

BROWNBACK), the Senator from Wisconsin (Mr. KOHL) and the Senator from Massachusetts (Mr. KENNEDY) were added as cosponsors of S. Res. 162, a resolution commemorating and acknowledging the dedication and sacrifice made by the men and women who have lost their lives while serving as law enforcement officers.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. DURBIN (for himself, Mr. SMITH, and Mr. OBAMA):

S. 1190. A bill to promote the deployment and adoption of telecommunications services and information technologies, and for other purposes; to the Committee on Commerce, Science, and Transportation.

Mr. DURBIN. Mr. President, I ask unanimous consent that the text of the bill be printed in the RECORD.

There being no objection, the text of the bill was ordered to be printed in the RECORD, as follows:

S. 1190

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Connect The Nation Act".

SEC. 2. FINDINGS.

Congress finds the following:

(1) The deployment and adoption of broadband services and information technology has resulted in enhanced economic development and public safety for communities across the Nation, improved health care and educational opportunities, and a better quality of life for all Americans.

(2) Continued progress in the deployment and adoption of broadband and other advanced information services is vital to ensuring that our Nation remains competitive and continues to create business and job growth.

(3) The Federal Government should also recognize and encourage complementary state efforts to improve the quality and usefulness of broadband data and should encourage and support the partnership of the public and private sectors in the continued growth of broadband services and information technology for the residents and businesses of the Nation.

SEC. 3. ENCOURAGING STATE INITIATIVES TO IMPROVE BROADBAND.

(a) PURPOSES.—The purposes of any grant under subsection (b) are—

(1) to ensure that all citizens and businesses in a State have access to affordable and reliable broadband service;

(2) to achieve improved technology literacy, increased computer ownership, and home broadband use among such citizens and businesses;

(3) to establish and empower local grassroots technology teams in each State to plan for improved technology use across multiple community sectors; and

(4) to establish and sustain an environment ripe for broadband services and information technology investment.

(b) ESTABLISHMENT OF STATE BROADBAND DATA AND DEVELOPMENT GRANT PROGRAM.—

(1) IN GENERAL.—The Secretary of Commerce shall award grants, taking into account the results of the peer review process under subsection (d), to eligible entities for the development and implementation of

statewide initiatives to identify and track the availability and adoption of broadband services within each State.

(2) COMPETITIVE BASIS.—Any grant under subsection (b) shall be awarded on a competitive basis.

(c) ELIGIBILITY.—To be eligible to receive a grant under subsection (b), an eligible entity shall—

(1) submit an application to the Secretary of Commerce, at such time, in such manner, and containing such information as the Secretary may require; and

(2) contribute matching non-Federal funds in an amount equal to not less than 20 percent of the total amount of the grant.

(d) PEER REVIEW.—

(1) IN GENERAL.—The Secretary shall by regulation require appropriate technical and scientific peer review of applications made for grants under this section.

(2) REVIEW PROCEDURES.—The regulations required under paragraph (1) shall require that any technical and scientific peer review group—

(A) be provided a written description of the grant to be reviewed;

(B) provide the results of any review by such group to the Secretary of Commerce; and

(C) certify that such group will enter into voluntary nondisclosure agreements as necessary to prevent the unauthorized disclosure of confidential and proprietary information provided by broadband service providers in connection with projects funded by any such grant.

(e) USE OF FUNDS.—A grant awarded to an eligible entity under subsection (b) shall be used—

(1) to provide a baseline assessment of broadband service deployment in each State;

(2) to identify and track—

(A) areas in each State that have low levels of broadband service deployment;

(B) the rate at which residential and business adopt broadband service and other related information technology services; and

(C) possible suppliers of such services;

(3) to identify barriers to the adoption by individuals and businesses of broadband service and related information technology services, including whether or not—

(A) the demand for such services is absent; and

(B) the supply for such services is capable of meeting the demand for such services;

(4) to create and facilitate in each county or designated region in a State a local technology planning team—

(A) with members representing a cross section of the community, including representatives of business, telecommunications labor organizations, K-12 education, health care, libraries, higher education, community-based organizations, local government, tourism, parks and recreation, and agriculture; and

(B) which shall—

(i) benchmark technology use across relevant community sectors;

(ii) set goals for improved technology use within each sector; and

(iii) develop a tactical business plan for achieving its goals, with specific recommendations for online application development and demand creation;

(5) to work collaboratively with broadband service providers and information technology companies to encourage deployment and use, especially in unserved and underserved areas, through the use of local demand aggregation, mapping analysis, and the creation of market intelligence to improve the business case for providers to deploy;

(6) to establish programs to improve computer ownership and Internet access for unserved and underserved populations;

(7) to collect and analyze detailed market data concerning the use and demand for broadband service and related information technology services;

(8) to facilitate information exchange regarding the use and demand for broadband services between public and private sectors; and

(9) to create within each State a geographic inventory map of broadband service, which shall—

(A) identify gaps in such service through a method of geographic information system mapping of service availability at the census block level; and

(B) provide a baseline assessment of statewide broadband deployment in terms of households with high-speed availability.

(f) PARTICIPATION LIMIT.—For each State, an eligible entity may not receive a new grant under this section to fund the activities described in subsection (d) within such State if such organization obtained prior grant awards under this section to fund the same activities in that State in each of the previous 4 consecutive years.

(g) REPORT.—Each recipient of a grant under subsection (b) shall submit an report on the use of the funds provided by the grant to the Secretary of Commerce.

(h) DEFINITIONS.—In this section:

(1) ELIGIBLE ENTITY.—The term "eligible entity" means a non-profit organization that is selected by a State to work in partnership with State agencies and private sector partners in identifying and tracking the availability and adoption of broadband services within each State.

(2) NONPROFIT ORGANIZATION.—The term "nonprofit organization" means an organization—

(A) described in section 501(c)(3) of the Internal Revenue Code of 1986 and exempt from tax under section 501(a) of such Code;

(B) no part of the net earnings of which inures to the benefit of any member, founder, contributor, or individual;

(C) that has an established competency and proven record of working with public and private sectors to accomplish widescale deployment and adoption of broadband services and information technology; and

(D) the board of directors of which is not composed of a majority of individuals who are also employed by, or otherwise associated with, any Federal, State, or local government or any Federal, State, or local agency.

(3) BROADBAND SERVICE.—The term "broadband service" means any service that connects to the public Internet that provides a data transmission-rate equivalent to at least 200 kilobits per second, or 200,000 bits per second, or any successor transmission-rate established by the Federal Communications Commission, in at least 1 direction.

(i) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section \$40,000,000 for each of fiscal years 2008 through 2012.

(j) NO REGULATORY AUTHORITY.—Nothing in this Act shall be construed as giving any public or private entity established or affected by this Act any regulatory jurisdiction or oversight authority over providers of broadband services or information technology.

By Mr. DOMENICI (for himself, Mr. CORNYN, Mrs. HUTCHISON, and Mr. KYL):

S. 1192. A bill to increase the number of Federal judgeships in certain judicial districts with heavy caseloads of

criminal immigration cases; to the Committee on the Judiciary.

Mr. DOMENICI. Mr. President, I rise today to introduce legislation that authorizes the Federal judgeships recommended by the 2007 Judicial Conference for our U.S. District Courts that are overloaded with immigration cases.

For a year, I have been telling the Senate about the crisis on our Southwest border involving judges who are overwhelmed by the sheer number of immigration cases that are filed in their courts.

New caseload numbers have recently become available, and it is clear that this problem is not going away—Congress must act to fix it. Federal Court Management Statistics available at www.uscourts.gov reveal that for the 12-month period ending September 30, 2006, four District Courts each had more than one thousand criminal immigration filings. Not surprisingly, all of these Districts share a border with Mexico.

In fiscal year 2006, the Southern District of Texas had 3,679 immigration cases, the Western District of Texas had 2,324 immigration cases, the District of New Mexico had 1,940 immigration cases, and the District of Arizona had 1,924 immigration filings. In each of these Districts, immigration filings make up more than forty-nine percent of all of the District's criminal filings. No other District Court recommended for new judgeships had more than 314 immigration filings. In fact, the four Districts mentioned above account for more than 60 percent of all immigration filings in fiscal year 2006.

The legislation I am introducing today authorizes the ten new Federal judgeships recommended by the Judicial Conference for these four U.S. Districts, where immigration filings total more than forty-nine percent of all Federal criminal filings.

Based on these caseloads, we should already have given these Districts new judgeships. But to increase border security and immigration enforcement efforts, as we have over the past few years, without equipping these courts to handle the even larger immigration caseloads that they will face as a result of immigration enforcement efforts would amount to willful negligence on the part of Congress.

It is imperative to equip our Federal agencies with the assets they need to secure our borders and enforce our immigration laws, including the Federal District courts that try repeat immigration law violators who are charged with Federal felonies.

The New Mexico District Chief Judge, Martha Vazquez, wrote me a letter in May of 2006 about the situation her District faces. Judge Vazquez wrote:

As it is, the burden on Article III Judges in this District is considerable. This District ranks first among all districts in criminal filings per judgeship: 405 criminal filings compared to the national average of 87. As in

all federal districts along the southwest border, the majority of cases filed in this District relate to immigration offenses under United States Code, Title 8 and drug offenses arising under Title 21. Immigration and drug cases account for eighty-five percent of the caseload in the District of New Mexico. . . . In fiscal year 1997, there were 240 immigration felony filings in the District of New Mexico. By fiscal year 2005, the number of immigration felony filings increased to 1,826, which is an increase of 661 percent.

The Albuquerque Tribune has also documented the burden on our Southwest border District Courts. An April 17, 2006 article entitled "Judges See Ripple Effect of Policy on Immigration," stated:

U.S. District Chief Judge Martha Vazquez of Santa Fe oversees a court that faces a rising caseload from illegal border crossings and related crime. And help from Washington is by no means certain. . . . From Sept. 30, 1999 to Sept. 30, 2004 (the end of the fiscal year), the caseload in the New Mexico federal district court increased 57.5 percent, from 2,804 to 4,416. In the 2004 fiscal year alone, 2,126 felony cases were heard, almost half of all cases in the entire 10th Circuit, which includes Colorado, Kansas, Oklahoma, Utah and Wyoming. Most typical immigration cases go before an immigration judge, and the subjects are deported. But people deported once and caught crossing illegally again can be charged with a felony. And that brings the defendant into federal district court. Those are the cases driving up New Mexico's caseload. . . . Some days as many as 90 defendants crowd the courtroom in Las Cruces. . . . The same problems are afflicting federal border courts in Arizona, California, and Texas.

Similar problems were documented in the May 23, 2006 Reuters article "Bush Border Patrol Plan to Pressure Courts" which said:

President George W. Bush's plan to send thousands of National Guard troops to the U.S.-Mexico border could spark a surge in immigration cases and U.S. courts are ill prepared to handle them. . . . Even without the stepped-up security at the border, federal courts in southern California, Arizona, New Mexico and Texas have been overburdened. Carelli [a spokesman for U.S. federal courts] said those five judicial districts, out of 94 nationwide, account for 34 percent of all criminal cases moving through U.S. courts. . . . Most immigrants caught crossing illegally are ordered out of the country without prosecution. But that still leaves a growing pile of cases involving illegals who are being prosecuted after being caught multiple times or those accused of other crimes. . . . Nationwide, each U.S. judge handles an average of 87 cases a year. But along the southern border, even before Bush's plan moves forward, the average is around 300 per judge, Carelli said.

I have also heard first-hand about this problem from Federal judges in New Mexico, including one who travels almost 200 miles to hear cases in Southern New Mexico. Many of the situations he sees involve mass arraignments because there are so many defendants in the system. He is not alone in this arrangement; other Federal judges drive almost 300 miles to hear cases in the Southern part of my home State. This is a dire situation that must be addressed.

The United States Congress must address the overwhelming immigration

caseload our southwestern border U.S. District Courts face. The bill I am introducing today does that by authorizing the eight permanent and two temporary judgeships recommended by the 2007 Judicial Conference for the four U.S. Districts in which the immigration caseloads total more than forty-nine percent of those Districts' total criminal caseload. I am proud to have Congressman CUELLAR join me in this effort by introducing companion legislation in the House of Representatives.

I ask unanimous consent that the text of the bill be printed in the RECORD.

There being no objection, the text of the bill was ordered to be printed in the RECORD, as follows:

S. 1192

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Federal Criminal Immigration Courts Act of 2007".

SEC. 2. FINDINGS AND PURPOSE.

(a) FINDINGS.—Based on the recommendations made by the 2007 Judicial Conference and the statistical data provided by the 2006 Federal Court Management Statistics (issued by the Administrative Office of the United States Courts), the Congress finds the following:

(1) Federal courts along the southwest border of the United States have a greater percentage of their criminal caseload affected by immigration cases than other Federal courts.

(2) The percentage of criminal immigration cases in most southwest border district courts totals more than 49 percent of the total criminal caseloads of those districts.

(3) The current number of judges authorized for those courts is inadequate to handle the current caseload.

(4) Such an increase in the caseload of criminal immigration filings requires a corresponding increase in the number of Federal judgeships.

(5) The 2007 Judicial Conference recommended the addition of judgeships to meet this growing burden.

(6) The Congress should authorize the additional district court judges necessary to carry out the 2007 recommendations of the Judicial Conference for district courts in which the criminal immigration filings represented more than 49 percent of all criminal filings for the 12-month period ending September 30, 2006.

(b) PURPOSE.—The purpose of this Act is to increase the number of Federal judgeships, in accordance with the recommendations of the 2007 Judicial Conference, in district courts that have an extraordinarily high criminal immigration caseload.

SEC. 3. ADDITIONAL DISTRICT COURT JUDGESHIPS.

(a) PERMANENT JUDGESHIPS.—

(1) IN GENERAL.—The President shall appoint, by and with the advice and consent of the Senate—

(A) 4 additional district judges for the district of Arizona;

(B) 1 additional district judge for the district of New Mexico;

(C) 2 additional district judges for the southern district of Texas; and

(D) 1 additional district judge for the western district of Texas.

(2) CONFORMING AMENDMENTS.—In order that the table contained in section 133(a) of

title 28, United States Code, reflect the number of additional judges authorized under paragraph (1), such table is amended—

(A) by striking the item relating to Arizona and inserting the following:

Arizona 16;

(B) by striking the item relating to New Mexico and inserting the following:

New Mexico 7;

(C) by striking the item relating to Texas and inserting the following:

- Texas:
- Northern 12
- Southern 21
- Eastern 7
- Western 14.

(b) TEMPORARY JUDGESHIPS.—

(1) IN GENERAL.—The President shall appoint, by and with the advice and consent of the Senate—

(A) 1 additional district judge for the district of Arizona; and

(B) 1 additional district judge for the district of New Mexico.

(2) VACANCY.—For each of the judicial districts named in this subsection, the first vacancy arising on the district court 10 years or more after a judge is first confirmed to fill the temporary district judgeship created in that district by this subsection shall not be filled.

By Mr. DOMENICI (for himself and Mr. BINGAMAN):

S. 1193. A bill to direct the Secretary of the Interior to take into trust 2 parcels of Federal land for the benefit of certain Indian Pueblos in the State of New Mexico; to the Committee on Indian Affairs.

Mr. DOMENICI. Mr. President, I rise today to introduce the Albuquerque Indian School Act. I want to thank Senator BINGAMAN, my colleague from New Mexico, for joining me as a cosponsor of the bill again this Congress.

The Albuquerque Indian School Act seeks to take two parcels of Federal land into trust for the 19 Pueblos—Acoma, Cochiti, Isleta, Jemez, Laguna, Nambe, Ohkay Owingeh, Picuris, Pojoaque, San Felipe, San Ildefonso, Sandia, Santa Ana, Santa Clara, Santo Domingo, Taos, Tesuque, Zia and Zuni. I believe this property, if transferred, would receive greater utilization and would benefit the 19 New Mexico Pueblos.

In 1981, the New Mexico Pueblos petitioned the United States for the transfer of approximately 44 acres from the Albuquerque Indian School site for the purpose of economic development. In 1984, the Assistant Secretary of the Interior conveyed 44 acres to the Pueblos. This land is currently under development by the 19 New Mexico pueblos. In 2003, the 19 Pueblos requested conveyance of the “B” and “D” tracts, which total approximately 18 acres, located near Interstate 40. This land contains various metal buildings which have deteriorated to the point that they have little to no usable value at this time.

The return of these two properties to the 19 Pueblos is supported by the southwestern regional office of the Bureau of Indian Affairs. With the addition of these two tracts, the 19 pueblos will be able to continue their success-

ful economic development of the Albuquerque Indian School property. I believe the transfer will benefit the 19 New Mexico Pueblos, and their individual tribal members.

I ask unanimous consent that the text of the bill be printed in the RECORD.

There being no objection, the text of the bill was ordered to be printed in the RECORD, as follows:

S. 1193

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the “Albuquerque Indian School Act”.

SEC. 2. DEFINITIONS.

In this Act:

(1) 19 PUEBLOS.—The term “19 Pueblos” means the New Mexico Indian Pueblos of—

- (A) Acoma;
- (B) Cochiti;
- (C) Isleta;
- (D) Jemez;
- (E) Laguna;
- (F) Nambe;
- (G) Ohkay Owingeh (San Juan);
- (H) Picuris;
- (I) Pojoaque;
- (J) San Felipe;
- (K) San Ildefonso;
- (L) Sandia;
- (M) Santa Ana;
- (N) Santa Clara;
- (O) Santo Domingo;
- (P) Taos;
- (Q) Tesuque;
- (R) Zia; and
- (S) Zuni.

(2) SECRETARY.—The term “Secretary” means the Secretary of the Interior (or a designee).

(3) SURVEY.—The term “survey” means the survey plat entitled “Department of the Interior, Bureau of Indian Affairs, Southern Pueblos Agency, BIA Property Survey” (prepared by John Paisano, Jr., Registered Land Surveyor Certificate No. 5708), and dated March 7, 1977.

SEC. 3. LAND TAKEN INTO TRUST FOR BENEFIT OF 19 PUEBLOS.

(a) ACTION BY SECRETARY.—

(1) IN GENERAL.—The Secretary shall take into trust all right, title, and interest of the United States in and to the land described in subsection (b) (including any improvements and appurtenances to the land) for the benefit of the 19 Pueblos.

(2) ADMINISTRATION.—The Secretary shall—

(A) take such action as the Secretary determines to be necessary to document the transfer under paragraph (1); and

(B) appropriately assign each applicable private and municipal utility and service right or agreement.

(b) DESCRIPTION OF LAND.—The land referred to in subsection (a)(1) is the 2 tracts of Federal land, the combined acreage of which is approximately 18.3 acres, that were historically part of the Albuquerque Indian School, more particularly described as follows:

(1) TRACT B.—The approximately 5,9211 acres located in sec. 7 and sec. 8 of T. 10 N., R. 3 E., of the New Mexico Principal Meridian in the city of Albuquerque, New Mexico, as identified on the survey.

(2) TRACT D.—The approximately 12,3835 acres located in sec. 7 and sec. 8 of T. 10 N., R. 3 E., of the New Mexico Principal Meridian in the city of Albuquerque, New Mexico, as identified on the survey.

(c) SURVEY.—The Secretary may make minor corrections to the survey and legal de-

scription of the Federal land described in subsection (b) as the Secretary determines to be necessary to correct clerical, typographical, and surveying errors.

(d) USE OF LAND.—The land taken into trust under subsection (a) shall be used for the educational, health, cultural, business, and economic development of the 19 Pueblos.

(e) LIMITATIONS AND CONDITIONS.—The land taken into trust under subsection (a) shall remain subject to any private or municipal encumbrance, right-of-way, restriction, easement of record, or utility service agreement in effect on the date of enactment of this Act.

SEC. 4. EFFECT OF OTHER LAWS.

(a) IN GENERAL.—Except as otherwise provided in this section, land taken into trust under section 3(a) shall be subject to Federal laws relating to Indian land.

(b) GAMING.—No gaming activity (within the meaning of the Indian Gaming Regulatory Act (25 U.S.C. 2701 et seq.)) shall be carried out on land taken into trust under section 3(a).

By Mr. DODD (for himself and Mr. SALAZAR):

S. 1194. A bill to improve the No Child Left Behind Act of 2001, and for other purposes; to the Committee on Health, Education, Labor, and Pensions.

Mr. DODD. Mr. President, today I am pleased to introduce with Senator SALAZAR a very important piece of legislation, “The No Child Left Behind Reform Act.” This legislation makes three basic changes to the No Child Left Behind Act which was signed into law in January of 2002.

Five years ago I supported the No Child Left Behind Act because I care about improving the quality of education in America for all of our children. I believed that this law would help to achieve that goal by establishing rigorous measures of student achievement, by helping teachers do a better job of instructing students, and by providing the resources desperately needed by our schools to help put the reforms we passed into place.

Regrettably, the high hopes that I and many others had for this law have not been realized. Throughout the years, this law has been implemented by the administration in a manner that is inflexible, unreasonable and unhelpful. As a result, it has failed the teachers, the schools, and, most importantly, the students it was meant to help.

Worse still, this administration’s promise of sufficient resources to implement the law is a promise that has yet to be kept. This year’s budget proposal underfunds No Child Left Behind by almost \$15 billion. Since passage five years ago, the administration has underfunded the law by more than \$70 billion below the level promised when the President signed the Act into law.

As a result of the failures of the current administration to fulfill its commitment to our Nation’s school children under this law, children and their teachers are shouldering noteworthy hardships. Additional requirements without additional funding, and little,

if any, technical assistance from the Department, have left students, teachers, administrators and parents struggling to implement mandates that are often confusing, inflexible, unrealistic and costly. With the degree of underfunding that we have seen at the Federal level, many taxpayers are simultaneously paying for their mortgage, basic health care, the rising cost of their children's tuition and the Federal share of the No Child Left Behind Act.

As I have said on numerous occasions in the past, resources without reforms are a waste of money. By the same token, reforms without resources are a false promise a false promise that has left students and their teachers grappling with new burdens and little help to bear them.

The legislation I am introducing today proposes to make three changes to the No Child Left Behind Act. These changes will ease current burdens on our students, our teachers and our administrators without dismantling the fundamental underpinnings of the law.

First, the No Child Left Behind Reform Act will allow schools to be given credit for performing well on measures other than test scores when calculating student achievement. Test scores are an important measure of student knowledge. However, they are not the only measure. There are others. These include dropout rates, the number of students who participate in advanced placement courses, and individual student improvement over time. Unfortunately, current law does not allow schools to use these additional ways to gauge school success in a constructive manner. Additional measures can only be used to further indicate how a school is failing, not how a school is succeeding. This legislation will allow schools to earn credit for succeeding.

Second, the No Child Left Behind Reform Act will allow schools to target school choice and supplemental services to the students that actually demonstrate a need for them. As the current law is being implemented by the Administration, if a school is in need of improvement, it is expected to offer school choice and supplemental services to all students—even if not all students have demonstrated a need for them. That strikes me as a wasteful and imprecise way to help a school improve student performance. For that reason, this legislation will allow schools to target resources to the students that actually demonstrate that they need them. Clearly, this is the most efficient way to maximize their effect.

Finally, the No Child Left Behind Reform Act introduces a greater degree of reasonableness to the teacher certification process. As it is being implemented, the law requires teachers to be "highly qualified" to teach every subject that they teach. Certainly none of us disagree with this policy as a matter of principle. But as a matter of practice, it is causing confusion and hardship for teachers, particularly sec-

ondary teachers and teachers in small school districts. For example, as the law is being implemented by the Administration, a high school science teacher could be required to hold degrees in biology, physics and chemistry to be considered highly qualified. In small schools where there may be only one 7th or 8th grade teacher teaching all subjects, these teachers could similarly be required to hold degrees in every subject area. Such requirements are unreasonable at a time when excellent teachers are increasingly hard to find. The legislation I introduce today will allow States to create a single assessment to cover multiple subjects for middle grade level teachers and allow states to issue a broad certification for science and social studies.

In my view, the changes I propose will provide significant assistance to schools struggling to comply with the No Child Left Behind law all across America. As time marches on and more deadlines set by this law come and go including additional testing, a highly qualified teacher in every classroom and 100 percent proficiency for all students—we have a responsibility to reauthorize the No Child Left Behind Act in a manner that will require it to be implemented in a fair and reasonable manner. I would caution that in doing so, however, we must also preserve the basic tenets of the law—providing a high quality education for all American students and closing the achievement gap across demographic and socioeconomic lines. Again, no child should left behind—no special education student, no English language learning student, no minority student and no low-income student. I stand by this commitment.

Obviously, funding this law is beyond the scope of this bill. I would note, however, that I will continue my efforts to direct increased funds to the law. Clearly, our children deserve the resources needed to make their dreams for a better education a reality. I urge my colleagues to join me in supporting this important reform legislation.

I ask unanimous consent that the text of the bill be printed in the RECORD.

There being no objection, the text of the bill was ordered to be printed in the RECORD, as follows:

S. 1194

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "No Child Left Behind Reform Act".

SEC. 2. ADEQUATE YEARLY PROGRESS.

(a) DEFINITION OF ADEQUATE YEARLY PROGRESS.—Section 1111(b)(2) of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 6311(b)(2)) is amended—

- (1) in subparagraph (C)(vii)—
 - (A) by striking "such as";
 - (B) by inserting "such as measures of individual or cohort growth over time based on the academic assessments implemented in accordance with paragraph (3)," after "described in clause (v)," and

- (C) by striking "attendance rates," and (2) in subparagraph (D)—
 - (A) by striking clause (ii);
 - (B) by striking "the State" and all that follows through "ensure" and inserting "the State shall ensure"; and
 - (C) by striking ";" and inserting a period.

(b) ACADEMIC ASSESSMENT AND LOCAL EDUCATIONAL AGENCY AND SCHOOL IMPROVEMENT.—Section 1116(a)(1)(B) of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 6316(a)(1)(B)) is amended by striking "except that" and all that follows through "action or restructuring".

SEC. 3. GRANTS FOR INCREASING DATA CAPACITY FOR PURPOSES OF AYP.

Subpart 1 of part A of title I of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 6311 et seq.) is amended by adding at the end the following:

"SEC. 1120C. GRANTS FOR INCREASING DATA CAPACITY FOR PURPOSES OF AYP.

"(a) GRANT AUTHORITY.—The Secretary may award grants, on a competitive basis, to State educational agencies to enable the State educational agencies—

- "(1) to develop or increase the capacity of data systems for accountability purposes; and
- "(2) to award subgrants to increase the capacity of local educational agencies to upgrade, create, or manage information databases for the purpose of measuring adequate yearly progress.

"(b) PRIORITY.—In awarding grants under this section the Secretary shall give priority to State educational agencies that have created, or are in the process of creating, a growth model or proficiency index as part of their adequate yearly progress determination.

"(c) STATE USE OF FUNDS.—Each State that receives a grant under this section shall use—

- "(1) not more than 20 percent of the grant funds for the purpose of increasing the capacity of, or creating, State databases to collect information related to adequate yearly progress; and
- "(2) not less than 80 percent of the grant funds to award subgrants to local educational agencies within the State to enable the local educational agencies to carry out the authorized activities described in subsection (d).

"(d) AUTHORIZED ACTIVITIES.—Each local educational agency that receives a subgrant under this section shall use the subgrant funds to increase the capacity of the local educational agency to upgrade databases or create unique student identifiers for the purpose of measuring adequate yearly progress, by—

- "(1) purchasing database software or hardware;
- "(2) hiring additional staff for the purpose of managing such data;
- "(3) providing professional development or additional training for such staff; and
- "(4) providing professional development or training for principals and teachers on how to effectively use such data to implement instructional strategies to improve student achievement.

"(e) STATE APPLICATION.—Each State educational agency desiring a grant under this section shall submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary may require.

"(f) LEA APPLICATION.—Each local educational agency desiring a subgrant under this section shall submit an application to the State educational agency at such time, in such manner, and containing such information as the State educational agency may

require. Each such application shall include, at a minimum, a demonstration of the local educational agency's ability to put such a database in place.

“(g) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this part \$80,000,000 for each of fiscal years 2008, 2009, and 2010.”

SEC. 4. TARGETING TRANSFER OPTIONS AND SUPPLEMENTAL SERVICES.

(a) TARGETING TRANSFER OPTIONS AND SUPPLEMENTAL SERVICES.—Section 1116 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 6316) is amended—

(1) in paragraphs (1)(E)(i), (5)(A), (7)(C)(i), and (8)(A)(i) of subsection (b), by striking the term “all students enrolled in the school” each place such term appears and inserting “all students enrolled in the school, who are members of a group described in section 1111(b)(2)(C)(v) that fails to make adequate yearly progress as defined in the State’s plan under section 1111(b)(2).”;

(2) in subsection (b)(1), by adding at the end the following:

“(G) MAINTENANCE OF LEAST RESTRICTIVE ENVIRONMENT.—A student who is eligible to receive services under the Individuals with Disabilities Education Act and who uses the option to transfer under subparagraph (E), paragraph (5)(A), (7)(C)(i), or (8)(A)(i), or subsection (c)(10)(C)(vii), shall be placed and served in the least restrictive environment appropriate, in accordance with the Individuals with Disabilities Education Act.”;

(3) in clause (vii) of subsection (c)(10)(C), by inserting “, who are members of a group described in section 1111(b)(2)(C)(v) that fails to make adequate yearly progress as defined in the State’s plan under section 1111(b)(2).” after “Authorizing students”; and

(4) in subparagraph (A) of subsection (e)(12), by inserting “, who is a member of a group described in section 1111(b)(2)(C)(v) that fails to make adequate yearly progress as defined in the State’s plan under section 1111(b)(2)” after “under section 1113(c)(1)”.

