section 501 of title 40, United States Code, (relating to Fed-*
 11 *eral sources of supply, including lodging providers, airlines,*
 12 *and other transportation providers), an Urban Indian Or-*
 13 *ganization that has entered into a contract or received a*
 14 *grant pursuant to this title shall be deemed an executive*
 15 *agency when carrying out such contract or grant.*

16 **“SEC. 518. GRANTS FOR DIABETES PREVENTION, TREAT-**
 17 **MENT, AND CONTROL.**

18 “(a) *GRANTS AUTHORIZED.—The Secretary may*
 19 *make grants to those Urban Indian Organizations that have*
 20 *entered into a contract or have received a grant under this*
 21 *title for the provision of services for the prevention and*
 22 *treatment of, and control of the complications resulting*
 23 *from, diabetes among Urban Indians.*

24 “(b) *GOALS.—Each grant made pursuant to subsection*
 25 *(a) shall set forth the goals to be accomplished under the*

1 *grant. The goals shall be specific to each grant as agreed*
2 *to between the Secretary and the grantee.*

3 “(c) *ESTABLISHMENT OF CRITERIA.*—*The Secretary*
4 *shall establish criteria for the grants made under subsection*
5 *(a) relating to—*

6 “(1) *the size and location of the Urban Indian*
7 *population to be served;*

8 “(2) *the need for prevention of and treatment of,*
9 *and control of the complications resulting from, dia-*
10 *betes among the Urban Indian population to be*
11 *served;*

12 “(3) *performance standards for the organization*
13 *in meeting the goals set forth in such grant that are*
14 *negotiated and agreed to by the Secretary and the*
15 *grantee;*

16 “(4) *the capability of the organization to ade-*
17 *quately perform the activities required under the*
18 *grant; and*

19 “(5) *the willingness of the organization to col-*
20 *laborate with the registry, if any, established by the*
21 *Secretary under section 204(e) in the Area Office of*
22 *the Service in which the organization is located.*

23 “(d) *FUNDS SUBJECT TO CRITERIA.*—*Any funds re-*
24 *ceived by an Urban Indian Organization under this Act*
25 *for the prevention, treatment, and control of diabetes among*

1 *Urban Indians shall be subject to the criteria developed by*
2 *the Secretary under subsection (c).*

3 **“SEC. 519. COMMUNITY HEALTH REPRESENTATIVES.**

4 *“The Secretary, acting through the Service, may enter*
5 *into contracts with, and make grants to, Urban Indian Or-*
6 *ganizations for the employment of Indians trained as health*
7 *service providers through the Community Health Represent-*
8 *atives Program under section 109 in the provision of health*
9 *care, health promotion, and disease prevention services to*
10 *Urban Indians.*

11 **“SEC. 520. EFFECTIVE DATE.**

12 *“The amendments made by the Indian Health Care*
13 *Improvement Act Amendments of 2005 to this title shall*
14 *take effect beginning on the date of enactment of that Act,*
15 *regardless of whether the Secretary has promulgated regula-*
16 *tions implementing such amendments.*

17 **“SEC. 521. ELIGIBILITY FOR SERVICES.**

18 *“Urban Indians shall be eligible and the ultimate bene-*
19 *ficiaries for health care or referral services provided pursu-*
20 *ant to this title.*

21 **“SEC. 522. AUTHORIZATION OF APPROPRIATIONS.**

22 *“There are authorized to be appropriated such sums*
23 *as may be necessary for each fiscal year through fiscal year*
24 *2015 to carry out this title.*

1 **“TITLE VI—ORGANIZATIONAL**
 2 **IMPROVEMENTS**

3 **“SEC. 601. ESTABLISHMENT OF THE INDIAN HEALTH SERV-**
 4 **ICE AS AN AGENCY OF THE PUBLIC HEALTH**
 5 **SERVICE.**

6 “(a) *ESTABLISHMENT.*—

7 “(1) *IN GENERAL.*—*In order to more effectively*
 8 *and efficiently carry out the responsibilities, authori-*
 9 *ties, and functions of the United States to provide*
 10 *health care services to Indians and Indian Tribes, as*
 11 *are or may be hereafter provided by Federal statute*
 12 *or treaties, there is established within the Public*
 13 *Health Service of the Department the Indian Health*
 14 *Service.*

15 “(2) *ASSISTANT SECRETARY OF INDIAN*
 16 *HEALTH.*—*The Service shall be administered by an*
 17 *Assistant Secretary of Indian Health, who shall be*
 18 *appointed by the President, by and with the advice*
 19 *and consent of the Senate. The Assistant Secretary*
 20 *shall report to the Secretary. Effective with respect to*
 21 *an individual appointed by the President, by and*
 22 *with the advice and consent of the Senate, after Janu-*
 23 *ary 1, 2005, the term of service of the Assistant Sec-*
 24 *retary shall be 4 years. An Assistant Secretary may*
 25 *serve more than 1 term.*

1 “(3) *INCUMBENT.*—*The individual serving in the*
2 *position of Director of the Indian Health Service on*
3 *the day before the date of enactment of the Indian*
4 *Health Care Improvement Act Amendments of 2005*
5 *shall serve as Assistant Secretary.*

6 “(4) *ADVOCACY AND CONSULTATION.*—*The posi-*
7 *tion of Assistant Secretary is established to, in a*
8 *manner consistent with the government-to-government*
9 *relationship between the United States and Indian*
10 *Tribes—*

11 “(A) *facilitate advocacy for the development*
12 *of appropriate Indian health policy; and*

13 “(B) *promote consultation on matters relat-*
14 *ing to Indian health.*

15 “(b) *AGENCY.*—*The Service shall be an agency within*
16 *the Public Health Service of the Department, and shall not*
17 *be an office, component, or unit of any other agency of the*
18 *Department.*

19 “(c) *DUTIES.*—*The Assistant Secretary of Indian*
20 *Health shall—*

21 “(1) *perform all functions that were, on the day*
22 *before the date of enactment of the Indian Health*
23 *Care Improvement Act Amendments of 2005, carried*
24 *out by or under the direction of the individual serv-*
25 *ing as Director of the Service on that day;*

1 “(2) perform all functions of the Secretary relat-
2 ing to the maintenance and operation of hospital and
3 health facilities for Indians and the planning for, and
4 provision and utilization of, health services for Indi-
5 ans;

6 “(3) administer all health programs under which
7 health care is provided to Indians based upon their
8 status as Indians which are administered by the Sec-
9 retary, including programs under—

10 “(A) this Act;

11 “(B) the Act of November 2, 1921 (25
12 U.S.C. 13);

13 “(C) the Act of August 5, 1954 (42 U.S.C.
14 2001 et seq.);

15 “(D) the Act of August 16, 1957 (42 U.S.C.
16 2005 et seq.); and

17 “(E) the Indian Self-Determination and
18 Education Assistance Act (25 U.S.C. 450 et
19 seq.);

20 “(4) administer all scholarship and loan func-
21 tions carried out under title I;

22 “(5) report directly to the Secretary concerning
23 all policy- and budget-related matters affecting In-
24 dian health;

1 “(6) *collaborate with the Assistant Secretary for*
2 *Health concerning appropriate matters of Indian*
3 *health that affect the agencies of the Public Health*
4 *Service;*

5 “(7) *advise each Assistant Secretary of the De-*
6 *partment concerning matters of Indian health with*
7 *respect to which that Assistant Secretary has author-*
8 *ity and responsibility;*

9 “(8) *advise the heads of other agencies and pro-*
10 *grams of the Department concerning matters of In-*
11 *dian health with respect to which those heads have*
12 *authority and responsibility;*

13 “(9) *coordinate the activities of the Department*
14 *concerning matters of Indian health; and*

15 “(10) *perform such other functions as the Sec-*
16 *retary may designate.*

17 “(d) *AUTHORITY.—*

18 “(1) *IN GENERAL.—The Secretary, acting*
19 *through the Assistant Secretary, shall have the au-*
20 *thority—*

21 “(A) *except to the extent provided for in*
22 *paragraph (2), to appoint and compensate em-*
23 *ployees for the Service in accordance with title*
24 *5, United States Code;*

1 “(B) to enter into contracts for the procure-
 2 ment of goods and services to carry out the func-
 3 tions of the Service; and

4 “(C) to manage, expend, and obligate all
 5 funds appropriated for the Service.

6 “(2) *PERSONNEL ACTIONS*.—Notwithstanding
 7 any other provision of law, the provisions of section
 8 12 of the Act of June 18, 1934 (48 Stat. 986; 25
 9 U.S.C. 472), shall apply to all personnel actions
 10 taken with respect to new positions created within the
 11 Service as a result of its establishment under sub-
 12 section (a).

13 “(e) *REFERENCES*.—Any reference to the Director of
 14 the Indian Health Service in any other Federal law, Execu-
 15 tive order, rule, regulation, or delegation of authority, or
 16 in any document of or relating to the Director of the Indian
 17 Health Service, shall be deemed to refer to the Assistant Sec-
 18 retary.

19 **“SEC. 602. AUTOMATED MANAGEMENT INFORMATION SYS-**
 20 **TEM.**

21 “(a) *ESTABLISHMENT*.—

22 “(1) *IN GENERAL*.—The Secretary shall establish
 23 an automated management information system for
 24 the Service.

1 “(2) *REQUIREMENTS OF SYSTEM.*—*The informa-*
 2 *tion system established under paragraph (1) shall in-*
 3 *clude—*

4 “(A) *a financial management system;*

5 “(B) *a patient care information system for*
 6 *each area served by the Service;*

7 “(C) *a privacy component that protects the*
 8 *privacy of patient information held by, or on be-*
 9 *half of, the Service;*

10 “(D) *a services-based cost accounting com-*
 11 *ponent that provides estimates of the costs associ-*
 12 *ated with the provision of specific medical treat-*
 13 *ments or services in each Area office of the Serv-*
 14 *ice;*

15 “(E) *an interface mechanism for patient*
 16 *billing and accounts receivable system; and*

17 “(F) *a training component.*

18 “(b) *PROVISION OF SYSTEMS TO TRIBES AND ORGANI-*
 19 *ZATIONS.*—*The Secretary shall provide each Tribal Health*
 20 *Program automated management information systems*
 21 *which—*

22 “(1) *meet the management information needs of*
 23 *such Tribal Health Program with respect to the treat-*
 24 *ment by the Tribal Health Program of patients of the*
 25 *Service; and*

1 “(2) *meet the management information needs of*
2 *the Service.*

3 “(c) *ACCESS TO RECORDS.—Notwithstanding any*
4 *other provision of law, each patient shall have reasonable*
5 *access to the medical or health records of such patient which*
6 *are held by, or on behalf of, the Service.*

7 “(d) *AUTHORITY TO ENHANCE INFORMATION TECH-*
8 *NOLOGY.—The Secretary, acting through the Assistant Sec-*
9 *retary, shall have the authority to enter into contracts,*
10 *agreements, or joint ventures with other Federal agencies,*
11 *States, private and nonprofit organizations, for the purpose*
12 *of enhancing information technology in Indian health pro-*
13 *grams and facilities.*

14 **“SEC. 603. AUTHORIZATION OF APPROPRIATIONS.**

15 *“There is authorized to be appropriated such sums as*
16 *may be necessary for each fiscal year through fiscal year*
17 *2015 to carry out this title.*

18 **“TITLE VII—BEHAVIORAL**
19 **HEALTH PROGRAMS**

20 **“SEC. 701. BEHAVIORAL HEALTH PREVENTION AND TREAT-**
21 **MENT SERVICES.**

22 “(a) *PURPOSES.—The purposes of this section are as*
23 *follows:*

24 “(1) *To authorize and direct the Secretary, act-*
25 *ing through the Service, Indian Tribes, Tribal Orga-*

1 nizations, and Urban Indian Organizations, to de-
2 velop a comprehensive behavioral health prevention
3 and treatment program which emphasizes collabora-
4 tion among alcohol and substance abuse, social serv-
5 ices, and mental health programs.

6 “(2) To provide information, direction, and
7 guidance relating to mental illness and dysfunction
8 and self-destructive behavior, including child abuse
9 and family violence, to those Federal, tribal, State,
10 and local agencies responsible for programs in Indian
11 communities in areas of health care, education, social
12 services, child and family welfare, alcohol and sub-
13 stance abuse, law enforcement, and judicial services.

14 “(3) To assist Indian Tribes to identify services
15 and resources available to address mental illness and
16 dysfunctional and self-destructive behavior.

17 “(4) To provide authority and opportunities for
18 Indian Tribes and Tribal Organizations to develop,
19 implement, and coordinate with community-based
20 programs which include identification, prevention,
21 education, referral, and treatment services, including
22 through multidisciplinary resource teams.

23 “(5) To ensure that Indians, as citizens of the
24 United States and of the States in which they reside,

1 *have the same access to behavioral health services to*
2 *which all citizens have access.*

3 “(6) *To modify or supplement existing programs*
4 *and authorities in the areas identified in paragraph*
5 *(2).*

6 “(b) *PLANS.—*

7 “(1) *DEVELOPMENT.—The Secretary, acting*
8 *through the Service, Indian Tribes, Tribal Organiza-*
9 *tions, and Urban Indian Organizations, shall encour-*
10 *age Indian Tribes and Tribal Organizations to de-*
11 *velop tribal plans, and Urban Indian Organizations*
12 *to develop local plans, and for all such groups to par-*
13 *ticipate in developing areawide plans for Indian Be-*
14 *havioral Health Services. The plans shall include, to*
15 *the extent feasible, the following components:*

16 “(A) *An assessment of the scope of alcohol*
17 *or other substance abuse, mental illness, and dys-*
18 *functional and self-destructive behavior, includ-*
19 *ing suicide, child abuse, and family violence,*
20 *among Indians, including—*

21 “(i) *the number of Indians served who*
22 *are directly or indirectly affected by such*
23 *illness or behavior; or*

1 “(ii) *an estimate of the financial and*
2 *human cost attributable to such illness or*
3 *behavior.*

4 “(B) *An assessment of the existing and ad-*
5 *ditional resources necessary for the prevention*
6 *and treatment of such illness and behavior, in-*
7 *cluding an assessment of the progress toward*
8 *achieving the availability of the full continuum*
9 *of care described in subsection (c).*

10 “(C) *An estimate of the additional funding*
11 *needed by the Service, Indian Tribes, Tribal Or-*
12 *ganizations, and Urban Indian Organizations to*
13 *meet their responsibilities under the plans.*

14 “(2) *NATIONAL CLEARINGHOUSE.—The Sec-*
15 *retary, acting through the Service, shall establish a*
16 *national clearinghouse of plans and reports on the*
17 *outcomes of such plans developed by Indian Tribes,*
18 *Tribal Organizations, Urban Indian Organizations,*
19 *and Service Areas relating to behavioral health. The*
20 *Secretary shall ensure access to these plans and out-*
21 *comes by any Indian Tribe, Tribal Organization,*
22 *Urban Indian Organization, or the Service.*

23 “(3) *TECHNICAL ASSISTANCE.—The Secretary*
24 *shall provide technical assistance to Indian Tribes,*
25 *Tribal Organizations, and Urban Indian Organiza-*

1 *tions in preparation of plans under this section and*
 2 *in developing standards of care that may be used and*
 3 *adopted locally.*

4 “(c) *PROGRAMS.—The Secretary, acting through the*
 5 *Service, Indian Tribes, and Tribal Organizations, shall*
 6 *provide, to the extent feasible and if funding is available,*
 7 *programs including the following:*

8 “(1) *COMPREHENSIVE CARE.—A comprehensive*
 9 *continuum of behavioral health care which provides—*

10 “(A) *community-based prevention, interven-*
 11 *tion, outpatient, and behavioral health aftercare;*

12 “(B) *detoxification (social and medical);*

13 “(C) *acute hospitalization;*

14 “(D) *intensive outpatient/day treatment;*

15 “(E) *residential treatment;*

16 “(F) *transitional living for those needing a*
 17 *temporary, stable living environment that is*
 18 *supportive of treatment and recovery goals;*

19 “(G) *emergency shelter;*

20 “(H) *intensive case management;*

21 “(I) *Traditional Health Care Practices; and*

22 “(J) *diagnostic services.*

23 “(2) *CHILD CARE.—Behavioral health services*
 24 *for Indians from birth through age 17, including—*

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, inhal-
6 ant, and tobacco);

7 “(C) identification and treatment of co-oc-
8 curring 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 approaches to
14 risk and safety issues; and

15 “(G) identification and treatment of neglect
16 and physical, mental, and sexual abuse.