(b) STUDENT ALREADY TRANSFERRED.—A student who transfers to another public school pursuant to section 1116(b) of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 6316(b)) before the effective date of this section and the amendments made by this section, may continue enrollment in such public school after the effective date of this section and the amendments made by this section.

(c) EFFECTIVE DATE.—This section and the amendments made by this section shall be effective for each fiscal year for which the amount appropriated to carry out title I of the Elementary and Secondary Education Act of 1965 for the fiscal year, is less than the amount authorized to be appropriated to carry out such title for the fiscal year.

SEC. 5. DEFINITION OF HIGHLY QUALIFIED TEACHERS.

Section 9101(23)(B)(ii) of the Elementary and Secondary Act of 1965 (20 U.S.C. 7801(23)(B)(ii)) is amended—

(1) in subclause (I), by striking “or” after the semicolon;

(2) in subclause (II), by striking “and” after the semicolon; and

(3) by adding at the end the following:

“(III) in the case of a middle school teacher, passing a State approved middle school generalist exam when the teacher receives the teacher’s license to teach middle school in the State;

“(IV) obtaining a State social studies certificate that qualifies the teacher to teach history, geography, economics, and civics in middle or secondary schools, respectively, in the State; or

“(V) obtaining a State science certificate that qualifies the teacher to teach earth

science, biology, chemistry, and physics in middle or secondary schools, respectively, in the State; and”.

By Mr. KERRY (for himself and Mr. SMITH):

S. 1197. A bill to amend the Internal Revenue Code of 1986 to improve the deduction for depreciation; to the Committee on Finance.

Mr. KERRY. Mr. President, today Senator SMITH and I are introducing the “Tax Depreciation, Modernization, and Simplification Act of 2007.” This legislation will update our depreciation system so that it can keep pace with new technology.

Last July the Senate Finance Subcommittee on Long-Term Growth and Debt Reduction, on which Senator SMITH was Chairman and I served as Ranking Member, held a hearing on updating our depreciation system. During the hearing, we heard that the current depreciation system is out of date and that changes should be made.

Our tax system allows, as a current expense, a depreciation deduction that represents a reasonable allowance for the exhaustion, wear and tear of property used, or of property held for the production of income. Since 1981, the depreciation deduction for most tangible property has been under rules specified in section 168 of the Internal Revenue Code. The Modified Accelerated Cost Recovery System, or MACRS, specified under section 168 applies to most new investment in tangible property. MACRS depreciation allowances are computed by determining a recovery period called a “class life” and an applicable recovery method for each asset.

The current depreciation system has not kept pace with technological advances. Several industries were not even contemplated when class lives were assigned in 1981, and some class lives even date back to 1962.

In the 1980’s it would have been difficult to imagine what our reliance on computer and wireless technology would be today. At that time, the wireless industry was in its infancy, and there was no specifically assigned life for wireless equipment. As a result, today’s depreciation system is like playing “audit roulette.” There is no certainty in how these assets should be depreciated.

All this matters because it impacts investment, innovation, competitiveness, and ultimately the quality and quantity of jobs in America. My home state of Massachusetts is a leader in the high tech industry. Massachusetts employs hundreds of thousands of skilled workers in key technology sectors, including computer hardware, life sciences, software, medical products, semiconductor, defense technology and telecommunications. We have learned in Massachusetts that a strategic tax policy can have a positive effect on economic competitiveness.

For these reasons, we are reintroducing the “Tax Depreciation, Modernization, and Simplification Act of

2007.” This legislation makes four important changes to the current depreciation system.

First, the legislation creates a process that provides the Department of Treasury with the authority to modernize class lives. The Secretary of the Treasury will prescribe regulations to provide a new class life for certain eligible property. Eligible property does not include residential rental property, nonresidential real property, or property for which Congress has specifically legislated the recovery period.

The purpose of this provision is to provide Treasury with a mechanism to modify class lives that reasonably reflect the anticipated useful life and the anticipated decline in value over time of the property to the industry, and take into account when the property becomes technologically or functionally obsolete to perform its original purpose. Treasury will also have the authority to modify class lives in order to more accurately reflect economic depreciation. For example, a personal computer has a depreciable life of five years, but it has an economic life of only 2 to 3 years. Even though a computer can be used for five years, it becomes economically obsolete after a couple of years because of the newer, faster, and more advanced computers on the market.

Our depreciation system has not been adequately updated since Congress revoked Treasury’s rule making authority in 1988. When the MACRS system was enacted in 1986, Congress directed Treasury to establish an office to monitor and analyze the actual experience with class lives and to modify class lives if the new class life reasonably reflected the anticipated useful life and the anticipated decline in value over time of the property to the industry. The authority was then revoked because Congress did not agree with all of the decisions made by Treasury.

The authority provided in this legislation addresses this previous problem by requiring Treasury to consult with Congress 60 days prior to publishing any proposed regulations. In addition, the Congressional Review Act would apply to any regulation proposed by Treasury and each class life prescribed by Treasury would be considered a separate rule.

Providing Treasury with the authority to modify class lives would allow the process to move more efficiently than allowing Congress to make piecemeal changes to the current depreciation system. Congress would provide guidelines, and Treasury would have the role of administering those guidelines. Under the legislation, Treasury would monitor and analyze the actual experience of depreciable assets and report their findings to Congress. We expect Treasury to establish guidelines that will take into consideration the fact that some assets lose a significant percentage of their original value in

the early part of their lives. This legislation specifically provides consultation with Congress in order for Congress to continue to have a role in this important tax policy issue.

We do not expect Treasury within the first year or two to review all classes of assets. Rather, we expect Treasury to begin with new assets that do not fit into the system, assets that have undergone technological advances, and existing assets that do not really fit into the current system. For example, the current system creates an irrational result for fiber optic lines. The class life of a fiber optic line depends upon whether it is used for one-way or two-way communications.

Second, the legislation would eliminate the mid-quarter convention. The placed-in-service conventions determine the point in time during the year that the property is considered "placed in service" and this determines when depreciation for an asset begins or ends. Under current law, there are the half-year, mid-month, and mid-quarter conventions. The mid-quarter convention is a source of complexity because it requires an analysis of the depreciable basis of property placed in service during the last three months of any taxable year. The Joint Committee on Taxation recommended the elimination of the mid-quarter convention in its 2001 recommendations on simplifying the Federal tax system. The calculation of the mid-quarter convention is burdensome, and it requires taxpayers to wait until after the end of the taxable year to determine whether the proper placed-in-service convention was used to calculate depreciation for assets during the taxable year.

Third, the legislation would allow taxpayers to elect to use mass asset accounting for assets with a cost of less than \$10,000. Generally, taxpayers calculate depreciation on an item-by-item basis. The bill would allow taxpayers to elect to use mass asset accounting for all assets with the same recovery period. This provision will help simplify the recordkeeping associated with depreciation.

Fourth, the legislation would permanently extend increased expensing for small businesses. In lieu of depreciation, a taxpayer with a small amount of annual investment may elect to deduct such costs. The Jobs and Growth Tax Relief Reconciliation Act of 2003 increased the amount a taxpayer may deduct from \$25,000 to \$100,000 and increased the total amount of investment a business can make in a year and still qualify for expensing from \$200,000 to \$400,000. In addition, the Act allows off-the-shelf computer software to be eligible for the provision.

The Tax Depreciation, Modernization, and Simplification Act of 2007 would make the \$100,000 and \$400,000 amounts permanent and index them for inflation. Off-the-shelf computer software would be eligible for the provision. Increased expensing for small businesses helps lower the cost of cap-

ital for small businesses and eliminates complicated recordkeeping. In addition, it should reduce administrative costs for small businesses.

The four components of this legislation will result in updating and simplifying the current depreciation system. The Tax Depreciation, Modernization, and Simplification Act of 2007 will provide certainty for taxpayers and put an end to "audit roulette."

By Mr. WYDEN (for himself, Mr. SMITH, Mr. PRYOR, and Mr. KERRY):

S. 1199. A bill to strengthen the capacity of eligible institutions to provide instruction in nanotechnology; to the Committee on Health, Education, Labor, and Pensions.

Mr. SMITH. Mr. President, I rise today with Senator WYDEN to introduce the Nanotechnology in the Schools Act.

Nanotechnology will revolutionize manufacturing, energy, healthcare, national defense and many other sectors by improving the way things are designed and made. The potential benefits of nanotechnology are tremendous, especially for the nation that leads the world in nanotechnology research and development. Studies project that by 2014 nanotechnology will be incorporated into more than \$2 trillion worth of manufactured goods. China, Japan, the European Union, India and other nations are fighting for global leadership, and the competition is getting stiffer all the time.

For the United States to maintain and expand its leadership in the field of nanotechnology, we must train and educate more scientists and engineers who are capable of conducting research and development in this emerging technology. To reach this objective, students need to be taught the necessary skills beginning at the high school and college levels.

According to the National Science Foundation, foreign students on temporary visas earned approximately one-third of all science and engineering doctorates awarded in the United States. By providing high school and college students with the tools to learn nanotechnology, a higher number of American students will enter this crucial field.

The Nanotechnology in the Schools Act provides grants to American colleges and high-performing high schools to purchase the tools that will enable their students to learn nanotechnology. The Act also provides training for teachers and professors to use these tools in the classroom and the laboratory. The Nanotechnology in the Schools Act is an investment in America's greatest asset, its students, and a key element of the nation's strategy to maintain nanotechnology leadership worldwide.

I ask unanimous consent that the text of the bill be printed in the RECORD.

There being no objection, the text of the bill was ordered to be printed in the RECORD, as follows:

S. 1199

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Nanotechnology in the Schools Act".

SEC. 2. FINDINGS AND PURPOSE.

(a) FINDINGS.—Congress makes the following findings:

(1) The rapidly growing field of nanotechnology is generating scientific and technological breakthroughs that will benefit society by improving the way many things are designed and made.

(2) Nanotechnology is likely to have a significant, positive impact on the security, economic well-being, and health of Americans as fields related to nanotechnology expand.

(3) In order to maximize the benefits of nanotechnology to individuals in the United States, the United States must maintain world leadership in the field of nanotechnology, including nanoscience and microtechnology, in the face of determined competition from other nations.

(4) According to the National Science Foundation, foreign students on temporary visas earned 32 percent of all science and engineering doctorates awarded in the United States in 2003, the last year for which data is available. Foreign students earned 55 percent of the engineering doctorates. Many of these students expressed an intent to return to their country of origin after completing their study.

(5) To maintain world leadership in nanotechnology, the United States must make a long-term investment in educating United States students in secondary schools and institutions of higher education, so that the students are able to conduct nanoscience research and develop and commercialize nanotechnology applications.

(6) Preparing United States students for careers in nanotechnology, including nanoscience, requires that the students have access to the necessary scientific tools, including scanning electron microscopes designed for teaching, and requires training to enable teachers and professors to use those tools in the classroom and the laboratory.

(b) PURPOSE.—The purpose of this Act is to strengthen the capacity of United States secondary schools and institutions of higher education to prepare students for careers in nanotechnology by providing grants to those schools and institutions to provide the tools necessary for such preparation.

SEC. 3. DEFINITIONS.

In this Act:

(1) ELIGIBLE INSTITUTION.—The term "eligible institution" means an institution that is—

(A) a public or charter secondary school that offers 1 or more advanced placement science courses or international baccalaureate science courses;

(B) a community college, as defined in section 3301 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 7011); or

(C) a 4-year institution of higher education or a branch, within the meaning of section 498 of the Higher Education Act of 1965 (20 U.S.C. 1099c), of such an institution.

(2) INSTITUTION OF HIGHER EDUCATION; SECONDARY SCHOOL; SECRETARY.—The terms "institution of higher education", "secondary school", and "Secretary" have the meanings given the terms in section 9101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 7801).

(3) QUALIFIED NANOTECHNOLOGY EQUIPMENT.—The term "qualified nanotechnology equipment" means equipment, instrumentation, or hardware that is—

(A) used for teaching nanotechnology in the classroom; and

(B) manufactured in the United States at least 50 percent from articles, materials, or supplies that are mined, produced, or manufactured, as the case may be, in the United States.

SEC. 4. PROGRAM AUTHORIZED.

(a) IN GENERAL.—The Director of the National Science Foundation (referred to in this Act as the “Director”) shall establish a nanotechnology in the schools program to strengthen the capacity of eligible institutions to provide instruction in nanotechnology. In carrying out the program, the Director shall award grants of not more than \$150,000 to eligible institutions to provide such instruction.

(b) ACTIVITIES SUPPORTED.—

(1) IN GENERAL.—An eligible institution shall use a grant awarded under this Act—

(A) to acquire qualified nanotechnology equipment and software designed for teaching students about nanotechnology in the classroom;

(B) to develop and provide educational services, including carrying out faculty development, to prepare students or faculty seeking a degree or certificate that is approved by the State, or a regional accrediting body recognized by the Secretary of Education; and

(C) to provide teacher education and certification to individuals who seek to acquire or enhance technology skills in order to use nanotechnology in the classroom or instructional process.

(2) LIMITATION.—

(A) USES.—Not more than ¼ of the amount of the funds made available through a grant awarded under this Act may be used for software, educational services, or teacher education and certification as described in this subsection.

(B) PROGRAMS.—In the case of a grant awarded under this Act to a community college or institution of higher education, the funds made available through the grant may be used only in undergraduate programs.

(c) APPLICATIONS AND SELECTION.—

(1) IN GENERAL.—To be eligible to receive a grant under this Act, an eligible institution shall submit an application to the Director at such time, in such manner, and accompanied by such information as the Director may reasonably require.

(2) PROCEDURE.—Not later than 180 days after the date of enactment of this Act, the Director shall establish a procedure for accepting such applications and publish an announcement of such procedure, including a statement regarding the availability of funds, in the Federal Register.

(3) SELECTION.—In selecting eligible institutions to receive grants under this Act, and encouraging eligible institutions to apply for such grants, the Director shall, to the greatest extent practicable—

(A) select eligible entities in geographically diverse locations;

(B) encourage the application of historically Black colleges and universities (meaning part B institutions, as defined in section 322 of the Higher Education Act of 1965 (20 U.S.C. 1061)) and minority institutions (as defined in section 365 of such Act (20 U.S.C. 1067k)); and

(C) select eligible institutions that include institutions located in States participating in the Experimental Program to Stimulate Competitive Research (commonly known as “EPSCoR”).

(d) MATCHING REQUIREMENT AND LIMITATION.—

(1) IN GENERAL.—

(A) REQUIREMENT.—The Director may not award a grant to an eligible institution

under this Act unless such institution agrees that, with respect to the costs to be incurred by the institution in carrying out the program for which the grant was awarded, such institution will make available (directly or through donations from public or private entities) non-Federal contributions in an amount equal to ¼ of the amount of the grant.

(B) WAIVER.—The Director shall waive the matching requirement described in subparagraph (A) for any institution with no endowment, or an endowment that has a dollar value lower than \$5,000,000, as of the date of the waiver.

(2) LIMITATION.—

(A) BRANCHES.—If a branch described in section 3(1)(C) receives a grant under this Act that exceeds \$100,000, that branch shall not be eligible, until 2 years after the date of receipt of the grant, to receive another grant under this Act.

(B) OTHER ELIGIBLE INSTITUTIONS.—If an eligible institution other than a branch referred to in subparagraph (A) receives a grant under this Act that exceeds \$100,000, that institution shall not be eligible, until 2 years after the date of receipt of the grant, to receive another grant under this Act.

SEC. 5. ANNUAL REPORT AND EVALUATION.

(a) REPORT BY INSTITUTIONS.—Each institution that receives a grant under this Act shall prepare and submit a report to the Director, not later than 1 year after the date of receipt of the grant, on its use of the grant funds.

(b) REVIEW AND EVALUATION.—

(1) REVIEW.—The Director shall annually review the reports submitted under subsection (a).

(2) EVALUATION.—At the end of every third year, the Director shall evaluate the program authorized by this Act on the basis of those reports. The Director, in the evaluation, shall describe the activities carried out by the institutions receiving grants under this Act and shall assess the short-range and long-range impact of the activities carried out under the grants on the students, faculty, and staff of the institutions.

(c) REPORT TO CONGRESS.—Not later than 6 months after conducting an evaluation under subsection (b), the Director shall prepare and submit a report to Congress based on the evaluation. In the report, the Director shall include such recommendations, including recommendations concerning the continuing need for Federal support of the program carried out under this Act, as may be appropriate.

SEC. 6. AUTHORIZATION OF APPROPRIATIONS.

There are authorized to be appropriated to the Director to carry out this Act \$15,000,000 for fiscal year 2008, and such sums as may be necessary for fiscal years 2009 through 2011.

By Mr. DORGAN (for himself, Mrs. BOXER, Mr. REID, Ms. CANTWELL, Mr. JOHNSON, Mr. TESTER, Mr. INOUE, Mr. DOMENICI, Mr. BINGAMAN, Mr. BAUCUS, Ms. KLOBUCHAR, Mr. THOMAS, Mr. OBAMA, and Ms. MURKOWSKI):

S. 1200. A bill to amend the Indian Health Care Improvement Act to revise and extend the Act; to the Committee on Indian Affairs.

Mr. DORGAN. Mr. President, I came to the Senate floor several times last year, and have already again this year in the 110th Congress, to talk about the need for Congress to pass legislation to reauthorize the Indian Health Care Improvement Act.

Legislation to amend and reauthorize the Indian Health Care Improvement Act has been considered by the 106th, 107th, 108th and 109th Congresses, and today, my colleagues and I put forward a new version of the bill in the 110th Congress.

The Indian Health Care Improvement Act Amendments of 2007 builds on the work of prior Congresses, work done not only by the Indian Affairs Committee, but also by the Senate Health, Education, Labor and Pensions and Finance Committees. These committees gave us their recommendations on provisions in the legislation which are within their jurisdiction. I thank my colleagues for their collaboration on the Indian health reauthorization.

I have added new provisions to this year's Indian health bill that seek to address the lack of access to health care services that exists in so many tribal communities, which may be due to limited hours of operation at existing health care facilities or other factors. The bill would allow grants for demonstration projects which include a convenient care services program as an additional means of health care delivery.

This bill also addresses an issue that has been of particular concern to me: Indian youth suicide. The bill would authorize additional resources for Indian communities to confront this issue and seek to prevent, intervene in and treat Native American youth who have lost hope and are contemplating or have attempted suicide.

I thank my colleagues who have joined me in introducing this bill. It is my highest priority as chairman of the Indian Affairs Committee.

I wish to note that title II of this bill sets forth amendments to the Social Security Act, addressing payments under Medicare, Medicaid and SCHIP and other provisions which are in the jurisdiction of the Senate Finance Committee. The Indian Affairs and Finance Committees worked very closely together during last year's session on the provisions that are contained in this bill. I appreciate the efforts of both Chairman BAUCUS and Ranking Member GRASSLEY in drafting these important provisions of the Indian Health Care Improvement Act Amendments of 2007, and I look forward to their committee's approval of these provisions as the Indian Affairs Committee considers the provisions under our jurisdiction.

Eight years is too long to wait to reauthorize the Indian Health Care Improvement Act. I intend to move aggressively to seek approval of this legislation by the Indian Affairs Committee, and to bring this bill to the Senate floor so that all my colleagues will have an opportunity to address the very fundamental need for—and right of—American Indians and Alaska Natives to adequate and innovative health care.

I ask unanimous consent that the text of the bill be printed in the RECORD.

There being no objection, the text of the bill was ordered to be printed in the RECORD, as follows:

S. 1200

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the “Indian Health Care Improvement Act Amendments of 2007”.

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

Sec. 1. Short title; table of contents.

TITLE I—AMENDMENTS TO INDIAN LAWS

Sec. 101. Indian Health Care Improvement Act amended.

Sec. 102. Soboba sanitation facilities.

Sec. 103. Native American Health and Wellness Foundation.

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

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

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

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

Sec. 204. Premiums and cost sharing protections under Medicaid, eligibility determinations under Medicaid and SCHIP, and protection of certain Indian property from Medicaid estate recovery.

Sec. 205. Nondiscrimination in qualifications for payment for services under Federal health care programs.

Sec. 206. Consultation on Medicaid, SCHIP, and other health care programs funded under the Social Security Act involving Indian Health Programs and Urban Indian Organizations.

Sec. 207. Exclusion waiver authority for affected Indian Health Programs and safe harbor transactions under the Social Security Act.

Sec. 208. Rules applicable under Medicaid and SCHIP to managed care entities with respect to Indian enrollees and Indian health care providers and Indian managed care entities.

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

TITLE I—AMENDMENTS TO INDIAN LAWS

SEC. 101. INDIAN HEALTH CARE IMPROVEMENT ACT AMENDED.

(a) IN GENERAL.—The Indian Health Care Improvement Act (25 U.S.C. 1601 et seq.) is amended to read as follows:

“SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

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

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

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

“Sec. 2. Findings.

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

“Sec. 4. Definitions.

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

“Sec. 101. Purpose.

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

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

“Sec. 104. Indian health professions scholarships.

“Sec. 105. American Indians Into Psychology Program.

“Sec. 106. Scholarship programs for Indian Tribes.

“Sec. 107. Indian Health Service extern programs.

“Sec. 108. Continuing education allowances.

“Sec. 109. Community Health Representative Program.

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

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

“Sec. 112. Recruitment activities.

“Sec. 113. Indian recruitment and retention program.

“Sec. 114. Advanced training and research.

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

“Sec. 116. Tribal cultural orientation.

“Sec. 117. INMED Program.

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

“Sec. 119. Retention bonus.

“Sec. 120. Nursing residency program.

“Sec. 121. Community Health Aide Program.

“Sec. 122. Tribal Health Program administration.

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

“Sec. 124. National Health Service Corps.

“Sec. 125. Substance abuse counselor educational curricula demonstration programs.

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

“Sec. 127. Authorization of appropriations.

“TITLE II—HEALTH SERVICES

“Sec. 201. Indian Health Care Improvement Fund.

“Sec. 202. Catastrophic Health Emergency Fund.

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

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

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

“Sec. 206. Health services research.

“Sec. 207. Mammography and other cancer screening.

“Sec. 208. Patient travel costs.

“Sec. 209. Epidemiology centers.

“Sec. 210. Comprehensive school health education programs.

“Sec. 211. Indian youth program.

“Sec. 212. Prevention, control, and elimination of communicable and infectious diseases.

“Sec. 213. Other authority for provision of services.

“Sec. 214. Indian women’s health care.

“Sec. 215. Environmental and nuclear health hazards.

“Sec. 216. Arizona as a contract health service delivery area.

“Sec. 216A. North Dakota and South Dakota as contract health service delivery area.

“Sec. 217. California contract health services program.

“Sec. 218. California as a contract health service delivery area.

“Sec. 219. Contract health services for the Trenton service area.

“Sec. 220. Programs operated by Indian Tribes and Tribal Organizations.

“Sec. 221. Licensing.

“Sec. 222. Notification of provision of emergency contract health services.

“Sec. 223. Prompt action on payment of claims.

“Sec. 224. Liability for payment.

“Sec. 225. Office of Indian Men’s Health.

“Sec. 226. Authorization of appropriations.

“TITLE III—FACILITIES

“Sec. 301. Consultation; construction and renovation of facilities; reports.

“Sec. 302. Sanitation facilities.

“Sec. 303. Preference to Indians and Indian firms.

“Sec. 304. Expenditure of non-Service funds for renovation.

“Sec. 305. Funding for the construction, expansion, and modernization of small ambulatory care facilities.

“Sec. 306. Indian health care delivery demonstration projects.

“Sec. 307. Land transfer.

“Sec. 308. Leases, contracts, and other agreements.

“Sec. 309. Study on loans, loan guarantees, and loan repayment.

“Sec. 310. Tribal leasing.

“Sec. 311. Indian Health Service/tribal facilities joint venture program.

“Sec. 312. Location of facilities.

“Sec. 313. Maintenance and improvement of health care facilities.

“Sec. 314. Tribal management of Federally-owned quarters.

“Sec. 315. Applicability of Buy American Act requirement.

“Sec. 316. Other funding for facilities.

“Sec. 317. Authorization of appropriations.

“TITLE IV—ACCESS TO HEALTH SERVICES

“Sec. 401. Treatment of payments under Social Security Act health benefits programs.

“Sec. 402. Grants to and contracts with the Service, Indian Tribes, Tribal Organizations, and Urban Indian Organizations to facilitate outreach, enrollment, and coverage of Indians under Social Security Act health benefit programs and other health benefits programs.

“Sec. 403. Reimbursement from certain third parties of costs of health services.

“Sec. 404. Crediting of reimbursements.

“Sec. 405. Purchasing health care coverage.

“Sec. 406. Sharing arrangements with Federal agencies.

“Sec. 407. Payor of last resort.

“Sec. 408. Nondiscrimination under Federal health care programs in qualifications for reimbursement for services.

“Sec. 409. Consultation.

“Sec. 410. State Children’s Health Insurance Program (SCHIP).

“Sec. 411. Exclusion waiver authority for affected Indian Health Programs and safe harbor transactions under the Social Security Act.

“Sec. 412. Premium and cost sharing protections and eligibility determinations under Medicaid and SCHIP and protection of certain Indian property from Medicaid estate recovery.

“Sec. 413. Treatment under Medicaid and SCHIP managed care.

“Sec. 414. Navajo Nation Medicaid Agency feasibility study.

“Sec. 415. General exceptions.

“Sec. 416. Authorization of appropriations.

“TITLE V—HEALTH SERVICES FOR URBAN INDIANS

“Sec. 501. Purpose.

“Sec. 502. Contracts with, and grants to, Urban Indian Organizations.

“Sec. 503. Contracts and grants for the provision of health care and referral services.

“Sec. 504. Contracts and grants for the determination of unmet health care needs.

“Sec. 505. Evaluations; renewals.

“Sec. 506. Other contract and grant requirements.

“Sec. 507. Reports and records.

“Sec. 508. Limitation on contract authority.

“Sec. 509. Facilities.

“Sec. 510. Division of Urban Indian Health.

“Sec. 511. Grants for alcohol and substance abuse-related services.

“Sec. 512. Treatment of certain demonstration projects.

“Sec. 513. Urban NIAAA transferred programs.

“Sec. 514. Consultation with Urban Indian Organizations.

“Sec. 515. Urban youth treatment center demonstration.

“Sec. 516. Grants for diabetes prevention, treatment, and control.

“Sec. 517. Community Health Representatives.

“Sec. 518. Effective date.

“Sec. 519. Eligibility for services.

“Sec. 520. Authorization of appropriations.

“TITLE VI—ORGANIZATIONAL IMPROVEMENTS

“Sec. 601. Establishment of the Indian Health Service as an agency of the Public Health Service.

“Sec. 602. Automated management information system.

“Sec. 603. Authorization of appropriations.

“TITLE VII—BEHAVIORAL HEALTH PROGRAMS

“Sec. 701. Behavioral health prevention and treatment services.

“Sec. 702. Memoranda of agreement with the Department of the Interior.

“Sec. 703. Comprehensive behavioral health prevention and treatment program.

“Sec. 704. Mental health technician program.

“Sec. 705. Licensing requirement for mental health care workers.

“Sec. 706. Indian women treatment programs.

“Sec. 707. Indian youth program.

“Sec. 708. Indian youth telemental health demonstration project.

“Sec. 709. Inpatient and community-based mental health facilities design, construction, and staffing.

“Sec. 710. Training and community education.

“Sec. 711. Behavioral health program.

“Sec. 712. Fetal alcohol disorder programs.

“Sec. 713. Child sexual abuse and prevention treatment programs.

“Sec. 714. Behavioral health research.

“Sec. 715. Definitions.

“Sec. 716. Authorization of appropriations.

“TITLE VIII—MISCELLANEOUS

“Sec. 801. Reports.

“Sec. 802. Regulations.

“Sec. 803. Plan of implementation.

“Sec. 804. Availability of funds.

“Sec. 805. Limitation on use of funds appropriated to Indian Health Service.

“Sec. 806. Eligibility of California Indians.

“Sec. 807. Health services for ineligible persons.

“Sec. 808. Reallocation of base resources.

“Sec. 809. Results of demonstration projects.

“Sec. 810. Provision of services in Montana.

“Sec. 811. Moratorium.

“Sec. 812. Tribal employment.

“Sec. 813. Severability provisions.

“Sec. 814. Establishment of National Bipartisan Commission on Indian Health Care.

“Sec. 815. Confidentiality of medical quality assurance records; qualified immunity for participants.

“Sec. 816. Appropriations; availability.

“Sec. 817. Authorization of appropriations.

“SEC. 2. FINDINGS.

“Congress makes the following findings:

“(1) Federal health services to maintain and improve the health of the Indians are consonant with and required by the Federal Government’s historical and unique legal relationship with, and resulting responsibility to, the American Indian people.

“(2) A major national goal of the United States is to provide the quantity and quality of health services which will permit the health status of Indians to be raised to the highest possible level and to encourage the maximum participation of Indians in the planning and management of those services.

“(3) Federal health services to Indians have resulted in a reduction in the prevalence and incidence of preventable illnesses among, and unnecessary and premature deaths of, Indians.

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

“SEC. 3. DECLARATION OF NATIONAL INDIAN HEALTH POLICY.

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

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

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

“(3) to the greatest extent possible, to allow Indians to set their own health care priorities and establish goals that reflect their unmet needs;

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

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

“(6) to provide funding for programs and facilities operated by Indian Tribes and Tribal Organizations in amounts that are not less than the amounts provided to programs and facilities operated directly by the Service.

“SEC. 4. DEFINITIONS.

“For purposes of this Act:

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

“(2) The term ‘Area Office’ means an administrative entity, including a program office, within the Service through which services and funds are provided to the Service Units within a defined geographic area.