17 “(3) ADULT CARE.—Behavioral health services
18 for Indians from age 18 through 55, including—

19 “(A) early intervention, treatment, and
20 aftercare;

21 “(B) mental health and substance abuse
22 services (emotional, alcohol, drug, inhalant, and
23 tobacco), including sex specific services;

1 “(C) *identification and treatment of co-oc-*
 2 *curing disorders (dual diagnosis) and comor-*
 3 *bidity;*

4 “(D) *promotion of healthy approaches for*
 5 *risk-related behavior;*

6 “(E) *treatment services for women at risk of*
 7 *giving birth to a child with a fetal alcohol dis-*
 8 *order; and*

9 “(F) *sex specific treatment for sexual as-*
 10 *sault and domestic violence.*

11 “(4) *FAMILY CARE.—Behavioral health services*
 12 *for families, including—*

13 “(A) *early intervention, treatment, and*
 14 *aftercare for affected families;*

15 “(B) *treatment for sexual assault and do-*
 16 *mestic violence; and*

17 “(C) *promotion of healthy approaches relat-*
 18 *ing to parenting, domestic violence, and other*
 19 *abuse issues.*

20 “(5) *ELDER CARE.—Behavioral health services*
 21 *for Indians 56 years of age and older, including—*

22 “(A) *early intervention, treatment, and*
 23 *aftercare;*

1 “(B) mental health and substance abuse
2 services (emotional, alcohol, drug, inhalant, and
3 tobacco), including sex specific services;

4 “(C) identification and treatment of co-oc-
5 curring disorders (dual diagnosis) and comor-
6 bidity;

7 “(D) promotion of healthy approaches to
8 managing conditions related to aging;

9 “(E) sex specific treatment for sexual as-
10 sault, domestic violence, neglect, physical and
11 mental abuse and exploitation; and

12 “(F) identification and treatment of demen-
13 tias regardless of cause.

14 “(d) COMMUNITY BEHAVIORAL HEALTH PLAN.—

15 “(1) ESTABLISHMENT.—The governing body of
16 any Indian Tribe, Tribal Organization, or Urban In-
17 dian Organization may adopt a resolution for the es-
18 tablishment of a community behavioral health plan
19 providing for the identification and coordination of
20 available resources and programs to identify, prevent,
21 or treat substance abuse, mental illness, or dysfunc-
22 tional and self-destructive behavior, including child
23 abuse and family violence, among its members or its
24 service population. This plan should include behav-

1 *ioral health services, social services, intensive out-*
2 *patient services, and continuing aftercare.*

3 “(2) *TECHNICAL ASSISTANCE.—At the request of*
4 *an Indian Tribe, Tribal Organization, or Urban In-*
5 *Indian Organization, the Bureau of Indian Affairs and*
6 *the Service shall cooperate with and provide technical*
7 *assistance to the Indian Tribe, Tribal Organization,*
8 *or Urban Indian Organization in the development*
9 *and implementation of such plan.*

10 “(3) *FUNDING.—The Secretary, acting through*
11 *the Service, may make funding available to Indian*
12 *Tribes and Tribal Organizations which adopt a reso-*
13 *lution pursuant to paragraph (1) to obtain technical*
14 *assistance for the development of a community behav-*
15 *ioral health plan and to provide administrative sup-*
16 *port in the implementation of such plan.*

17 “(e) *COORDINATION FOR AVAILABILITY OF SERV-*
18 *ICES.—The Secretary, acting through the Service, Indian*
19 *Tribes, Tribal Organizations, and Urban Indian Organiza-*
20 *tions, shall coordinate behavioral health planning, to the*
21 *extent feasible, with other Federal agencies and with State*
22 *agencies, to encourage comprehensive behavioral health serv-*
23 *ices for Indians regardless of their place of residence.*

24 “(f) *MENTAL HEALTH CARE NEED ASSESSMENT.—*
25 *Not later than 1 year after the date of enactment of the*

1 *Indian Health Care Improvement Act Amendments of 2005,*
 2 *the Secretary, acting through the Service, shall make an as-*
 3 *essment of the need for inpatient mental health care among*
 4 *Indians and the availability and cost of inpatient mental*
 5 *health facilities which can meet such need. In making such*
 6 *assessment, the Secretary shall consider the possible conver-*
 7 *sion of existing, underused Service hospital beds into psy-*
 8 *chiatric units to meet such need.*

9 **“SEC. 702. MEMORANDA OF AGREEMENT WITH THE DEPART-**
 10 **MENT OF THE INTERIOR.**

11 *“(a) CONTENTS.—Not later than 12 months after the*
 12 *date of enactment of the Indian Health Care Improvement*
 13 *Act Amendments of 2005, the Secretary, acting through the*
 14 *Service, and the Secretary of the Interior shall develop and*
 15 *enter into a memoranda of agreement, or review and update*
 16 *any existing memoranda of agreement, as required by sec-*
 17 *tion 4205 of the Indian Alcohol and Substance Abuse Pre-*
 18 *vention and Treatment Act of 1986 (25 U.S.C. 2411) under*
 19 *which the Secretaries address the following:*

20 *“(1) The scope and nature of mental illness and*
 21 *dysfunctional and self-destructive behavior, including*
 22 *child abuse and family violence, among Indians.*

23 *“(2) The existing Federal, tribal, State, local,*
 24 *and private services, resources, and programs avail-*
 25 *able to provide behavioral health services for Indians.*

1 “(3) *The unmet need for additional services, re-*
2 *sources, and programs necessary to meet the needs*
3 *identified pursuant to paragraph (1).*

4 “(4)(A) *The right of Indians, as citizens of the*
5 *United States and of the States in which they reside,*
6 *to have access to behavioral health services to which*
7 *all citizens have access.*

8 “(B) *The right of Indians to participate in, and*
9 *receive the benefit of, such services.*

10 “(C) *The actions necessary to protect the exercise*
11 *of such right.*

12 “(5) *The responsibilities of the Bureau of Indian*
13 *Affairs and the Service, including mental illness iden-*
14 *tification, prevention, education, referral, and treat-*
15 *ment services (including services through multidisci-*
16 *plinary resource teams), at the central, area, and*
17 *agency and Service Unit, Service Area, and head-*
18 *quarters levels to address the problems identified in*
19 *paragraph (1).*

20 “(6) *A strategy for the comprehensive coordina-*
21 *tion of the behavioral health services provided by the*
22 *Bureau of Indian Affairs and the Service to meet the*
23 *problems identified pursuant to paragraph (1), in-*
24 *cluding—*

1 “(A) the coordination of alcohol and sub-
2 stance abuse programs of the Service, the Bureau
3 of Indian Affairs, and Indian Tribes and Tribal
4 Organizations (developed under the Indian Alco-
5 hol and Substance Abuse Prevention and Treat-
6 ment Act of 1986 (25 U.S.C. 2401 et seq.)) with
7 behavioral health initiatives pursuant to this
8 Act, particularly with respect to the referral and
9 treatment of dually diagnosed individuals re-
10 quiring behavioral health and substance abuse
11 treatment; and

12 “(B) ensuring that the Bureau of Indian
13 Affairs and Service programs and services (in-
14 cluding multidisciplinary resource teams) ad-
15 dressing child abuse and family violence are co-
16 ordinated with such non-Federal programs and
17 services.

18 “(7) Directing appropriate officials of the Bu-
19 reau of Indian Affairs and the Service, particularly
20 at the agency and Service Unit levels, to cooperate
21 fully with tribal requests made pursuant to commu-
22 nity behavioral health plans adopted under section
23 701(c) and section 4206 of the Indian Alcohol and
24 Substance Abuse Prevention and Treatment Act of
25 1986 (25 U.S.C. 2412).

1 “(8) *Providing for an annual review of such*
2 *agreement by the Secretaries which shall be provided*
3 *to Congress and Indian Tribes and Tribal Organiza-*
4 *tions.*

5 “(b) *SPECIFIC PROVISIONS REQUIRED.—The memo-*
6 *randa of agreement updated or entered into pursuant to*
7 *subsection (a) shall include specific provisions pursuant to*
8 *which the Service shall assume responsibility for—*

9 “(1) *the determination of the scope of the prob-*
10 *lem of alcohol and substance abuse among Indians,*
11 *including the number of Indians within the jurisdic-*
12 *tion of the Service who are directly or indirectly af-*
13 *ected by alcohol and substance abuse and the finan-*
14 *cial and human cost;*

15 “(2) *an assessment of the existing and needed re-*
16 *sources necessary for the prevention of alcohol and*
17 *substance abuse and the treatment of Indians affected*
18 *by alcohol and substance abuse; and*

19 “(3) *an estimate of the funding necessary to ade-*
20 *quately support a program of prevention of alcohol*
21 *and substance abuse and treatment of Indians affected*
22 *by alcohol and substance abuse.*

23 “(c) *CONSULTATION.—The Secretary, acting through*
24 *the Service, and the Secretary of the Interior shall, in devel-*

1 *oping the memoranda of agreement under subsection (a),*
 2 *consult with and solicit the comments from—*

3 *“(1) Indian Tribes and Tribal Organizations;*

4 *“(2) Indians;*

5 *“(3) Urban Indian Organizations and other In-*
 6 *dian organizations; and*

7 *“(4) behavioral health service providers.*

8 *“(d) PUBLICATION.—Each memorandum of agreement*
 9 *entered into or renewed (and amendments or modifications*
 10 *thereto) under subsection (a) shall be published in the Fed-*
 11 *eral Register. At the same time as publication in the Fed-*
 12 *eral Register, the Secretary shall provide a copy of such*
 13 *memoranda, amendment, or modification to each Indian*
 14 *Tribe, Tribal Organization, and Urban Indian Organiza-*
 15 *tion.*

16 **“SEC. 703. COMPREHENSIVE BEHAVIORAL HEALTH PREVEN-**
 17 **TION AND TREATMENT PROGRAM.**

18 *“(a) ESTABLISHMENT.—*

19 *“(1) IN GENERAL.—The Secretary, acting*
 20 *through the Service, Indian Tribes, and Tribal Orga-*
 21 *nizations, shall provide a program of comprehensive*
 22 *behavioral health, prevention, treatment, and*
 23 *aftercare, including Traditional Health Care Prac-*
 24 *tices, which shall include—*

1 “(A) prevention, through educational inter-
2 vention, in Indian communities;

3 “(B) acute detoxification, psychiatric hos-
4 pitalization, residential, and intensive out-
5 patient treatment;

6 “(C) community-based rehabilitation and
7 aftercare;

8 “(D) community education and involve-
9 ment, including extensive training of health care,
10 educational, and community-based personnel;

11 “(E) specialized residential treatment pro-
12 grams for high-risk populations, including preg-
13 nant and postpartum women and their children;
14 and

15 “(F) diagnostic services.

16 “(2) *TARGET POPULATIONS.*—The target popu-
17 lation of such programs shall be members of Indian
18 Tribes. Efforts to train and educate key members of
19 the Indian community shall also target employees of
20 health, education, judicial, law enforcement, legal,
21 and social service programs.

22 “(b) *CONTRACT HEALTH SERVICES.*—

23 “(1) *IN GENERAL.*—The Secretary, acting
24 through the Service, Indian Tribes, and Tribal Orga-
25 nizations, may enter into contracts with public or

1 *private providers of behavioral health treatment serv-*
 2 *ices for the purpose of carrying out the program re-*
 3 *quired under subsection (a).*

4 “(2) *PROVISION OF ASSISTANCE.—In carrying*
 5 *out this subsection, the Secretary shall provide assist-*
 6 *ance to Indian Tribes and Tribal Organizations to*
 7 *develop criteria for the certification of behavioral*
 8 *health service providers and accreditation of service*
 9 *facilities which meet minimum standards for such*
 10 *services and facilities.*

11 **“SEC. 704. MENTAL HEALTH TECHNICIAN PROGRAM.**

12 “(a) *IN GENERAL.—Under the authority of the Act of*
 13 *November 2, 1921 (25 U.S.C. 13) (commonly known as the*
 14 *‘Snyder Act’), the Secretary shall establish and maintain*
 15 *a mental health technician program within the Service*
 16 *which—*

17 “(1) *provides for the training of Indians as men-*
 18 *tal health technicians; and*

19 “(2) *employs such technicians in the provision of*
 20 *community-based mental health care that includes*
 21 *identification, prevention, education, referral, and*
 22 *treatment services.*

23 “(b) *PARAPROFESSIONAL TRAINING.—In carrying out*
 24 *subsection (a), the Secretary, acting through the Service, In-*
 25 *dian Tribes, and Tribal Organizations, shall provide high-*

1 *standard paraprofessional training in mental health care*
 2 *necessary to provide quality care to the Indian communities*
 3 *to be served. Such training shall be based upon a cur-*
 4 *riculum developed or approved by the Secretary which com-*
 5 *bines education in the theory of mental health care with*
 6 *supervised practical experience in the provision of such*
 7 *care.*

8 “(c) *SUPERVISION AND EVALUATION OF TECHNI-*
 9 *CIANS.—The Secretary, acting through the Service, Indian*
 10 *Tribes, and Tribal Organizations, shall supervise and*
 11 *evaluate the mental health technicians in the training pro-*
 12 *gram.*

13 “(d) *TRADITIONAL HEALTH CARE PRACTICES.—The*
 14 *Secretary, acting through the Service, shall ensure that the*
 15 *program established pursuant to this subsection involves the*
 16 *use and promotion of the Traditional Health Care Practices*
 17 *of the Indian Tribes to be served.*

18 **“SEC. 705. LICENSING REQUIREMENT FOR MENTAL HEALTH**
 19 **CARE WORKERS.**

20 “Subject to the provisions of section 221, any person
 21 employed as a psychologist, social worker, or marriage and
 22 family therapist for the purpose of providing mental health
 23 care services to Indians in a clinical setting under this Act
 24 is required to be licensed as a clinical psychologist, social
 25 worker, or marriage and family therapist, respectively, or

1 *working under the direct supervision of a licensed clinical*
 2 *psychologist, social worker, or marriage and family thera-*
 3 *pist, respectively.*

4 **“SEC. 706. INDIAN WOMEN TREATMENT PROGRAMS.**

5 “(a) *GRANTS.*—*The Secretary, consistent with section*
 6 *701, may make grants to Indian Tribes, Tribal Organiza-*
 7 *tions, and Urban Indian Organizations to develop and im-*
 8 *plement a comprehensive behavioral health program of pre-*
 9 *vention, intervention, treatment, and relapse prevention*
 10 *services that specifically addresses the spiritual, cultural,*
 11 *historical, social, and child care needs of Indian women,*
 12 *regardless of age.*

13 “(b) *USE OF GRANT FUNDS.*—*A grant made pursuant*
 14 *to this section may be used to—*

15 “(1) *develop and provide community training,*
 16 *education, and prevention programs for Indian*
 17 *women relating to behavioral health issues, including*
 18 *fetal alcohol disorders;*

19 “(2) *identify and provide psychological services,*
 20 *counseling, advocacy, support, and relapse prevention*
 21 *to Indian women and their families; and*

22 “(3) *develop prevention and intervention models*
 23 *for Indian women which incorporate Traditional*
 24 *Health Care Practices, cultural values, and commu-*
 25 *nity and family involvement.*

1 “(c) *CRITERIA.*—*The Secretary, in consultation with*
 2 *Indian Tribes and Tribal Organizations, shall establish cri-*
 3 *teria for the review and approval of applications and pro-*
 4 *posals for funding under this section.*

5 “(d) *EARMARK OF CERTAIN FUNDS.*—*Twenty percent*
 6 *of the funds appropriated pursuant to this section shall be*
 7 *used to make grants to Urban Indian Organizations.*

8 **“SEC. 707. INDIAN YOUTH PROGRAM.**

9 “(a) *DETOXIFICATION AND REHABILITATION.*—*The*
 10 *Secretary, acting through the Service, consistent with sec-*
 11 *tion 701, shall develop and implement a program for acute*
 12 *detoxification and treatment for Indian youths, including*
 13 *behavioral health services. The program shall include re-*
 14 *gional treatment centers designed to include detoxification*
 15 *and rehabilitation for both sexes on a referral basis and*
 16 *programs developed and implemented by Indian Tribes or*
 17 *Tribal Organizations at the local level under the Indian*
 18 *Self-Determination and Education Assistance Act (25*
 19 *U.S.C. 450 et seq.). Regional centers shall be integrated*
 20 *with the intake and rehabilitation programs based in the*
 21 *referring Indian community.*

22 “(b) *ALCOHOL AND SUBSTANCE ABUSE TREATMENT*
 23 *CENTERS OR FACILITIES.*—

24 “(1) *ESTABLISHMENT.*—

1 “(A) *IN GENERAL.*—*The Secretary, acting*
2 *through the Service, Indian Tribes, and Tribal*
3 *Organizations, shall construct, renovate, or, as*
4 *necessary, purchase, and appropriately staff and*
5 *operate, at least 1 youth regional treatment cen-*
6 *ter or treatment network in each area under the*
7 *jurisdiction of an Area Office.*

8 “(B) *AREA OFFICE IN CALIFORNIA.*—*For*
9 *the purposes of this subsection, the Area Office in*
10 *California shall be considered to be 2 Area Of-*
11 *fices, 1 office whose jurisdiction shall be consid-*
12 *ered to encompass the northern area of the State*
13 *of California, and 1 office whose jurisdiction*
14 *shall be considered to encompass the remainder*
15 *of the State of California for the purpose of im-*
16 *plementing California treatment networks.*

17 “(2) *FUNDING.*—*For the purpose of staffing and*
18 *operating such centers or facilities, funding shall be*
19 *pursuant to the Act of November 2, 1921 (25 U.S.C.*
20 *13).*

21 “(3) *LOCATION.*—*A youth treatment center con-*
22 *structed or purchased under this subsection shall be*
23 *constructed or purchased at a location within the*
24 *area described in paragraph (1) agreed upon (by ap-*

1 *propriate tribal resolution) by a majority of the In-*
 2 *dian Tribes to be served by such center.*

3 “(4) *SPECIFIC PROVISION OF FUNDS.—*

4 “(A) *IN GENERAL.—Notwithstanding any*
 5 *other provision of this title, the Secretary may,*
 6 *from amounts authorized to be appropriated for*
 7 *the purposes of carrying out this section, make*
 8 *funds available to—*

9 “(i) *the Tanana Chiefs Conference, In-*
 10 *corporated, for the purpose of leasing, con-*
 11 *structing, renovating, operating, and main-*
 12 *taining a residential youth treatment facil-*
 13 *ity in Fairbanks, Alaska; and*

14 “(ii) *the Southeast Alaska Regional*
 15 *Health Corporation to staff and operate a*
 16 *residential youth treatment facility without*
 17 *regard to the proviso set forth in section 4(l)*
 18 *of the Indian Self-Determination and Edu-*
 19 *cation Assistance Act (25 U.S.C. 450b(l)).*

20 “(B) *PROVISION OF SERVICES TO ELIGIBLE*
 21 *YOUTHS.—Until additional residential youth*
 22 *treatment facilities are established in Alaska*
 23 *pursuant to this section, the facilities specified*
 24 *in subparagraph (A) shall make every effort to*

1 *provide services to all eligible Indian youths re-*
 2 *siding in Alaska.*

3 “(c) *INTERMEDIATE ADOLESCENT BEHAVIORAL*
 4 *HEALTH SERVICES.—*

5 “(1) *IN GENERAL.—The Secretary, acting*
 6 *through the Service, Indian Tribes, and Tribal Orga-*
 7 *nizations, may provide intermediate behavioral health*
 8 *services, which may incorporate Traditional Health*
 9 *Care Practices, to Indian children and adolescents,*
 10 *including—*

11 “(A) *pretreatment assistance;*

12 “(B) *inpatient, outpatient, and aftercare*
 13 *services;*

14 “(C) *emergency care;*

15 “(D) *suicide prevention and crisis interven-*
 16 *tion; and*

17 “(E) *prevention and treatment of mental*
 18 *illness and dysfunctional and self-destructive be-*
 19 *havior, including child abuse and family vio-*
 20 *lence.*

21 “(2) *USE OF FUNDS.—Funds provided under*
 22 *this subsection may be used—*

23 “(A) *to construct or renovate an existing*
 24 *health facility to provide intermediate behavioral*
 25 *health services;*

1 “(B) to hire behavioral health professionals;

2 “(C) to staff, operate, and maintain an in-
3 intermediate mental health facility, group home,
4 sober housing, transitional housing or similar fa-
5 cilities, or youth shelter where intermediate be-
6 havioral health services are being provided;

7 “(D) to make renovations and hire appro-
8 priate staff to convert existing hospital beds into
9 adolescent psychiatric units; and

10 “(E) for intensive home- and community-
11 based services.

12 “(3) CRITERIA.—The Secretary, acting through
13 the Service, shall, in consultation with Indian Tribes
14 and Tribal Organizations, establish criteria for the
15 review and approval of applications or proposals for
16 funding made available pursuant to this subsection.

17 “(d) FEDERALLY OWNED STRUCTURES.—

18 “(1) IN GENERAL.—The Secretary, in consulta-
19 tion with Indian Tribes and Tribal Organizations,
20 shall—

21 “(A) identify and use, where appropriate,
22 federally owned structures suitable for local resi-
23 dential or regional behavioral health treatment
24 for Indian youths; and

1 “(B) *establish guidelines, in consultation*
2 *with Indian Tribes and Tribal Organizations,*
3 *for determining the suitability of any such feder-*
4 *ally owned structure to be used for local residen-*
5 *tial or regional behavioral health treatment for*
6 *Indian youths.*

7 “(2) *TERMS AND CONDITIONS FOR USE OF*
8 *STRUCTURE.—Any structure described in paragraph*
9 *(1) may be used under such terms and conditions as*
10 *may be agreed upon by the Secretary and the agency*
11 *having responsibility for the structure and any In-*
12 *dian Tribe or Tribal Organization operating the pro-*
13 *gram.*

14 “(e) *REHABILITATION AND AFTERCARE SERVICES.—*

15 “(1) *IN GENERAL.—The Secretary, Indian*
16 *Tribes, or Tribal Organizations, in cooperation with*
17 *the Secretary of the Interior, shall develop and imple-*
18 *ment within each Service Unit, community-based re-*
19 *habilitation and follow-up services for Indian youths*
20 *who are having significant behavioral health prob-*
21 *lems, and require long-term treatment, community re-*
22 *integration, and monitoring to support the Indian*
23 *youths after their return to their home community.*

24 “(2) *ADMINISTRATION.—Services under para-*
25 *graph (1) shall be provided by trained staff within*

1 *the community who can assist the Indian youths in*
2 *their continuing development of self-image, positive*
3 *problem-solving skills, and nonalcohol or substance*
4 *abusing behaviors. Such staff may include alcohol*
5 *and substance abuse counselors, mental health profes-*
6 *sionals, and other health professionals and para-*
7 *professionals, including community health representa-*
8 *tives.*

9 “(f) *INCLUSION OF FAMILY IN YOUTH TREATMENT*
10 *PROGRAM.—In providing the treatment and other services*
11 *to Indian youths authorized by this section, the Secretary,*
12 *acting through the Service, Indian Tribes, and Tribal Orga-*
13 *nizations, shall provide for the inclusion of family members*
14 *of such youths in the treatment programs or other services*
15 *as may be appropriate. Not less than 10 percent of the funds*
16 *appropriated for the purposes of carrying out subsection (e)*
17 *shall be used for outpatient care of adult family members*
18 *related to the treatment of an Indian youth under that sub-*
19 *section.*

20 “(g) *MULTIDRUG ABUSE PROGRAM.—The Secretary,*
21 *acting through the Service, Indian Tribes, Tribal Organiza-*
22 *tions, and Urban Indian Organizations, shall provide, con-*
23 *sistent with section 701, programs and services to prevent*
24 *and treat the abuse of multiple forms of substances, includ-*
25 *ing alcohol, drugs, inhalants, and tobacco, among Indian*

1 *youths residing in Indian communities, on or near reserva-*
2 *tions, and in urban areas and provide appropriate mental*
3 *health services to address the incidence of mental illness*
4 *among such youths.*

5 “(h) *INDIAN YOUTH MENTAL HEALTH.*—*The Sec-*
6 *retary, acting through the Service, shall collect data for the*
7 *report under section 801 with respect to—*

8 “(1) *the number of Indian youth who are being*
9 *provided mental health services through the Service*
10 *and Tribal Health Programs;*

11 “(2) *a description of, and costs associated with,*
12 *the mental health services provided for Indian youth*
13 *through the Service and Tribal Health Programs;*

14 “(3) *the number of youth referred to the Service*
15 *or Tribal Health Programs for mental health services;*

16 “(4) *the number of Indian youth provided resi-*
17 *dential treatment for mental health and behavioral*
18 *problems through the Service and Tribal Health Pro-*
19 *grams, reported separately for on- and off-reservation*
20 *facilities; and*

21 “(5) *the costs of the services described in para-*
22 *graph (4).*

1 **“SEC. 708. INDIAN YOUTH TELEMENTAL HEALTH DEM-**
 2 **ONSTRATION PROJECT.**

3 “(a) *PURPOSE.*—*The purpose of this section is to au-*
 4 *thorize the Secretary to carry out a demonstration project*
 5 *to test the use of telemental health services in suicide pre-*
 6 *vention, intervention and treatment of Indian youth, in-*
 7 *cluding through—*

8 “(1) *the use of psychotherapy, psychiatric assess-*
 9 *ments, diagnostic interviews, therapies for mental*
 10 *health conditions predisposing to suicide, and alcohol*
 11 *and substance abuse treatment;*

12 “(2) *the provision of clinical expertise to, con-*
 13 *sultation services with, and medical advice and train-*
 14 *ing for frontline health care providers working with*
 15 *Indian youth;*

16 “(3) *training and related support for community*
 17 *leaders, family members and health and education*
 18 *workers who work with Indian youth;*

19 “(4) *the development of culturally-relevant edu-*
 20 *cational materials on suicide; and*

21 “(5) *data collection and reporting.*

22 “(b) *DEFINITIONS.*—*For the purpose of this section,*
 23 *the following definitions shall apply:*

24 “(1) *DEMONSTRATION PROJECT.*—*The term*
 25 *‘demonstration project’ means the Indian youth tele-*

1 *mental health demonstration project authorized under*
 2 *subsection (c).*

3 “(2) *TELEMENTAL HEALTH.*—*The term ‘tele-*
 4 *mental health’ means the use of electronic information*
 5 *and telecommunications technologies to support long*
 6 *distance mental health care, patient and professional-*
 7 *related education, public health, and health adminis-*
 8 *tration.*

9 “(c) *AUTHORIZATION.*—

10 “(1) *IN GENERAL.*—*The Secretary is authorized*
 11 *to award grants under the demonstration project for*
 12 *the provision of telemental health services to Indian*
 13 *youth who—*

14 “(A) *have expressed suicidal ideas;*

15 “(B) *have attempted suicide; or*

16 “(C) *have mental health conditions that in-*
 17 *crease or could increase the risk of suicide.*

18 “(2) *ELIGIBILITY FOR GRANTS.*—*Such grants*
 19 *shall be awarded to Indian Tribes, Tribal Organiza-*
 20 *tions, and Urban Indian Organizations that operate*
 21 *1 or more facilities—*

22 “(A) *located in Alaska and part of the Alas-*
 23 *ka Federal Health Care Access Network;*

24 “(B) *reporting active clinical telehealth ca-*
 25 *pabilities; or*

1 “(C) offering school-based telemental health
2 services relating to psychiatry to Indian youth.

3 “(3) GRANT PERIOD.—The Secretary shall
4 award grants under this section for a period of up to
5 4 years.

6 “(4) AWARDING OF GRANTS.—Not more than 5
7 grants shall be provided under paragraph (1), with
8 priority consideration given to Indian Tribes, Tribal
9 Organizations, and Urban Indian Organizations
10 that—

11 “(A) serve a particular community or geo-
12 graphic area where there is a demonstrated need
13 to address Indian youth suicide;

14 “(B) enter in to collaborative partnerships
15 with Indian Health Service or other Tribal
16 Health Programs or facilities to provide services
17 under this demonstration project;

18 “(C) serve an isolated community or geo-
19 graphic area which has limited or no access to
20 behavioral health services; or

21 “(D) operate a detention facility at which
22 youth are detained.

23 “(d) USE OF FUNDS.—An Indian Tribe, Tribal Orga-
24 nization, or Urban Indian Organization shall use a grant
25 received under subsection (c) for the following purposes:

1 “(1) To provide telemental health services to In-
2 dian youth, including the provision of—

3 “(A) psychotherapy;

4 “(B) psychiatric assessments and diagnostic
5 interviews, therapies for mental health conditions
6 predisposing to suicide, and treatment; and

7 “(C) alcohol and substance abuse treatment.