“(3) The term ‘Assistant Secretary’ means the Assistant Secretary for Indian Health.

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

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

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

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

“(A) a tribal college or university, or

“(B) a junior or community college.

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

“(8) The term ‘Department’ means, unless otherwise designated, the Department of Health and Human Services.

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

“(A) controlling—

“(i) the development of diabetes;

“(ii) high blood pressure;

“(iii) infectious agents;

“(iv) injuries;

“(v) occupational hazards and disabilities;

“(vi) sexually transmittable diseases; and

“(vii) toxic agents; and

“(B) providing—

“(i) fluoridation of water; and

“(ii) immunizations.

“(10) The term ‘health profession’ means allopathic medicine, family medicine, internal medicine, pediatrics, geriatric medicine, obstetrics and gynecology, podiatric medicine, nursing, public health nursing, dentistry, psychiatry, osteopathy, optometry, pharmacy, psychology, public health, social work, marriage and family therapy, chiropractic medicine, environmental health and engineering, allied health professions, and any other health profession.

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

“(A) fostering social, economic, environmental, and personal factors conducive to health, including raising public awareness about health matters and enabling the people to cope with health problems by increasing their knowledge and providing them with valid information;

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

“(C) promoting education and work in conformity with physical and mental capacity;

“(D) making available safe water and sanitary facilities;

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

“(F) promoting culturally competent care; and

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

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

“(ii) community health;

“(iii) community safety;

“(iv) consumer health education;

“(v) diet and nutrition;

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

“(vii) environmental health;

“(viii) exercise and physical fitness;

“(ix) avoidance of fetal alcohol disorders;

“(x) first aid and CPR education;

“(xi) human growth and development;

“(xii) injury prevention and personal safety;

“(xiii) behavioral health;

“(xiv) monitoring of disease indicators between health care provider visits, through

appropriate means, including Internet-based health care management systems;

“(xv) personal health and wellness practices;

“(xvi) personal capacity building;

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

“(xviii) psychological well-being;

“(xix) reproductive health and family planning;

“(xx) safe and adequate water;

“(xxi) healthy work environments;

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

“(xxiii) stress control;

“(xxiv) substance abuse;

“(xxv) sanitary facilities;

“(xxvi) sudden infant death syndrome prevention;

“(xxvii) tobacco use cessation and reduction;

“(xxviii) violence prevention; and

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

“(12) The term ‘Indian’, unless otherwise designated, means any person who is a member of an Indian Tribe or is eligible for health services under section 806, except that, for the purpose of sections 102 and 103, the term also means any individual who—

“(A)(i) irrespective of whether the individual lives on or near a reservation, is a member of a tribe, band, or other organized group of Indians, including those tribes, bands, or groups terminated since 1940 and those recognized now or in the future by the State in which they reside; or

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

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

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

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

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

“(A) any health program administered directly by the Service;

“(B) any Tribal Health Program; or

“(C) any Indian Tribe or Tribal Organization to which the Secretary provides funding pursuant to section 23 of the Act of June 25, 1910 (25 U.S.C. 47) (commonly known as the ‘Buy Indian Act’).

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

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

“(16) The term ‘reservation’ means any federally recognized Indian Tribe’s reservation, Pueblo, or colony, including former reservations in Oklahoma, Indian allotments, and Alaska Native Regions established pursuant to the Alaska Native Claims Settlement Act (43 U.S.C. 1601 et seq.).

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

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

“(19) The term ‘Service Area’ means the geographical area served by each Area Office.

“(20) The term ‘Service Unit’ means an administrative entity of the Service, or a Tribal Health Program through which services are provided, directly or by contract, to eli-

gible Indians within a defined geographic area.

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

“(22) The term ‘telemedicine’ means a telecommunications link to an end user through the use of eligible equipment that electronically links health professionals or patients and health professionals at separate sites in order to exchange health care information in audio, video, graphic, or other format for the purpose of providing improved health care services.

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

“(24) The term ‘Tribal Health Program’ means an Indian Tribe or Tribal Organization that operates any health program, service, function, activity, or facility funded, in whole or part, by the Service through, or provided for in, a contract or compact with the Service under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.).

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

“(26) The term ‘Urban Center’ means any community which has a sufficient Urban Indian population with unmet health needs to warrant assistance under title V of this Act, as determined by the Secretary.

“(27) The term ‘Urban Indian’ means any individual who resides in an Urban Center and who meets 1 or more of the following criteria:

“(A) Irrespective of whether the individual lives on or near a reservation, the individual is a member of a tribe, band, or other organized group of Indians, including those tribes, bands, or groups terminated since 1940 and those tribes, bands, or groups that are recognized by the States in which they reside, or who is a descendant in the first or second degree of any such member.

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

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

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

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

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

“SEC. 101. PURPOSE.

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

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

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

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

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

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

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

“(3) establishing other programs which the Secretary determines will enhance and facilitate the enrollment of Indians in, and the subsequent pursuit and completion by them of, courses of study referred to in paragraph (1).

“(b) GRANTS.—

“(1) APPLICATION.—The Secretary shall not make a grant under this section unless an application has been submitted to, and approved by, the Secretary. Such application shall be in such form, submitted in such manner, and contain such information, as the Secretary shall by regulation prescribe pursuant to this Act. The Secretary shall give a preference to applications submitted by Tribal Health Programs or Urban Indian Organizations.

“(2) AMOUNT OF GRANTS; PAYMENT.—The amount of a grant under this section shall be determined by the Secretary. Payments pursuant to this section may be made in advance or by way of reimbursement, and at such intervals and on such conditions as provided for in regulations issued pursuant to this Act. To the extent not otherwise prohibited by law, grants shall be for 3 years, as provided in regulations issued pursuant to this Act.

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

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

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

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

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

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

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

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

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

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

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

“SEC. 104. INDIAN HEALTH PROFESSIONS SCHOLARSHIPS.

“(a) IN GENERAL.—

“(1) AUTHORITY.—The Secretary, acting through the Service, shall make scholarship grants to Indians who are enrolled full or part time in accredited schools pursuing courses of study in the health professions. Such scholarships shall be designated Indian Health Scholarships and shall be made in accordance with section 338A of the Public Health Services Act (42 U.S.C. 254I), except as provided in subsection (b) of this section.

“(2) DETERMINATIONS BY SECRETARY.—The Secretary, acting through the Service, shall determine—

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

“(B) the distribution of the scholarships among health professions on the basis of the relative needs of Indians for additional service in the health professions.

“(3) 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 this section that an Indian has entered into shall, if that individual is a recipient of an Indian Health Scholarship, be met in full-time practice equal to 1 year for each school year for which the participant receives a scholarship award under this part, or 2 years, whichever is greater, by service in 1 or more of the following:

“(A) In an Indian Health Program.

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

“(C) In the private practice of the applicable profession if, as determined by the Secretary, in accordance with guidelines promulgated by the Secretary, such practice is situated in a physician or other health professional shortage area and addresses the health care needs of a substantial number of Indians.

“(D) In a teaching capacity in a tribal college or university nursing program (or a related health profession program) if, as determined by the Secretary, the health service provided to Indians would not decrease.

“(2) OBLIGATION DEFERRED.—At the request of any individual who has entered into a contract referred to in paragraph (1) and who receives a degree in medicine (including osteopathic or allopathic medicine), dentistry, optometry, podiatry, or pharmacy, the Secretary shall defer the active duty service obligation of that individual under that contract, in order that such individual may complete any internship, residency, or other advanced clinical training that is required for the practice of that health profession, for an appropriate period (in years, as determined by the Secretary), subject to the following conditions:

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

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

“(C) The active duty service obligation will be served in the health profession of that individual in a manner consistent with paragraph (1).

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

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

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

“(3) PRIORITY WHEN MAKING ASSIGNMENTS.—Subject to paragraph (2), the Secretary, in making assignments of Indian Health Scholarship recipients required to meet the active duty service obligation described in paragraph (1), shall give priority to assigning individuals to service in those programs specified in paragraph (1) that have a need for health professionals to provide health care services as a result of individuals having breached contracts entered into under this section.

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

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

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

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

“(B) 2 years; and

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

“(d) BREACH OF CONTRACT.—

“(1) SPECIFIED BREACHES.—An individual shall be liable to the United States for the amount which has been paid to the individual, or on behalf of the individual, under a contract entered into with the Secretary under this section on or after the date of enactment of the Indian Health Care Improvement Act Amendments of 2007 if that individual—

“(A) fails to maintain an acceptable level of academic standing in the educational institution in which he or she is enrolled (such level determined by the educational institution under regulations of the Secretary);

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

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

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

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

“(3) CANCELLATION UPON DEATH OF RECIPIENT.—Upon the death of an individual who receives an Indian Health Scholarship, any outstanding obligation of that individual for

service or payment that relates to that scholarship shall be canceled.

“(4) WAIVERS AND SUSPENSIONS.—

“(A) IN GENERAL.—The Secretary shall provide for the partial or total waiver or suspension of any obligation of service or payment of a recipient of an Indian Health Scholarship if the Secretary determines that—

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

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

“(iii) the enforcement of the requirement to meet the obligation or make the payment would be unconscionable.

“(B) FACTORS FOR CONSIDERATION.—Before waiving or suspending an obligation of service or payment under subparagraph (A), the Secretary shall consult with the affected Area Office, Indian Tribes, Tribal Organizations, or Urban Indian Organizations, and may take into consideration whether the obligation may be satisfied in a teaching capacity at a tribal college or university nursing program under subsection (b)(1)(D).

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

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

“SEC. 105. AMERICAN INDIANS INTO PSYCHOLOGY PROGRAM.

“(a) GRANTS AUTHORIZED.—The Secretary, acting through the Service, shall make grants of not more than \$300,000 to each of 9 colleges and universities for the purpose of developing and maintaining Indian psychology career recruitment programs as a means of encouraging Indians to enter the behavioral health field. These programs shall be located at various locations throughout the country to maximize their availability to Indian students and new programs shall be established in different locations from time to time.

“(b) QUENTIN N. BURDICK PROGRAM GRANT.—The Secretary shall provide a grant authorized under subsection (a) to develop and maintain a program at the University of North Dakota to be known as the ‘Quentin N. Burdick American Indians Into Psychology Program’. Such program shall, to the maximum extent feasible, coordinate with the Quentin N. Burdick Indian Health Programs authorized under section 117(b), the Quentin N. Burdick American Indians Into Nursing Program authorized under section 115(e), and existing university research and communications networks.

“(c) REGULATIONS.—The Secretary shall issue regulations pursuant to this Act for the competitive awarding of grants provided under this section.

“(d) CONDITIONS OF GRANT.—Applicants under this section shall agree to provide a program which, at a minimum—

“(1) provides outreach and recruitment for health professions to Indian communities including elementary, secondary, and accredited and accessible community colleges that will be served by the program;

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

“(3) provides summer enrichment programs to expose Indian students to the various fields of psychology through research, clinical, and experimental activities;

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

“(5) develops affiliation agreements with tribal colleges and universities, the Service, university affiliated programs, and other appropriate accredited and accessible entities to enhance the education of Indian students;

“(6) to the maximum extent feasible, uses existing university tutoring, counseling, and student support services; and

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

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

“(1) in an Indian Health Program;

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

“(3) in the private practice of psychology if, as determined by the Secretary, in accordance with guidelines promulgated by the Secretary, such practice is situated in a physician or other health professional shortage area and addresses the health care needs of a substantial number of Indians.

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

“SEC. 106. SCHOLARSHIP PROGRAMS FOR INDIAN TRIBES.

“(a) IN GENERAL.—

“(1) GRANTS AUTHORIZED.—The Secretary, acting through the Service, shall make grants to Tribal Health Programs for the purpose of providing scholarships for Indians to serve as health professionals in Indian communities.

“(2) AMOUNT.—Amounts available under paragraph (1) for any fiscal year shall not exceed 5 percent of the amounts available for each fiscal year for Indian Health Scholarships under section 104.

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

“(b) REQUIREMENTS.—

“(1) IN GENERAL.—A Tribal Health Program receiving a grant under subsection (a) shall provide scholarships to Indians in accordance with the requirements of this section.

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

“(A) 80 percent of the costs of the scholarship shall be paid from the funds made available pursuant to subsection (a)(1) provided to the Tribal Health Program; and

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

“(c) COURSE OF STUDY.—A Tribal Health Program shall provide scholarships under this section only to Indians enrolled or accepted for enrollment in a course of study (approved by the Secretary) in 1 of the health professions contemplated by this Act.

“(d) CONTRACT.—

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

“(2) REQUIREMENTS.—Such contract shall—

“(A) obligate such recipient to provide service in an Indian Health Program or Urban Indian Organization, in the same

Service Area where the Tribal Health Program providing the scholarship is located, for—

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

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

“(B) provide that the amount of the scholarship—

“(i) may only be expended for—

“(I) tuition expenses, other reasonable educational expenses, and reasonable living expenses incurred in attendance at the educational institution; and

“(II) payment to the recipient of a monthly stipend of not more than the amount authorized by section 338(g)(1)(B) of the Public Health Service Act (42 U.S.C. 254m(g)(1)(B)), with such amount to be reduced pro rata (as determined by the Secretary) based on the number of hours such student is enrolled, and not to exceed, for any year of attendance for which the scholarship is provided, the total amount required for the year for the purposes authorized in this clause; and

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

“(C) require the recipient of such scholarship to maintain an acceptable level of academic standing as determined by the educational institution in accordance with regulations issued pursuant to this Act; and

“(D) require the recipient of such scholarship to meet the educational and licensure requirements appropriate to each health profession.

“(3) SERVICE IN OTHER SERVICE AREAS.—The contract may allow the recipient to serve in another Service Area, provided the Tribal Health Program and Secretary approve and services are not diminished to Indians in the Service Area where the Tribal Health Program providing the scholarship is located.

“(e) BREACH OF CONTRACT.—

“(1) SPECIFIC BREACHES.—An individual who has entered into a written contract with the Secretary and a Tribal Health Program under subsection (d) shall be liable to the United States for the Federal share of the amount which has been paid to him or her, or on his or her behalf, under the contract if that individual—

“(A) fails to maintain an acceptable level of academic standing in the educational institution in which he or she is enrolled (such level as determined by the educational institution under regulations of the Secretary);

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

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

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

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

“(3) CANCELLATION UPON DEATH OF RECIPIENT.—Upon the death of an individual who receives an Indian Health Scholarship, any outstanding obligation of that individual for service or payment that relates to that scholarship shall be canceled.

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

“(f) RELATION TO SOCIAL SECURITY ACT.—The recipient of a scholarship under this section shall agree, in providing health care pursuant to the requirements herein—

“(1) not to discriminate against an individual seeking care on the basis of the ability of the individual to pay for such care or on the basis that payment for such care will be made pursuant to a program established in title XVIII of the Social Security Act or pursuant to the programs established in title XIX or title XXI of such Act; and

“(2) to accept assignment under section 1842(b)(3)(B)(ii) of the Social Security Act for all services for which payment may be made under part B of title XVIII of such Act, and to enter into an appropriate agreement with the State agency that administers the State plan for medical assistance under title XIX, or the State child health plan under title XXI, of such Act to provide service to individuals entitled to medical assistance or child health assistance, respectively, under the plan.

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

“SEC. 107. INDIAN HEALTH SERVICE EXTERN PROGRAMS.

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

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

“(c) TIMING; LENGTH OF EMPLOYMENT.—Any individual enrolled in a program, including a high school program, authorized under section 102(a) may be employed by the Service or by a Tribal Health Program or an Urban Indian Organization during any nonacademic period of the year. Any such employment shall not exceed 120 days during any calendar year.

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

“SEC. 108. CONTINUING EDUCATION ALLOWANCES.

“In order to encourage scholarship and stipend recipients under sections 104, 105, 106, and 115 and health professionals, including community health representatives and emergency medical technicians, to join or continue in an Indian Health Program and to provide their services in the rural and remote areas where a significant portion of Indians reside, the Secretary, acting through the Service, may—

“(1) provide programs or allowances to transition into an Indian Health Program, including licensing, board or certification examination assistance, and technical assistance in fulfilling service obligations under sections 104, 105, 106, and 115; and

“(2) provide programs or allowances to health professionals employed in an Indian Health Program to enable them for a period of time each year prescribed by regulation of the Secretary to take leave of their duty stations for professional consultation, management, leadership, and refresher training courses.

“SEC. 109. COMMUNITY HEALTH REPRESENTATIVE PROGRAM.

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

“(1) provide for the training of Indians as community health representatives; and

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

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

“(1) provide a high standard of training for community health representatives to ensure that the community health representatives provide quality health care, health promotion, and disease prevention services to the Indian communities served by the Program;

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

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

“(B) provides instruction and practical experience in health promotion and disease prevention activities, with appropriate consideration given to lifestyle factors that have an impact on Indian health status, such as alcoholism, family dysfunction, and poverty;

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

“(4) maintain a system that provides close supervision of Community Health Representatives;

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

“(6) promote traditional health care practices of the Indian Tribes served consistent with the Service standards for the provision of health care, health promotion, and disease prevention.

“SEC. 110. INDIAN HEALTH SERVICE LOAN REPAYMENT PROGRAM.

“(a) ESTABLISHMENT.—The Secretary, acting through the Service, shall establish and administer a program to be known as the Service Loan Repayment Program (hereinafter referred to as the ‘Loan Repayment Program’) in order to ensure an adequate supply of trained health professionals nec-

essary to maintain accreditation of, and provide health care services to Indians through, Indian Health Programs and Urban Indian Organizations.

“(b) ELIGIBLE INDIVIDUALS.—To be eligible to participate in the Loan Repayment Program, an individual must—

“(1)(A) be enrolled—

“(i) in a course of study or program in an accredited educational institution (as determined by the Secretary under section 338B(b)(1)(c)(i) of the Public Health Service Act (42 U.S.C. 254–1(b)(1)(c)(i))) and be scheduled to complete such course of study in the same year such individual applies to participate in such program; or

“(ii) in an approved graduate training program in a health profession; or

“(B) have—

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

“(ii) a license to practice a health profession;

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

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

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

“(D) be employed in an Indian Health Program or Urban Indian Organization without a service obligation; and

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

“(c) APPLICATION.—

“(1) INFORMATION TO BE INCLUDED WITH FORMS.—In disseminating application forms and contract forms to individuals desiring to participate in the Loan Repayment Program, the Secretary shall include with such forms a fair summary of the rights and liabilities of an individual whose application is approved (and whose contract is accepted) by the Secretary, including in the summary a clear explanation of the damages to which the United States is entitled under subsection (1) in the case of the individual’s breach of contract. The Secretary shall provide such individuals with sufficient information regarding the advantages and disadvantages of service as a commissioned officer in the Regular or Reserve Corps of the Public Health Service or a civilian employee of the Service to enable the individual to make a decision on an informed basis.

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

“(3) TIMELY AVAILABILITY OF FORMS.—The Secretary shall make such application forms, contract forms, and other information available to individuals desiring to participate in the Loan Repayment Program on a date sufficiently early to ensure that such individuals have adequate time to carefully review and evaluate such forms and information.

“(d) PRIORITIES.—

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

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

“(B) rank those positions in order of priority.

“(2) APPROVALS.—Notwithstanding the priority determined under paragraph (1), the Secretary, in determining which applications under the Loan Repayment Program to approve (and which contracts to accept), shall—

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

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

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

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

“(e) RECIPIENT CONTRACTS.—

“(1) CONTRACT REQUIRED.—An individual becomes a participant in the Loan Repayment Program only upon the Secretary and the individual entering into a written contract described in paragraph (2).

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

“(A) an agreement under which—

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

“(I) to pay loans on behalf of the individual in accordance with the provisions of this section; and

“(II) to accept (subject to the availability of appropriated funds for carrying out this section) the individual into the Service or place the individual with a Tribal Health Program or Urban Indian Organization as provided in clause (ii)(III); and

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

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

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

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

“(bb) while enrolled in such course of study or training, to maintain an acceptable level of academic standing (as determined under regulations of the Secretary by the educational institution offering such course of study or training); and

“(III) to serve for a time period (hereinafter in this section referred to as the ‘period of obligated service’) equal to 2 years or such longer period as the individual may agree to serve in the full-time clinical practice of such individual’s profession in an Indian Health Program or Urban Indian Organization to which the individual may be assigned by the Secretary;

“(B) a provision permitting the Secretary to extend for such longer additional periods, as the individual may agree to, the period of obligated service agreed to by the individual under subparagraph (A)(ii)(III);

“(C) a provision that any financial obligation of the United States arising out of a contract entered into under this section and any obligation of the individual which is conditioned thereon is contingent upon funds being appropriated for loan repayments under this section;

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

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

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

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

“(2) the Secretary’s disapproving an individual’s participation in such Program.

“(g) PAYMENTS.—

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

“(A) tuition expenses;

“(B) all other reasonable educational expenses, including fees, books, and laboratory expenses, incurred by the individual; and

“(C) reasonable living expenses as determined by the Secretary.

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

“(A) affects the ability of the Secretary to maximize the number of contracts that can be provided under the Loan Repayment Program from the amounts appropriated for such contracts;

“(B) provides an incentive to serve in Indian Health Programs and Urban Indian Organizations with the greatest shortages of health professionals; and

“(C) provides an incentive with respect to the health professional involved remaining in an Indian Health Program or Urban Indian Organization with such a health professional shortage, and continuing to provide primary health services, after the completion of the period of obligated service under the Loan Repayment Program.

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

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

“(A) in addition to such payments, may make payments to the individual in an amount equal to not less than 20 percent and not more than 39 percent of the total amount of loan repayments made for the taxable year involved; and

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

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

“(h) EMPLOYMENT CEILING.—Notwithstanding any other provision of law, individuals who have entered into written contracts with the Secretary under this section shall not be counted against any employment ceiling affecting the Department while those individuals are undergoing academic training.

“(i) RECRUITMENT.—The Secretary shall conduct recruiting programs for the Loan Repayment Program and other manpower programs of the Service at educational institutions training health professionals or specialists identified in subsection (a).

“(j) APPLICABILITY OF LAW.—Section 214 of the Public Health Service Act (42 U.S.C. 215)

shall not apply to individuals during their period of obligated service under the Loan Repayment Program.

“(k) ASSIGNMENT OF INDIVIDUALS.—The Secretary, in assigning individuals to serve in Indian Health Programs or Urban Indian Organizations pursuant to contracts entered into under this section, shall—

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

“(2) give priority to assigning individuals to Indian Health Programs and Urban Indian Organizations that have a need for health professionals to provide health care services as a result of individuals having breached contracts entered into under this section.

“(1) BREACH OF CONTRACT.—

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

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

“(i) fails to maintain an acceptable level of academic standing in the educational institution in which he or she is enrolled (such level determined by the educational institution under regulations of the Secretary);

“(ii) voluntarily terminates such enrollment; or

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

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

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

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

“(B) ‘Z’ is the sum of the amounts paid under this section to, or on behalf of, the individual 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.—

“(A) IN GENERAL.—If damages described in paragraph (4) are delinquent for 3 months,

the Secretary shall, for the purpose of recovering such damages—

“(i) use collection agencies contracted with by the Administrator of General Services; or

“(ii) enter into contracts for the recovery of such damages with collection agencies selected by the Secretary.

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

“(m) WAIVER OR SUSPENSION OF OBLIGATION.—

“(1) IN GENERAL.—The Secretary shall by regulation provide for the partial or total waiver or suspension of any obligation of service or payment by an individual under the Loan Repayment Program whenever compliance by the individual is impossible or would involve extreme hardship to the individual and if enforcement of such obligation with respect to any individual would be unconscionable.

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

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

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

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

“(1) A list of the health professional positions maintained by Indian Health Programs and Urban Indian Organizations for which recruitment or retention is difficult.

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

“(3) The number of contracts described in subsection (e) that are entered into with respect to each health profession.

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

“(5) The number of scholarships that are provided under sections 104 and 106 with respect to each health profession.

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

“(7) The number of providers of health care that will be needed by Indian Health Programs and Urban Indian Organizations, by location and profession, during the 3 fiscal years beginning after the date the report is filed.

“(8) The measures the Secretary plans to take to fill the health professional positions maintained by Indian Health Programs or Urban Indian Organizations for which recruitment or retention is difficult.

“SEC. 111. SCHOLARSHIP AND LOAN REPAYMENT RECOVERY FUND.

“(a) **ESTABLISHMENT.**—There is established in the Treasury of the United States a fund to be known as the Indian Health Scholarship and Loan Repayment Recovery Fund (hereafter in this section referred to as the ‘LRRF’). The LRRF shall consist of such amounts as may be collected from individuals under section 104(d), section 106(e), and section 110(1) for breach of contract, such funds as may be appropriated to the LRRF, and interest earned on amounts in the LRRF. All amounts collected, appropriated, or earned relative to the LRRF shall remain available until expended.

“(b) USE OF FUNDS.—

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

“(A) to which a scholarship recipient under section 104 and 106 or a loan repayment program participant under section 110 has been assigned to meet the obligated service requirements pursuant to such sections; and

“(B) that has a need for a health professional to provide health care services as a result of such recipient or participant having breached the contract entered into under section 104, 106, or section 110.

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

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

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

“SEC. 112. RECRUITMENT ACTIVITIES.

“(a) **REIMBURSEMENT FOR TRAVEL.**—The Secretary, acting through the Service, may reimburse health professionals seeking positions with Indian Health Programs or Urban Indian Organizations, including individuals considering entering into a contract under section 110 and their spouses, for actual and reasonable expenses incurred in traveling to and from their places of residence to an area in which they may be assigned for the purpose of evaluating such area with respect to such assignment.

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

“SEC. 113. INDIAN RECRUITMENT AND RETENTION PROGRAM.

“(a) **IN GENERAL.**—The Secretary, acting through the Service, shall fund, on a competitive basis, innovative demonstration projects for a period not to exceed 3 years to enable Tribal Health Programs and Urban Indian Organizations to recruit, place, and retain health professionals to meet their staffing needs.

“(b) **ELIGIBLE ENTITIES; APPLICATION.**—Any Tribal Health Program or Urban Indian Organization may submit an application for funding of a project pursuant to this section.

“SEC. 114. ADVANCED TRAINING AND RESEARCH.

“(a) **DEMONSTRATION PROGRAM.**—The Secretary, acting through the Service, shall es-

tablish a demonstration project to enable health professionals who have worked in an Indian Health Program or Urban Indian Organization for a substantial period of time to pursue advanced training or research areas of study for which the Secretary determines a need exists.

“(b) **SERVICE OBLIGATION.**—An individual who participates in a program under subsection (a), where the educational costs are borne by the Service, shall incur an obligation to serve in an Indian Health Program or Urban Indian Organization for a period of obligated service equal to at least the period of time during which the individual participates in such program. In the event that the individual fails to complete such obligated service, the individual shall be liable to the United States for the period of service remaining. In such event, with respect to individuals entering the program after the date of enactment of the Indian Health Care Improvement Act Amendments of 2007, the United States shall be entitled to recover from such individual an amount to be determined in accordance with the formula specified in subsection (1) of section 110 in the manner provided for in such subsection.

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

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

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

“(1) Public or private schools of nursing.

“(2) Tribal colleges or universities.

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

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

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

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

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

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

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

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

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

“(1) Programs that provide a preference to Indians.

“(2) Programs that train nurse midwives or advanced practice nurses.

“(3) Programs that are interdisciplinary.

“(4) Programs that are conducted in cooperation with a program for gifted and talented Indian students.

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

“(e) **QUENTIN N. BURDICK PROGRAM GRANT.**—The Secretary shall provide 1 of the grants authorized under subsection (a) to establish and maintain a program at the University of North Dakota to be known as the ‘Quentin N. Burdick American Indians Into Nursing Program’. Such program shall, to the maximum extent feasible, coordinate with the Quentin N. Burdick Indian Health Programs established under section 117(b) and the Quentin N. Burdick American Indians Into Psychology Program established under section 105(b).

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

“(1) in the Service;

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

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

“(4) in the private practice of nursing if, as determined by the Secretary, in accordance with guidelines promulgated by the Secretary, such practice is situated in a physician or other health shortage area and addresses the health care needs of a substantial number of Indians; or

“(5) in a teaching capacity in a tribal college or university nursing program (or a related health profession program) if, as determined by the Secretary, health services provided to Indians would not decrease.

“SEC. 116. TRIBAL CULTURAL ORIENTATION.

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

“(b) **PROGRAM.**—In carrying out subsection (a), the Secretary shall establish a program which shall, to the extent feasible—

“(1) be developed in consultation with the affected Indian Tribes, Tribal Organizations, and Urban Indian Organizations;

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

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

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

“SEC. 117. INMED PROGRAM.

“(a) **GRANTS AUTHORIZED.**—The Secretary, acting through the Service, is authorized to provide grants to colleges 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 1 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 elementary and secondary schools and community colleges located on reservations which will be served by the program;

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

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

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

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

“SEC. 118. HEALTH TRAINING PROGRAMS OF COMMUNITY COLLEGES.

“(a) GRANTS TO ESTABLISH PROGRAMS.—

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

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

“(b) GRANTS FOR MAINTENANCE AND RECRUITING.—

“(1) IN GENERAL.—The Secretary, acting through the Service, shall award grants to accredited and accessible community colleges that have established a program described in subsection (a)(1) for the purpose of maintaining the program and recruiting students for the program.

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

“(A) is accredited;

“(B) has a relationship with a hospital facility, Service facility, or hospital that could provide training of nurses or health professionals;

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

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

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

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

“(E) is capable of obtaining State or regional accreditation of the program described in subsection (a)(1); and

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

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

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

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

“(d) ADVANCED TRAINING.—

“(1) REQUIRED.—Any program receiving assistance under this section that is conducted with respect to a health profession shall also offer courses of study which provide advanced training for any health professional who—

“(A) has already received a degree or diploma in such health profession; and

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

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

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

“SEC. 119. RETENTION BONUS.

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

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

“(2) the Secretary determines is needed by Indian Health Programs and Urban Indian Organizations;

“(3) has—

“(A) completed 2 years of employment with an Indian Health Program or Urban Indian Organization; or

“(B) completed any service obligations incurred as a requirement of—

“(i) any Federal scholarship program; or

“(ii) any Federal education loan repayment program; and

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

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

“(c) DEFAULT OF RETENTION AGREEMENT.—Any health professional failing to complete the agreed upon term of service, except where such failure is through no fault of the individual, shall be obligated to refund to the Government the full amount of the retention bonus for the period covered by the agreement, plus interest as determined by the Secretary in accordance with section 110(1)(2)(B).

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

“(1) a position for which recruitment or retention is difficult; and

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

“SEC. 120. NURSING RESIDENCY PROGRAM.

“(a) ESTABLISHMENT OF PROGRAM.—The Secretary, acting through the Service, shall establish a program to enable Indians who are licensed practical nurses, licensed vocational nurses, and registered nurses who are working in an Indian Health Program or Urban Indian Organization, and have done so for a period of not less than 1 year, to pursue advanced training. Such program shall include a combination of education and work study in an Indian Health Program or Urban Indian Organization leading to an associate or bachelor's degree (in the case of a licensed practical nurse or licensed vocational nurse), a bachelor's degree (in the case of a registered nurse), or advanced degrees or certifications in nursing and public health.

“(b) SERVICE OBLIGATION.—An individual who participates in a program under subsection (a), where the educational costs are paid by the Service, shall incur an obligation to serve in an Indian Health Program or Urban Indian Organization for a period of obligated service equal to 1 year for every year that nonprofessional employee (licensed practical nurses, licensed vocational nurses, nursing assistants, and various health care technicals), or 2 years for every year that professional nurse (associate degree and bachelor-prepared registered nurses), participates in such program. In the event that the individual fails to complete such obligated service, the United States shall be entitled to recover from such individual an amount determined in accordance with the formula specified in subsection (1) of section 110 in the manner provided for in such subsection.

“SEC. 121. COMMUNITY HEALTH AIDE PROGRAM.

“(a) GENERAL PURPOSES OF PROGRAM.—Under the authority of the Act of November 2, 1921 (25 U.S.C. 13) (commonly known as the ‘Snyder Act’), the Secretary, acting through the Service, shall develop and operate a Community Health Aide Program in Alaska under which the Service—

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

“(2) uses such aides or practitioners in the provision of health care, health promotion, and disease prevention services to Alaska Natives living in villages in rural Alaska; and

“(3) provides for the establishment of teleconferencing capacity in health clinics located in or near such villages for use by community health aides or community health practitioners.

“(b) SPECIFIC PROGRAM REQUIREMENTS.—The Secretary, acting through the Community Health Aide Program of the Service, shall—

“(1) using trainers accredited by the Program, provide a high standard of training to community health aides and community health practitioners to ensure that such aides and practitioners provide quality health care, health promotion, and disease prevention services to the villages served by the Program;

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

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

“(B) provides instruction and practical experience in the provision of acute care, emergency care, health promotion, disease prevention, and the efficient and effective management of clinic pharmacies, supplies, equipment, and facilities; and

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

“(3) establish and maintain a Community Health Aide Certification Board to certify as

community health aides or community health practitioners individuals who have successfully completed the training described in paragraph (1) or can demonstrate equivalent experience;

“(4) develop and maintain a system which identifies the needs of community health aides and community health practitioners for continuing education in the provision of health care, including the areas described in paragraph (2)(B), and develop programs that meet the needs for such continuing education;

“(5) develop and maintain a system that provides close supervision of community health aides and community health practitioners;

“(6) develop a system under which the work of community health aides and community health practitioners is reviewed and evaluated to assure the provision of quality health care, health promotion, and disease prevention services; and

“(7) ensure that pulpal therapy (not including pulpotomies on deciduous teeth) or extraction of adult teeth can be performed by a dental health aide therapist only after consultation with a licensed dentist who determines that the procedure is a medical emergency that cannot be resolved with palliative treatment, and further that dental health aide therapists are strictly prohibited from performing all other oral or jaw surgeries, provided that uncomplicated extractions shall not be considered oral surgery under this section.

“(c) PROGRAM REVIEW.—

“(1) NEUTRAL PANEL.—

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

“(B) MEMBERSHIP.—Members of the neutral panel shall be appointed by the Secretary from among clinicians, economists, community practitioners, oral epidemiologists, and Alaska Natives.

“(2) STUDY.—

“(A) IN GENERAL.—The neutral panel established under paragraph (1) shall conduct a study of the dental health aide therapist services provided by the Community Health Aide Program under this section to ensure that the quality of care provided through those services is adequate and appropriate.

“(B) PARAMETERS OF STUDY.—The Secretary, in consultation with interested parties, including professional dental organizations, shall develop the parameters of the study.

“(C) INCLUSIONS.—The study shall include a determination by the neutral panel with respect to—

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

“(ii) the quality of care provided through those services, including any training, improvement, or additional oversight required to improve the quality of care; and

“(iii) whether safer and less costly alternatives to the dental health aide therapist services exist.

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

“(3) REPORT.—The neutral panel shall submit to the Secretary, the Committee on Indian Affairs of the Senate, and the Committee on Natural Resources of the House of Representatives a report describing the results of the study under paragraph (2), including a description of—

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

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

“(d) NATIONALIZATION OF PROGRAM.—

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

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

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

“SEC. 122. TRIBAL HEALTH PROGRAM ADMINISTRATION.

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

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

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

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

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

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

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

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

“SEC. 124. NATIONAL HEALTH SERVICE CORPS.

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

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

“(2) withdraw funding used to support such member, unless the Secretary, acting through the Service, has ensured that the Indians receiving services from such member will experience no reduction in services.

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

“SEC. 125. SUBSTANCE ABUSE COUNSELOR EDUCATIONAL CURRICULA DEMONSTRATION PROGRAMS.

“(a) CONTRACTS AND GRANTS.—The Secretary, acting through the Service, may enter into contracts with, or make grants to, accredited tribal colleges and universities and eligible accredited and accessible community colleges to establish demonstration programs to develop educational curricula for substance abuse counseling.

“(b) USE OF FUNDS.—Funds provided under this section shall be used only for developing and providing educational curriculum for

substance abuse counseling (including paying salaries for instructors). Such curricula may be provided through satellite campus programs.

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

“(d) CRITERIA FOR REVIEW AND APPROVAL OF APPLICATIONS.—Not later than 180 days after the date of enactment of the Indian Health Care Improvement Act Amendments of 2007, the Secretary, after consultation with Indian Tribes and administrators of tribal colleges and universities and eligible accredited and accessible community colleges, shall develop and issue criteria for the review and approval of applications for funding (including applications for renewals of funding) under this section. Such criteria shall ensure that demonstration programs established under this section promote the development of the capacity of such entities to educate substance abuse counselors.

“(e) ASSISTANCE.—The Secretary shall provide such technical and other assistance as may be necessary to enable grant recipients to comply with the provisions of this section.

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

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

“(1) Classroom education.

“(2) Clinical work experience.

“(3) Continuing education workshops.

“SEC. 126. BEHAVIORAL HEALTH TRAINING AND COMMUNITY EDUCATION PROGRAMS.

“(a) STUDY; LIST.—The Secretary, acting through the Service, and the Secretary of the Interior, in consultation with Indian Tribes and Tribal Organizations, shall conduct a study and compile a list of the types of staff positions specified in subsection (b) whose qualifications include, or should include, training in the identification, prevention, education, referral, or treatment of mental illness, or dysfunctional and self destructive behavior.

“(b) POSITIONS.—The positions referred to in subsection (a) are—

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

“(A) elementary and secondary education;

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

“(C) law enforcement and judicial services; and

“(D) alcohol and substance abuse;

“(2) staff positions within the Service; and

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

“(c) TRAINING CRITERIA.—

“(1) IN GENERAL.—The appropriate Secretary shall provide training criteria appropriate to each type of position identified in subsection (b)(1) and (b)(2) and ensure that appropriate training has been, or shall be provided to any individual in any such position. With respect to any such individual in a position identified pursuant to subsection (b)(3), the respective Secretaries shall provide appropriate training to, or provide funds to, an Indian Tribe, Tribal Organization, or

Urban Indian Organization for training of appropriate individuals. In the case of positions funded under a contract or compact under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.), the appropriate Secretary shall ensure that such training costs are included in the contract or compact, as the Secretary determines necessary.

“(2) POSITION SPECIFIC TRAINING CRITERIA.—Position specific training criteria shall be culturally relevant to Indians and Indian Tribes and shall ensure that appropriate information regarding traditional health care practices is provided.

“(d) COMMUNITY EDUCATION ON MENTAL ILLNESS.—The Service shall develop and implement, on request of an Indian Tribe, Tribal Organization, or Urban Indian Organization, or assist the Indian Tribe, Tribal Organization, or Urban Indian Organization to develop and implement, a program of community education on mental illness. In carrying out this subsection, the Service shall, upon request of an Indian Tribe, Tribal Organization, or Urban Indian Organization, provide technical assistance to the Indian Tribe, Tribal Organization, or Urban Indian Organization to obtain and develop community educational materials on the identification, prevention, referral, and treatment of mental illness and dysfunctional and self-destructive behavior.

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

“SEC. 127. AUTHORIZATION OF APPROPRIATIONS.

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

“TITLE II—HEALTH SERVICES

“SEC. 201. INDIAN HEALTH CARE IMPROVEMENT FUND.

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

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

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

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

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

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

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

“(B) Preventive health, including mammography and other cancer screening in accordance with section 207.

“(C) Dental care.

“(D) Mental health, including community mental health services, inpatient mental health services, dormitory mental health services, therapeutic and residential treatment centers, and training of traditional health care practitioners.

“(E) Emergency medical services.

“(F) Treatment and control of, and rehabilitative care related to, alcoholism and drug abuse (including fetal alcohol syndrome) among Indians.

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

“(H) Home health care.

“(I) Community health representatives.

“(J) Maintenance and improvement.

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

“(c) ALLOCATION; USE.—

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

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

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

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

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

“(B) the Indian Tribe or Tribal Organization does not have available to it the health resources it needs, taking into account the actual cost of providing health care services given local geographic, climatic, rural, or other circumstances.

“(2) AVAILABLE RESOURCES.—The health resources available to an Indian Tribe or Tribal Organization include health resources provided by the Service as well as health resources used by the Indian Tribe or Tribal Organization, including services and financing systems provided by any Federal programs, private insurance, and programs of State or local governments.

“(3) PROCESS FOR REVIEW OF DETERMINATIONS.—The Secretary shall establish procedures which allow any Indian Tribe or Tribal Organization to petition the Secretary for a review of any determination of the extent of the health status and resource deficiency of such Indian Tribe or Tribal Organization.

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

“(f) REPORT.—By no later than the date that is 3 years after the date of enactment of the Indian Health Care Improvement Act

Amendments of 2007, the Secretary shall submit to Congress the current health status and resource deficiency report of the Service for each Service Unit, including newly recognized or acknowledged Indian Tribes. Such report shall set out—

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

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

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

“(4) an estimate of—

“(A) the amount of health service funds appropriated under the authority of this Act, or any other Act, including the amount of any funds transferred to the Service for the preceding fiscal year which is allocated to each Service Unit, Indian Tribe, or Tribal Organization;

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

“(C) the number of Indians using the Service resources made available to each Service Unit, Indian Tribe or Tribal Organization, and, to the extent available, information on the waiting lists and number of Indians turned away for services due to lack of resources.

“(g) INCLUSION IN BASE BUDGET.—Funds appropriated under this section for any fiscal year shall be included in the base budget of the Service for the purpose of determining appropriations under this section in subsequent fiscal years.

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

“(i) FUNDING DESIGNATION.—Any funds appropriated under the authority of this section shall be designated as the ‘Indian Health Care Improvement Fund’.

“SEC. 202. CATASTROPHIC HEALTH EMERGENCY FUND.

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

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

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

“(b) ADMINISTRATION.—CHEF shall be administered by the Secretary, acting through the headquarters of the Service, solely for the purpose of meeting the extraordinary medical costs associated with the treatment of victims of disasters or catastrophic illnesses who are within the responsibility of the Service.

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

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

“(1) establish a definition of disasters and catastrophic illnesses for which the cost of the treatment provided under contract would qualify for payment from CHEF;

“(2) provide that a Service Unit shall not be eligible for reimbursement for the cost of

treatment from CHEF until its cost of treating any victim of such catastrophic illness or disaster has reached a certain threshold cost which the Secretary shall establish at—

“(A) the 2000 level of \$19,000; and

“(B) for any subsequent year, not less than the threshold cost of the previous year increased by the percentage increase in the medical care expenditure category of the consumer price index for all urban consumers (United States city average) for the 12-month period ending with December of the previous year;

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

“(A) Service Units; or

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

“(4) establish a procedure for payment from CHEF in cases in which the exigencies of the medical circumstances warrant treatment prior to the 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.

“(e) 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.

“SEC. 203. HEALTH PROMOTION AND DISEASE PREVENTION SERVICES.

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

“(1) improve the health and well-being of Indians; and

“(2) reduce the expenses for health care of Indians.

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

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

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

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

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

“(4) the resources which would be required to enable the Service and Tribal Health Programs to undertake the health promotion and disease prevention activities necessary to meet such needs.

“SEC. 204. DIABETES PREVENTION, TREATMENT, AND CONTROL.

“(a) DETERMINATIONS REGARDING DIABETES.—The Secretary, acting through the Service, and in consultation with Indian Tribes and Tribal Organizations, shall determine—

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

“(2) based on the determinations made pursuant to paragraph (1), the measures (including patient education and effective ongoing monitoring of disease indicators) each Service Unit should take to reduce the incidence of, and prevent, treat, and control the complications resulting from, diabetes among Indian Tribes within that Service Unit.

“(b) DIABETES SCREENING.—To the extent medically indicated and with informed consent, the Secretary shall screen each Indian who receives services from the Service for diabetes and for conditions which indicate a high risk that the individual will become diabetic and establish a cost-effective approach to ensure ongoing monitoring of disease indicators. Such screening and monitoring may be conducted by a Tribal Health Program and may be conducted through appropriate Internet-based health care management programs.

“(c) DIABETES PROJECTS.—The Secretary shall continue to maintain each model diabetes project in existence on the date of enactment of the Indian Health Care Improvement Act Amendments of 2007, any such other diabetes programs operated by the Service or Tribal Health Programs, and any additional diabetes projects, such as the Medical Vanguard program provided for in title IV of Public Law 108-87, as implemented to serve Indian Tribes. Tribal Health Programs shall receive recurring funding for the diabetes projects that they operate pursuant to this section, both at the date of enactment of the Indian Health Care Improvement Act Amendments of 2007 and for projects which are added and funded thereafter.

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

“(e) OTHER DUTIES OF THE SECRETARY.—

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

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

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

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

“(2) DIABETES CONTROL OFFICERS.—

“(A) IN GENERAL.—The Secretary may establish and maintain in each Area Office a position of diabetes control officer to coordinate and manage any activity of that Area Office relating to the prevention, treatment, or control of diabetes to assist the Secretary in carrying out a program under this section or section 330C of the Public Health Service Act (42 U.S.C. 254c-3).

“(B) CERTAIN ACTIVITIES.—Any activity carried out by a diabetes control officer under subparagraph (A) that is the subject of a contract or compact under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.), and any funds made available to carry out such an activity, shall not be divisible for purposes of that Act.

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

“(a) LONG-TERM CARE.—Notwithstanding any other provision of law, the Secretary, acting through the Service, is authorized to provide directly, or enter into contracts or

compacts under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.) with Indian Tribes or Tribal Organizations for, the delivery of long-term care (including health care services associated with long-term care) provided in a facility to Indians. Such agreements shall provide for the sharing of staff or other services between the Service or a Tribal Health Program and a long-term care or related facility owned and operated (directly or through a contract or compact under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.)) by such Indian Tribe or Tribal Organization.

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

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

“(2) shall provide that expenses (including salaries) relating to services that are shared between the Service and the Tribal Health Program be allocated proportionately between the Service and the Indian Tribe or Tribal Organization; and

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

“(c) MINIMUM REQUIREMENT.—Any nursing facility provided for under this section shall meet the requirements for nursing facilities under section 1919 of the Social Security Act.

“(d) OTHER ASSISTANCE.—The Secretary shall provide such technical and other assistance as may be necessary to enable applicants to comply with the provisions of this section.

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

“SEC. 206. HEALTH SERVICES RESEARCH.

“(a) IN GENERAL.—The Secretary, acting through the Service, shall make funding available for research to further the performance of the health service responsibilities of Indian Health Programs.

“(b) COORDINATION OF RESOURCES AND ACTIVITIES.—The Secretary shall also, to the maximum extent practicable, coordinate departmental research resources and activities to address relevant Indian Health Program research needs.

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

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

“(e) EVALUATION AND DISSEMINATION.—The Secretary shall periodically—

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

“(2) disseminate to Tribal Health Programs information regarding that research as the Secretary determines to be appropriate.

“SEC. 207. MAMMOGRAPHY AND OTHER CANCER SCREENING.

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

“(1) Screening mammography (as defined in section 1861(jj) of the Social Security Act) for Indian women at a frequency appropriate to such women under accepted and appropriate national standards, and under such terms and conditions as are consistent with

standards established by the Secretary to ensure the safety and accuracy of screening mammography under part B of title XVIII of such Act.

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

- “(A) frequency;
- “(B) the population to be served;
- “(C) the procedure or technology to be used;
- “(D) evidence of effectiveness; and
- “(E) other matters that the Secretary determines appropriate.

“SEC. 208. PATIENT TRAVEL COSTS.

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

“(1) an adult escort (including a parent, guardian, or other family member) who is required because of the physical or mental condition, or age, of the applicable patient;

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

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

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

“(1) emergency air transportation and non-emergency air transportation where ground transportation is infeasible;

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

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

“SEC. 209. EPIDEMIOLOGY CENTERS.

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

“(b) FUNCTIONS OF CENTERS.—In consultation with and upon the request of Indian Tribes, Tribal Organizations, and Urban Indian Organizations, each Service Area epidemiology center established under this section shall, with respect to such Service Area—

“(1) collect data relating to, and monitor progress made toward meeting, each of the health status objectives of the Service, the Indian Tribes, Tribal Organizations, and Urban Indian Organizations in the Service Area;

“(2) evaluate existing delivery systems, data systems, and other systems that impact the improvement of Indian health;

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

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

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

“(6) provide requested technical assistance to Indian Tribes, Tribal Organizations, and Urban Indian Organizations in the development of local health service priorities and incidence and prevalence rates of disease and other illness in the community; and

“(7) provide disease surveillance and assist Indian Tribes, Tribal Organizations, and Urban Indian Organizations to promote public health.

“(c) TECHNICAL ASSISTANCE.—The Director of the Centers for Disease Control and Prevention shall provide technical assistance to the centers in carrying out the requirements of this section.

“(d) GRANTS FOR STUDIES.—

“(1) IN GENERAL.—The Secretary may make grants to Indian Tribes, Tribal Organizations, Urban Indian Organizations, and eligible intertribal consortia to conduct epidemiological studies of Indian communities.

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

“(A) the intertribal consortium is incorporated for the primary purpose of improving Indian health; and

“(B) the intertribal consortium is representative of the Indian Tribes or urban Indian communities in which the intertribal consortium is located.

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

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

“(A) demonstrate the technical, administrative, and financial expertise necessary to carry out the functions described in paragraph (5);

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

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

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

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

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

“(C) in collaboration with Indian Tribes, Tribal Organizations, and urban Indian communities, to provide the Service with information regarding ways to improve the health status of Indians.

“(e) ACCESS TO INFORMATION.—An epidemiology center operated by a grantee pursuant to a grant awarded under subsection (d) shall be treated as a public health authority for purposes of the Health Insurance Portability and Accountability Act of 1996 (Public Law 104-191; 110 Stat. 2033), as such entities are defined in part 164.501 of title 45, Code of Federal Regulations (or a successor regulation). The Secretary shall grant such grantees access to and use of data, data sets, monitoring systems, delivery systems, and other protected health information in the possession of the Secretary.

“SEC. 210. COMPREHENSIVE SCHOOL HEALTH EDUCATION PROGRAMS.

“(a) FUNDING FOR DEVELOPMENT OF PROGRAMS.—In addition to carrying out any other program for health promotion or disease prevention, the Secretary, acting through the Service, is authorized to award

grants to Indian Tribes, Tribal Organizations, and Urban Indian Organizations to develop comprehensive school health education programs for children from pre-school through grade 12 in schools for the benefit of Indian and Urban Indian children.

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

“(1) Developing health education materials both for regular school programs and after-school programs.

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

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

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

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

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

“(7) Developing behavioral health wellness programs.

“(8) Developing chronic disease prevention programs.

“(9) Developing substance abuse prevention programs.

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

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

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

“(13) Violence prevention.

“(14) Such other health issues as are appropriate.

“(c) TECHNICAL ASSISTANCE.—Upon request, the Secretary, acting through the Service, shall provide technical assistance to Indian Tribes, Tribal Organizations, and Urban Indian Organizations in the development of comprehensive health education plans and the dissemination of comprehensive health education materials and information on existing health programs and resources.

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

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

“(1) IN GENERAL.—The Secretary of the Interior, acting through the Bureau of Indian Affairs and in cooperation with the Secretary, acting through the Service, and affected Indian Tribes and Tribal Organizations, shall develop a comprehensive school health education program for children from preschool through grade 12 in schools for which support is provided by the Bureau of Indian Affairs.

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

“(A) school programs on nutrition education, personal health, oral health, and fitness;

“(B) behavioral health wellness programs;

“(C) chronic disease prevention programs;

“(D) substance abuse prevention programs;

“(E) injury prevention and safety education programs; and

“(F) activities for the prevention and control of communicable diseases.

“(3) DUTIES OF THE SECRETARY.—The Secretary of the Interior shall—

“(A) provide training to teachers in comprehensive school health education materials;

“(B) ensure the integration and coordination of school-based programs with existing services and health programs available in the community; and

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

“SEC. 211. INDIAN YOUTH PROGRAM.

“(a) PROGRAM AUTHORIZED.—The Secretary, acting through the Service, is authorized to establish and administer a program to provide grants to Indian Tribes, Tribal Organizations, and Urban Indian Organizations for innovative mental and physical disease prevention and health promotion and treatment programs for Indian and Urban Indian preadolescent and adolescent youths.

“(b) USE OF FUNDS.—

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

“(A) develop prevention and treatment programs for Indian youth which promote mental and physical health and incorporate cultural values, community and family involvement, and traditional health care practitioners; and

“(B) develop and provide community training and education.

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

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

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

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

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

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

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

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

“(1) Projects for the prevention, control, and elimination of communicable and infectious diseases, including tuberculosis, hepatitis, HIV, respiratory syncytial virus, hanta virus, sexually transmitted diseases, and H. Pylori.

“(2) Public information and education programs for the prevention, control, and elimination of communicable and infectious diseases.

“(3) Education, training, and clinical skills improvement activities in the prevention, control, and elimination of communicable and infectious diseases for health professionals, including allied health professionals.

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

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

“(c) COORDINATION WITH HEALTH AGENCIES.—Indian Tribes, Tribal Organizations, and Urban Indian Organizations receiving funding under this section are encouraged to

coordinate their activities with the Centers for Disease Control and Prevention and State and local health agencies.

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

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

“(2) shall prepare and submit a report to Congress biennially on the use of funds under this section and on the progress made toward the prevention, control, and elimination of communicable and infectious diseases among Indians and Urban Indians.

“SEC. 213. OTHER AUTHORITY FOR PROVISION OF SERVICES.

“(a) FUNDING AUTHORIZED.—The Secretary, acting through the Service, Indian Tribes, and Tribal Organizations, may provide funding under this Act to meet the objectives set forth in section 3 of this Act through health care-related services and programs not otherwise described in this Act, including—

“(1) hospice care;

“(2) assisted living;

“(3) long-term care; and

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

“(b) TERMS AND CONDITIONS.—

“(1) IN GENERAL.—Any service provided under this section shall be in accordance with such terms and conditions as are consistent with accepted and appropriate standards relating to the service, including any licensing term or condition under this Act.

“(2) STANDARDS.—

“(A) IN GENERAL.—The Secretary may establish, by regulation, the standards for a service provided under this section, provided that such standards shall not be more stringent than the standards required by the State in which the service is provided.

“(B) USE OF STATE STANDARDS.—If the Secretary does not, by regulation, establish standards for a service provided under this section, the standards required by the State in which the service is or will be provided shall apply to such service.

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

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

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

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

“(C) Such other individuals as an applicable Indian Health Program determines to be appropriate.

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

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

“(2) The term ‘hospice care’ means the items and services specified in subparagraphs (A) through (H) of section 1861(dd)(1)

of the Social Security Act (42 U.S.C. 1395x(dd)(1)), and such other services which an Indian Tribe or Tribal Organization determines are necessary and appropriate to provide in furtherance of this care.

“(d) AUTHORIZATION OF CONVENIENT CARE SERVICES.—The Secretary, acting through the Service, Indian Tribes, and Tribal Organizations, may also provide funding under this Act to meet the objectives set forth in section 3 of this Act for convenient care services programs pursuant to section 306(c)(2)(A).

“SEC. 214. INDIAN WOMEN'S HEALTH CARE.

“The Secretary, acting through the Service and Indian Tribes, Tribal Organizations, and Urban Indian Organizations, shall monitor and improve the quality of health care for Indian women of all ages through the planning and delivery of programs administered by the Service, in order to improve and enhance the treatment models of care for Indian women.

“SEC. 215. ENVIRONMENTAL AND NUCLEAR HEALTH HAZARDS.

“(a) STUDIES AND MONITORING.—The Secretary and the Service shall conduct, in conjunction with other appropriate Federal agencies and in consultation with concerned 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 health of Indians and their water supply and food chain;

“(4) a summary of any findings and recommendations provided in Federal and State studies, reports, investigations, and inspections during the 5 years prior to the date of enactment of the Indian Health Care Improvement Act Amendments of 2007 that directly or indirectly relate to the activities, practices, and conditions affecting the health or safety of such Indians; and

“(5) the efforts that have been made by Federal and State agencies and resource and economic development companies to effectively carry out an education program for such Indians regarding the health and safety hazards of such development.

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

“(1) methods for diagnosing and treating Indians currently exhibiting such health problems;

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

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

“(3) a program of education for Indians who, by reason of their work or geographic proximity to such nuclear or other development activities, may experience health problems.

“(c) SUBMISSION OF REPORT AND PLAN TO CONGRESS.—The Secretary and the Service shall submit to Congress the study prepared under subsection (a) no later than 18 months after the date of enactment of the Indian Health Care Improvement Act Amendments of 2007. The health care plan prepared under subsection (b) shall be submitted in a report no later than 1 year after the study prepared under subsection (a) is submitted to Congress. Such report shall include recommended activities for the implementation of the plan, as well as an evaluation of any activities previously undertaken by the Service to address such health problems.

“(d) INTERGOVERNMENTAL TASK FORCE.—“(1) ESTABLISHMENT; MEMBERS.—There is established an Intergovernmental Task Force to be composed of the following individuals (or their designees):

- “(A) The Secretary of Energy.
- “(B) The Secretary of the Environmental Protection Agency.
- “(C) The Director of the Bureau of Mines.
- “(D) The Assistant Secretary for Occupational Safety and Health.
- “(E) The Secretary of the Interior.
- “(F) The Secretary of Health and Human Services.
- “(G) The Assistant Secretary.

“(2) DUTIES.—The Task Force shall—

“(A) identify existing and potential operations related to nuclear resource development or other environmental hazards that affect or may affect the health of Indians on or near a reservation or in an Indian community; and

“(B) enter into activities to correct existing health hazards and ensure that current and future health problems resulting from nuclear resource or other development activities are minimized or reduced.

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

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

“(1) as a result of employment in or near a uranium mine or mill or near any other environmental hazard, suffers from a work-related illness or condition;

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

“(3) by reason of such Indian’s employment, is entitled to medical care at the expense of such mine or mill operator or entity responsible for the environmental hazard, the Indian Health Program shall, at the request of such Indian, render appropriate medical care to such Indian for such illness or condition and may be reimbursed for any medical care so rendered to which such Indian is entitled at the expense of such operator or entity from such operator or entity. Nothing in this subsection shall affect the rights of such Indian to recover damages other than such amounts paid to the Indian Health Program from the employer for providing medical care for such illness or condition.

“SEC. 216. ARIZONA AS A CONTRACT HEALTH SERVICE DELIVERY AREA.

“(a) IN GENERAL.—For fiscal years beginning with the fiscal year ending September 30, 1983, and ending with the fiscal year end-

ing September 30, 2016, the State of Arizona shall be designated as a contract health service delivery area by the Service for the purpose of providing contract health care services to members of federally recognized Indian Tribes of Arizona.

“(b) MAINTENANCE OF SERVICES.—The Service shall not curtail any health care services provided to Indians residing on reservations in the State of Arizona if such curtailment is due to the provision of contract services in such State pursuant to the designation of such State as a contract health service delivery area pursuant to subsection (a).

“SEC. 216A. NORTH DAKOTA AND SOUTH DAKOTA AS CONTRACT HEALTH SERVICE DELIVERY AREA.