8 “(2) To provide clinician-interactive medical ad-
9 vice, guidance and training, assistance in diagnosis
10 and interpretation, crisis counseling and interven-
11 tion, and related assistance to Service, tribal, or
12 urban clinicians and health services providers work-
13 ing with youth being served under this demonstration
14 project.

15 “(3) To assist, educate and train community
16 leaders, health education professionals and para-
17 professionals, tribal outreach workers, and family
18 members who work with the youth receiving tele-
19 mental health services under this demonstration
20 project, including with identification of suicidal ten-
21 dencies, crisis intervention and suicide prevention,
22 emergency skill development, and building and ex-
23 panding networks among these individuals and with
24 State and local health services providers.

1 “(4) To develop and distribute culturally appro-
2 priate community educational materials on—

3 “(A) suicide prevention;

4 “(B) suicide education;

5 “(C) suicide screening;

6 “(D) suicide intervention; and

7 “(E) ways to mobilize communities with re-
8 spect to the identification of risk factors for sui-
9 cide.

10 “(5) For data collection and reporting related to
11 Indian youth suicide prevention efforts.

12 “(e) *APPLICATIONS.*—To be eligible to receive a grant
13 under subsection (c), an Indian Tribe, Tribal Organization,
14 or Urban Indian Organization shall prepare and submit
15 to the Secretary an application, at such time, in such man-
16 ner, and containing such information as the Secretary may
17 require, including—

18 “(1) a description of the project that the Indian
19 Tribe, Tribal Organization, or Urban Indian Organi-
20 zation will carry out using the funds provided under
21 the grant;

22 “(2) a description of the manner in which the
23 project funded under the grant would—

1 “(A) meet the telemental health care needs
2 of the Indian youth population to be served by
3 the project; or

4 “(B) improve the access of the Indian youth
5 population to be served to suicide prevention and
6 treatment services;

7 “(3) evidence of support for the project from the
8 local community to be served by the project;

9 “(4) a description of how the families and lead-
10 ership of the communities or populations to be served
11 by the project would be involved in the development
12 and ongoing operations of the project;

13 “(5) a plan to involve the tribal community of
14 the youth who are provided services by the project in
15 planning and evaluating the mental health care and
16 suicide prevention efforts provided, in order to ensure
17 the integration of community, clinical, environ-
18 mental, and cultural components of the treatment;
19 and

20 “(6) a plan for sustaining the project after Fed-
21 eral assistance for the demonstration project has ter-
22 minated.

23 “(f) *TRADITIONAL HEALTH CARE PRACTICES.*—The
24 Secretary, acting through the Service, shall ensure that the
25 demonstration project established pursuant to this section

1 *involves the use and promotion of the Traditional Health*
 2 *Care Practices of the Indian Tribes of the youth to be served.*

3 “(g) *COLLABORATION; REPORTING TO NATIONAL*
 4 *CLEARINGHOUSE.*—

5 “(1) *COLLABORATION.*—*The Secretary, acting*
 6 *through the Service, shall encourage Indian Tribes,*
 7 *Tribal Organizations, and Urban Indian Organiza-*
 8 *tions receiving grants under this section to collaborate*
 9 *to enable comparisons about best practices across*
 10 *projects.*

11 “(2) *REPORTING TO NATIONAL CLEARING-*
 12 *HOUSE.*—*The Secretary, acting through the Service,*
 13 *shall also encourage Indian Tribes, Tribal Organiza-*
 14 *tions, and Urban Indian Organizations receiving*
 15 *grants under this section to submit relevant, declas-*
 16 *sified project information to the national clearing-*
 17 *house authorized under section 701(b)(2) in order to*
 18 *better facilitate program performance and improve*
 19 *suicide prevention, intervention, and treatment serv-*
 20 *ices.*

21 “(h) *ANNUAL REPORT.*—*Each grant recipient shall*
 22 *submit to the Secretary an annual report that—*

23 “(1) *describes the number of telemental health*
 24 *services provided; and*

1 “(2) includes any other information that the Sec-
2 retary may require.

3 “(i) *REPORT TO CONGRESS.*—Not later than 270 days
4 after the termination of the demonstration project, the Sec-
5 retary shall submit to the Committee on Indian Affairs of
6 the Senate and the Committee on Resources and Committee
7 on Energy and Commerce of the House of Representatives
8 a final report, based on the annual reports provided by
9 grant recipients under subsection (h), that—

10 “(1) describes the results of the projects funded
11 by grants awarded under this section, including any
12 data available which indicates the number of at-
13 tempted suicides; and

14 “(2) evaluates the impact of the telemental health
15 services funded by the grants in reducing the number
16 of completed suicides among Indian youth.

17 “(j) *AUTHORIZATION OF APPROPRIATIONS.*—There is
18 authorized to be appropriated to carry out this section
19 \$1,500,000 for each of fiscal years 2006 through 2009.

20 **“SEC. 709. INPATIENT AND COMMUNITY-BASED MENTAL**
21 **HEALTH FACILITIES DESIGN, CONSTRUC-**
22 **TION, AND STAFFING.**

23 “Not later than 1 year after the date of enactment of
24 the Indian Health Care Improvement Act Amendments of
25 2005, the Secretary, acting through the Service, Indian

1 Tribes, and Tribal Organizations, may provide, in each
 2 area of the Service, not less than 1 inpatient mental health
 3 care facility, or the equivalent, for Indians with behavioral
 4 health problems. For the purposes of this subsection, Cali-
 5 fornia shall be considered to be 2 Area Offices, 1 office whose
 6 location shall be considered to encompass the northern area
 7 of the State of California and 1 office whose jurisdiction
 8 shall be considered to encompass the remainder of the State
 9 of California. The Secretary shall consider the possible con-
 10 version of existing, underused Service hospital beds into
 11 psychiatric units to meet such need.

12 **“SEC. 710. TRAINING AND COMMUNITY EDUCATION.**

13 “(a) PROGRAM.—The Secretary, in cooperation with
 14 the Secretary of the Interior, shall develop and implement
 15 or provide funding for Indian Tribes and Tribal Organiza-
 16 tions to develop and implement, within each Service Unit
 17 or tribal program, a program of community education and
 18 involvement which shall be designed to provide concise and
 19 timely information to the community leadership of each
 20 tribal community. Such program shall include education
 21 about behavioral health issues to political leaders, Tribal
 22 judges, law enforcement personnel, members of tribal health
 23 and education boards, health care providers including tra-
 24 ditional practitioners, and other critical members of each
 25 tribal community. Community-based training (oriented to-

1 ward local capacity development) shall also include tribal
2 community provider training (designed for adult learners
3 from the communities receiving services for prevention,
4 intervention, treatment, and aftercare).

5 “(b) *INSTRUCTION.*—The Secretary, acting through the
6 Service, shall, either directly or through Indian Tribes and
7 Tribal Organizations, provide instruction in the area of be-
8 havioral health issues, including instruction in crisis inter-
9 vention and family relations in the context of alcohol and
10 substance abuse, child sexual abuse, youth alcohol and sub-
11 stance abuse, and the causes and effects of fetal alcohol dis-
12 orders to appropriate employees of the Bureau of Indian
13 Affairs and the Service, and to personnel in schools or pro-
14 grams operated under any contract with the Bureau of In-
15 dian Affairs or the Service, including supervisors of emer-
16 gency shelters and halfway houses described in section 4213
17 of the Indian Alcohol and Substance Abuse Prevention and
18 Treatment Act of 1986 (25 U.S.C. 2433).

19 “(c) *TRAINING MODELS.*—In carrying out the edu-
20 cation and training programs required by this section, the
21 Secretary, in consultation with Indian Tribes, Tribal Orga-
22 nizations, Indian behavioral health experts, and Indian al-
23 cohol and substance abuse prevention experts, shall develop
24 and provide community-based training models. Such mod-
25 els shall address—

1 “(1) *the elevated risk of alcohol and behavioral*
 2 *health problems faced by children of alcoholics;*

3 “(2) *the cultural, spiritual, and*
 4 *multigenerational aspects of behavioral health prob-*
 5 *lem prevention and recovery; and*

6 “(3) *community-based and multidisciplinary*
 7 *strategies for preventing and treating behavioral*
 8 *health problems.*

9 **“SEC. 711. BEHAVIORAL HEALTH PROGRAM.**

10 “(a) *INNOVATIVE PROGRAMS.—The Secretary, acting*
 11 *through the Service, Indian Tribes, and Tribal Organiza-*
 12 *tions, consistent with section 701, may plan, develop, im-*
 13 *plement, and carry out programs to deliver innovative com-*
 14 *munity-based behavioral health services to Indians.*

15 “(b) *FUNDING; CRITERIA.—The Secretary may award*
 16 *such funding for a project under subsection (a) to an Indian*
 17 *Tribe or Tribal Organization and may consider the fol-*
 18 *lowing criteria:*

19 “(1) *The project will address significant unmet*
 20 *behavioral health needs among Indians.*

21 “(2) *The project will serve a significant number*
 22 *of Indians.*

23 “(3) *The project has the potential to deliver serv-*
 24 *ices in an efficient and effective manner.*

1 “(4) *The Indian Tribe or Tribal Organization*
 2 *has the administrative and financial capability to*
 3 *administer the project.*

4 “(5) *The project may deliver services in a man-*
 5 *ner consistent with Traditional Health Care Prac-*
 6 *tices.*

7 “(6) *The project is coordinated with, and avoids*
 8 *duplication of, existing services.*

9 “(c) *EQUITABLE TREATMENT.—For purposes of this*
 10 *subsection, the Secretary shall, in evaluating project appli-*
 11 *cations or proposals, use the same criteria that the Sec-*
 12 *retary uses in evaluating any other application or proposal*
 13 *for such funding.*

14 **“SEC. 712. FETAL ALCOHOL DISORDER PROGRAMS.**

15 “(a) *PROGRAMS.—*

16 “(1) *ESTABLISHMENT.—The Secretary, con-*
 17 *sistent with section 701, acting through the Service,*
 18 *Indian Tribes, and Tribal Organizations, is author-*
 19 *ized to establish and operate fetal alcohol disorder*
 20 *programs as provided in this section for the purposes*
 21 *of meeting the health status objectives specified in sec-*
 22 *tion 3.*

23 “(2) *USE OF FUNDS.—Funding provided pursu-*
 24 *ant to this section shall be used for the following:*

1 “(A) To develop and provide for Indians
2 community and in school training, education,
3 and prevention programs relating to fetal alcohol
4 disorders.

5 “(B) To identify and provide behavioral
6 health treatment to high-risk Indian women and
7 high-risk women pregnant with an Indian’s
8 child.

9 “(C) To identify and provide appropriate
10 psychological services, educational and voca-
11 tional support, counseling, advocacy, and infor-
12 mation to fetal alcohol disorder affected Indians
13 and their families or caretakers.

14 “(D) To develop and implement counseling
15 and support programs in schools for fetal alcohol
16 disorder affected Indian children.

17 “(E) To develop prevention and interven-
18 tion models which incorporate practitioners of
19 Traditional Health Care Practices, cultural and
20 spiritual values, and community involvement.

21 “(F) To develop, print, and disseminate
22 education and prevention materials on fetal alco-
23 hol disorder.

24 “(G) To develop and implement, in con-
25 sultation with Indian Tribes, Tribal Organiza-

tions, and Urban Indian Organizations, culturally sensitive assessment and diagnostic tools including dysmorphology clinics and multidisciplinary fetal alcohol disorder clinics for use in Indian communities and Urban Centers.

“(H) To develop early childhood intervention projects from birth on to mitigate the effects of fetal alcohol disorder among Indians.

“(I) To develop—

“(i) community-based support services for Indians and women pregnant with Indian children; and

“(ii) to the extent funding is available, community-based housing for adult Indians with fetal alcohol disorder.

“(3) CRITERIA FOR APPLICATIONS.—The Secretary shall establish criteria for the review and approval of applications for funding under this section.

“(b) SERVICES.—The Secretary, acting through the Service and Indian Tribes, Tribal Organizations, and Urban Indian Organizations, shall—

“(1) develop and provide services for the prevention, intervention, treatment, and aftercare for those affected by fetal alcohol disorder in Indian communities; and

1 “(2) *provide supportive services, including serv-*
2 *ices to meet the special educational, vocational,*
3 *school-to-work transition, and independent living*
4 *needs of adolescent and adult Indians with fetal alco-*
5 *hol disorder.*

6 “(c) *TASK FORCE.—The Secretary shall establish a*
7 *task force to be known as the Fetal Alcohol Disorder Task*
8 *Force to advise the Secretary in carrying out subsection (b).*
9 *Such task force shall be composed of representatives from*
10 *the following:*

11 “(1) *The National Institute on Drug Abuse.*

12 “(2) *The National Institute on Alcohol and Alco-*
13 *holism.*

14 “(3) *The Office of Substance Abuse Prevention.*

15 “(4) *The National Institute of Mental Health.*

16 “(5) *The Service.*

17 “(6) *The Office of Minority Health of the De-*
18 *partment of Health and Human Services.*

19 “(7) *The Administration for Native Americans.*

20 “(8) *The National Institute of Child Health and*
21 *Human Development (NICHD).*

22 “(9) *The Centers for Disease Control and Pre-*
23 *vention.*

24 “(10) *The Bureau of Indian Affairs.*

25 “(11) *Indian Tribes.*

1 “(12) *Tribal Organizations.*

2 “(13) *Urban Indian Organizations.*

3 “(14) *Indian fetal alcohol disorder experts.*

4 “(d) *APPLIED RESEARCH PROJECTS.—The Secretary,*
 5 *acting through the Substance Abuse and Mental Health*
 6 *Services Administration, shall make grants to Indian*
 7 *Tribes, Tribal Organizations, and Urban Indian Organiza-*
 8 *tions for applied research projects which propose to elevate*
 9 *the understanding of methods to prevent, intervene, treat,*
 10 *or provide rehabilitation and behavioral health aftercare for*
 11 *Indians and Urban Indians affected by fetal alcohol dis-*
 12 *order.*

13 “(e) *FUNDING FOR URBAN INDIAN ORGANIZATIONS.—*
 14 *Ten percent of the funds appropriated pursuant to this sec-*
 15 *tion shall be used to make grants to Urban Indian Organi-*
 16 *zations funded under title V.*

17 **“SEC. 713. CHILD SEXUAL ABUSE AND PREVENTION TREAT-**
 18 **MENT PROGRAMS.**

19 “(a) *ESTABLISHMENT.—The Secretary, acting through*
 20 *the Service, and the Secretary of the Interior, Indian*
 21 *Tribes, and Tribal Organizations, shall establish, consistent*
 22 *with section 701, in every Service Area, programs involving*
 23 *treatment for—*

24 “(1) *victims of sexual abuse who are Indian chil-*
 25 *dren or children in an Indian household; and*

1 “(2) *perpetrators of child sexual abuse who are*
2 *Indian or members of an Indian household.*

3 “(b) *USE OF FUNDS.—Funding provided pursuant to*
4 *this section shall be used for the following:*

5 “(1) *To develop and provide community edu-*
6 *cation and prevention programs related to sexual*
7 *abuse of Indian children or children in an Indian*
8 *household.*

9 “(2) *To identify and provide behavioral health*
10 *treatment to victims of sexual abuse who are Indian*
11 *children or children in an Indian household, and to*
12 *their family members who are affected by sexual*
13 *abuse.*

14 “(3) *To develop prevention and intervention*
15 *models which incorporate Traditional Health Care*
16 *Practices, cultural and spiritual values, and commu-*
17 *nity involvement.*

18 “(4) *To develop and implement, in consultation*
19 *with Indian Tribes, Tribal Organizations, and Urban*
20 *Indian Organizations, culturally sensitive assessment*
21 *and diagnostic tools for use in Indian communities*
22 *and Urban Centers.*

23 “(5) *To identify and provide behavioral health*
24 *treatment to Indian perpetrators and perpetrators*
25 *who are members of an Indian household—*

1 “(A) making efforts to begin offender and
 2 behavioral health treatment while the perpetrator
 3 is incarcerated or at the earliest possible date if
 4 the perpetrator is not incarcerated; and

5 “(B) providing treatment after the perpe-
 6 trator is released, until it is determined that the
 7 perpetrator is not a threat to children.

8 **“SEC. 714. BEHAVIORAL HEALTH RESEARCH.**

9 *“The Secretary, in consultation with appropriate Fed-
 10 eral agencies, shall make grants to, or enter into contracts
 11 with, Indian Tribes, Tribal Organizations, and Urban In-
 12 dian Organizations or enter into contracts with, or make
 13 grants to appropriate institutions for, the conduct of re-
 14 search on the incidence and prevalence of behavioral health
 15 problems among Indians served by the Service, Indian
 16 Tribes, or Tribal Organizations and among Indians in
 17 urban areas. Research priorities under this section shall in-
 18 clude—*

19 “(1) the multifactorial causes of Indian youth
 20 suicide, including—

21 “(A) protective and risk factors and sci-
 22 entific data that identifies those factors; and

23 “(B) the effects of loss of cultural identity
 24 and the development of scientific data on those
 25 effects;

1 “(2) *the interrelationship and interdependence of*
 2 *behavioral health problems with alcoholism and other*
 3 *substance abuse, suicide, homicides, other injuries,*
 4 *and the incidence of family violence; and*

5 “(3) *the development of models of prevention*
 6 *techniques.*

7 *The effect of the interrelationships and interdependencies*
 8 *referred to in paragraph (2) on children, and the develop-*
 9 *ment of prevention techniques under paragraph (3) appli-*
 10 *cable to children, shall be emphasized.*

11 **“SEC. 715. DEFINITIONS.**

12 *“For the purpose of this title, the following definitions*
 13 *shall apply:*

14 “(1) *ASSESSMENT.—The term ‘assessment’*
 15 *means the systematic collection, analysis, and dis-*
 16 *semination of information on health status, health*
 17 *needs, and health problems.*

18 “(2) *ALCOHOL-RELATED NEURODEVELOPMENTAL*
 19 *DISORDERS OR ARND.—The term ‘alcohol-related*
 20 *neurodevelopmental disorders’ or ‘ARND’ means, with*
 21 *a history of maternal alcohol consumption during*
 22 *pregnancy, central nervous system involvement such*
 23 *as developmental delay, intellectual deficit, or*
 24 *neurologic abnormalities. Behaviorally, there can be*
 25 *problems with irritability, and failure to thrive as in-*

1 *fants. As children become older there will likely be hy-*
 2 *peractivity, attention deficit, language dysfunction,*
 3 *and perceptual and judgment problems.*

4 “(3) *BEHAVIORAL HEALTH AFTERCARE.*—*The*
 5 *term ‘behavioral health aftercare’ includes those ac-*
 6 *tivities and resources used to support recovery fol-*
 7 *lowing inpatient, residential, intensive substance*
 8 *abuse, or mental health outpatient or outpatient*
 9 *treatment. The purpose is to help prevent or deal with*
 10 *relapse by ensuring that by the time a client or pa-*
 11 *tient is discharged from a level of care, such as out-*
 12 *patient treatment, an aftercare plan has been devel-*
 13 *oped with the client. An aftercare plan may use such*
 14 *resources a as community-based therapeutic group,*
 15 *transitional living facilities, a 12-step sponsor, a*
 16 *local 12-step or other related support group, and other*
 17 *community-based providers (mental health profes-*
 18 *sionals, traditional health care practitioners, commu-*
 19 *nity health aides, community health representatives,*
 20 *mental health technicians, ministers, etc.)*

21 “(4) *DUAL DIAGNOSIS.*—*The term ‘dual diag-*
 22 *nosis’ means coexisting substance abuse and mental*
 23 *illness conditions or diagnosis. Such clients are some-*
 24 *times referred to as mentally ill chemical abusers*
 25 *(MICAs).*

1 “(5) *FETAL ALCOHOL DISORDERS.*—*The term*
 2 *‘fetal alcohol disorders’ means fetal alcohol syndrome,*
 3 *partial fetal alcohol syndrome and alcohol related*
 4 *neurodevelopmental disorder (ARND).*

5 “(6) *FETAL ALCOHOL SYNDROME OR FAS.*—*The*
 6 *term ‘fetal alcohol syndrome’ or ‘FAS’ means a syn-*
 7 *drome in which, with a history of maternal alcohol*
 8 *consumption during pregnancy, the following criteria*
 9 *are met:*

10 “(A) *Central nervous system involvement*
 11 *such as developmental delay, intellectual deficit,*
 12 *microencephaly, or neurologic abnormalities.*

13 “(B) *Craniofacial abnormalities with at*
 14 *least 2 of the following: microphthalmia, short*
 15 *palpebral fissures, poorly developed philtrum,*
 16 *thin upper lip, flat nasal bridge, and short*
 17 *upturned nose.*

18 “(C) *Prenatal or postnatal growth delay.*

19 “(7) *PARTIAL FAS.*—*The term ‘partial FAS’*
 20 *means, with a history of maternal alcohol consump-*
 21 *tion during pregnancy, having most of the criteria of*
 22 *FAS, though not meeting a minimum of at least 2 of*
 23 *the following: microphthalmia, short palpebral fis-*
 24 *tures, poorly developed philtrum, thin upper lip, flat*
 25 *nasal bridge, and short upturned nose.*

1 “(8) *REHABILITATION.*—*The term ‘rehabilita-*
 2 *tion’ means to restore the ability or capacity to en-*
 3 *gage in usual and customary life activities through*
 4 *education and therapy.*

5 “(9) *SUBSTANCE ABUSE.*—*The term ‘substance*
 6 *abuse’ includes inhalant abuse.*

7 **“SEC. 716. AUTHORIZATION OF APPROPRIATIONS.**

8 *“There is authorized to be appropriated such sums as*
 9 *may be necessary for each fiscal year through fiscal year*
 10 *2015 to carry out the provisions of this title.*

11 **“TITLE VIII—MISCELLANEOUS**

12 **“SEC. 801. REPORTS.**

13 *“For each fiscal year following the date of enactment*
 14 *of the Indian Health Care Improvement Act Amendments*
 15 *of 2005, the Secretary shall transmit to Congress a report*
 16 *containing the following:*

17 “(1) *A report on the progress made in meeting*
 18 *the objectives of this Act, including a review of pro-*
 19 *grams established or assisted pursuant to this Act and*
 20 *assessments and recommendations of additional pro-*
 21 *grams or additional assistance necessary to, at a*
 22 *minimum, provide health services to Indians and en-*
 23 *sure a health status for Indians, which are at a par-*
 24 *ity with the health services available to and the health*
 25 *status of the general population, including specific*

1 *comparisons of appropriations provided and those re-*
2 *quired for such parity.*

3 *“(2) A report on whether, and to what extent,*
4 *new national health care programs, benefits, initia-*
5 *tives, or financing systems have had an impact on the*
6 *purposes of this Act and any steps that the Secretary*
7 *may have taken to consult with Indian Tribes, Tribal*
8 *Organizations, and Urban Indian Organizations to*
9 *address such impact, including a report on proposed*
10 *changes in allocation of funding pursuant to section*
11 *808.*

12 *“(3) A report on the use of health services by In-*
13 *dians—*

14 *“(A) on a national and area or other rel-*
15 *evant geographical basis;*

16 *“(B) by gender and age;*

17 *“(C) by source of payment and type of serv-*
18 *ice;*

19 *“(D) comparing such rates of use with rates*
20 *of use among comparable non-Indian popu-*
21 *lations; and*

22 *“(E) provided under contracts.*

23 *“(4) A report of contractors to the Secretary on*
24 *Health Care Educational Loan Repayments every 6*
25 *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 125(f).*

8 “(7) *A separate statement which specifies the*
9 *amount of funds requested to carry out the provisions*
10 *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(h).*

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 mainte-*
 2 *nance 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 Secu-*
 7 *rity Act.*

8 “(16) *A report on any arrangements for the*
 9 *sharing of medical facilities or services, as authorized*
 10 *by section 406.*

11 “(17) *A report on evaluation and renewal of*
 12 *Urban Indian programs under section 505.*

13 “(18) *A report on the evaluation of programs as*
 14 *required by section 513(d).*

15 “(19) *A report on alcohol and substance abuse as*
 16 *required by section 701(f).*

17 “(20) *A report on Indian youth mental health*
 18 *services as required by section 707(h).*

19 **“SEC. 802. REGULATIONS.**

20 “(a) *DEADLINES.—*

21 “(1) *PROCEDURES.—Not later than 90 days*
 22 *after the date of enactment of the Indian Health Care*
 23 *Improvement Act Amendments of 2005, the Secretary*
 24 *shall initiate procedures under subchapter III of*
 25 *chapter 5 of title 5, United States Code, to negotiate*

1 and promulgate such regulations or amendments
 2 thereto that are necessary to carry out titles I (except
 3 sections 105, 115, and 117), II, III, and VII. The Sec-
 4 retary may promulgate regulations to carry out sec-
 5 tions 105, 115, 117, and titles IV and V, using the
 6 procedures required by chapter V of title 5, United
 7 States Code (commonly known as the ‘Administrative
 8 Procedure Act’). The Secretary shall issue no regula-
 9 tions to carry out titles VI and VIII.

10 “(2) *PROPOSED REGULATIONS.*—Proposed regu-
 11 lations to implement this Act shall be published in the
 12 Federal Register by the Secretary no later than 1
 13 year after the date of enactment of the Indian Health
 14 Care Improvement Act Amendments of 2005 and shall
 15 have no less than a 120-day comment period.

16 “(3) *EXPIRATION OF AUTHORITY.*—Except as
 17 otherwise provided herein, the authority to promul-
 18 gate regulations under this Act shall expire 24 months
 19 from the date of enactment of this Act.

20 “(b) *COMMITTEE.*—A negotiated rulemaking com-
 21 mittee established pursuant to section 565 of title 5, United
 22 States Code, to carry out this section shall have as its mem-
 23 bers only representatives of the Federal Government and
 24 representatives of Indian Tribes and Tribal Organizations,
 25 a majority of whom shall be nominated by and be represent-

1 *atives of Indian Tribes, Tribal Organizations, and Urban*
 2 *Indian Organizations from each Service Area. The rep-*
 3 *resentative of the Urban Indian Organization shall be*
 4 *deemed to be an elected officer of a tribal government for*
 5 *purposes of applying section 204(b) of the Unfunded Man-*
 6 *dates Reform Act of 1995 (2 U.S.C. 1534(b)).*

7 “(c) *ADAPTATION OF PROCEDURES.—The Secretary*
 8 *shall adapt the negotiated rulemaking procedures to the*
 9 *unique context of self-governance and the government-to-*
 10 *government relationship between the United States and In-*
 11 *dian Tribes.*

12 “(d) *LACK OF REGULATIONS.—The lack of promul-*
 13 *gated regulations shall not limit the effect of this Act.*

14 “(e) *INCONSISTENT REGULATIONS.—The provisions of*
 15 *this Act shall supersede any conflicting provisions of law*
 16 *in effect on the day before the date of enactment of the In-*
 17 *dian Health Care Improvement Act Amendments of 2005,*
 18 *and the Secretary is authorized to repeal any regulation*
 19 *inconsistent with the provisions of this Act.*

20 **“SEC. 803. PLAN OF IMPLEMENTATION.**

21 *“Not later than 9 months after the date of enactment*
 22 *of the Indian Health Care Improvement Act Amendments*
 23 *of 2005, the Secretary in consultation with Indian Tribes,*
 24 *Tribal Organizations, and Urban Indian Organizations,*
 25 *shall submit to Congress a plan explaining the manner and*

1 *schedule (including a schedule of appropriation requests),*
 2 *by title and section, by which the Secretary will implement*
 3 *the provisions of this Act.*

4 **“SEC. 804. AVAILABILITY OF FUNDS.**

5 *“The funds appropriated pursuant to this Act shall re-*
 6 *main available until expended.*

7 **“SEC. 805. LIMITATION ON USE OF FUNDS APPROPRIATED**
 8 **TO THE INDIAN HEALTH SERVICE.**

9 *“Any limitation on the use of funds contained in an*
 10 *Act providing appropriations for the Department for a pe-*
 11 *riod with respect to the performance of abortions shall*
 12 *apply for that period with respect to the performance of*
 13 *abortions using funds contained in an Act providing appro-*
 14 *priations for the Service.*

15 **“SEC. 806. ELIGIBILITY OF CALIFORNIA INDIANS.**

16 *“(a) IN GENERAL.—The following California Indians*
 17 *shall be eligible for health services provided by the Service:*

18 *“(1) Any member of a federally recognized In-*
 19 *dian Tribe.*

20 *“(2) Any descendant of an Indian who was re-*
 21 *siding in California on June 1, 1852, if such descend-*
 22 *ant—*

23 *“(A) is a member of the Indian community*
 24 *served by a local program of the Service; and*

1 “(B) is regarded as an Indian by the com-
2 munity in which such descendant lives.

3 “(3) Any Indian who holds trust interests in
4 public domain, national forest, or reservation allot-
5 ments in California.

6 “(4) Any Indian in California who is listed on
7 the plans for distribution of the assets of rancherias
8 and reservations located within the State of Cali-
9 fornia under the Act of August 18, 1958 (72 Stat.
10 619), and any descendant of such an Indian.

11 “(b) CLARIFICATION.—Nothing in this section may be
12 construed as expanding the eligibility of California Indians
13 for health services provided by the Service beyond the scope
14 of eligibility for such health services that applied on May
15 1, 1986.