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

“(b) LIMITATION.—The Service shall not curtail any health care services provided to Indians residing on any reservation, or in any county that has a common boundary with any reservation, in the State of North Dakota or South Dakota if such curtailment is due to the provision of contract services in such States pursuant to the designation of such States as a contract health service delivery area pursuant to subsection (a).

“SEC. 217. CALIFORNIA CONTRACT HEALTH SERVICES PROGRAM.

“(a) FUNDING AUTHORIZED.—The Secretary is authorized to fund a program using the California Rural Indian Health Board (hereafter in this section referred to as the ‘CRIHB’) as a contract care intermediary to improve the accessibility of health services to California Indians.

“(b) REIMBURSEMENT CONTRACT.—The Secretary shall enter into an agreement with the CRIHB to reimburse the CRIHB for costs (including reasonable administrative costs) incurred pursuant to this section, in providing medical treatment under contract to California Indians described in section 806(a) throughout the California contract health services delivery area described in section 218 with respect to high cost contract care cases.

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

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

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

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

“The State of California, excluding the counties of Alameda, Contra Costa, Los Angeles, Marin, Orange, Sacramento, San Francisco, San Mateo, Santa Clara, Kern, Merced, Monterey, Napa, San Benito, San Joaquin, San Luis Obispo, Santa Cruz, Solano,

Stanislaus, and Ventura, shall be designated as a contract health service delivery area by the Service for the purpose of providing contract health services to California Indians. However, any of the counties listed herein may only be included in the contract health services delivery area if funding is specifically provided by the Service for such services in those counties.

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

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

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

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

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

“SEC. 221. LICENSING.

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

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

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

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

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

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

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

“SEC. 224. LIABILITY FOR PAYMENT.

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

“(b) NOTIFICATION.—The Secretary shall notify a contract care provider and any patient who receives contract health care services authorized by the Service that such patient is not liable for the payment of any

charges or costs associated with the provision of such services not later than 5 business days after receipt of a notification of a claim by a provider of contract care services.

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

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

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

“(b) DIRECTOR.—

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

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

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

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

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

“SEC. 226. AUTHORIZATION OF APPROPRIATIONS.

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

“TITLE III—FACILITIES

“SEC. 301. CONSULTATION; CONSTRUCTION AND RENOVATION OF FACILITIES; REPORTS.

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

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

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

“(b) CLOSURES.—

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

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

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

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

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

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

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

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

“(2) EXCEPTION FOR CERTAIN TEMPORARY CLOSURES.—Paragraph (1) shall not apply to any temporary closure of a facility or any portion of a facility if such closure is necessary for medical, environmental, or construction safety reasons.

“(c) HEALTH CARE FACILITY PRIORITY SYSTEM.—

“(1) IN GENERAL.—

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

“(i) shall be developed in consultation with Indian Tribes and Tribal Organizations;

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

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

“(II) shall include the methodology required in paragraph (2)(B)(v); and

“(III) may include such other facilities, and such renovation or expansion needs of any health care facility, as the Service, Indian Tribes, and Tribal Organizations may identify; and

“(iv) shall provide an opportunity for the nomination of planning, design, and construction projects by the Service, Indian Tribes, and Tribal Organizations for consideration under the priority system at least once every 3 years, or more frequently as the Secretary determines to be appropriate.

“(B) NEEDS OF FACILITIES UNDER ISDEAA AGREEMENTS.—The Secretary shall ensure that the planning, design, construction, renovation, and expansion needs of Service and non-Service facilities operated under contracts or compacts in accordance with the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.) are fully and equitably integrated into the health care facility priority system.

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

“(D) PRIORITY OF CERTAIN PROJECTS PROTECTED.—The priority of any project established under the construction priority system in effect on the date of enactment of the Indian Health Care Improvement Act Amendments of 2007 shall not be affected by any change in the construction priority system taking place after that date if the project—

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

“(I) 1 of the 10 top-priority inpatient projects;

“(II) 1 of the 10 top-priority outpatient projects;

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

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

“(ii) had completed both Phase I and Phase II of the construction priority system in effect on the date of enactment of such Act; or

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

“(I) on the initiative of the Secretary; or

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

“(2) REPORT; CONTENTS.—

“(A) INITIAL COMPREHENSIVE REPORT.—

“(i) DEFINITIONS.—In this subparagraph:

“(I) FACILITIES APPROPRIATION ADVISORY BOARD.—The term ‘Facilities Appropriation Advisory Board’ means the advisory board, comprised of 12 members representing Indian tribes and 2 members representing the Service, established at the discretion of the Assistant Secretary—

“(aa) to provide advice and recommendations for policies and procedures of the programs funded pursuant to facilities appropriations; and

“(bb) to address other facilities issues.

“(II) FACILITIES NEEDS ASSESSMENT WORKGROUP.—The term ‘Facilities Needs Assessment Workgroup’ means the workgroup established at the discretion of the Assistant Secretary—

“(aa) to review the health care facilities construction priority system; and

“(bb) to make recommendations to the Facilities Appropriation Advisory Board for revising the priority system.

“(ii) INITIAL REPORT.—

“(I) IN GENERAL.—Not later than 1 year after the date of enactment of the Indian Health Care Improvement Act Amendments of 2007, the Secretary shall submit to the Committee on Indian Affairs of the Senate and the Committee on Natural Resources of the House of Representatives a report that describes the comprehensive, national, ranked list of all health care facilities needs for the Service, Indian Tribes, and Tribal Organizations (including inpatient health care facilities, outpatient health care facilities, specialized health care facilities (such as for long-term care and alcohol and drug abuse treatment), wellness centers, staff quarters and hostels associated with health care facilities, and the renovation and expansion needs, if any, of such facilities) developed by the Service, Indian Tribes, and Tribal Organizations for the Facilities Needs Assessment Workgroup and the Facilities Appropriation Advisory Board.

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

“(aa) the methodology and criteria used by the Service in determining the needs and establishing the ranking of the facilities needs; and

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

“(iii) UPDATES OF REPORT.—Beginning in calendar year 2011, the Secretary shall—

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

“(II) include the updated report in the appropriate annual report under subparagraph (B) for submission to Congress under section 801.

“(B) ANNUAL REPORTS.—The Secretary shall submit to the President, for inclusion in the report required to be transmitted to Congress under section 801, a report which sets forth the following:

“(i) A description of the health care facility priority system of the Service established under paragraph (1).

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

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

“(II) the 10 top-priority outpatient health care facilities;

“(III) the 10 top-priority specialized health care facilities (such as long-term care and alcohol and drug abuse treatment);

“(IV) the 10 top-priority staff quarters developments associated with health care facilities; and

“(V) the 10 top-priority hostels associated with health care facilities.

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

“(iv) The projected cost of such projects.

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

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

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

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

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

“(1) IN GENERAL.—Not later than 1 year after the establishment of the priority system under subsection (c)(1)(A), the Comptroller General of the United States shall prepare and finalize a report reviewing the methodologies applied, and the processes followed, by the Service in making each assessment of needs for the list under subsection (c)(2)(A)(ii) and developing the priority system under subsection (c)(1), including a review of—

“(A) the recommendations of the Facilities Appropriation Advisory Board and the Facilities Needs Assessment Workgroup (as those terms are defined in subsection (c)(2)(A)(i)); and

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

“(2) SUBMISSION TO CONGRESS.—The Comptroller General of the United States shall submit the report under paragraph (1) to—

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

“(B) the Committees on Natural Resources and Appropriations of the House of Representatives; and

“(C) the Secretary.

“(e) FUNDING CONDITION.—All funds appropriated under the Act of November 2, 1921 (25 U.S.C. 13) (commonly known as the ‘Snyder Act’), for the planning, design, construction, or renovation of health facilities for the benefit of 1 or more Indian Tribes shall be subject to the provisions of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.).

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

“SEC. 302. SANITATION FACILITIES.

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

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

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

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

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

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

“(b) FACILITIES AND SERVICES.—In furtherance of the findings made in subsection (a), Congress reaffirms the primary responsibility and authority of the Service to provide the necessary sanitation facilities and services as provided in section 7 of the Act of August 5, 1954 (42 U.S.C. 2004a). Under such authority, the Secretary, acting through the Service, is authorized to provide the following:

“(1) Financial and technical assistance to Indian Tribes, Tribal Organizations, and Indian communities in the establishment, training, and equipping of utility organizations to operate and maintain sanitation facilities, including the provision of existing plans, standard details, and specifications available in the Department, to be used at the option of the Indian Tribe, Tribal Organization, or Indian community.

“(2) Ongoing technical assistance and training to Indian Tribes, Tribal Organizations, and Indian communities in the management of utility organizations which operate and maintain sanitation facilities.

“(3) Priority funding for operation and maintenance assistance for, and emergency repairs to, sanitation facilities operated by an Indian Tribe, Tribal Organization or Indian community when necessary to avoid an imminent health threat or to protect the investment in sanitation facilities and the investment in the health benefits gained through the provision of sanitation facilities.

“(c) FUNDING.—Notwithstanding any other provision of law—

“(1) the Secretary of Housing and Urban Development is authorized to transfer funds appropriated under the Native American Housing Assistance and Self-Determination Act of 1996 (25 U.S.C. 4101 et seq.) to the Secretary of Health and Human Services;

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

“(3) unless specifically authorized when funds are appropriated, the Secretary shall not use funds appropriated under section 7 of the Act of August 5, 1954 (42 U.S.C. 2004a), to provide sanitation facilities to new homes constructed using funds provided by the Department of Housing and Urban Development;

“(4) the Secretary of Health and Human Services is authorized to accept from any source, including Federal and State agencies, funds for the purpose of providing sanitation facilities and services and place these funds into contracts or compacts under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.);

“(5) except as otherwise prohibited by this section, the Secretary may use funds appropriated under the authority of section 7 of the Act of August 5, 1954 (42 U.S.C. 2004a), to fund up to 100 percent of the amount of an Indian Tribe’s loan obtained under any Federal program for new projects to construct eligible sanitation facilities to serve Indian homes;

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

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

“(8) the Secretary of Health and Human Services shall enter into interagency agreements with Federal and State agencies for the purpose of providing financial assistance for sanitation facilities and services under this Act;

“(9) the Secretary of Health and Human Services shall, by regulation, establish standards applicable to the planning, design, and construction of sanitation facilities funded under this Act; and

“(10) the Secretary of Health and Human Services is authorized to accept payments for goods and services furnished by the Service from appropriate public authorities, non-profit organizations or agencies, or Indian Tribes, as contributions by that authority, organization, agency, or tribe to agreements made under section 7 of the Act of August 5, 1954 (42 U.S.C. 2004a), and such payments shall be credited to the same or subsequent appropriation account as funds appropriated under the authority of section 7 of the Act of August 5, 1954 (42 U.S.C. 2004a).

“(d) CERTAIN CAPABILITIES NOT PREREQUISITE.—The financial and technical capability of an Indian Tribe, Tribal Organization, or Indian community to safely operate, manage, and maintain a sanitation facility shall not be a prerequisite to the provision or construction of sanitation facilities by the Secretary.

“(e) FINANCIAL ASSISTANCE.—The Secretary is authorized to provide financial assistance to Indian Tribes, Tribal Organizations, and Indian communities for operation, management, and maintenance of their sanitation facilities.

“(f) OPERATION, MANAGEMENT, AND MAINTENANCE OF FACILITIES.—The Indian Tribe has the primary responsibility to establish, collect, and use reasonable user fees, or otherwise set aside funding, for the purpose of operating, managing, and maintaining sanitation facilities. If a sanitation facility serving a community that is operated by an Indian Tribe or Tribal Organization is threatened with imminent failure and such operator lacks capacity to maintain the integrity or the health benefits of the sanitation facility, then the Secretary is authorized to assist the Indian Tribe, Tribal Organization, or Indian community in the resolution of the problem on a short-term basis through cooperation with the emergency coordinator or by providing operation, management, and maintenance service.

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

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

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

“(h) REPORT.—

“(1) REQUIRED; CONTENTS.—The Secretary, in consultation with the Secretary of Housing and Urban Development, Indian Tribes, Tribal Organizations, and tribally designated housing entities (as defined in section 4 of the Native American Housing Assistance and Self-Determination Act of 1996 (25 U.S.C. 4103)) shall submit to the President, for inclusion in the report required to be transmitted to Congress under section 801, a report which sets forth—

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

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

“(C) the criteria on which the deficiencies and needs will be evaluated;

“(D) the level of initial and final sanitation deficiency for each type of sanitation facility for each project of each Indian Tribe or Indian community;

“(E) the amount and most effective use of funds, derived from whatever source, necessary to accommodate the sanitation facilities needs of new homes assisted with funds under the Native American Housing Assistance and Self-Determination Act (25 U.S.C. 4101 et seq.), and to reduce the identified sanitation deficiency levels of all Indian Tribes and Indian communities to level I sanitation deficiency as defined in paragraph (3)(A); and

“(F) a 10-year plan to provide sanitation facilities to serve existing Indian homes and Indian communities and new and renovated Indian homes.

“(2) UNIFORM METHODOLOGY.—The methodology used by the Secretary in determining, preparing cost estimates for, and reporting sanitation deficiencies for purposes of paragraph (1) shall be applied uniformly to all Indian Tribes and Indian communities.

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

“(A) A level I deficiency exists if a sanitation facility serving an individual, Indian Tribe, or Indian community—

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

“(ii) deficiencies relate to routine replacement, repair, or maintenance needs.

“(B) A level II deficiency exists if a sanitation facility serving an individual, Indian Tribe, or Indian community substantially or recently complied with all applicable water supply, pollution control, and solid waste laws and any deficiencies relate to—

“(i) small or minor capital improvements needed to bring the facility back into compliance;

“(ii) capital improvements that are necessary to enlarge or improve the facilities in order to meet the current needs for domestic sanitation facilities; or

“(iii) the lack of equipment or training by an Indian Tribe, Tribal Organization, or an Indian community to properly operate and maintain the sanitation facilities.

“(C) A level III deficiency exists if a sanitation facility serving an individual, Indian Tribe or Indian community meets 1 or more of the following conditions—

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

“(ii) major significant interruptions to water supply or sewage disposal occur frequently, requiring major capital improvements to correct the deficiencies; or

“(iii) there is no access to or no approved or permitted solid waste facility available.

“(D) A level IV deficiency exists—

“(i) if a sanitation facility for an individual home, an Indian Tribe, or an Indian community exists but—

“(I) lacks—

“(aa) a safe water supply system; or

“(bb) a waste disposal system;

“(II) contains no piped water or sewer facilities; or

“(III) has become inoperable due to a major component failure; or

“(ii) if only a washeteria or central facility exists in the community.

“(E) A level V deficiency exists in the absence of a sanitation facility, where individual homes do not have access to safe drinking water or adequate wastewater (including sewage) disposal.

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

“(1) INDIAN COMMUNITY.—The term ‘Indian community’ means a geographic area, a significant proportion of whose inhabitants are

Indians and which is served by or capable of being served by a facility described in this section.

“(2) SANITATION FACILITIES.—The terms ‘sanitation facility’ and ‘sanitation facilities’ mean safe and adequate water supply systems, sanitary sewage disposal systems, and sanitary solid waste systems (and all related equipment and support infrastructure).

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

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

“(1) ownership and control by Indians;

“(2) equipment;

“(3) bookkeeping and accounting procedures;

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

“(5) adequately trained personnel; or

“(6) other necessary components of contract performance.

“(b) LABOR STANDARDS.—

“(1) IN GENERAL.—For the purposes of implementing the provisions of this title, contracts for the construction or renovation of health care facilities, staff quarters, and sanitation facilities, and related support infrastructure, funded in whole or in part with funds made available pursuant to this title, shall contain a provision requiring compliance with subchapter IV of chapter 31 of title 40, United States Code (commonly known as the ‘Davis-Bacon Act’), unless such construction or renovation—

“(A) is performed by a contractor pursuant to a contract with an Indian Tribe or Tribal Organization with funds supplied through a contract or compact authorized by the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.), or other statutory authority; and

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

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

“SEC. 304. EXPENDITURE OF NON-SERVICE FUNDS FOR RENOVATION.

“(a) IN GENERAL.—Notwithstanding any other provision of law, if the requirements of subsection (c) are met, the Secretary, acting through the Service, is authorized to accept any major expansion, renovation, or modernization by any Indian Tribe or Tribal Organization of any Service facility or of any other Indian health facility operated pursuant to a contract or compact under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.), including—

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

“(2) any expansion, renovation, or modernization for which funds appropriated under any Federal law were lawfully expended.

“(b) PRIORITY LIST.—

“(1) IN GENERAL.—The Secretary shall maintain a separate priority list to address the needs for increased operating expenses, personnel, or equipment for such facilities. The methodology for establishing priorities shall be developed through regulations. The list of priority facilities will be revised annually in consultation with Indian Tribes and Tribal Organizations.

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

“(c) REQUIREMENTS.—The requirements of this subsection are met with respect to any expansion, renovation, or modernization if—

“(1) the Indian Tribe or Tribal Organization—

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

“(B) applies to the Secretary to be placed on a separate priority list to address the needs of such new facilities for increased operating expenses, personnel, or equipment; and

“(2) the expansion, renovation, or modernization—

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

“(B) is administered by the Indian Tribe or Tribal Organization in accordance with any applicable regulations prescribed by the Secretary with respect to construction or renovation of Service facilities.

“(d) ADDITIONAL REQUIREMENT FOR EXPANSION.—In addition to the requirements under subsection (c), for any expansion, the Indian Tribe or Tribal Organization shall provide to the Secretary additional information pursuant to regulations, including additional staffing, equipment, and other costs associated with the expansion.

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

“SEC. 305. FUNDING FOR THE CONSTRUCTION, EXPANSION, AND MODERNIZATION OF SMALL AMBULATORY CARE FACILITIES.

“(a) GRANTS.—

“(1) IN GENERAL.—The Secretary, acting through the Service, shall make grants to Indian Tribes and Tribal Organizations for the construction, expansion, or modernization of facilities for the provision of ambulatory care services to eligible Indians (and noneligible persons pursuant to subsections (b)(2) and (c)(1)(C)). A grant made under this section may cover up to 100 percent of the costs of such construction, expansion, or

modernization. For the purposes of this section, the term 'construction' includes the replacement of an existing facility.

“(2) GRANT AGREEMENT REQUIRED.—A grant under paragraph (1) may only be made available to a Tribal Health Program operating an Indian health facility (other than a facility owned or constructed by the Service, including a facility originally owned or constructed by the Service and transferred to an Indian Tribe or Tribal Organization).

“(b) USE OF GRANT FUNDS.—

“(1) ALLOWABLE USES.—A grant awarded under this section may be used for the construction, expansion, or modernization (including the planning and design of such construction, expansion, or modernization) of an ambulatory care facility—

“(A) located apart from a hospital;

“(B) not funded under section 301 or section 306; and

“(C) which, upon completion of such construction or modernization will—

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

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

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

“(2) ADDITIONAL ALLOWABLE USE.—The Secretary may also reserve a portion of the funding provided under this section and use those reserved funds to reduce an outstanding debt incurred by Indian Tribes or Tribal Organizations for the construction, expansion, or modernization of an ambulatory care facility that meets the requirements under paragraph (1). The provisions of this section shall apply, except that such applications for funding under this paragraph shall be considered separately from applications for funding under paragraph (1).

“(3) USE ONLY FOR CERTAIN PORTION OF COSTS.—A grant provided under this section may be used only for the cost of that portion of a construction, expansion, or modernization project that benefits the Service population identified above in subsection (b)(1)(C) (ii) and (iii). The requirements of clauses (ii) and (iii) of paragraph (1)(C) shall not apply to an Indian Tribe or Tribal Organization applying for a grant under this section for a health care facility located or to be constructed on an island or when such facility is not located on a road system providing direct access to an inpatient hospital where care is available to the Service population.

“(c) GRANTS.—

“(1) APPLICATION.—No grant may be made under this section unless an application or proposal for the grant has been approved by the Secretary in accordance with applicable regulations and has set forth reasonable assurance by the applicant that, at all times after the construction, expansion, or modernization of a facility carried out using a grant received under this section—

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

“(B) such facility will be available to eligible Indians without regard to ability to pay or source of payment; and

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

“(2) PRIORITY.—In awarding grants under this section, the Secretary shall give pri-

ority to Indian Tribes and Tribal Organizations that demonstrate—

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

“(B) insufficient capacity to deliver such services.

“(3) PEER REVIEW PANELS.—The Secretary may provide for the establishment of peer review panels, as necessary, to review and evaluate applications and proposals and to advise the Secretary regarding such applications using the criteria developed pursuant to subsection (a)(1).

“(d) REVERSION OF FACILITIES.—If any facility (or portion thereof) with respect to which funds have been paid under this section, ceases, at any time after completion of the construction, expansion, or modernization carried out with such funds, to be used for the purposes of providing health care services to eligible Indians, all of the right, title, and interest in and to such facility (or portion thereof) shall transfer to the United States unless otherwise negotiated by the Service and the Indian Tribe or Tribal Organization.

“(e) FUNDING NONRECURRING.—Funding provided under this section shall be non-recurring and shall not be available for inclusion in any individual Indian Tribe's tribal share for an award under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.) or for reallocation or redesign thereunder.

“SEC. 306. INDIAN HEALTH CARE DELIVERY DEMONSTRATION PROJECTS.

“(a) IN GENERAL.—The Secretary, acting through the Service, is authorized to carry out, or to enter into contracts under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.) with Indian Tribes or Tribal Organizations to carry out, a health care delivery demonstration project to test alternative means of delivering health care and services to Indians through facilities.

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

“(1) waive any leasing prohibition;

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

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

“(4) permit the use of funds or property donated from any source for project purposes;

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

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

“(c) HEALTH CARE DEMONSTRATION PROJECTS.—

“(1) GENERAL PROJECTS.—

“(A) CRITERIA.—The Secretary may approve under this section demonstration projects that meet the following criteria:

“(i) There is a need for a new facility or program, such as a program for convenient care services, or the reorientation of an existing facility or program.

“(ii) A significant number of Indians, including Indians with low health status, will be served by the project.

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

“(iv) The project is economically viable.

“(v) For projects carried out by an Indian Tribe or Tribal Organization, the Indian Tribe or Tribal Organization has the administrative and financial capability to administer the project.

“(vi) The project is integrated with providers of related health and social services

and is coordinated with, and avoids duplication of, existing services in order to expand the availability of services.

“(B) PRIORITY.—In approving demonstration projects under this paragraph, the Secretary shall give priority to demonstration projects, to the extent the projects meet the criteria described in subparagraph (A), located in any of the following Service Units:

“(i) Cass Lake, Minnesota.

“(ii) Mescalero, New Mexico.

“(iii) Owyhee, Nevada.

“(iv) Schurz, Nevada.

“(v) Ft. Yuma, California.

“(2) CONVENIENT CARE SERVICE PROJECTS.—

“(A) DEFINITION OF CONVENIENT CARE SERVICE.—In this paragraph, the term 'convenient care service' means any primary health care service, such as urgent care services, non-emergent care services, prevention services and screenings, and any service authorized by sections 203 or 213(d), that is—

“(i) provided outside the regular hours of operation of a health care facility; or

“(ii) offered at an alternative setting.

“(B) APPROVAL.—In addition to projects described in paragraph (1), in any fiscal year, the Secretary is authorized to approve not more than 10 applications for health care delivery demonstration projects that—

“(i) include a convenient care services program as an alternative means of delivering health care services to Indians; and

“(ii) meet the criteria described in subparagraph (C).

“(C) CRITERIA.—The Secretary shall approve under subparagraph (B) demonstration projects that meet all of the following criteria:

“(i) The criteria set forth in paragraph (1)(A).

“(ii) There is a lack of access to health care services at existing health care facilities, which may be due to limited hours of operation at those facilities or other factors.

“(iii) The project—

“(I) expands the availability of services; or

“(II) reduces—

“(aa) the burden on Contract Health Services; or

“(bb) the need for emergency room visits.

“(d) PEER REVIEW PANELS.—The Secretary may provide for the establishment of peer review panels, as necessary, to review and evaluate applications using the criteria described in paragraphs (1)(A) and (2)(C) of subsection (c).

“(e) TECHNICAL ASSISTANCE.—The Secretary shall provide such technical and other assistance as may be necessary to enable applicants to comply with this section.

“(f) SERVICE TO INELIGIBLE PERSONS.—Subject to section 807, the authority to provide services to persons otherwise ineligible for the health care benefits of the Service, and the authority to extend hospital privileges in Service facilities to non-Service health practitioners as provided in section 807, may be included, subject to the terms of that section, in any demonstration project approved pursuant to this section.

“(g) EQUITABLE TREATMENT.—For purposes of subsection (c), the Secretary, in evaluating facilities operated under any contract or compact under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.), shall use the same criteria that the Secretary uses in evaluating facilities operated directly by the Service.

“(h) EQUITABLE INTEGRATION OF FACILITIES.—The Secretary shall ensure that the planning, design, construction, renovation, and expansion needs of Service and non-Service facilities that are the subject of a contract or compact under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.) for health services are

fully and equitably integrated into the implementation of the health care delivery demonstration projects under this section.

“SEC. 307. LAND TRANSFER.

“Notwithstanding any other provision of law, the Bureau of Indian Affairs and all other agencies and departments of the United States are authorized to transfer, at no cost, land and improvements to the Service for the provision of health care services. The Secretary is authorized to accept such land and improvements for such purposes.

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

“The Secretary, acting through the Service, may enter into leases, contracts, and other agreements with Indian Tribes and Tribal Organizations which hold (1) title to, (2) a leasehold interest in, or (3) a beneficial interest in (when title is held by the United States in trust for the benefit of an Indian Tribe) facilities used or to be used for the administration and delivery of health services by an Indian Health Program. Such leases, contracts, or agreements may include provisions for construction or renovation and provide for compensation to the Indian Tribe or Tribal Organization of rental and other costs consistent with section 105(1) of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450j(1)) and regulations thereunder.

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

“(a) IN GENERAL.—The Secretary, in consultation with the Secretary of the Treasury, Indian Tribes, and Tribal Organizations, shall carry out a study to determine the feasibility of establishing a loan fund to provide to Indian Tribes and Tribal Organizations direct loans or guarantees for loans for the construction of health care facilities, including—

- “(1) inpatient facilities;
- “(2) outpatient facilities;
- “(3) staff quarters;
- “(4) hostels; and
- “(5) specialized care facilities, such as behavioral health and elder care facilities.

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

- “(1) the maximum principal amount of a loan or loan guarantee that should be offered to a recipient from the loan fund;
- “(2) the percentage of eligible costs, not to exceed 100 percent, that may be covered by a loan or loan guarantee from the loan fund (including costs relating to planning, design, financing, site land development, construction, rehabilitation, renovation, conversion, improvements, medical equipment and furnishings, and other facility-related costs and capital purchase (but excluding staffing));
- “(3) the cumulative total of the principal of direct loans and loan guarantees, respectively, that may be outstanding at any 1 time;
- “(4) the maximum term of a loan or loan guarantee that may be made for a facility from the loan fund;
- “(5) the maximum percentage of funds from the loan fund that should be allocated for payment of costs associated with planning and applying for a loan or loan guarantee;
- “(6) whether acceptance by the Secretary of an assignment of the revenue of an Indian Tribe or Tribal Organization as security for any direct loan or loan guarantee from the loan fund would be appropriate;
- “(7) whether, in the planning and design of health facilities under this section, users eligible under section 807(c) may be included in any projection of patient population;
- “(8) whether funds of the Service provided through loans or loan guarantees from the

loan fund should be eligible for use in matching other Federal funds under other programs;

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

“(10) any legislative or regulatory changes required to implement recommendations of the Secretary based on results of the study.

“(c) REPORT.—Not later than September 30, 2009, the Secretary shall submit to the Committee on Indian Affairs of the Senate and the Committee on Natural Resources and the Committee on Energy and Commerce of the House of Representatives a report that describes—

“(1) the manner of consultation made as required by subsection (a); and

“(2) the results of the study, including any recommendations of the Secretary based on results of the study.

“SEC. 310. TRIBAL LEASING.

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

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

“(a) IN GENERAL.—The Secretary, acting through the Service, shall make arrangements with Indian Tribes and Tribal Organizations to establish joint venture demonstration projects under which an Indian Tribe or Tribal Organization shall expend tribal, private, or other available funds, for the acquisition or construction of a health facility for a minimum of 10 years, under a no-cost lease, in exchange for agreement by the Service to provide the equipment, supplies, and staffing for the operation and maintenance of such a health facility. An Indian Tribe or Tribal Organization may use tribal funds, private sector, or other available resources, including loan guarantees, to fulfill its commitment under a joint venture entered into under this subsection. An Indian Tribe or Tribal Organization shall be eligible to establish a joint venture project if, when it submits a letter of intent, it—

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

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

“(b) REQUIREMENTS.—The Secretary shall make such an arrangement with an Indian Tribe or Tribal Organization only if—

“(1) the Secretary first determines that the Indian Tribe or Tribal Organization has the administrative and financial capabilities necessary to complete the timely acquisition or construction of the relevant health facility; and

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

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

“(d) BREACH OF AGREEMENT.—An Indian Tribe or Tribal Organization that has entered into a written agreement with the Secretary under this section, and that breaches or terminates without cause such agreement, shall be liable to the United States for the amount that has been paid to the Indian

Tribe or Tribal Organization, or paid to a third party on the Indian Tribe's or Tribal Organization's behalf, under the agreement. The Secretary has the right to recover tangible property (including supplies) and equipment, less depreciation, and any funds expended for operations and maintenance under this section. The preceding sentence does not apply to any funds expended for the delivery of health care services, personnel, or staffing.