16 **“SEC. 807. HEALTH SERVICES FOR INELIGIBLE PERSONS.**

17 “(a) CHILDREN.—Any individual who—

18 “(1) has not attained 19 years of age;

19 “(2) is the natural or adopted child, stepchild,
20 foster child, legal ward, or orphan of an eligible In-
21 dian; and

22 “(3) is not otherwise eligible for health services
23 provided by the Service,

24 shall be eligible for all health services provided by the Serv-
25 ice on the same basis and subject to the same rules that

1 *apply to eligible Indians until such individual attains 19*
 2 *years of age. The existing and potential health needs of all*
 3 *such individuals shall be taken into consideration by the*
 4 *Service in determining the need for, or the allocation of,*
 5 *the health resources of the Service. If such an individual*
 6 *has been determined to be legally incompetent prior to at-*
 7 *taining 19 years of age, such individual shall remain eligi-*
 8 *ble for such services until 1 year after the date of a deter-*
 9 *mination of competency.*

10 “(b) *SPOUSES.—Any spouse of an eligible Indian who*
 11 *is not an Indian, or who is of Indian descent but is not*
 12 *otherwise eligible for the health services provided by the*
 13 *Service, shall be eligible for such health services if all such*
 14 *spouses or spouses who are married to members of each In-*
 15 *dian Tribe being served are made eligible, as a class, by*
 16 *an appropriate resolution of the governing body of the In-*
 17 *dian Tribe or Tribal Organization providing such services.*
 18 *The health needs of persons made eligible under this para-*
 19 *graph shall not be taken into consideration by the Service*
 20 *in determining the need for, or allocation of, its health re-*
 21 *sources.*

22 “(c) *PROVISION OF SERVICES TO OTHER INDIVID-*
 23 *UALS.—*

24 “(1) *IN GENERAL.—The Secretary is authorized*
 25 *to provide health services under this subsection*

1 *through health programs operated directly by the*
2 *Service to individuals who reside within the Service*
3 *Unit and who are not otherwise eligible for such*
4 *health services if—*

5 *“(A) the Indian Tribes served by such Serv-*
6 *ice Unit request such provision of health services*
7 *to such individuals; and*

8 *“(B) the Secretary and the served Indian*
9 *Tribes have jointly determined that—*

10 *“(i) the provision of such health serv-*
11 *ices will not result in a denial or diminution*
12 *of health services to eligible Indians;*
13 *and*

14 *“(ii) there is no reasonable alternative*
15 *health facilities or services, within or with-*
16 *out the Service Unit, available to meet the*
17 *health needs of such individuals.*

18 *“(2) ISDEAA PROGRAMS.—In the case of health*
19 *programs and facilities operated under a contract or*
20 *compact entered into under the Indian Self-Deter-*
21 *mination and Education Assistance Act (25 U.S.C.*
22 *450 et seq.), the governing body of the Indian Tribe*
23 *or Tribal Organization providing health services*
24 *under such contract or compact is authorized to deter-*
25 *mine whether health services should be provided under*

1 *such contract or compact to individuals who are not*
 2 *otherwise eligible for such services under any other*
 3 *subsection of this section or under any other provision*
 4 *of law. In making such determination, the governing*
 5 *body of the Indian Tribe or Tribal Organization shall*
 6 *take into account the considerations described in*
 7 *clauses (i) and (ii) of paragraph (1)(B).*

8 “(3) *PAYMENT FOR SERVICES.*—

9 “(A) *IN GENERAL.*—*Persons receiving*
 10 *health services provided by the Service under this*
 11 *subsection shall be liable for payment of such*
 12 *health services under a schedule of charges pre-*
 13 *scribed by the Secretary which, in the judgment*
 14 *of the Secretary, results in reimbursement in an*
 15 *amount not less than the actual cost of providing*
 16 *the health services. Notwithstanding section 404*
 17 *of this Act or any other provision of law,*
 18 *amounts collected under this subsection, includ-*
 19 *ing medicare, medicaid, or SCHIP reimburse-*
 20 *ments under titles XVIII, XIX, and XXI of the*
 21 *Social Security Act, shall be credited to the ac-*
 22 *count of the program providing the service and*
 23 *shall be used for the purposes listed in section*
 24 *401(d)(2) and amounts collected under this sub-*

1 *section shall be available for expenditure within*
 2 *such program.*

3 “(B) *INDIGENT PEOPLE.*—*Health services*
 4 *may be provided by the Secretary through the*
 5 *Service under this subsection to an indigent in-*
 6 *dividual who would not be otherwise eligible for*
 7 *such health services but for the provisions of*
 8 *paragraph (1) only if an agreement has been en-*
 9 *tered into with a State or local government*
 10 *under which the State or local government agrees*
 11 *to reimburse the Service for the expenses in-*
 12 *curring by the Service in providing such health*
 13 *services to such indigent individual.*

14 “(4) *REVOCATION OF CONSENT FOR SERVICES.*—

15 “(A) *SINGLE TRIBE SERVICE AREA.*—*In the*
 16 *case of a Service Area which serves only 1 In-*
 17 *dian Tribe, the authority of the Secretary to pro-*
 18 *vide health services under paragraph (1) shall*
 19 *terminate at the end of the fiscal year succeeding*
 20 *the fiscal year in which the governing body of the*
 21 *Indian Tribe revokes its concurrence to the pro-*
 22 *vision of such health services.*

23 “(B) *MULTITRIBAL SERVICE AREA.*—*In the*
 24 *case of a multitribal Service Area, the authority*
 25 *of the Secretary to provide health services under*

1 *paragraph (1) shall terminate at the end of the*
 2 *fiscal year succeeding the fiscal year in which at*
 3 *least 51 percent of the number of Indian Tribes*
 4 *in the Service Area revoke their concurrence to*
 5 *the provisions of such health services.*

6 “(d) *OTHER SERVICES.—The Service may provide*
 7 *health services under this subsection to individuals who are*
 8 *not eligible for health services provided by the Service under*
 9 *any other provision of law in order to—*

10 “(1) *achieve stability in a medical emergency;*

11 “(2) *prevent the spread of a communicable dis-*
 12 *ease or otherwise deal with a public health hazard;*

13 “(3) *provide care to non-Indian women pregnant*
 14 *with an eligible Indian’s child for the duration of the*
 15 *pregnancy through postpartum; or*

16 “(4) *provide care to immediate family members*
 17 *of an eligible individual if such care is directly re-*
 18 *lated to the treatment of the eligible individual.*

19 “(e) *HOSPITAL PRIVILEGES FOR PRACTITIONERS.—*
 20 *Hospital privileges in health facilities operated and main-*
 21 *tained by the Service or operated under a contract or com-*
 22 *pact pursuant to the Indian Self-Determination and Edu-*
 23 *cation Assistance Act (25 U.S.C. 450 et seq.) may be ex-*
 24 *tended to non-Service health care practitioners who provide*
 25 *services to individuals described in subsection (a), (b), (c),*

1 or (d). Such non-Service health care practitioners may, as
 2 part of privileging process, be designated as employees of
 3 the Federal Government for purposes of section 1346(b) and
 4 chapter 171 of title 28, United States Code (relating to Fed-
 5 eral tort claims) only with respect to acts or omissions
 6 which occur in the course of providing services to eligible
 7 individuals as a part of the conditions under which such
 8 hospital privileges are extended.

9 “(f) *ELIGIBLE INDIAN*.—For purposes of this section,
 10 the term ‘eligible Indian’ means any Indian who is eligible
 11 for health services provided by the Service without regard
 12 to the provisions of this section.

13 **“SEC. 808. REALLOCATION OF BASE RESOURCES.**

14 “(a) *REPORT REQUIRED*.—Notwithstanding any other
 15 provision of law, any allocation of Service funds for a fiscal
 16 year that reduces by 5 percent or more from the previous
 17 fiscal year the funding for any recurring program, project,
 18 or activity of a Service Unit may be implemented only after
 19 the Secretary has submitted to the President, for inclusion
 20 in the report required to be transmitted to Congress under
 21 section 801, a report on the proposed change in allocation
 22 of funding, including the reasons for the change and its like-
 23 ly effects.

24 “(b) *EXCEPTION*.—Subsection (a) shall not apply if
 25 the total amount appropriated to the Service for a fiscal

1 *year is at least 5 percent less than the amount appropriated*
 2 *to the Service for the previous fiscal year.*

3 **“SEC. 809. RESULTS OF DEMONSTRATION PROJECTS.**

4 *“The Secretary shall provide for the dissemination to*
 5 *Indian Tribes, Tribal Organizations, and Urban Indian*
 6 *Organizations of the findings and results of demonstration*
 7 *projects conducted under this Act.*

8 **“SEC. 810. PROVISION OF SERVICES IN MONTANA.**

9 *“(a) CONSISTENT WITH COURT DECISION.—The Sec-*
 10 *retary, acting through the Service, shall provide services*
 11 *and benefits for Indians in Montana in a manner con-*
 12 *sistent with the decision of the United States Court of Ap-*
 13 *peals for the Ninth Circuit in McNabb for McNabb v.*
 14 *Bowen, 829 F.2d 787 (9th Cir. 1987).*

15 *“(b) CLARIFICATION.—The provisions of subsection (a)*
 16 *shall not be construed to be an expression of the sense of*
 17 *Congress on the application of the decision described in sub-*
 18 *section (a) with respect to the provision of services or bene-*
 19 *fits for Indians living in any State other than Montana.*

20 **“SEC. 811. MORATORIUM.**

21 *“During the period of the moratorium imposed on im-*
 22 *plementation of the final rule published in the Federal Reg-*
 23 *ister on September 16, 1987, by the Health Resources and*
 24 *Services Administration of the Public Health Service, relat-*
 25 *ing to eligibility for the health care services of the Indian*

1 *Health Service, the Indian Health Service shall provide*
2 *services pursuant to the criteria for eligibility for such serv-*
3 *ices that were in effect on September 15, 1987, subject to*
4 *the provisions of sections 806 and 807 until such time as*
5 *new criteria governing eligibility for services are developed*
6 *in accordance with section 802.*

7 **“SEC. 812. TRIBAL EMPLOYMENT.**

8 *“For purposes of section 2(2) of the Act of July 5, 1935*
9 *(49 Stat. 450, chapter 372), an Indian Tribe or Tribal Or-*
10 *ganization carrying out a contract or compact pursuant*
11 *to the Indian Self-Determination and Education Assistance*
12 *Act (25 U.S.C. 450 et seq.) shall not be considered an ‘em-*
13 *ployer’.*

14 **“SEC. 813. SEVERABILITY PROVISIONS.**

15 *“If any provision of this Act, any amendment made*
16 *by the Act, or the application of such provision or amend-*
17 *ment to any person or circumstances is held to be invalid,*
18 *the remainder of this Act, the remaining amendments made*
19 *by this Act, and the application of such provisions to per-*
20 *sons or circumstances other than those to which it is held*
21 *invalid, shall not be affected thereby.*

1 **“SEC. 814. ESTABLISHMENT OF NATIONAL BIPARTISAN**
2 **COMMISSION ON INDIAN HEALTH CARE.**

3 “(a) *ESTABLISHMENT.*—*There is established the Na-*
4 *tional Bipartisan Indian Health Care Commission (the*
5 *‘Commission’).*

6 “(b) *DUTIES OF COMMISSION.*—*The duties of the Com-*
7 *mission are the following:*

8 “(1) *To establish a study committee composed of*
9 *those members of the Commission appointed by the*
10 *Director and at least 4 members of Congress from*
11 *among the members of the Commission, the duties of*
12 *which shall be the following:*

13 “(A) *To the extent necessary to carry out its*
14 *duties, collect and compile data necessary to un-*
15 *derstand the extent of Indian needs with regard*
16 *to the provision of health services, regardless of*
17 *the location of Indians, including holding hear-*
18 *ings and soliciting the views of Indians, Indian*
19 *Tribes, Tribal Organizations, and Urban Indian*
20 *Organizations, which may include authorizing*
21 *and making funds available for feasibility stud-*
22 *ies of various models for providing and funding*
23 *health services for all Indian beneficiaries, in-*
24 *cluding those who live outside of a reservation,*
25 *temporarily or permanently.*

1 “(B) To make legislative recommendations
2 to the Commission regarding the delivery of Fed-
3 eral health care services to Indians. Such rec-
4 ommendations shall include those related to
5 issues of eligibility, benefits, the range of service
6 providers, the cost of such services, financing
7 such services, and the optimal manner in which
8 to provide such services.

9 “(C) To determine the effect of the enact-
10 ment of such recommendations on (i) the existing
11 system of delivery of health services for Indians,
12 and (ii) the sovereign status of Indian Tribes.

13 “(D) Not later than 12 months after the ap-
14 pointment of all members of the Commission, to
15 submit a written report of its findings and rec-
16 ommendations to the full Commission. The re-
17 port shall include a statement of the minority
18 and majority position of the Committee and
19 shall be disseminated, at a minimum, to every
20 Indian Tribe, Tribal Organization, and Urban
21 Indian Organization for comment to the Com-
22 mission.

23 “(E) To report regularly to the full Com-
24 mission regarding the findings and recommenda-
25 tions developed by the study committee in the

1 *course of carrying out its duties under this sec-*
 2 *tion.*

3 “(2) *To review and analyze the recommendations*
 4 *of the report of the study committee.*

5 “(3) *To make legislative recommendations to*
 6 *Congress regarding the delivery of Federal health care*
 7 *services to Indians. Such recommendations shall in-*
 8 *clude those related to issues of eligibility, benefits, the*
 9 *range of service providers, the cost of such services, fi-*
 10 *nancing such services, and the optimal manner in*
 11 *which to provide such services.*

12 “(4) *Not later than 18 months following the date*
 13 *of appointment of all members of the Commission,*
 14 *submit a written report to Congress regarding the de-*
 15 *livery of Federal health care services to Indians. Such*
 16 *recommendations shall include those related to issues*
 17 *of eligibility, benefits, the range of service providers,*
 18 *the cost of such services, financing such services, and*
 19 *the optimal manner in which to provide such services.*

20 “(c) *MEMBERS.—*

21 “(1) *APPOINTMENT.—The Commission shall be*
 22 *composed of 25 members, appointed as follows:*

23 “(A) *Ten members of Congress, including 3*
 24 *from the House of Representatives and 2 from*
 25 *the Senate, appointed by their respective major-*

1 *ity leaders, and 3 from the House of Representa-*
2 *tives and 2 from the Senate, appointed by their*
3 *respective minority leaders, and who shall be*
4 *members of the standing committees of Congress*
5 *that consider legislation affecting health care to*
6 *Indians.*

7 *“(B) Twelve persons chosen by the congres-*
8 *sional members of the Commission, 1 from each*
9 *Service Area as currently designated by the Di-*
10 *rector to be chosen from among 3 nominees from*
11 *each Service Area put forward by the Indian*
12 *Tribes within the area, with due regard being*
13 *given to the experience and expertise of the nomi-*
14 *nees in the provision of health care to Indians*
15 *and to a reasonable representation on the com-*
16 *mission of members who are familiar with var-*
17 *ious health care delivery modes and who rep-*
18 *resent Indian Tribes of various size populations.*

19 *“(C) Three persons appointed by the Direc-*
20 *tor who are knowledgeable about the provision of*
21 *health care to Indians, at least 1 of whom shall*
22 *be appointed from among 3 nominees put for-*
23 *ward by those programs whose funds are pro-*
24 *vided in whole or in part by the Service pri-*

1 *marily or exclusively for the benefit of Urban In-*
2 *dians.*

3 “(D) *All those persons chosen by the con-*
4 *gressional members of the Commission and by*
5 *the Director shall be members of federally recog-*
6 *nized Indian Tribes.*

7 “(2) *CHAIR; VICE CHAIR.—The Chair and Vice*
8 *Chair of the Commission shall be selected by the con-*
9 *gressional members of the Commission.*

10 “(3) *TERMS.—The terms of members of the Com-*
11 *mission shall be for the life of the Commission.*

12 “(4) *DEADLINE FOR APPOINTMENTS.—Congres-*
13 *sional members of the Commission shall be appointed*
14 *not later than 180 days after the date of enactment*
15 *of the Indian Health Care Improvement Act Amend-*
16 *ments of 2005, and the remaining members of the*
17 *Commission shall be appointed not later than 60 days*
18 *following the appointment of the congressional mem-*
19 *bers.*

20 “(5) *VACANCY.—A vacancy in the Commission*
21 *shall be filled in the manner in which the original*
22 *appointment was made.*

23 “(d) *COMPENSATION.—*

24 “(1) *CONGRESSIONAL MEMBERS.—Each congres-*
25 *sional member of the Commission shall receive no ad-*

1 ditional pay, allowances, or benefits by reason of their
2 service on the Commission and shall receive travel ex-
3 penses and per diem in lieu of subsistence in accord-
4 ance with sections 5702 and 5703 of title 5, United
5 States Code.

6 “(2) *OTHER MEMBERS.*—Remaining members of
7 the Commission, while serving on the business of the
8 Commission (including travel time), shall be entitled
9 to receive compensation at the per diem equivalent of
10 the rate provided for level IV of the Executive Sched-
11 ule under section 5315 of title 5, United States Code,
12 and while so serving away from home and the mem-
13 ber’s regular place of business, a member may be al-
14 lowed travel expenses, as authorized by the Chairman
15 of the Commission. For purpose of pay (other than
16 pay of members of the Commission) and employment
17 benefits, rights, and privileges, all personnel of the
18 Commission shall be treated as if they were employees
19 of the United States Senate.

20 “(e) *MEETINGS.*—The Commission shall meet at the
21 call of the Chair.

22 “(f) *QUORUM.*—A quorum of the Commission shall
23 consist of not less than 15 members, provided that no less
24 than 6 of the members of Congress who are Commission

1 *members are present and no less than 9 of the members who*
2 *are Indians are present.*

3 “(g) *EXECUTIVE DIRECTOR; STAFF; FACILITIES.*—

4 “(1) *APPOINTMENT; PAY.*—*The Commission shall*
5 *appoint an executive director of the Commission. The*
6 *executive director shall be paid the rate of basic pay*
7 *for level V of the Executive Schedule.*

8 “(2) *STAFF APPOINTMENT.*—*With the approval*
9 *of the Commission, the executive director may ap-*
10 *point such personnel as the executive director deems*
11 *appropriate.*

12 “(3) *STAFF PAY.*—*The staff of the Commission*
13 *shall be appointed without regard to the provisions of*
14 *title 5, United States Code, governing appointments*
15 *in the competitive service, and shall be paid without*
16 *regard to the provisions of chapter 51 and subchapter*
17 *III of chapter 53 of such title (relating to classifica-*
18 *tion and General Schedule pay rates).*

19 “(4) *TEMPORARY SERVICES.*—*With the approval*
20 *of the Commission, the executive director may procure*
21 *temporary and intermittent services under section*
22 *3109(b) of title 5, United States Code.*

23 “(5) *FACILITIES.*—*The Administrator of General*
24 *Services shall locate suitable office space for the oper-*
25 *ation of the Commission. The facilities shall serve as*

1 *the headquarters of the Commission and shall include*
2 *all necessary equipment and incidentals required for*
3 *the proper functioning of the Commission.*

4 “(h) *HEARINGS.—(1) For the purpose of carrying out*
5 *its duties, the Commission may hold such hearings and un-*
6 *dertake such other activities as the Commission determines*
7 *to be necessary to carry out its duties, provided that at least*
8 *6 regional hearings are held in different areas of the United*
9 *States in which large numbers of Indians are present. Such*
10 *hearings are to be held to solicit the views of Indians re-*
11 *garding the delivery of health care services to them. To con-*
12 *stitute a hearing under this subsection, at least 5 members*
13 *of the Commission, including at least 1 member of Congress,*
14 *must be present. Hearings held by the study committee es-*
15 *tablished in this section may count toward the number of*
16 *regional hearings required by this subsection.*

17 “(2) *Upon request of the Commission, the Comptroller*
18 *General shall conduct such studies or investigations as the*
19 *Commission determines to be necessary to carry out its du-*
20 *ties.*

21 “(3)(A) *The Director of the Congressional Budget Of-*
22 *fice or the Chief Actuary of the Centers for Medicare & Med-*
23 *icaid Services, or both, shall provide to the Commission,*
24 *upon the request of the Commission, such cost estimates as*

1 *the Commission determines to be necessary to carry out its*
2 *duties.*

3 “(B) *The Commission shall reimburse the Director of*
4 *the Congressional Budget Office for expenses relating to the*
5 *employment in the office of the Director of such additional*
6 *staff as may be necessary for the Director to comply with*
7 *requests by the Commission under subparagraph (A).*

8 “(4) *Upon the request of the Commission, the head of*
9 *any Federal agency is authorized to detail, without reim-*
10 *bursement, any of the personnel of such agency to the Com-*
11 *mission to assist the Commission in carrying out its duties.*
12 *Any such detail shall not interrupt or otherwise affect the*
13 *civil service status or privileges of the Federal employee.*

14 “(5) *Upon the request of the Commission, the head of*
15 *a Federal agency shall provide such technical assistance to*
16 *the Commission as the Commission determines to be nec-*
17 *essary to carry out its duties.*

18 “(6) *The Commission may use the United States mails*
19 *in the same manner and under the same conditions as Fed-*
20 *eral agencies and shall, for purposes of the frank, be consid-*
21 *ered a commission of Congress as described in section 3215*
22 *of title 39, United States Code.*

23 “(7) *The Commission may secure directly from any*
24 *Federal agency information necessary to enable it to carry*
25 *out its duties, if the information may be disclosed under*

1 *section 552 of title 4, United States Code. Upon request of*
2 *the Chairman of the Commission, the head of such agency*
3 *shall furnish such information to the Commission.*

4 “(8) *Upon the request of the Commission, the Adminis-*
5 *trator of General Services shall provide to the Commission*
6 *on a reimbursable basis such administrative support serv-*
7 *ices as the Commission may request.*

8 “(9) *For purposes of costs relating to printing and*
9 *binding, including the cost of personnel detailed from the*
10 *Government Printing Office, the Commission shall be*
11 *deemed to be a committee of Congress.*

12 “(i) *AUTHORIZATION OF APPROPRIATIONS.—There is*
13 *authorized to be appropriated \$4,000,000 to carry out the*
14 *provisions of this section, which sum shall not be deducted*
15 *from or affect any other appropriation for health care for*
16 *Indian persons.*

17 “(j) *FACA.—The Federal Advisory Committee Act (5*
18 *U.S.C. App.) shall not apply to the Commission.*

19 **“SEC. 815. APPROPRIATIONS; AVAILABILITY.**

20 *“Any new spending authority (described in subsection*
21 *(c)(2)(A) or (B) of section 401 of the Congressional Budget*
22 *Act of 1974) which is provided under this Act shall be effec-*
23 *tive for any fiscal year only to such extent or in such*
24 *amounts as are provided in appropriation Acts.*

1 **“SEC. 816. AUTHORIZATION OF APPROPRIATIONS.**

2 “(a) *IN GENERAL.*—There are authorized to be appro-
3 priated such sums as may be necessary for each fiscal year
4 through fiscal year 2015 to carry out this title.”.

5 (b) *RATE OF PAY.*—

6 (1) *POSITIONS AT LEVEL IV.*—Section 5315 of
7 title 5, United States Code, is amended by striking
8 “Assistant Secretaries of Health and Human Services
9 (6).” and inserting “Assistant Secretaries of Health
10 and Human Services (7)”.

11 (2) *POSITIONS AT LEVEL V.*—Section 5316 of
12 title 5, United States Code, is amended by striking
13 “Director, Indian Health Service, Department of
14 Health and Human Services”.

15 (c) *AMENDMENTS TO OTHER PROVISIONS OF LAW.*—

16 (1) Section 3307(b)(1)(C) of the Children’s
17 Health Act of 2000 (25 U.S.C. 1671 note; Public Law
18 106–310) is amended by striking “Director of the In-
19 dian Health Service” and inserting “Assistant Sec-
20 retary for Indian Health”.

21 (2) *The Indian Lands Open Dump Cleanup Act*
22 *of 1994 is amended—*

23 (A) *in section 3 (25 U.S.C. 3902)—*

24 (i) *by striking paragraph (2);*

25 (ii) *by redesignating paragraphs (1),*

26 (3), (4), (5), and (6) *as paragraphs (4), (5),*

1 (2), (6), and (1), respectively, and moving
 2 those paragraphs so as to appear in numer-
 3 ical order; and

4 (iii) by inserting before paragraph (4)
 5 (as redesignated by subclause (II)) the fol-
 6 lowing:

7 “(3) *ASSISTANT SECRETARY*.—The term ‘Assist-
 8 ant Secretary’ means the Assistant Secretary for In-
 9 dian Health.”;

10 (B) in section 5 (25 U.S.C. 3904), by strik-
 11 ing the section heading and inserting the fol-
 12 lowing:

13 **“SEC. 5. AUTHORITY OF ASSISTANT SECRETARY FOR IN-**
 14 **DIAN HEALTH.”;**

15 (C) in section 6(a) (25 U.S.C. 3905(a)), in
 16 the subsection heading, by striking “DIRECTOR”
 17 and inserting “ASSISTANT SECRETARY”;

18 (D) in section 9(a) (25 U.S.C. 3908(a)), in
 19 the subsection heading, by striking “DIRECTOR”
 20 and inserting “ASSISTANT SECRETARY”; and

21 (E) by striking “Director” each place it ap-
 22 pears and inserting “Assistant Secretary”.

23 (3) Section 5504(d)(2) of the Augustus F. Haw-
 24 kins-Robert T. Stafford Elementary and Secondary
 25 School Improvement Amendments of 1988 (25 U.S.C.

1 2001 note; Public Law 100–297) is amended by strik-
 2 ing “Director of the Indian Health Service” and in-
 3 serting “Assistant Secretary for Indian Health”.

4 (4) Section 203(a)(1) of the Rehabilitation Act of
 5 1973 (29 U.S.C. 763(a)(1)) is amended by striking
 6 “Director of the Indian Health Service” and inserting
 7 “Assistant Secretary for Indian Health”.

8 (5) Subsections (b) and (e) of section 518 of the
 9 Federal Water Pollution Control Act (33 U.S.C. 1377)
 10 are amended by striking “Director of the Indian
 11 Health Service” each place it appears and inserting
 12 “Assistant Secretary for Indian Health”.

13 (6) Section 317M(b) of the Public Health Service
 14 Act (42 U.S.C. 247b–14(b)) is amended—

15 (A) by striking “Director of the Indian
 16 Health Service” each place it appears and in-
 17 serting “Assistant Secretary for Indian Health”;
 18 and

19 (B) in paragraph (2)(A), by striking “the
 20 Directors referred to in such paragraph” and in-
 21 serting “the Director of the Centers for Disease
 22 Control and Prevention and the Assistant Sec-
 23 retary for Indian Health”.

24 (7) Section 417C(b) of the Public Health Service
 25 Act (42 U.S.C. 285–9(b)) is amended by striking “Di-

1 *rector of the Indian Health Service” and inserting*
 2 *“Assistant Secretary for Indian Health”.*

3 (8) *Section 1452(i) of the Safe Drinking Water*
 4 *Act (42 U.S.C. 300j–12(i)) is amended by striking*
 5 *“Director of the Indian Health Service” each place it*
 6 *appears and inserting “Assistant Secretary for In-*
 7 *dian Health”.*

8 (9) *Section 803B(d)(1) of the Native American*
 9 *Programs Act of 1974 (42 U.S.C. 2991b–2(d)(1)) is*
 10 *amended in the last sentence by striking “Director of*
 11 *the Indian Health Service” and inserting “Assistant*
 12 *Secretary for Indian Health”.*

13 (10) *Section 203(b) of the Michigan Indian*
 14 *Land Claims Settlement Act (Public Law 105–143;*
 15 *111 Stat. 2666) is amended by striking “Director of*
 16 *the Indian Health Service” and inserting “Assistant*
 17 *Secretary for Indian Health”.*

18 **SEC. 3. SOBOBA SANITATION FACILITIES.**

19 *The Act of December 17, 1970 (84 Stat. 1465), is*
 20 *amended by adding at the end the following new section:*

21 *“SEC. 9. Nothing in this Act shall preclude the Soboba*
 22 *Band of Mission Indians and the Soboba Indian Reserva-*
 23 *tion from being provided with sanitation facilities and serv-*
 24 *ices under the authority of section 7 of the Act of August*

1 5, 1954 (68 Stat. 674), as amended by the Act of July 31,
 2 1959 (73 Stat. 267).”.

3 **SEC. 4. AMENDMENTS TO THE MEDICAID AND STATE CHIL-**
 4 **DREN’S HEALTH INSURANCE PROGRAMS.**

5 (a) *EXPANSION OF MEDICAID PAYMENT FOR ALL COV-*
 6 *ERED SERVICES FURNISHED BY INDIAN HEALTH PRO-*
 7 *GRAMS.—*

8 (1) *EXPANSION TO ALL COVERED SERVICES.—*

9 Section 1911 of the Social Security Act (42 U.S.C.
 10 1396j) is amended—

11 (A) by amending the heading to read as fol-
 12 lows:

13 **“SEC. 1911. INDIAN HEALTH PROGRAMS.”; and**

14 (B) by amending subsection (a) to read as
 15 follows:

16 “(a) *ELIGIBILITY FOR REIMBURSEMENT FOR MEDICAL*
 17 *ASSISTANCE.—The Indian Health Service and an Indian*
 18 *Tribe, Tribal Organization, or an Urban Indian Organiza-*
 19 *tion (as such terms are defined in section 4 of the Indian*
 20 *Health Care Improvement Act) shall be eligible for reim-*
 21 *bursement for medical assistance provided under a State*
 22 *plan or under waiver authority with respect to items and*
 23 *services furnished by the Indian Health Service, Indian*
 24 *Tribe, Tribal Organization, or Urban Indian Organization*
 25 *if the furnishing of such services meets all the conditions*

1 *and requirements which are applicable generally to the fur-*
 2 *nishing of items and services under this title and under*
 3 *such plan or waiver authority.”.*

4 (2) *ELIMINATION OF TEMPORARY DEEMING PRO-*
 5 *VISION.—Such section is amended by striking sub-*
 6 *section (b).*

7 (3) *REVISION OF AUTHORITY TO ENTER INTO*
 8 *AGREEMENTS.—Subsection (c) of such section is re-*
 9 *designated as subsection (b) and is amended to read*
 10 *as follows:*

11 “(b) *AUTHORITY TO ENTER INTO AGREEMENTS.—The*
 12 *Secretary may enter into an agreement with a State for*
 13 *the purpose of reimbursing the State for medical assistance*
 14 *provided by the Indian Health Service, an Indian Tribe,*
 15 *Tribal Organizations, or an Urban Indian Organization*
 16 *(as so defined), directly, through referral, or under contracts*
 17 *or other arrangements between the Indian Health Service,*
 18 *an Indian Tribe, Tribal Organization, or an Urban Indian*
 19 *Organization and another health care provider to Indians*
 20 *who are eligible for medical assistance under the State plan*
 21 *or under waiver authority.”.*

22 (4) *REFERENCE CORRECTION.—Subsection (d) of*
 23 *such section is redesignated as subsection (c) and is*
 24 *amended—*

1 (A) by striking “For” and inserting “**DI-**
 2 **RECT BILLING.**—For”; and

3 (B) by striking “section 405” and inserting
 4 “section 401(d)”.