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

“(f) DEFINITION.—For the purposes of this section, the term ‘health facility’ or ‘health facilities’ includes quarters needed to provide housing for staff of the relevant Tribal Health Program.

“SEC. 312. LOCATION OF FACILITIES.

“(a) IN GENERAL.—In all matters involving the reorganization or development of Service facilities or in the establishment of related employment projects to address unemployment conditions in economically depressed areas, the Bureau of Indian Affairs and the Service shall give priority to locating such facilities and projects on Indian lands, or lands in Alaska owned by any Alaska Native village, or village or regional corporation under the Alaska Native Claims Settlement Act (43 U.S.C. 1601 et seq.), or any land allotted to any Alaska Native, if requested by the Indian owner and the Indian Tribe with jurisdiction over such lands or other lands owned or leased by the Indian Tribe or Tribal Organization. Top priority shall be given to Indian land owned by 1 or more Indian Tribes.

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

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

“(2) any lands title to which is held in trust by the United States for the benefit of any Indian Tribe or individual Indian or held by any Indian Tribe or individual Indian subject to restriction by the United States against alienation.

“SEC. 313. MAINTENANCE AND IMPROVEMENT OF HEALTH CARE FACILITIES.

“(a) REPORT.—The Secretary shall submit to the President, for inclusion in the report required to be transmitted to Congress under section 801, a report which identifies the backlog of maintenance and repair work required at both Service and tribal health care facilities, including new health care facilities expected to be in operation in the next fiscal year. The report shall also identify the need for renovation and expansion of existing facilities to support the growth of health care programs.

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

“(c) REPLACEMENT FACILITIES.—In addition to using maintenance and improvement funds for renovation, modernization, and expansion of facilities, an Indian Tribe or Tribal Organization may use maintenance and improvement funds for construction of a replacement facility if the costs of renovation

of such facility would exceed a maximum renovation cost threshold. The maximum renovation cost threshold shall be determined through the negotiated rulemaking process provided for under section 802.

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

“(a) RENTAL RATES.—

“(1) ESTABLISHMENT.—Notwithstanding any other provision of law, a Tribal Health Program which operates a hospital or other health facility and the federally-owned quarters associated therewith pursuant to a contract or compact under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.) shall have the authority to establish the rental rates charged to the occupants of such quarters by providing notice to the Secretary of its election to exercise such authority.

“(2) OBJECTIVES.—In establishing rental rates pursuant to authority of this subsection, a Tribal Health Program shall endeavor to achieve the following objectives:

“(A) To base such rental rates on the reasonable value of the quarters to the occupants thereof.

“(B) To generate sufficient funds to prudently provide for the operation and maintenance of the quarters, and subject to the discretion of the Tribal Health Program, to supply reserve funds for capital repairs and replacement of the quarters.

“(3) EQUITABLE FUNDING.—Any quarters whose rental rates are established by a Tribal Health Program pursuant to this subsection shall remain eligible for quarters improvement and repair funds to the same extent as all federally-owned quarters used to house personnel in Services-supported programs.

“(4) NOTICE OF RATE CHANGE.—A Tribal Health Program which exercises the authority provided under this subsection shall provide occupants with no less than 60 days notice of any change in rental rates.

“(b) DIRECT COLLECTION OF RENT.—

“(1) IN GENERAL.—Notwithstanding any other provision of law, and subject to paragraph (2), a Tribal Health Program shall have the authority to collect rents directly from Federal employees who occupy such quarters in accordance with the following:

“(A) The Tribal Health Program shall notify the Secretary and the subject Federal employees of its election to exercise its authority to collect rents directly from such Federal employees.

“(B) Upon receipt of a notice described in subparagraph (A), the Federal employees shall pay rents for occupancy of such quarters directly to the Tribal Health Program and the Secretary shall have no further authority to collect rents from such employees through payroll deduction or otherwise.

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

“(D) Such rent payments shall be deposited into a separate account which shall be used by the Tribal Health Program for the maintenance (including capital repairs and replacement) and operation of the quarters and facilities as the Tribal Health Program shall determine.

“(2) RETROCESSION OF AUTHORITY.—If a Tribal Health Program which has made an election under paragraph (1) requests retrocession of its authority to directly collect rents from Federal employees occupying federally-owned quarters, such retrocession shall become effective on the earlier of—

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

“(B) such other date as may be mutually agreed by the Secretary and the Tribal Health Program.

“(c) RATES IN ALASKA.—To the extent that a Tribal Health Program, pursuant to authority granted in subsection (a), establishes rental rates for federally-owned quarters provided to a Federal employee in Alaska, such rents may be based on the cost of comparable private rental housing in the nearest established community with a year-round population of 1,500 or more individuals.

“SEC. 315. APPLICABILITY OF BUY AMERICAN ACT REQUIREMENT.

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

“(b) EFFECT OF VIOLATION.—If it has been finally determined by a court or Federal agency that any person intentionally affixed a label bearing a ‘Made in America’ inscription or any inscription with the same meaning, to any product sold in or shipped to the United States that is not made in the United States, such person shall be ineligible to receive any contract or subcontract made with funds provided pursuant to section 317, pursuant to the debarment, suspension, and ineligibility procedures described in sections 9.400 through 9.409 of title 48, Code of Federal Regulations.

“(c) DEFINITIONS.—For purposes of this section, the term ‘Buy American Act’ means title III of the Act entitled ‘An Act making appropriations for the Treasury and Post Office Departments for the fiscal year ending June 30, 1934, and for other purposes’, approved March 3, 1933 (41 U.S.C. 10a et seq.).

“SEC. 316. OTHER FUNDING FOR FACILITIES.

“(a) AUTHORITY TO ACCEPT FUNDS.—The Secretary is authorized to accept from any source, including Federal and State agencies, funds that are available for the construction of health care facilities and use such funds to plan, design, and construct health care facilities for Indians and to place such funds into a contract or compact under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.). Receipt of such funds shall have no effect on the priorities established pursuant to section 301.

“(b) INTERAGENCY AGREEMENTS.—The Secretary is authorized to enter into interagency agreements with other Federal agencies or State agencies and other entities and to accept funds from such Federal or State agencies or other sources to provide for the planning, design, and construction of health care facilities to be administered by Indian Health Programs in order to carry out the purposes of this Act and the purposes for which the funds were appropriated or for which the funds were otherwise provided.

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

“SEC. 317. AUTHORIZATION OF APPROPRIATIONS.

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

“TITLE IV—ACCESS TO HEALTH SERVICES

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

“(a) DISREGARD OF MEDICARE, MEDICAID, AND SCHIP PAYMENTS IN DETERMINING APPROPRIATIONS.—Any payments received by an Indian Health Program or by an Urban Indian Organization under title XVIII, XIX, or

XXI of the Social Security Act for services provided to Indians eligible for benefits under such respective titles shall not be considered in determining appropriations for the provision of health care and services to Indians.

“(b) NONPREFERENTIAL TREATMENT.—Nothing in this Act authorizes the Secretary to provide services to an Indian with coverage under title XVIII, XIX, or XXI of the Social Security Act in preference to an Indian without such coverage.

“(c) USE OF FUNDS.—

“(1) SPECIAL FUND.—

“(A) 100 PERCENT PASS-THROUGH OF PAYMENTS DUE TO FACILITIES.—Notwithstanding any other provision of law, but subject to paragraph (2), payments to which a facility of the Service is entitled by reason of a provision of the Social Security Act shall be placed in a special fund to be held by the Secretary. In making payments from such fund, the Secretary shall ensure that each Service Unit of the Service receives 100 percent of the amount to which the facilities of the Service, for which such Service Unit makes collections, are entitled by reason of a provision of the Social Security Act.

“(B) USE OF FUNDS.—Amounts received by a facility of the Service under subparagraph (A) shall first be used (to such extent or in such amounts as are provided in appropriation Acts) for the purpose of making any improvements in the programs of the Service operated by or through such facility which may be necessary to achieve or maintain compliance with the applicable conditions and requirements of titles XVIII and XIX of the Social Security Act. Any amounts so received that are in excess of the amount necessary to achieve or maintain such conditions and requirements shall, subject to consultation with the Indian Tribes being served by the Service Unit, be used for reducing the health resource deficiencies (as determined under section 201(d)) of such Indian Tribes.

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

“(d) DIRECT BILLING.—

“(1) IN GENERAL.—Subject to complying with the requirements of paragraph (2), a Tribal Health Program may elect to directly bill for, and receive payment for, health care items and services provided by such Program for which payment is made under title XVIII or XIX of the Social Security Act or from any other third party payor.

“(2) DIRECT REIMBURSEMENT.—

“(A) USE OF FUNDS.—Each Tribal Health Program making the election described in paragraph (1) with respect to a program under a title of the Social Security Act shall be reimbursed directly by that program for items and services furnished without regard to subsection (c)(1), but all amounts so reimbursed shall be used by the Tribal Health Program for the purpose of making any improvements in facilities of the Tribal Health Program 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 a Tribal Health Program making the election 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 the program under such title, as well as all auditing requirements applicable to programs administered by an Indian Health Program. Nothing in the preceding sentence shall be construed as limiting the application of auditing requirements applicable to amounts paid under title XVIII, XIX, or XXI of the Social Security Act.

“(C) IDENTIFICATION OF SOURCE OF PAYMENTS.—Any Tribal Health Program that receives reimbursements or payments under title XVIII, XIX, or XXI of the Social Security Act, shall provide to the Service a list of each provider enrollment number (or other identifier) under which such Program receives such reimbursements or payments.

“(3) EXAMINATION AND IMPLEMENTATION OF CHANGES.—

“(A) IN GENERAL.—The Secretary, acting through the Service and with the assistance of the Administrator of the Centers for Medicare & Medicaid Services, shall examine on an ongoing basis and implement any administrative changes that may be necessary to facilitate direct billing and reimbursement under the program established under this subsection, including any agreements with States that may be necessary to provide for direct billing under a program under a title of the Social Security Act.

“(B) COORDINATION OF INFORMATION.—The Service shall provide the Administrator of the Centers for Medicare & Medicaid Services with copies of the lists submitted to the Service under paragraph (2)(C), enrollment data regarding patients served by the Service (and by Tribal Health Programs, to the extent such data is available to the Service), and such other information as the Administrator may require for purposes of administering title XVIII, XIX, or XXI of the Social Security Act.

“(4) WITHDRAWAL FROM PROGRAM.—A Tribal Health Program that bills directly under the program established under this subsection may withdraw from participation in the same manner and under the same conditions that an Indian Tribe or Tribal Organization may retrocede a contracted program to the Secretary under the authority of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.). All cost accounting and billing authority under the program established under this subsection shall be returned to the Secretary upon the Secretary's acceptance of the withdrawal of participation in this program.

“(5) TERMINATION FOR FAILURE TO COMPLY WITH REQUIREMENTS.—The Secretary may terminate the participation of a Tribal Health Program or in the direct billing program established under this subsection if the Secretary determines that the Program has failed to comply with the requirements of paragraph (2). The Secretary shall provide a Tribal Health Program with notice of a determination that the Program has failed to comply with any such requirement and a reasonable opportunity to correct such non-compliance prior to terminating the Program's participation in the direct billing program established under this subsection.

“(e) RELATED PROVISIONS UNDER THE SOCIAL SECURITY ACT.—For provisions related to subsections (c) and (d), see sections 1880, 1911, and 2107(e)(1)(D) of the Social Security Act.

“SEC. 402. GRANTS TO AND CONTRACTS WITH THE SERVICE, INDIAN TRIBES, TRIBAL ORGANIZATIONS, AND URBAN INDIAN ORGANIZATIONS TO FACILITATE OUTREACH, ENROLLMENT, AND COVERAGE OF INDIANS UNDER SOCIAL SECURITY ACT HEALTH BENEFIT PROGRAMS AND OTHER HEALTH BENEFITS PROGRAMS.

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

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

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

“(b) CONDITIONS.—The Secretary, acting through the Service, shall place conditions as deemed necessary to effect the purpose of this section in any grant or contract which the Secretary makes with any Indian Tribe or Tribal Organization pursuant to this section. Such conditions shall include requirements that the Indian Tribe or Tribal Organization successfully undertake—

“(1) to determine the population of Indians eligible for the benefits described in subsection (a);

“(2) to educate Indians with respect to the benefits available under the respective programs;

“(3) to provide transportation for such individual Indians to the appropriate offices for enrollment or applications for such benefits; and

“(4) to develop and implement methods of improving the participation of Indians in receiving benefits under such programs.

“(c) APPLICATION TO URBAN INDIAN ORGANIZATIONS.—

“(1) IN GENERAL.—The provisions of subsection (a) shall apply with respect to grants and other funding to Urban Indian Organizations with respect to populations served by such organizations in the same manner they apply to grants and contracts with Indian Tribes and Tribal Organizations with respect to programs on or near reservations.

“(2) REQUIREMENTS.—The Secretary shall include in the grants or contracts made or provided under paragraph (1) requirements that are—

“(A) consistent with the requirements imposed by the Secretary under subsection (b);

“(B) appropriate to Urban Indian Organizations and Urban Indians; and

“(C) necessary to effect the purposes of this section.

“(d) FACILITATING COOPERATION.—The Secretary, acting through the Centers for Medicare & Medicaid Services, shall take such steps as are necessary to facilitate cooperation with, and agreements between, States and the Service, Indian Tribes, Tribal Organizations, or Urban Indian Organizations with respect to the provision of health care items and services to Indians under the programs established under title XVIII, XIX, or XXI of the Social Security Act.

“(e) AGREEMENTS RELATING TO IMPROVING ENROLLMENT OF INDIANS UNDER SOCIAL SECURITY ACT HEALTH BENEFITS PROGRAMS.—For

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

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

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

“(2) COST SHARING.—The term ‘cost sharing’ includes any deduction, deductible, co-payment, coinsurance, or similar charge.

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

“(a) RIGHT OF RECOVERY.—Except as provided in subsection (f), the United States, an Indian Tribe, or Tribal Organization shall have the right to recover from an insurance company, health maintenance organization, employee benefit plan, third-party tortfeasor, or any other responsible or liable third party (including a political subdivision or local governmental entity of a State) the reasonable charges billed by the Secretary, an Indian Tribe, or Tribal Organization in providing health services through the Service, an Indian Tribe, or Tribal Organization to any individual to the same extent that such individual, or any nongovernmental provider of such services, would be eligible to receive damages, reimbursement, or indemnification for such charges or expenses if—

“(1) such services had been provided by a nongovernmental provider; and

“(2) such individual had been required to pay such charges or expenses and did pay such charges or expenses.

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

“(1) workers' compensation laws; or

“(2) a no-fault automobile accident insurance plan or program.

“(c) NONAPPLICATION OF OTHER LAWS.—No law of any State, or of any political subdivision of a State and no provision of any contract, insurance or health maintenance organization policy, employee benefit plan, self-insurance plan, managed care plan, or other health care plan or program entered into or renewed after the date of the enactment of the Indian Health Care Amendments of 1988, shall prevent or hinder the right of recovery of the United States, an Indian Tribe, or Tribal Organization under subsection (a).

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

“(e) ENFORCEMENT.—

“(1) IN GENERAL.—The United States, an Indian Tribe, or Tribal Organization may enforce the right of recovery provided under subsection (a) by—

“(A) intervening or joining in any civil action or proceeding brought—

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

“(ii) by any representative or heirs of such individual, or

“(B) instituting a civil action, including a civil action for injunctive relief and other relief and including, with respect to a political

subdivision or local governmental entity of a State, such an action against an official thereof.

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

“(3) RECOVERY FROM TORTFEASORS.—

“(A) IN GENERAL.—In any case in which an Indian Tribe or Tribal Organization that is authorized or required under a compact or contract issued pursuant to the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.) to furnish or pay for health services to a person who is injured or suffers a disease on or after the date of enactment of the Indian Health Care Improvement Act Amendments of 2007 under circumstances that establish grounds for a claim of liability against the tortfeasor with respect to the injury or disease, the Indian Tribe or Tribal Organization shall have a right to recover from the tortfeasor (or an insurer of the tortfeasor) the reasonable value of the health services so furnished, paid for, or to be paid for, in accordance with the Federal Medical Care Recovery Act (42 U.S.C. 2651 et seq.), to the same extent and under the same circumstances as the United States may recover under that Act.

“(B) TREATMENT.—The right of an Indian Tribe or Tribal Organization to recover under subparagraph (A) shall be independent of the rights of the injured or diseased person served by the Indian Tribe or Tribal Organization.

“(f) LIMITATION.—Absent specific written authorization by the governing body of an Indian Tribe for the period of such authorization (which may not be for a period of more than 1 year and which may be revoked at any time upon written notice by the governing body to the Service), the United States shall not have a right of recovery under this section if the injury, illness, or disability for which health services were provided is covered under a self-insurance plan funded by an Indian Tribe, Tribal Organization, or Urban Indian Organization. Where such authorization is provided, the Service may receive and expend such amounts for the provision of additional health services consistent with such authorization.

“(g) COSTS AND ATTORNEYS’ FEES.—In any action brought to enforce the provisions of this section, a prevailing plaintiff shall be awarded its reasonable attorneys’ fees and costs of litigation.

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

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

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

“(k) SAVINGS.—Nothing in this section shall be construed to limit any right of recovery available to the United States, an Indian Tribe, or Tribal Organization under the provisions of any applicable, Federal, State, or Tribal law, including medical lien laws.

“SEC. 404. CREDITING OF REIMBURSEMENTS.

“(a) USE OF AMOUNTS.—

“(1) RETENTION BY PROGRAM.—Except as provided in section 202(f) (relating to the Catastrophic Health Emergency Fund) and section 807 (relating to health services for ineligible persons), all reimbursements received or recovered under any of the programs described in paragraph (2), including under section 807, by reason of the provision of health services by the Service, by an Indian Tribe or Tribal Organization, or by an Urban Indian Organization, shall be credited to the Service, such Indian Tribe or Tribal Organization, or such Urban Indian Organization, respectively, and may be used as provided in section 401. In the case of such a service provided by or through a Service Unit, such amounts shall be credited to such unit and used for such purposes.

“(2) PROGRAMS COVERED.—The programs referred to in paragraph (1) are the following:

“(A) Titles XVIII, XIX, and XXI of the Social Security Act.

“(B) This Act, including section 807.

“(C) Public Law 87–693.

“(D) Any other provision of law.

“(b) NO OFFSET OF AMOUNTS.—The Service may not offset or limit any amount obligated to any Service Unit or entity receiving funding from the Service because of the receipt of reimbursements under subsection (a).

“SEC. 405. PURCHASING HEALTH CARE COVERAGE.

“(a) IN GENERAL.—Insofar as amounts are made available under law (including a provision of the Social Security Act, the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.), or other law, other than under section 402) to Indian Tribes, Tribal Organizations, and Urban Indian Organizations for health benefits for Service beneficiaries, Indian Tribes, Tribal Organizations, and Urban Indian Organizations may use such amounts to purchase health benefits coverage for such beneficiaries in any manner, including through—

“(1) a tribally owned and operated health care plan;

“(2) a State or locally authorized or licensed health care plan;

“(3) a health insurance provider or managed care organization; or

“(4) a self-insured plan.

The purchase of such coverage by an Indian Tribe, Tribal Organization, or Urban Indian Organization may be based on the financial needs of such beneficiaries (as determined by the Indian Tribe or Tribes being served based on a schedule of income levels developed or implemented by such Indian Tribe or Tribes).

“(b) EXPENSES FOR SELF-INSURED PLAN.—In the case of a self-insured plan under subsection (a)(4), the amounts may be used for expenses of operating the plan, including administration and insurance to limit the financial risks to the entity offering the plan.

“(c) CONSTRUCTION.—Nothing in this section shall be construed as affecting the use of any amounts not referred to in subsection (a).

“SEC. 406. SHARING ARRANGEMENTS WITH FEDERAL AGENCIES.

“(a) AUTHORITY.—

“(1) IN GENERAL.—The Secretary may enter into (or expand) arrangements for the sharing of medical facilities and services between the Service, Indian Tribes, and Tribal Organizations and the Department of Veterans Affairs and the Department of Defense.

“(2) CONSULTATION BY SECRETARY REQUIRED.—The Secretary may not finalize any arrangement between the Service and a Department described in paragraph (1) without first consulting with the Indian Tribes which will be significantly affected by the arrangement.

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

“(1) the priority access of any Indian to health care services provided through the Service and the eligibility of any Indian to receive health services through the Service;

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

“(3) the priority access of any veteran to health care services provided by the Department of Veterans Affairs;

“(4) the quality of health care services provided by the Department of Veterans Affairs or the Department of Defense; or

“(5) the eligibility of any Indian who is a veteran to receive health services through the Department of Veterans Affairs.

“(c) REIMBURSEMENT.—The Service, Indian Tribe, or Tribal Organization shall be reimbursed by the Department of Veterans Affairs or the Department of Defense (as the case may be) where services are provided through the Service, an Indian Tribe, or a Tribal Organization to beneficiaries eligible for services from either such Department, notwithstanding any other provision of law.

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

“SEC. 407. PAYOR OF LAST RESORT.

“Indian Health Programs and health care programs operated by Urban Indian Organizations shall be the payor of last resort for services provided to persons eligible for services from Indian Health Programs and Urban Indian Organizations, notwithstanding any Federal, State, or local law to the contrary.

“SEC. 408. NONDISCRIMINATION UNDER FEDERAL HEALTH CARE PROGRAMS IN QUALIFICATIONS FOR REIMBURSEMENT FOR SERVICES.

“(a) REQUIREMENT TO SATISFY GENERALLY APPLICABLE PARTICIPATION REQUIREMENTS.—

“(1) IN GENERAL.—A Federal health care program must accept an entity that is operated by the Service, an Indian Tribe, Tribal Organization, or Urban Indian Organization as a provider eligible to receive payment under the program for health care services furnished to an Indian on the same basis as any other provider qualified to participate as a provider of health care services under the program if the entity meets generally applicable State or other requirements for participation as a provider of health care services under the program.

“(2) SATISFACTION OF STATE OR LOCAL LICENSURE OR RECOGNITION REQUIREMENTS.—Any requirement for participation as a provider of health care services under a Federal health care program that an entity be licensed or recognized under the State or local law where the entity is located to furnish health care services shall be deemed to have been met in the case of an entity operated by the Service, an Indian Tribe, Tribal Organization, or Urban Indian Organization if the entity meets all the applicable standards for such licensure or recognition, regardless of whether the entity obtains a license or other documentation under such State or local law. In accordance with section 221, the absence of the licensure of a health care professional employed by such an entity under the State or local law where the entity is located shall not be taken into account for purposes of determining whether the entity meets such standards, if the professional is licensed in another State.

“(b) APPLICATION OF EXCLUSION FROM PARTICIPATION IN FEDERAL HEALTH CARE PROGRAMS.—

“(1) EXCLUDED ENTITIES.—No entity operated by the Service, an Indian Tribe, Tribal Organization, or Urban Indian Organization that has been excluded from participation in any Federal health care program or for which a license is under suspension or has been revoked by the State where the entity is located shall be eligible to receive payment or reimbursement under any such program for health care services furnished to an Indian.

“(2) EXCLUDED INDIVIDUALS.—No individual who has been excluded from participation in any Federal health care program or whose State license is under suspension shall be eligible to receive payment or reimbursement under any such program for health care services furnished by that individual, directly or through an entity that is otherwise eligible to receive payment for health care services, to an Indian.

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

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

“SEC. 409. CONSULTATION.

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

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

“For provisions relating to—

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

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

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

“For provisions relating to—

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

“(2) certain transactions involving Indian Health Programs deemed to be in safe harbors under that Act, see section 1128B(b)(4) of the Social Security Act (42 U.S.C. 1320a-7b(b)(4)).

“SEC. 412. PREMIUM AND COST SHARING PROTECTIONS AND ELIGIBILITY DETERMINATIONS UNDER MEDICAID AND SCHIP AND PROTECTION OF CERTAIN INDIAN PROPERTY FROM MEDICAID ESTATE RECOVERY.

“For provisions relating to—

“(1) premiums or cost sharing protections for Indians furnished items or services directly by Indian Health Programs or through referral under the contract health service under the Medicaid program established under title XIX of the Social Security Act, see sections 1916(j) and 1916A(a)(1) of the Social Security Act (42 U.S.C. 1396o(j), 1396o-1(a)(1));

“(2) rules regarding the treatment of certain property for purposes of determining eligibility under such programs, see sections 1902(e)(13) and 2107(e)(1)(B) of such Act (42 U.S.C. 1396a(e)(13), 1397gg(e)(1)(B)); and

“(3) the protection of certain property from estate recovery provisions under the Medicaid program, see section 1917(b)(3)(B) of such Act (42 U.S.C. 1396p(b)(3)(B)).

“SEC. 413. TREATMENT UNDER MEDICAID AND SCHIP MANAGED CARE.

“For provisions relating to the treatment of Indians enrolled in a managed care entity under the Medicaid program under title XIX of the Social Security Act and Indian Health Programs and Urban Indian Organizations that are providers of items or services to such Indian enrollees, see sections 1932(h) and 2107(e)(1)(H) of the Social Security Act (42 U.S.C. 1396u-2(h), 1397gg(e)(1)(H)).

“SEC. 414. NAVAJO NATION MEDICAID AGENCY FEASIBILITY STUDY.

“(a) STUDY.—The Secretary shall conduct a study to determine the feasibility of treating the Navajo Nation as a State for the purposes of title XIX of the Social Security Act, to provide services to Indians living within the boundaries of the Navajo Nation through an entity established having the same authority and performing the same functions as single-State medicaid agencies responsible for the administration of the State plan under title XIX of the Social Security Act.

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

“(1) assigning and paying all expenditures for the provision of services and related administration funds, under title XIX of the Social Security Act, to Indians living within the boundaries of the Navajo Nation that are currently paid to or would otherwise be paid to the State of Arizona, New Mexico, or Utah;

“(2) providing assistance to the Navajo Nation in the development and implementation of such entity for the administration, eligibility, payment, and delivery of medical assistance under title XIX of the Social Security Act;

“(3) providing an appropriate level of matching funds for Federal medical assistance with respect to amounts such entity expends for medical assistance for services and related administrative costs; and

“(4) authorizing the Secretary, at the option of the Navajo Nation, to treat the Navajo Nation as a State for the purposes of title XIX of the Social Security Act (relating to the State children's health insurance program) under terms equivalent to those described in paragraphs (2) through (4).

“(c) REPORT.—Not later than 3 years after the date of enactment of the Indian Health Care Improvement Act Amendments of 2007, the Secretary shall submit to the Committee on Indian Affairs and Committee on Finance of the Senate and the Committee on Natural Resources and Committee on Energy and Commerce of the House of Representatives a report that includes—

“(1) the results of the study under this section;

“(2) a summary of any consultation that occurred between the Secretary and the Navajo Nation, other Indian Tribes, the States of Arizona, New Mexico, and Utah, counties which include Navajo Lands, and other interested parties, in conducting this study;

“(3) projected costs or savings associated with establishment of such entity, and any estimated impact on services provided as described in this section in relation to probable costs or savings; and

“(4) legislative actions that would be required to authorize the establishment of such entity if such entity is determined by the Secretary to be feasible.

“SEC. 415. GENERAL EXCEPTIONS.

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

“SEC. 416. AUTHORIZATION OF APPROPRIATIONS.

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

“TITLE V—HEALTH SERVICES FOR URBAN INDIANS

“SEC. 501. PURPOSE.

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

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

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

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

“(a) REQUIREMENTS FOR GRANTS AND CONTRACTS.—Under authority of the Act of November 2, 1921 (25 U.S.C. 13) (commonly known as the ‘Snyder Act’), the Secretary, acting through the Service, shall enter into contracts with, and make grants to, Urban Indian Organizations for the provision of health care and referral services for Urban Indians. Any such contract or grant shall include requirements that the Urban Indian Organization successfully undertake to—

“(1) estimate the population of Urban Indians residing in the Urban Center or centers that the organization proposes to serve who are or could be recipients of health care or referral services;

“(2) estimate the current health status of Urban Indians residing in such Urban Center or centers;

“(3) estimate the current health care needs of Urban Indians residing in such Urban Center or centers;

“(4) provide basic health education, including health promotion and disease prevention education, to Urban Indians;

“(5) make recommendations to the Secretary and Federal, State, local, and other resource agencies on methods of improving health service programs to meet the needs of Urban Indians; and

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

“(b) CRITERIA.—The Secretary, acting through the Service, shall, by regulation, prescribe the criteria for selecting Urban Indian Organizations to enter into contracts or receive grants under this section. Such criteria shall, among other factors, include—

“(1) the extent of unmet health care needs of Urban Indians in the Urban Center or centers involved;

“(2) the size of the Urban Indian population in the Urban Center or centers involved;

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

“(4) the capability of an Urban Indian Organization to perform the activities set forth in subsection (a) and to enter into a contract with the Secretary or to meet the requirements for receiving a grant under this section;

“(5) the satisfactory performance and successful completion by an Urban Indian Organization of other contracts with the Secretary under this title;

“(6) the appropriateness and likely effectiveness of conducting the activities set forth in subsection (a) in an Urban Center or centers; and

“(7) the extent of existing or likely future participation in the activities set forth in subsection (a) by appropriate health and health-related Federal, State, local, and other agencies.

“(C) ACCESS TO HEALTH PROMOTION AND DISEASE PREVENTION PROGRAMS.—The Secretary, acting through the Service, shall facilitate access to or provide health promotion and disease prevention services for Urban Indians through grants made to Urban Indian Organizations administering contracts entered into or receiving grants under subsection (a).

“(d) IMMUNIZATION SERVICES.—

“(1) ACCESS OR SERVICES PROVIDED.—The Secretary, acting through the Service, shall facilitate access to, or provide, immunization services for Urban Indians through grants made to Urban Indian Organizations administering contracts entered into or receiving grants under this section.

“(2) DEFINITION.—For purposes of this subsection, the term ‘immunization services’ means services to provide without charge immunizations against vaccine-preventable diseases.

“(e) BEHAVIORAL HEALTH SERVICES.—

“(1) ACCESS OR SERVICES PROVIDED.—The Secretary, acting through the Service, shall facilitate access to, or provide, behavioral health services for Urban Indians through grants made to Urban Indian Organizations administering contracts entered into or receiving grants under subsection (a).

“(2) ASSESSMENT REQUIRED.—Except as provided by paragraph (3)(A), a grant may not be made under this subsection to an Urban Indian Organization until that organization has prepared, and the Service has approved, an assessment of the following:

“(A) The behavioral health needs of the Urban Indian population concerned.

“(B) The behavioral health services and other related resources available to that population.

“(C) The barriers to obtaining those services and resources.

“(D) The needs that are unmet by such services and resources.

“(3) PURPOSES OF GRANTS.—Grants may be made under this subsection for the following:

“(A) To prepare assessments required under paragraph (2).

“(B) To provide outreach, educational, and referral services to Urban Indians regarding the availability of direct behavioral health services, to educate Urban Indians about behavioral health issues and services, and effect coordination with existing behavioral health providers in order to improve services to Urban Indians.

“(C) To provide outpatient behavioral health services to Urban Indians, including the identification and assessment of illness, therapeutic treatments, case management, support groups, family treatment, and other treatment.

“(D) To develop innovative behavioral health service delivery models which incorporate Indian cultural support systems and resources.

“(f) PREVENTION OF CHILD ABUSE.—

“(1) ACCESS OR SERVICES PROVIDED.—The Secretary, acting through the Service, shall facilitate access to or provide services for Urban Indians through grants to Urban Indian Organizations administering contracts entered into or receiving grants under subsection (a) to prevent and treat child abuse (including sexual abuse) among Urban Indians.

“(2) EVALUATION REQUIRED.—Except as provided by paragraph (3)(A), a grant may not be made under this subsection to an Urban Indian Organization until that organization has prepared, and the Service has approved, an assessment that documents the prevalence of child abuse in the Urban Indian population concerned and specifies the services and programs (which may not duplicate existing services and programs) for which the grant is requested.

“(3) PURPOSES OF GRANTS.—Grants may be made under this subsection for the following:

“(A) To prepare assessments required under paragraph (2).

“(B) For the development of prevention, training, and education programs for Urban Indians, including child education, parent education, provider training on identification and intervention, education on reporting requirements, prevention campaigns, and establishing service networks of all those involved in Indian child protection.

“(C) To provide direct outpatient treatment services (including individual treatment, family treatment, group therapy, and support groups) to Urban Indians who are child victims of abuse (including sexual abuse) or adult survivors of child sexual abuse, to the families of such child victims, and to Urban Indian perpetrators of child abuse (including sexual abuse).

“(4) CONSIDERATIONS WHEN MAKING GRANTS.—In making grants to carry out this subsection, the Secretary shall take into consideration—

“(A) the support for the Urban Indian Organization demonstrated by the child protection authorities in the area, including committees or other services funded under the Indian Child Welfare Act of 1978 (25 U.S.C. 1901 et seq.), if any;

“(B) the capability and expertise demonstrated by the Urban Indian Organization to address the complex problem of child sexual abuse in the community; and

“(C) the assessment required under paragraph (2).

“(g) OTHER GRANTS.—The Secretary, acting through the Service, may enter into a contract with or make grants to an Urban Indian Organization that provides or arranges for the provision of health care services (through satellite facilities, provider networks, or otherwise) to Urban Indians in more than 1 Urban Center.

“SEC. 504. CONTRACTS AND GRANTS FOR THE TERMINATION OF UNMET HEALTH CARE NEEDS.

“(a) GRANTS AND CONTRACTS AUTHORIZED.—Under authority of the Act of November 2, 1921 (25 U.S.C. 13) (commonly known as the ‘Snyder Act’), the Secretary, acting through the Service, may enter into contracts with or make grants to Urban Indian Organizations situated in Urban Centers for which contracts have not been entered into or grants have not been made under section 503.

“(b) PURPOSE.—The purpose of a contract or grant made under this section shall be the determination of the matters described in subsection (c)(1) in order to assist the Secretary in assessing the health status and health care needs of Urban Indians in the Urban Center involved and determining whether the Secretary should enter into a contract or make a grant under section 503 with respect to the Urban Indian Organization which the Secretary has entered into a contract with, or made a grant to, under this section.

“(c) GRANT AND CONTRACT REQUIREMENTS.—Any contract entered into, or grant made, by the Secretary under this section shall include requirements that—

“(1) the Urban Indian Organization successfully undertakes to—

“(A) document the health care status and unmet health care needs of Urban Indians in the Urban Center involved; and

“(B) with respect to Urban Indians in the Urban Center involved, determine the matters described in paragraphs (2), (3), (4), and (7) of section 503(b); and

“(2) the Urban Indian Organization complete performance of the contract, or carry out the requirements of the grant, within 1 year after the date on which the Secretary and such organization enter into such contract, or within 1 year after such organization receives such grant, whichever is applicable.

“(d) NO RENEWALS.—The Secretary may not renew any contract entered into or grant made under this section.

“SEC. 505. EVALUATIONS; RENEWALS.

“(a) PROCEDURES FOR EVALUATIONS.—The Secretary, acting through the Service, shall develop procedures to evaluate compliance with grant requirements and compliance with and performance of contracts entered into by Urban Indian Organizations under this title. Such procedures shall include provisions for carrying out the requirements of this section.

“(b) EVALUATIONS.—The Secretary, acting through the Service, shall evaluate the compliance of each Urban Indian Organization which has entered into a contract or received a grant under section 503 with the terms of such contract or grant. For purposes of this evaluation, the Secretary shall—

“(1) acting through the Service, conduct an annual onsite evaluation of the organization; or

“(2) accept in lieu of such onsite evaluation evidence of the organization’s provisional or full accreditation by a private independent entity recognized by the Secretary for purposes of conducting quality reviews of providers participating in the Medicare program under title XVIII of the Social Security Act.

“(c) NONCOMPLIANCE; UNSATISFACTORY PERFORMANCE.—If, as a result of the evaluations conducted under this section, the Secretary determines that an Urban Indian Organization has not complied with the requirements of a grant or complied with or satisfactorily performed a contract under section 503, the Secretary shall, prior to renewing such contract or grant, attempt to resolve with the organization the areas of noncompliance or unsatisfactory performance and modify the contract or grant to prevent future occurrences of noncompliance or unsatisfactory performance. If the Secretary determines that the noncompliance or unsatisfactory performance cannot be resolved and prevented in the future, the Secretary shall not renew the contract or grant with the organization and is authorized to enter into a contract or make a grant under section 503 with another Urban Indian Organization which is situated in the same Urban Center as the

Urban Indian Organization whose contract or grant is not renewed under this section.

“(d) CONSIDERATIONS FOR RENEWALS.—In determining whether to renew a contract or grant with an Urban Indian Organization under section 503 which has completed performance of a contract or grant under section 504, the Secretary shall review the records of the Urban Indian Organization, the reports submitted under section 507, and shall consider the results of the onsite evaluations or accreditations under subsection (b).

“SEC. 506. OTHER CONTRACT AND GRANT REQUIREMENTS.

“(a) PROCUREMENT.—Contracts with Urban Indian Organizations entered into pursuant to this title shall be in accordance with all Federal contracting laws and regulations relating to procurement except that in the discretion of the Secretary, such contracts may be negotiated without advertising and need not conform to the provisions of sections 1304 and 3131 through 3133 of title 40, United States Code.

“(b) PAYMENTS UNDER CONTRACTS OR GRANTS.—

“(1) IN GENERAL.—Payments under any contracts or grants pursuant to this title, notwithstanding any term or condition of such contract or grant—

“(A) may be made in a single advance payment by the Secretary to the Urban Indian Organization by no later than the end of the first 30 days of the funding period with respect to which the payments apply, unless the Secretary determines through an evaluation under section 505 that the organization is not capable of administering such a single advance payment; and

“(B) if any portion thereof is unexpended by the Urban Indian Organization during the funding period with respect to which the payments initially apply, shall be carried forward for expenditure with respect to allowable or reimbursable costs incurred by the organization during 1 or more subsequent funding periods without additional justification or documentation by the organization as a condition of carrying forward the availability for expenditure of such funds.

“(2) SEMIANNUAL AND QUARTERLY PAYMENTS AND REIMBURSEMENTS.—If the Secretary determines under paragraph (1)(A) that an Urban Indian Organization is not capable of administering an entire single advance payment, on request of the Urban Indian Organization, the payments may be made—

“(A) in semiannual or quarterly payments by not later than 30 days after the date on which the funding period with respect to which the payments apply begins; or

“(B) by way of reimbursement.

“(c) REVISION OR AMENDMENT OF CONTRACTS.—Notwithstanding any provision of law to the contrary, the Secretary may, at the request and consent of an Urban Indian Organization, revise or amend any contract entered into by the Secretary with such organization under this title as necessary to carry out the purposes of this title.

“(d) FAIR AND UNIFORM SERVICES AND ASSISTANCE.—Contracts with or grants to Urban Indian Organizations and regulations adopted pursuant to this title shall include provisions to assure the fair and uniform provision to Urban Indians of services and assistance under such contracts or grants by such organizations.

“SEC. 507. REPORTS AND RECORDS.

“(a) REPORTS.—

“(1) IN GENERAL.—For each fiscal year during which an Urban Indian Organization receives or expends funds pursuant to a contract entered into or a grant received pursuant to this title, such Urban Indian Organi-

zation shall submit to the Secretary not more frequently than every 6 months, a report that includes the following:

“(A) In the case of a contract or grant under section 503, recommendations pursuant to section 503(a)(5).

“(B) Information on activities conducted by the organization pursuant to the contract or grant.

“(C) An accounting of the amounts and purpose for which Federal funds were expended.

“(D) A minimum set of data, using uniformly defined elements, as specified by the Secretary after consultation with Urban Indian Organizations.

“(2) HEALTH STATUS AND SERVICES.—

“(A) IN GENERAL.—Not later than 18 months after the date of enactment of the Indian Health Care Improvement Act Amendments of 2007, the Secretary, acting through the Service, shall submit to Congress a report evaluating—

“(i) the health status of Urban Indians;

“(ii) the services provided to Indians pursuant to this title; and

“(iii) areas of unmet needs in the delivery of health services to Urban Indians.

“(B) CONSULTATION AND CONTRACTS.—In preparing the report under paragraph (1), the Secretary—

“(i) shall consult with Urban Indian Organizations; and

“(ii) may enter into a contract with a national organization representing Urban Indian Organizations to conduct any aspect of the report.

“(b) AUDIT.—The reports and records of the Urban Indian Organization with respect to a contract or grant under this title shall be subject to audit by the Secretary and the Comptroller General of the United States.

“(c) COSTS OF AUDITS.—The Secretary shall allow as a cost of any contract or grant entered into or awarded under section 502 or 503 the cost of an annual independent financial audit conducted by—

“(1) a certified public accountant; or

“(2) a certified public accounting firm qualified to conduct Federal compliance audits.

“SEC. 508. LIMITATION ON CONTRACT AUTHORITY.

“The authority of the Secretary to enter into contracts or to award grants under this title shall be to the extent, and in an amount, provided for in appropriation Acts.

“SEC. 509. FACILITIES.

“(a) GRANTS.—The Secretary, acting through the Service, may make grants to contractors or grant recipients under this title for the lease, purchase, renovation, construction, or expansion of facilities, including leased facilities, in order to assist such contractors or grant recipients in complying with applicable licensure or certification requirements.

“(b) LOAN FUND STUDY.—The Secretary, acting through the Service, may carry out a study to determine the feasibility of establishing a loan fund to provide to Urban Indian Organizations direct loans or guarantees for loans for the construction of health care facilities in a manner consistent with section 309, including by submitting a report in accordance with subsection (c) of that section.

“SEC. 510. DIVISION OF URBAN INDIAN HEALTH.

“There is established within the Service a Division of Urban Indian Health, which shall be responsible for—

“(1) carrying out the provisions of this title;

“(2) providing central oversight of the programs and services authorized under this title; and

“(3) providing technical assistance to Urban Indian Organizations.

“SEC. 511. GRANTS FOR ALCOHOL AND SUBSTANCE ABUSE-RELATED SERVICES.

“(a) GRANTS AUTHORIZED.—The Secretary, acting through the Service, may make grants for the provision of health-related services in prevention of, treatment of, rehabilitation of, or school- and community-based education regarding, alcohol and substance abuse in Urban Centers to those Urban Indian Organizations with which the Secretary has entered into a contract under this title or under section 201.

“(b) GOALS.—Each grant made pursuant to subsection (a) shall set forth the goals to be accomplished pursuant to the grant. The goals shall be specific to each grant as agreed to between the Secretary and the grantee.

“(c) CRITERIA.—The Secretary shall establish criteria for the grants made under subsection (a), including criteria relating to the following:

“(1) The size of the Urban Indian population.

“(2) Capability of the organization to adequately perform the activities required under the grant.

“(3) Satisfactory performance standards for the organization in meeting the goals set forth in such grant. The standards shall be negotiated and agreed to between the Secretary and the grantee on a grant-by-grant basis.

“(4) Identification of the need for services.

“(d) ALLOCATION OF GRANTS.—The Secretary shall develop a methodology for allocating grants made pursuant to this section based on the criteria established pursuant to subsection (c).

“(e) GRANTS SUBJECT TO CRITERIA.—Any grant received by an Urban Indian Organization under this Act for substance abuse prevention, treatment, and rehabilitation shall be subject to the criteria set forth in subsection (c).

“SEC. 512. TREATMENT OF CERTAIN DEMONSTRATION PROJECTS.

“Notwithstanding any other provision of law, the Tulsa Clinic and Oklahoma City Clinic demonstration projects shall—

“(1) be permanent programs within the Service's direct care program;

“(2) continue to be treated as Service Units and Operating Units in the allocation of resources and coordination of care; and

“(3) continue to meet the requirements and definitions of an Urban Indian Organization in this Act, and shall not be subject to the provisions of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.).

“SEC. 513. URBAN NIAAA TRANSFERRED PROGRAMS.

“(a) GRANTS AND CONTRACTS.—The Secretary, through the Division of Urban Indian Health, shall make grants or enter into contracts with Urban Indian Organizations, to take effect not later than September 30, 2010, for the administration of Urban Indian alcohol programs that were originally established under the National Institute on Alcoholism and Alcohol Abuse (hereafter in this section referred to as ‘NIAAA’) and transferred to the Service.

“(b) USE OF FUNDS.—Grants provided or contracts entered into under this section shall be used to provide support for the continuation of alcohol prevention and treatment services for Urban Indian populations and such other objectives as are agreed upon between the Service and a recipient of a grant or contract under this section.

“(c) ELIGIBILITY.—Urban Indian Organizations that operate Indian alcohol programs originally funded under the NIAAA and subsequently transferred to the Service are eligible for grants or contracts under this section.

“(d) REPORT.—The Secretary shall evaluate and report to Congress on the activities of programs funded under this section not less than every 5 years.

“SEC. 514. CONSULTATION WITH URBAN INDIAN ORGANIZATIONS.

“(a) IN GENERAL.—The Secretary shall ensure that the Service consults, to the greatest extent practicable, with Urban Indian Organizations.

“(b) DEFINITION OF CONSULTATION.—For purposes of subsection (a), consultation is the open and free exchange of information and opinions which leads to mutual understanding and comprehension and which emphasizes trust, respect, and shared responsibility.

“SEC. 515. URBAN YOUTH TREATMENT CENTER DEMONSTRATION.

“(a) CONSTRUCTION AND OPERATION.—The Secretary, acting through the Service, through grant or contract, is authorized to fund the construction and operation of at least 2 residential treatment centers in each State described in subsection (b) to demonstrate the provision of alcohol and substance abuse treatment services to Urban Indian youth in a culturally competent residential setting.

“(b) DEFINITION OF STATE.—A State described in this subsection is a State in which—

“(1) there resides Urban Indian youth with need for alcohol and substance abuse treatment services in a residential setting; and

“(2) there is a significant shortage of culturally competent residential treatment services for Urban Indian youth.

“SEC. 516. GRANTS FOR DIABETES PREVENTION, TREATMENT, AND CONTROL.

“(a) GRANTS AUTHORIZED.—The Secretary may make grants to those Urban Indian Organizations that have entered into a contract or have received a grant under this title for the provision of services for the prevention and treatment of, and control of the complications resulting from, diabetes among Urban Indians.

“(b) GOALS.—Each grant made pursuant to subsection (a) shall set forth the goals to be accomplished under the grant. The goals shall be specific to each grant as agreed to between the Secretary and the grantee.

“(c) ESTABLISHMENT OF CRITERIA.—The Secretary shall establish criteria for the grants made under subsection (a) relating to—

“(1) the size and location of the Urban Indian population to be served;

“(2) the need for prevention of and treatment of, and control of the complications resulting from, diabetes among the Urban Indian population to be served;

“(3) performance standards for the organization in meeting the goals set forth in such grant that are negotiated and agreed to by the Secretary and the grantee;

“(4) the capability of the organization to adequately perform the activities required under the grant; and

“(5) the willingness of the organization to collaborate with the registry, if any, established by the Secretary under section 204(e) in the Area Office of the Service in which the organization is located.

“(d) FUNDS SUBJECT TO CRITERIA.—Any funds received by an Urban Indian Organization under this Act for the prevention, treatment, and control of diabetes among Urban Indians shall be subject to the criteria developed by the Secretary under subsection (c).

“SEC. 517. COMMUNITY HEALTH REPRESENTATIVES.

“The Secretary, acting through the Service, may enter into contracts with, and make grants to, Urban Indian Organizations for the employment of Indians trained as health

service providers through the Community Health Representatives Program under section 109 in the provision of health care, health promotion, and disease prevention services to Urban Indians.

“SEC. 518. EFFECTIVE DATE.

“The amendments made by the Indian Health Care Improvement Act Amendments of 2007 to this title shall take effect beginning on the date of enactment of that Act, regardless of whether the Secretary has promulgated regulations implementing such amendments.

“SEC. 519. ELIGIBILITY FOR SERVICES.

“Urban Indians shall be eligible for, and the ultimate beneficiaries of, health care or referral services provided pursuant to this title.

“SEC. 520. AUTHORIZATION OF APPROPRIATIONS.

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

“TITLE VI—ORGANIZATIONAL IMPROVEMENTS

“SEC. 601. ESTABLISHMENT OF THE INDIAN HEALTH SERVICE AS AN AGENCY OF THE PUBLIC HEALTH SERVICE.

“(a) ESTABLISHMENT.—

“(1) IN GENERAL.—In order to more effectively and efficiently carry out the responsibilities, authorities, and functions of the United States to provide health care services to Indians and Indian Tribes, as are or may be hereafter provided by Federal statute or treaties, there is established within the Public Health Service of the Department the Indian Health Service.

“(2) ASSISTANT SECRETARY FOR INDIAN HEALTH.—The Service shall be administered by an Assistant Secretary for Indian Health, who shall be appointed by the President, by and with the advice and consent of the Senate. The Assistant Secretary shall report to the Secretary. Effective with respect to an individual appointed by the President, by and with the advice and consent of the Senate, after January 1, 2007, the term of service of the Assistant Secretary shall be 4 years. An Assistant Secretary may serve more than 1 term.

“(3) INCUMBENT.—The individual serving in the position of Director of the Service on the day before the date of enactment of the Indian Health Care Improvement Act Amendments of 2007 shall serve as Assistant Secretary.

“(4) ADVOCACY AND CONSULTATION.—The position of Assistant Secretary is established to, in a manner consistent with the government-to-government relationship between the United States and Indian Tribes—

“(A) facilitate advocacy for the development of appropriate Indian health policy; and

“(B) promote consultation on matters relating to Indian health.

“(b) AGENCY.—The Service shall be an agency within the Public Health Service of the Department, and shall not be an office, component, or unit of any other agency of the Department.

“(c) DUTIES.—The Assistant Secretary shall—

“(1) perform all functions that were, on the day before the date of enactment of the Indian Health Care Improvement Act Amendments of 2007, carried out by or under the direction of the individual serving as Director of the Service on that day;

“(2) perform all functions of the Secretary relating to the maintenance and operation of hospital and health facilities for Indians and the planning for, and provision and utilization of, health services for Indians;

“(3) administer all health programs under which health care is provided to Indians

based upon their status as Indians which are administered by the Secretary, including programs under—

“(A) this Act;

“(B) the Act of November 2, 1921 (25 U.S.C. 13);

“(C) the Act of August 5, 1954 (42 U.S.C. 2001 et seq.);

“(D) the Act of August 16, 1957 (42 U.S.C. 2005 et seq.); and

“(E) the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.);

“(4) administer all scholarship and loan functions carried out under title I;

“(5) report directly to the Secretary concerning all policy- and budget-related matters affecting Indian health;

“(6) collaborate with the Assistant Secretary for Health concerning appropriate matters of Indian health that affect the agencies of the Public Health Service;

“(7) advise each Assistant Secretary of the Department concerning matters of Indian health with respect to which that Assistant Secretary has authority and responsibility;

“(8) advise the heads of other agencies and programs of the Department concerning matters of Indian health with respect to which those heads have authority and responsibility;

“(9) coordinate the activities of the Department concerning matters of Indian health; and

“(10) perform such other functions as the Secretary may designate.

“(d) AUTHORITY.—

“(1) IN GENERAL.—The Secretary, acting through the Assistant Secretary, shall have the authority—

“(A) except to the extent provided for in paragraph (2), to appoint and compensate employees for the Service in accordance with title 5, United States Code;

“(B) to enter into contracts for the procurement of goods and services to carry out the functions of the Service; and

“(C) to manage, expend, and obligate all funds appropriated for the Service.

“(2) PERSONNEL ACTIONS.—Notwithstanding any other provision of law, the provisions of section 12 of the Act of June 18, 1934 (48 Stat. 986; 25 U.S.C. 472), shall apply to all personnel actions taken with respect to new positions created within the Service as a result of its establishment under subsection (a).

“(e) REFERENCES.—Any reference to the Director of the Indian Health Service in any other Federal law, Executive order, rule, regulation, or delegation of authority, or in any document of or relating to the Director of the Indian Health Service, shall be deemed to refer to the Assistant Secretary.

“SEC. 602. AUTOMATED MANAGEMENT INFORMATION SYSTEM.

“(a) ESTABLISHMENT.—

“(1) IN GENERAL.—The Secretary shall establish an automated management information system for the Service.

“(2) REQUIREMENTS OF SYSTEM.—The information system established under paragraph (1) shall include—

“(A) a financial management system;

“(B) a patient care information system for each area served by the Service;

“(C) a privacy component that protects the privacy of patient information held by, or on behalf of, the Service;

“(D) a services-based cost accounting component that provides estimates of the costs associated with the provision of specific medical treatments or services in each Area office of the Service;

“(E) an interface mechanism for patient billing and accounts receivable system; and

“(F) a training component.

“(b) PROVISION OF SYSTEMS TO TRIBES AND ORGANIZATIONS.—The Secretary shall provide

each Tribal Health Program automated management information systems which—

“(1) meet the management information needs of such Tribal Health Program with respect to the treatment by the Tribal Health Program of patients of the Service; and

“(2) meet the management information needs of the Service.

“(c) ACCESS TO RECORDS.—Notwithstanding any other provision of law, each patient shall have reasonable access to the medical or health records of such patient which are held by, or on behalf of, the Service.

“(d) AUTHORITY TO ENHANCE INFORMATION TECHNOLOGY.—The Secretary, acting through the Assistant Secretary, shall have the authority to enter into contracts, agreements, or joint ventures with other Federal agencies, States, private and nonprofit organizations, for the purpose of enhancing information technology in Indian Health Programs and facilities.

“SEC. 603. AUTHORIZATION OF APPROPRIATIONS.

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

“TITLE VII—BEHAVIORAL HEALTH PROGRAMS

“SEC. 701. BEHAVIORAL HEALTH PREVENTION AND TREATMENT SERVICES.

“(a) PURPOSES.—The purposes of this section are as follows:

“(1) To authorize and direct the Secretary, acting through the Service, Indian Tribes, Tribal Organizations, and Urban Indian Organizations, to develop a comprehensive behavioral health prevention and treatment program which emphasizes collaboration among alcohol and substance abuse, social services, and mental health programs.

“(2) To provide information, direction, and guidance relating to mental illness and dysfunction and self-destructive behavior, including child abuse and family violence, to those Federal, tribal, State, and local agencies responsible for programs in Indian communities in areas of health care, education, social services, child and family welfare, alcohol and substance abuse, law enforcement, and judicial services.

“(3) To assist Indian Tribes to identify services and resources available to address mental illness and dysfunctional and self-destructive behavior.

“(4) To provide authority and opportunities for Indian Tribes and Tribal Organizations to develop, implement, and coordinate with community-based programs which include identification, prevention, education, referral, and treatment services, including through multidisciplinary resource teams.

“(5) To ensure that Indians, as citizens of the United States and of the States in which they reside, 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

“(ii) an estimate of the financial and human cost attributable to such illness or behavior.

“(B) An assessment of the existing and additional resources necessary for the prevention and treatment of such illness and behavior, including an assessment of the progress toward achieving the availability of the full continuum of care described in subsection (c).

“(C) An estimate of the additional funding needed by the Service, Indian Tribes, Tribal Organizations, and Urban Indian Organizations to meet their responsibilities under the plans.

“(2) NATIONAL CLEARINGHOUSE.—The Secretary, acting through the Service, shall coordinate with existing national clearinghouses and information centers to include at the clearinghouses and centers plans and reports on the outcomes of such plans developed by Indian Tribes, Tribal Organizations, Urban Indian Organizations, and Service Areas relating to behavioral health. The Secretary shall ensure access to these plans and outcomes by any Indian Tribe, Tribal Organization, Urban Indian Organization, or the Service.

“(3) TECHNICAL ASSISTANCE.—The Secretary shall provide technical assistance to Indian Tribes, Tribal Organizations, and Urban Indian Organizations in preparation of plans under this section and in developing standards of care that may be used and adopted locally.

“(c) PROGRAMS.—The Secretary, acting through the Service, Indian Tribes, and Tribal Organizations, shall provide, to the extent feasible and if funding is available, programs including the following:

“(1) COMPREHENSIVE CARE.—A comprehensive continuum of behavioral health care which provides—

“(A) community-based prevention, intervention, outpatient, and behavioral health aftercare;

“(B) detoxification (social and medical);

“(C) acute hospitalization;

“(D) intensive outpatient/day treatment;

“(E) residential treatment;

“(F) transitional living for those needing a temporary, stable living environment that is supportive of treatment and recovery goals;

“(G) emergency shelter;

“(H) intensive case management; and

“(I) diagnostic services.

“(2) CHILD CARE.—Behavioral health services for Indians from birth through age 17, including—

“(A) preschool and school age fetal alcohol disorder services, including assessment and behavioral intervention;

“(B) mental health and substance abuse services (emotional, organic, alcohol, drug, inhalant, and tobacco);

“(C) identification and treatment of co-occurring disorders and comorbidity;

“(D) prevention of alcohol, drug, inhalant, and tobacco use;

“(E) early intervention, treatment, and aftercare;

“(F) promotion of healthy approaches to risk and safety issues; and

“(G) identification and treatment of neglect and physical, mental, and sexual abuse.

“(3) ADULT CARE.—Behavioral health services for Indians from age 18 through 55, including—

“(A) early intervention, treatment, and aftercare;

“(B) mental health and substance abuse services (emotional, alcohol, drug, inhalant, and tobacco), including sex specific services;

“(C) identification and treatment of co-occurring disorders (dual diagnosis) and comorbidity;

“(D) promotion of healthy approaches for risk-related behavior;

“(E) treatment services for women at risk of giving birth to a child with a fetal alcohol disorder; and

“(F) sex specific treatment for sexual assault and domestic violence.

“(4) FAMILY CARE.—Behavioral health services for families, including—

“(A) early intervention, treatment, and aftercare for affected families;

“(B) treatment for sexual assault and domestic violence; and

“(C) promotion of healthy approaches relating to parenting, domestic violence, and other abuse issues.

“(5) ELDER CARE.—Behavioral health services for Indians 56 years of age and older, including—

“(A) early intervention, treatment, and aftercare;

“(B) mental health and substance abuse services (emotional, alcohol, drug, inhalant, and tobacco), including sex specific services;

“(C) identification and treatment of co-occurring disorders (dual diagnosis) and comorbidity;

“(D) promotion of healthy approaches to managing conditions related to aging;

“(E) sex specific treatment for sexual assault, domestic violence, neglect, physical and mental abuse and exploitation; and

“(F) identification and treatment of dementias regardless of cause.

“(d) COMMUNITY BEHAVIORAL HEALTH PLAN.—

“(1) ESTABLISHMENT.—The governing body of any Indian Tribe, Tribal Organization, or Urban Indian Organization may adopt a resolution for the establishment of a community behavioral health plan providing for the identification and coordination of available resources and programs to identify, prevent, or treat substance abuse, mental illness, or dysfunctional and self-destructive behavior, including child abuse and family violence, among its members or its service population. This plan should include behavioral health services, social services, intensive outpatient services, and continuing aftercare.