5 (b) *SPECIAL RULES FOR INDIANS, INDIAN HEALTH*
 6 *CARE PROVIDERS, AND INDIAN MANAGED CARE ENTI-*
 7 *TIES.*—

8 (1) *IN GENERAL.*—Section 1932 of the Social Se-
 9 curity Act (42 U.S.C. 1396u–2) is amended by add-
 10 ing at the end the following new subsection:

11 “(h) *SPECIAL RULES FOR INDIANS, INDIAN HEALTH*
 12 *CARE PROVIDERS, AND INDIAN MANAGED CARE ENTI-*
 13 *TIES.*—A State shall comply with the provisions of section
 14 413 of the Indian Health Care Improvement Act (relating
 15 to the treatment of Indians, Indian health care providers,
 16 and Indian managed care entities under a medicaid man-
 17 aged care program).”.

18 (2) *APPLICATION TO SCHIP.*—Section 2107(e)(1)
 19 of the Social Security Act (42 U.S.C. 1397gg(1)) is
 20 amended by adding at the end the following:

21 “(E) Subsections (a)(2)(C) and (h) of sec-
 22 tion 1932.”.

23 (c) *SCHIP TREATMENT OF INDIAN TRIBES, TRIBAL*
 24 *ORGANIZATIONS, AND URBAN INDIAN ORGANIZATIONS.*—

1 *Section 2105(c) of the Social Security Act (42 U.S.C.*
 2 *1397ee(c)) is amended—*

3 *(1) in paragraph (2), by adding at the end the*
 4 *following:*

5 *“(C) INDIAN HEALTH PROGRAM PAY-*
 6 *MENTS.—For provisions relating to authorizing*
 7 *use of allotments under this title for payments to*
 8 *Indian Health Programs and Urban Indian Or-*
 9 *ganizations, see section 410 of the Indian Health*
 10 *Care Improvement Act.”; and*

11 *(2) in paragraph (6)(B), by inserting “or by an*
 12 *Indian Tribe, Tribal Organization, or Urban Indian*
 13 *Organization (as such terms are defined in section 4*
 14 *of the Indian Health Care Improvement Act)” after*
 15 *“Service”.*

16 **SEC. 5. NATIVE AMERICAN HEALTH AND WELLNESS FOUN-**
 17 **DATION.**

18 *(a) IN GENERAL.—The Indian Self-Determination*
 19 *and Education Assistance Act (25 U.S.C. 450 et seq.) is*
 20 *amended by adding at the end the following:*

21 **“TITLE VIII—NATIVE AMERICAN**
 22 **HEALTH AND WELLNESS**
 23 **FOUNDATION**

24 **“SEC. 801. DEFINITIONS.**

25 *“In this title:*

1 “(1) *BOARD.*—The term ‘Board’ means the
2 *Board of Directors of the Foundation.*

3 “(2) *COMMITTEE.*—The term ‘Committee’ means
4 *the Committee for the Establishment of Native Amer-*
5 *ican Health and Wellness Foundation established*
6 *under section 802(f).*

7 “(3) *FOUNDATION.*—The term ‘Foundation’
8 *means the Native American Health and Wellness*
9 *Foundation established under section 802.*

10 “(4) *SECRETARY.*—The term ‘Secretary’ means
11 *the Secretary of Health and Human Services.*

12 “(5) *SERVICE.*—The term ‘Service’ means the *In-*
13 *dian Health Service of the Department of Health and*
14 *Human Services.*

15 **“SEC. 802. NATIVE AMERICAN HEALTH AND WELLNESS**
16 **FOUNDATION.**

17 “(a) *ESTABLISHMENT.*—

18 “(1) *IN GENERAL.*—As soon as practicable after
19 *the date of enactment of this title, the Secretary shall*
20 *establish, under the laws of the District of Columbia*
21 *and in accordance with this title, the Native Amer-*
22 *ican Health and Wellness Foundation.*

23 “(2) *FUNDING DETERMINATIONS.*—No funds,
24 *gift, property, or other item of value (including any*

1 *interest accrued on such an item) acquired by the*
2 *Foundation shall—*

3 “(A) *be taken into consideration for pur-*
4 *poses of determining Federal appropriations re-*
5 *lating to the provision of health care and services*
6 *to Indians; or*

7 “(B) *otherwise limit, diminish, or affect the*
8 *Federal responsibility for the provision of health*
9 *care and services to Indians.*

10 “(b) *PERPETUAL EXISTENCE.—The Foundation shall*
11 *have perpetual existence.*

12 “(c) *NATURE OF CORPORATION.—The Foundation—*

13 “(1) *shall be a charitable and nonprofit federally*
14 *chartered corporation; and*

15 “(2) *shall not be an agency or instrumentality of*
16 *the United States.*

17 “(d) *PLACE OF INCORPORATION AND DOMICILE.—The*
18 *Foundation shall be incorporated and domiciled in the Dis-*
19 *trict of Columbia.*

20 “(e) *DUTIES.—The Foundation shall—*

21 “(1) *encourage, accept, and administer private*
22 *gifts of real and personal property, and any income*
23 *from or interest in such gifts, for the benefit of, or in*
24 *support of, the mission of the Service;*

1 “(2) undertake and conduct such other activities
2 as will further the health and wellness activities and
3 opportunities of Native Americans; and

4 “(3) participate with and assist Federal, State,
5 and tribal governments, agencies, entities, and indi-
6 viduals in undertaking and conducting activities that
7 will further the health and wellness activities and op-
8 portunities of Native Americans.

9 “(f) COMMITTEE FOR THE ESTABLISHMENT OF NATIVE
10 AMERICAN HEALTH AND WELLNESS FOUNDATION.—

11 “(1) IN GENERAL.—The Secretary shall establish
12 the Committee for the Establishment of Native Amer-
13 ican Health and Wellness Foundation to assist the
14 Secretary in establishing the Foundation.

15 “(2) DUTIES.—Not later than 180 days after the
16 date of enactment of this section, the Committee
17 shall—

18 “(A) carry out such activities as are nec-
19 essary to incorporate the Foundation under the
20 laws of the District of Columbia, including act-
21 ing as incorporators of the Foundation;

22 “(B) ensure that the Foundation qualifies
23 for and maintains the status required to carry
24 out this section, until the Board is established;

1 “(C) *establish the constitution and initial*
2 *bylaws of the Foundation;*

3 “(D) *provide for the initial operation of the*
4 *Foundation, including providing for temporary*
5 *or interim quarters, equipment, and staff; and*

6 “(E) *appoint the initial members of the*
7 *Board in accordance with the constitution and*
8 *initial bylaws of the Foundation.*

9 “(g) *BOARD OF DIRECTORS.—*

10 “(1) *IN GENERAL.—The Board of Directors shall*
11 *be the governing body of the Foundation.*

12 “(2) *POWERS.—The Board may exercise, or pro-*
13 *vide for the exercise of, the powers of the Foundation.*

14 “(3) *SELECTION.—*

15 “(A) *IN GENERAL.—Subject to subpara-*
16 *graph (B), the number of members of the Board,*
17 *the manner of selection of the members (includ-*
18 *ing the filling of vacancies), and the terms of of-*
19 *fice of the members shall be as provided in the*
20 *constitution and bylaws of the Foundation.*

21 “(B) *REQUIREMENTS.—*

22 “(i) *NUMBER OF MEMBERS.—The*
23 *Board shall have at least 11 members, who*
24 *shall have staggered terms.*

1 “(ii) *INITIAL VOTING MEMBERS.*—*The*
2 *initial voting members of the Board—*

3 “(I) *shall be appointed by the*
4 *Committee not later than 180 days*
5 *after the date on which the Foundation*
6 *is established; and*

7 “(II) *shall have staggered terms.*

8 “(iii) *QUALIFICATION.*—*The members*
9 *of the Board shall be United States citizens*
10 *who are knowledgeable or experienced in*
11 *Native American health care and related*
12 *matters.*

13 “(C) *COMPENSATION.*—*A member of the*
14 *Board shall not receive compensation for service*
15 *as a member, but shall be reimbursed for actual*
16 *and necessary travel and subsistence expenses in-*
17 *curring in the performance of the duties of the*
18 *Foundation.*

19 “(h) *OFFICERS.*—

20 “(1) *IN GENERAL.*—*The officers of the Founda-*
21 *tion shall be—*

22 “(A) *a secretary, elected from among the*
23 *members of the Board; and*

24 “(B) *any other officers provided for in the*
25 *constitution and bylaws of the Foundation.*

1 “(2) *SECRETARY.*—*The secretary of the Founda-*
 2 *tion shall serve, at the direction of the Board, as the*
 3 *chief operating officer of the Foundation.*

4 “(3) *ELECTION.*—*The manner of election, term*
 5 *of office, and duties of the officers of the Foundation*
 6 *shall be as provided in the constitution and bylaws*
 7 *of the Foundation.*

8 “(i) *POWERS.*—*The Foundation—*

9 “(1) *shall adopt a constitution and bylaws for*
 10 *the management of the property of the Foundation*
 11 *and the regulation of the affairs of the Foundation;*

12 “(2) *may adopt and alter a corporate seal;*

13 “(3) *may enter into contracts;*

14 “(4) *may acquire (through a gift or otherwise),*
 15 *own, lease, encumber, and transfer real or personal*
 16 *property as necessary or convenient to carry out the*
 17 *purposes of the Foundation;*

18 “(5) *may sue and be sued; and*

19 “(6) *may perform any other act necessary and*
 20 *proper to carry out the purposes of the Foundation.*

21 “(j) *PRINCIPAL OFFICE.*—

22 “(1) *IN GENERAL.*—*The principal office of the*
 23 *Foundation shall be in the District of Columbia.*

24 “(2) *ACTIVITIES; OFFICES.*—*The activities of the*
 25 *Foundation may be conducted, and offices may be*

1 *maintained, throughout the United States in accord-*
 2 *ance with the constitution and bylaws of the Founda-*
 3 *tion.*

4 “(k) *SERVICE OF PROCESS.*—*The Foundation shall*
 5 *comply with the law on service of process of each State in*
 6 *which the Foundation is incorporated and of each State in*
 7 *which the Foundation carries on activities.*

8 “(l) *LIABILITY OF OFFICERS, EMPLOYEES, AND*
 9 *AGENTS.*—

10 “(1) *IN GENERAL.*—*The Foundation shall be lia-*
 11 *ble for the acts of the officers, employees, and agents*
 12 *of the Foundation acting within the scope of their au-*
 13 *thority.*

14 “(2) *PERSONAL LIABILITY.*—*A member of the*
 15 *Board shall be personally liable only for gross neg-*
 16 *ligence in the performance of the duties of the mem-*
 17 *ber.*

18 “(m) *RESTRICTIONS.*—

19 “(1) *LIMITATION ON SPENDING.*—*Beginning*
 20 *with the fiscal year following the first full fiscal year*
 21 *during which the Foundation is in operation, the ad-*
 22 *ministrative costs of the Foundation shall not exceed*
 23 *10 percent of the sum of—*

1 “(A) the amounts transferred to the Foun-
 2 dation under subsection (o) during the preceding
 3 fiscal year; and

4 “(B) donations received from private
 5 sources during the preceding fiscal year.

6 “(2) APPOINTMENT AND HIRING.—The appoint-
 7 ment of officers and employees of the Foundation
 8 shall be subject to the availability of funds.

9 “(3) STATUS.—A member of the Board or officer,
 10 employee, or agent of the Foundation shall not by
 11 reason of association with the Foundation be consid-
 12 ered to be an officer, employee, or agent of the United
 13 States.

14 “(n) AUDITS.—The Foundation shall comply with sec-
 15 tion 10101 of title 36, United States Code, as if the Founda-
 16 tion were a corporation under part B of subtitle II of that
 17 title.

18 “(o) FUNDING.—

19 “(1) AUTHORIZATION OF APPROPRIATIONS.—
 20 There is authorized to be appropriated to carry out
 21 subsection (e)(1) \$500,000 for each fiscal year, as ad-
 22 justed to reflect changes in the Consumer Price Index
 23 for all-urban consumers published by the Department
 24 of Labor.

1 “(2) *TRANSFER OF DONATED FUNDS.*—*The Sec-*
 2 *retary shall transfer to the Foundation funds held by*
 3 *the Department of Health and Human Services under*
 4 *the Act of August 5, 1954 (42 U.S.C. 2001 et seq.),*
 5 *if the transfer or use of the funds is not prohibited*
 6 *by any term under which the funds were donated.*

7 **“SEC. 803. ADMINISTRATIVE SERVICES AND SUPPORT.**

8 “(a) *PROVISION OF SUPPORT BY SECRETARY.*—*Sub-*
 9 *ject to subsection (b), during the 5-year period beginning*
 10 *on the date on which the Foundation is established, the Sec-*
 11 *retary—*

12 “(1) *may provide personnel, facilities, and other*
 13 *administrative support services to the Foundation;*

14 “(2) *may provide funds for initial operating*
 15 *costs and to reimburse the travel expenses of the mem-*
 16 *bers of the Board; and*

17 “(3) *shall require and accept reimbursements*
 18 *from the Foundation for—*

19 “(A) *services provided under paragraph (1);*
 20 *and*

21 “(B) *funds provided under paragraph (2).*

22 “(b) *REIMBURSEMENT.*—*Reimbursements accepted*
 23 *under subsection (a)(3)—*

1 “(1) shall be deposited in the Treasury of the
2 United States to the credit of the applicable appro-
3 priations account; and

4 “(2) shall be chargeable for the cost of providing
5 services described in subsection (a)(1) and travel ex-
6 penses described in subsection (a)(2).

7 “(c) *CONTINUATION OF CERTAIN SERVICES.*—The Sec-
8 retary may continue to provide facilities and necessary sup-
9 port services to the Foundation after the termination of the
10 5-year period specified in subsection (a) if the facilities and
11 services—

12 “(1) are available; and

13 “(2) are provided on reimbursable cost basis.”.

14 (b) *TECHNICAL AMENDMENTS.*—The Indian Self-De-
15 termination and Education Assistance Act is amended—

16 (1) by redesignating title V (25 U.S.C. 458bbb et
17 seq.)) as title VII;

18 (2) by redesignating sections 501, 502, and 503
19 (25 U.S.C. 458bbb, 458bbb–1, 458bbb–2) as sections
20 701, 702, and 703, respectively; and

21 (3) in subsection (a)(2) of section 702 and para-
22 graph (2) of section 703 (as redesignated by para-
23 graph (2)), by striking “section 501” and inserting
24 “section 701”.

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2^D Session

S. 1057

[Report No. 109-222]

A BILL

To amend the Indian Health Care Improvement
Act to revise and extend that Act.

MARCH 16 (legislative day, MARCH 15), 2006
Reported with an amendment