“(2) TECHNICAL ASSISTANCE.—At the request of an Indian Tribe, Tribal Organization, or Urban Indian Organization, the Bureau of Indian Affairs and the Service shall cooperate with and provide technical assistance to the Indian Tribe, Tribal Organization, or Urban Indian Organization in the development and implementation of such plan.

“(3) FUNDING.—The Secretary, acting through the Service, may make funding available to Indian Tribes and Tribal Organizations which adopt a resolution pursuant to paragraph (1) to obtain technical assistance for the development of a community behavioral health plan and to provide administrative support in the implementation of such plan.

“(e) COORDINATION FOR AVAILABILITY OF SERVICES.—The Secretary, acting through the Service, Indian Tribes, Tribal Organizations, and Urban Indian Organizations, shall coordinate behavioral health planning, to the extent feasible, with other Federal agencies and with State agencies, to encourage comprehensive behavioral health services for Indians regardless of their place of residence.

“(f) MENTAL HEALTH CARE NEED ASSESSMENT.—Not later than 1 year after the date of enactment of the Indian Health Care Improvement Act Amendments of 2007, the Secretary, acting through the Service, shall make an assessment of the need for inpatient mental health care among Indians and the availability and cost of inpatient mental health facilities which can meet such need.

In making such assessment, the Secretary shall consider the possible conversion of existing, underused Service hospital beds into psychiatric units to meet such need.

“SEC. 702. MEMORANDA OF AGREEMENT WITH THE DEPARTMENT OF THE INTERIOR.

“(a) **CONTENTS.**—Not later than 12 months after the date of enactment of the Indian Health Care Improvement Act Amendments of 2007, the Secretary, acting through the Service, and the Secretary of the Interior shall develop and enter into a memoranda of agreement, or review and update any existing memoranda of agreement, as required by section 4205 of the Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986 (25 U.S.C. 2411) under which the Secretaries address the following:

“(1) The scope and nature of mental illness and dysfunctional and self-destructive behavior, including child abuse and family violence, among Indians.

“(2) The existing Federal, tribal, State, local, and private services, resources, and programs available to provide behavioral health services for Indians.

“(3) The unmet need for additional services, resources, and programs necessary to meet the needs identified pursuant to paragraph (1).

“(4)(A) The right of Indians, as citizens of the United States and of the States in which they reside, to have access to behavioral health services to which all citizens have access.

“(B) The right of Indians to participate in, and receive the benefit of, such services.

“(C) The actions necessary to protect the exercise of such right.

“(5) The responsibilities of the Bureau of Indian Affairs and the Service, including mental illness identification, prevention, education, referral, and treatment services (including services through multidisciplinary resource teams), at the central, area, and agency and Service Unit, Service Area, and headquarters levels to address the problems identified in paragraph (1).

“(6) A strategy for the comprehensive coordination of the behavioral health services provided by the Bureau of Indian Affairs and the Service to meet the problems identified pursuant to paragraph (1), including—

“(A) the coordination of alcohol and substance abuse programs of the Service, the Bureau of Indian Affairs, and Indian Tribes and Tribal Organizations (developed under the Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986 (25 U.S.C. 2401 et seq.)) with behavioral health initiatives pursuant to this Act, particularly with respect to the referral and treatment of dually diagnosed individuals requiring behavioral health and substance abuse treatment; and

“(B) ensuring that the Bureau of Indian Affairs and Service programs and services (including multidisciplinary resource teams) addressing child abuse and family violence are coordinated with such non-Federal programs and services.

“(7) Directing appropriate officials of the Bureau of Indian Affairs and the Service, particularly at the agency and Service Unit levels, to cooperate fully with tribal requests made pursuant to community behavioral health plans adopted under section 701(c) and section 4206 of the Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986 (25 U.S.C. 2412).

“(8) Providing for an annual review of such agreement by the Secretaries which shall be provided to Congress and Indian Tribes and Tribal Organizations.

“(b) **SPECIFIC PROVISIONS REQUIRED.**—The memoranda of agreement updated or entered into pursuant to subsection (a) shall include

specific provisions pursuant to which the Service shall assume responsibility for—

“(1) the determination of the scope of the problem of alcohol and substance abuse among Indians, including the number of Indians within the jurisdiction of the Service who are directly or indirectly affected by alcohol and substance abuse and the financial and human cost;

“(2) an assessment of the existing and needed resources necessary for the prevention of alcohol and substance abuse and the treatment of Indians affected by alcohol and substance abuse; and

“(3) an estimate of the funding necessary to adequately support a program of prevention of alcohol and substance abuse and treatment of Indians affected by alcohol and substance abuse.

“(c) **PUBLICATION.**—Each memorandum of agreement entered into or renewed (and amendments or modifications thereto) under subsection (a) shall be published in the Federal Register. At the same time as publication in the Federal Register, the Secretary shall provide a copy of such memoranda, amendment, or modification to each Indian Tribe, Tribal Organization, and Urban Indian Organization.

“SEC. 703. COMPREHENSIVE BEHAVIORAL HEALTH PREVENTION AND TREATMENT PROGRAM.

“(a) **ESTABLISHMENT.**—

“(1) **IN GENERAL.**—The Secretary, acting through the Service, Indian Tribes, and Tribal Organizations, shall provide a program of comprehensive behavioral health, prevention, treatment, and aftercare, which shall include—

“(A) prevention, through educational intervention, in Indian communities;

“(B) acute detoxification, psychiatric hospitalization, residential, and intensive outpatient treatment;

“(C) community-based rehabilitation and aftercare;

“(D) community education and involvement, including extensive training of health care, educational, and community-based personnel;

“(E) specialized residential treatment programs for high-risk populations, including pregnant and postpartum women and their children; and

“(F) diagnostic services.

“(2) **TARGET POPULATIONS.**—The target population of such programs shall be members of Indian Tribes. Efforts to train and educate key members of the Indian community shall also target employees of health, education, judicial, law enforcement, legal, and social service programs.

“(b) **CONTRACT HEALTH SERVICES.**—

“(1) **IN GENERAL.**—The Secretary, acting through the Service, Indian Tribes, and Tribal Organizations, may enter into contracts with public or private providers of behavioral health treatment services for the purpose of carrying out the program required under subsection (a).

“(2) **PROVISION OF ASSISTANCE.**—In carrying out this subsection, the Secretary shall provide assistance to Indian Tribes and Tribal Organizations to develop criteria for the certification of behavioral health service providers and accreditation of service facilities which meet minimum standards for such services and facilities.

“SEC. 704. MENTAL HEALTH TECHNICIAN PROGRAM.

“(a) **IN GENERAL.**—Under the authority of the Act of November 2, 1921 (25 U.S.C. 13) (commonly known as the ‘Snyder Act’), the Secretary shall establish and maintain a mental health technician program within the Service which—

“(1) provides for the training of Indians as mental health technicians; and

“(2) employs such technicians in the provision of community-based mental health care that includes identification, prevention, education, referral, and treatment services.

“(b) **PARAPROFESSIONAL TRAINING.**—In carrying out subsection (a), the Secretary, acting through the Service, Indian Tribes, and Tribal Organizations, shall provide high-standard paraprofessional training in mental health care necessary to provide quality care to the Indian communities to be served. Such training shall be based upon a curriculum developed or approved by the Secretary which combines education in the theory of mental health care with supervised practical experience in the provision of such care.

“(c) **SUPERVISION AND EVALUATION OF TECHNICIANS.**—The Secretary, acting through the Service, Indian Tribes, and Tribal Organizations, shall supervise and evaluate the mental health technicians in the training program.

“(d) **TRADITIONAL HEALTH CARE PRACTICES.**—The Secretary, acting through the Service, shall ensure that the program established pursuant to this subsection involves the use and promotion of the traditional health care practices of the Indian Tribes to be served.

“SEC. 705. LICENSING REQUIREMENT FOR MENTAL HEALTH CARE WORKERS.

“(a) **IN GENERAL.**—Subject to the provisions of section 221, and except as provided in subsection (b), any individual employed as a psychologist, social worker, or marriage and family therapist for the purpose of providing mental health care services to Indians in a clinical setting under this Act is required to be licensed as a psychologist, social worker, or marriage and family therapist, respectively.

“(b) **TRAINEES.**—An individual may be employed as a trainee in psychology, social work, or marriage and family therapy to provide mental health care services described in subsection (a) if such individual—

“(1) works under the direct supervision of a licensed psychologist, social worker, or marriage and family therapist, respectively;

“(2) is enrolled in or has completed at least 2 years of course work at a post-secondary, accredited education program for psychology, social work, marriage and family therapy, or counseling; and

“(3) meets such other training, supervision, and quality review requirements as the Secretary may establish.

“SEC. 706. INDIAN WOMEN TREATMENT PROGRAMS.

“(a) **GRANTS.**—The Secretary, consistent with section 701, may make grants to Indian Tribes, Tribal Organizations, and Urban Indian Organizations to develop and implement a comprehensive behavioral health program of prevention, intervention, treatment, and relapse prevention services that specifically addresses the cultural, historical, social, and child care needs of Indian women, regardless of age.

“(b) **USE OF GRANT FUNDS.**—A grant made pursuant to this section may be used to—

“(1) develop and provide community training, education, and prevention programs for Indian women relating to behavioral health issues, including fetal alcohol disorders;

“(2) identify and provide psychological services, counseling, advocacy, support, and relapse prevention to Indian women and their families; and

“(3) develop prevention and intervention models for Indian women which incorporate traditional health care practices, cultural values, and community and family involvement.

“(c) **CRITERIA.**—The Secretary, in consultation with Indian Tribes and Tribal Organizations, shall establish criteria for the review

and approval of applications and proposals for funding under this section.

“(d) EARMARK OF CERTAIN FUNDS.—Twenty percent of the funds appropriated pursuant to this section shall be used to make grants to Urban Indian Organizations.

“SEC. 707. INDIAN YOUTH PROGRAM.

“(a) DETOXIFICATION AND REHABILITATION.—The Secretary, acting through the Service, consistent with section 701, shall develop and implement a program for acute detoxification and treatment for Indian youths, including behavioral health services. The program shall include regional treatment centers designed to include detoxification and rehabilitation for both sexes on a referral basis and programs developed and implemented by Indian Tribes or Tribal Organizations at the local level under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.). Regional centers shall be integrated with the intake and rehabilitation programs based in the referring Indian community.

“(b) ALCOHOL AND SUBSTANCE ABUSE TREATMENT CENTERS OR FACILITIES.—

“(1) ESTABLISHMENT.—

“(A) IN GENERAL.—The Secretary, acting through the Service, Indian Tribes, and Tribal Organizations, shall construct, renovate, or, as necessary, purchase, and appropriately staff and operate, at least 1 youth regional treatment center or treatment network in each area under the jurisdiction of an Area Office.

“(B) AREA OFFICE IN CALIFORNIA.—For the purposes of this subsection, the Area Office in California shall be considered to be 2 Area Offices, 1 office whose jurisdiction shall be considered to encompass the northern area of the State of California, and 1 office whose jurisdiction shall be considered to encompass the remainder of the State of California for the purpose of implementing California treatment networks.

“(2) FUNDING.—For the purpose of staffing and operating such centers or facilities, funding shall be pursuant to the Act of November 2, 1921 (25 U.S.C. 13).

“(3) LOCATION.—A youth treatment center constructed or purchased under this subsection shall be constructed or purchased at a location within the area described in paragraph (1) agreed upon (by appropriate tribal resolution) by a majority of the Indian Tribes to be served by such center.

“(4) SPECIFIC PROVISION OF FUNDS.—

“(A) IN GENERAL.—Notwithstanding any other provision of this title, the Secretary may, from amounts authorized to be appropriated for the purposes of carrying out this section, make funds available to—

“(i) the Tanana Chiefs Conference, Incorporated, for the purpose of leasing, constructing, renovating, operating, and maintaining a residential youth treatment facility in Fairbanks, Alaska; and

“(ii) the Southeast Alaska Regional Health Corporation to staff and operate a residential youth treatment facility without regard to the proviso set forth in section 4(1) of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450b(1)).

“(B) PROVISION OF SERVICES TO ELIGIBLE YOUTHS.—Until additional residential youth treatment facilities are established in Alaska pursuant to this section, the facilities specified in subparagraph (A) shall make every effort to provide services to all eligible Indian youths residing in Alaska.

“(C) INTERMEDIATE ADOLESCENT BEHAVIORAL HEALTH SERVICES.—

“(1) IN GENERAL.—The Secretary, acting through the Service, Indian Tribes, and Tribal Organizations, may provide intermediate behavioral health services to Indian children and adolescents, including—

“(A) pretreatment assistance;

“(B) inpatient, outpatient, and aftercare services;

“(C) emergency care;

“(D) suicide prevention and crisis intervention; and

“(E) prevention and treatment of mental illness and dysfunctional and self-destructive behavior, including child abuse and family violence.

“(2) USE OF FUNDS.—Funds provided under this subsection may be used—

“(A) to construct or renovate an existing health facility to provide intermediate behavioral health services;

“(B) to hire behavioral health professionals;

“(C) to staff, operate, and maintain an intermediate mental health facility, group home, sober housing, transitional housing or similar facilities, or youth shelter where intermediate behavioral health services are being provided;

“(D) to make renovations and hire appropriate staff to convert existing hospital beds into adolescent psychiatric units; and

“(E) for intensive home- and community-based services.

“(3) CRITERIA.—The Secretary, acting through the Service, shall, in consultation with Indian Tribes and Tribal Organizations, establish criteria for the review and approval of applications or proposals for funding made available pursuant to this subsection.

“(d) FEDERALLY-OWNED STRUCTURES.—

“(1) IN GENERAL.—The Secretary, in consultation with Indian Tribes and Tribal Organizations, shall—

“(A) identify and use, where appropriate, federally-owned structures suitable for local residential or regional behavioral health treatment for Indian youths; and

“(B) establish guidelines for determining the suitability of any such federally-owned structure to be used for local residential or regional behavioral health treatment for Indian youths.

“(2) TERMS AND CONDITIONS FOR USE OF STRUCTURE.—Any structure described in paragraph (1) may be used under such terms and conditions as may be agreed upon by the Secretary and the agency having responsibility for the structure and any Indian Tribe or Tribal Organization operating the program.

“(e) REHABILITATION AND AFTERCARE SERVICES.—

“(1) IN GENERAL.—The Secretary, Indian Tribes, or Tribal Organizations, in cooperation with the Secretary of the Interior, shall develop and implement within each Service Unit, community-based rehabilitation and follow-up services for Indian youths who are having significant behavioral health problems, and require long-term treatment, community reintegration, and monitoring to support the Indian youths after their return to their home community.

“(2) ADMINISTRATION.—Services under paragraph (1) shall be provided by trained staff within the community who can assist the Indian youths in their continuing development of self-image, positive problem-solving skills, and nonalcohol or substance abusing behaviors. Such staff may include alcohol and substance abuse counselors, mental health professionals, and other health professionals and paraprofessionals, including community health representatives.

“(f) INCLUSION OF FAMILY IN YOUTH TREATMENT PROGRAM.—In providing the treatment and other services to Indian youths authorized by this section, the Secretary, acting through the Service, Indian Tribes, and Tribal Organizations, shall provide for the inclusion of family members of such youths in the treatment programs or other services as may be appropriate. Not less than 10 percent of

the funds appropriated for the purposes of carrying out subsection (e) shall be used for outpatient care of adult family members related to the treatment of an Indian youth under that subsection.

“(g) MULTIDRUG ABUSE PROGRAM.—The Secretary, acting through the Service, Indian Tribes, Tribal Organizations, and Urban Indian Organizations, shall provide, consistent with section 701, programs and services to prevent and treat the abuse of multiple forms of substances, including alcohol, drugs, inhalants, and tobacco, among Indian youths residing in Indian communities, on or near reservations, and in urban areas and provide appropriate mental health services to address the incidence of mental illness among such youths.

“(h) INDIAN YOUTH MENTAL HEALTH.—The Secretary, acting through the Service, shall collect data for the report under section 801 with respect to—

“(1) the number of Indian youth who are being provided mental health services through the Service and Tribal Health Programs;

“(2) a description of, and costs associated with, the mental health services provided for Indian youth through the Service and Tribal Health Programs;

“(3) the number of youth referred to the Service or Tribal Health Programs for mental health services;

“(4) the number of Indian youth provided residential treatment for mental health and behavioral problems through the Service and Tribal Health Programs, reported separately for on- and off-reservation facilities; and

“(5) the costs of the services described in paragraph (4).

“SEC. 708. INDIAN YOUTH TELEMENTAL HEALTH DEMONSTRATION PROJECT.

“(a) PURPOSE.—The purpose of this section is to authorize the Secretary to carry out a demonstration project to test the use of telemental health services in suicide prevention, intervention and treatment of Indian youth, including through—

“(1) the use of psychotherapy, psychiatric assessments, diagnostic interviews, therapies for mental health conditions predisposing to suicide, and alcohol and substance abuse treatment;

“(2) the provision of clinical expertise to, consultation services with, and medical advice and training for frontline health care providers working with Indian youth;

“(3) training and related support for community leaders, family members and health and education workers who work with Indian youth;

“(4) the development of culturally-relevant educational materials on suicide; and

“(5) data collection and reporting.

“(b) DEFINITIONS.—For the purpose of this section, the following definitions shall apply:

“(1) DEMONSTRATION PROJECT.—The term ‘demonstration project’ means the Indian youth telemental health demonstration project authorized under subsection (c).

“(2) TELEMENTAL HEALTH.—The term ‘telemental health’ means the use of electronic information and telecommunications technologies to support long distance mental health care, patient and professional-related education, public health, and health administration.

“(c) AUTHORIZATION.—

“(1) IN GENERAL.—The Secretary is authorized to award grants under the demonstration project for the provision of telemental health services to Indian youth who—

“(A) have expressed suicidal ideas;

“(B) have attempted suicide; or

“(C) have mental health conditions that increase or could increase the risk of suicide.

“(2) ELIGIBILITY FOR GRANTS.—Such grants shall be awarded to Indian Tribes and Tribal

Organizations that operate 1 or more facilities—

“(A) located in Alaska and part of the Alaska Federal Health Care Access Network;“(B) reporting active clinical telehealth capabilities; or

“(C) offering school-based telemental health services relating to psychiatry to Indian youth.

“(3) GRANT PERIOD.—The Secretary shall award grants under this section for a period of up to 4 years.

“(4) AWARDING OF GRANTS.—Not more than 5 grants shall be provided under paragraph (1), with priority consideration given to Indian Tribes and Tribal Organizations that—

“(A) serve a particular community or geographic area where there is a demonstrated need to address Indian youth suicide;

“(B) enter in to collaborative partnerships with Indian Health Service or Tribal Health Programs or facilities to provide services under this demonstration project;

“(C) serve an isolated community or geographic area which has limited or no access to behavioral health services; or

“(D) operate a detention facility at which Indian youth are detained.

“(d) USE OF FUNDS.—

“(1) IN GENERAL.—An Indian Tribe or Tribal Organization shall use a grant received under subsection (c) for the following purposes:

“(A) To provide telemental health services to Indian youth, including the provision of—

“(i) psychotherapy;

“(ii) psychiatric assessments and diagnostic interviews, therapies for mental health conditions predisposing to suicide, and treatment; and

“(iii) alcohol and substance abuse treatment.

“(B) To provide clinician-interactive medical advice, guidance and training, assistance in diagnosis and interpretation, crisis counseling and intervention, and related assistance to Service, tribal, or urban clinicians and health services providers working with youth being served under this demonstration project.

“(C) To assist, educate and train community leaders, health education professionals and paraprofessionals, tribal outreach workers, and family members who work with the youth receiving telemental health services under this demonstration project, including with identification of suicidal tendencies, crisis intervention and suicide prevention, emergency skill development, and building and expanding networks among these individuals and with State and local health services providers.

“(D) To develop and distribute culturally appropriate community educational materials on—

“(i) suicide prevention;

“(ii) suicide education;

“(iii) suicide screening;

“(iv) suicide intervention; and

“(v) ways to mobilize communities with respect to the identification of risk factors for suicide.

“(E) For data collection and reporting related to Indian youth suicide prevention efforts.

“(2) TRADITIONAL HEALTH CARE PRACTICES.—In carrying out the purposes described in paragraph (1), an Indian Tribe or Tribal Organization may use and promote the traditional health care practices of the Indian Tribes of the youth to be served.

“(e) APPLICATIONS.—To be eligible to receive a grant under subsection (c), an Indian Tribe or Tribal Organization shall prepare and submit to the Secretary an application, at such time, in such manner, and containing such information as the Secretary may require, including—

“(1) a description of the project that the Indian Tribe or Tribal Organization will carry out using the funds provided under the grant;

“(2) a description of the manner in which the project funded under the grant would—

“(A) meet the telemental health care needs of the Indian youth population to be served by the project; or

“(B) improve the access of the Indian youth population to be served to suicide prevention and treatment services;

“(3) evidence of support for the project from the local community to be served by the project;

“(4) a description of how the families and leadership of the communities or populations to be served by the project would be involved in the development and ongoing operations of the project;

“(5) a plan to involve the tribal community of the youth who are provided services by the project in planning and evaluating the mental health care and suicide prevention efforts provided, in order to ensure the integration of community, clinical, environmental, and cultural components of the treatment; and

“(6) a plan for sustaining the project after Federal assistance for the demonstration project has terminated.

“(f) COLLABORATION; REPORTING TO NATIONAL CLEARINGHOUSE.—

“(1) COLLABORATION.—The Secretary, acting through the Service, shall encourage Indian Tribes and Tribal Organizations receiving grants under this section to collaborate to enable comparisons about best practices across projects.

“(2) REPORTING TO NATIONAL CLEARINGHOUSE.—The Secretary, acting through the Service, shall also encourage Indian Tribes and Tribal Organizations receiving grants under this section to submit relevant, declassified project information to the national clearinghouse authorized under section 701(b)(2) in order to better facilitate program performance and improve suicide prevention, intervention, and treatment services.

“(g) ANNUAL REPORT.—Each grant recipient shall submit to the Secretary an annual report that—

“(1) describes the number of telemental health services provided; and

“(2) includes any other information that the Secretary may require.

“(h) REPORT TO CONGRESS.—Not later than 270 days after the termination of the demonstration project, the Secretary shall submit to the Committee on Indian Affairs of the Senate and the Committee on Natural Resources and Committee on Energy and Commerce of the House of Representatives a final report, based on the annual reports provided by grant recipients under subsection (h), that—

“(1) describes the results of the projects funded by grants awarded under this section, including any data available which indicates the number of attempted suicides;

“(2) evaluates the impact of the telemental health services funded by the grants in reducing the number of completed suicides among Indian youth;

“(3) evaluates whether the demonstration project should be—

“(A) expanded to provide more than 5 grants; and

“(B) designated a permanent program; and

“(4) evaluates the benefits of expanding the demonstration project to include Urban Indian Organizations.

“(i) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section \$1,500,000 for each of fiscal years 2008 through 2011.

“SEC. 709. INPATIENT AND COMMUNITY-BASED MENTAL HEALTH FACILITIES DESIGN, CONSTRUCTION, AND STAFFING.

“Not later than 1 year after the date of enactment of the Indian Health Care Improvement Act Amendments of 2007, the Secretary, acting through the Service, Indian Tribes, and Tribal Organizations, may provide, in each area of the Service, not less than 1 inpatient mental health care facility, or the equivalent, for Indians with behavioral health problems. For the purposes of this subsection, California shall be considered to be 2 Area Offices, 1 office whose location shall be considered to encompass the northern area of the State of California and 1 office whose jurisdiction shall be considered to encompass the remainder of the State of California. The Secretary shall consider the possible conversion of existing, underused Service hospital beds into psychiatric units to meet such need.

“SEC. 710. TRAINING AND COMMUNITY EDUCATION.

“(a) PROGRAM.—The Secretary, in cooperation with the Secretary of the Interior, shall develop and implement or assist Indian Tribes and Tribal Organizations to develop and implement, within each Service Unit or tribal program, a program of community education and involvement which shall be designed to provide concise and timely information to the community leadership of each tribal community. Such program shall include education about behavioral health issues to political leaders, Tribal judges, law enforcement personnel, members of tribal health and education boards, health care providers including traditional practitioners, and other critical members of each tribal community. Such program may also include community-based training to develop local capacity and tribal community provider training for prevention, intervention, treatment, and aftercare.

“(b) INSTRUCTION.—The Secretary, acting through the Service, shall, either directly or through Indian Tribes and Tribal Organizations, provide instruction in the area of behavioral health issues, including instruction in crisis intervention and family relations in the context of alcohol and substance abuse, child sexual abuse, youth alcohol and substance abuse, and the causes and effects of fetal alcohol disorders to appropriate employees of the Bureau of Indian Affairs and the Service, and to personnel in schools or programs operated under any contract with the Bureau of Indian Affairs or the Service, including supervisors of emergency shelters and halfway houses described in section 4213 of the Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986 (25 U.S.C. 2433).

“(c) TRAINING MODELS.—In carrying out the education and training programs required by this section, the Secretary, in consultation with Indian Tribes, Tribal Organizations, Indian behavioral health experts, and Indian alcohol and substance abuse prevention experts, shall develop and provide community-based training models. Such models shall address—

“(1) the elevated risk of alcohol and behavioral health problems faced by children of alcoholics;

“(2) the cultural, spiritual, and multigenerational aspects of behavioral health problem prevention and recovery; and

“(3) community-based and multidisciplinary strategies for preventing and treating behavioral health problems.

“SEC. 711. BEHAVIORAL HEALTH PROGRAM.

“(a) INNOVATIVE PROGRAMS.—The Secretary, acting through the Service, Indian Tribes, and Tribal Organizations, consistent

with section 701, may plan, develop, implement, and carry out programs to deliver innovative community-based behavioral health services to Indians.

“(b) AWARDS; CRITERIA.—The Secretary may award a grant for a project under subsection (a) to an Indian Tribe or Tribal Organization and may consider the following criteria:

“(1) The project will address significant unmet behavioral health needs among Indians.

“(2) The project will serve a significant number of Indians.

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

“(4) The Indian Tribe or Tribal Organization has the administrative and financial capability to administer the project.

“(5) The project may deliver services in a manner consistent with traditional health care practices.

“(6) The project is coordinated with, and avoids duplication of, existing services.

“(c) EQUITABLE TREATMENT.—For purposes of this subsection, the Secretary shall, in evaluating project applications or proposals, use the same criteria that the Secretary uses in evaluating any other application or proposal for such funding.

“SEC. 712. FETAL ALCOHOL DISORDER PROGRAMS.

“(a) PROGRAMS.—

“(1) ESTABLISHMENT.—The Secretary, consistent with section 701, acting through the Service, Indian Tribes, and Tribal Organizations, is authorized to establish and operate fetal alcohol disorder programs as provided in this section for the purposes of meeting the health status objectives specified in section 3.

“(2) USE OF FUNDS.—

“(A) IN GENERAL.—Funding provided pursuant to this section shall be used for the following:

“(i) To develop and provide for Indians community and in-school training, education, and prevention programs relating to fetal alcohol disorders.

“(ii) To identify and provide behavioral health treatment to high-risk Indian women and high-risk women pregnant with an Indian's child.

“(iii) To identify and provide appropriate psychological services, educational and vocational support, counseling, advocacy, and information to fetal alcohol disorder affected Indians and their families or caretakers.

“(iv) To develop and implement counseling and support programs in schools for fetal alcohol disorder affected Indian children.

“(v) To develop prevention and intervention models which incorporate practitioners of traditional health care practices, cultural values, and community involvement.

“(vi) To develop, print, and disseminate education and prevention materials on fetal alcohol disorder.

“(vii) To develop and implement, in consultation with Indian Tribes, Tribal Organizations, 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.

“(B) ADDITIONAL USES.—In addition to any purpose under subparagraph (A), funding provided pursuant to this section may be used for 1 or more of the following:

“(i) Early childhood intervention projects from birth on to mitigate the effects of fetal alcohol disorder among Indians.

“(ii) Community-based support services for Indians and women pregnant with Indian children.

“(iii) 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

“(2) provide supportive services, including services to meet the special educational, vocational, school-to-work transition, and independent living needs of adolescent and adult Indians with fetal alcohol disorder.

“(c) TASK FORCE.—The Secretary shall establish a task force to be known as the Fetal Alcohol Disorder Task Force to advise the Secretary in carrying out subsection (b). Such task force shall be composed of representatives from the following:

“(1) The National Institute on Drug Abuse.

“(2) The National Institute on Alcohol and Alcoholism.

“(3) The Office of Substance Abuse Prevention.

“(4) The National Institute of Mental Health.

“(5) The Service.

“(6) The Office of Minority Health of the Department of Health and Human Services.

“(7) The Administration for Native Americans.

“(8) The National Institute of Child Health and Human Development (NICHD).

“(9) The Centers for Disease Control and Prevention.

“(10) The Bureau of Indian Affairs.

“(11) Indian Tribes.

“(12) Tribal Organizations.

“(13) Urban Indian Organizations.

“(14) Indian fetal alcohol disorder experts.

“(d) APPLIED RESEARCH PROJECTS.—The Secretary, acting through the Substance Abuse and Mental Health Services Administration, shall make grants to Indian Tribes, Tribal Organizations, and Urban Indian Organizations for applied research projects which propose to elevate the understanding of methods to prevent, intervene, treat, or provide rehabilitation and behavioral health aftercare for Indians and Urban Indians affected by fetal alcohol disorder.

“(e) FUNDING FOR URBAN INDIAN ORGANIZATIONS.—Ten percent of the funds appropriated pursuant to this section shall be used to make grants to Urban Indian Organizations funded under title V.

“SEC. 713. CHILD SEXUAL ABUSE AND PREVENTION TREATMENT PROGRAMS.

“(a) ESTABLISHMENT.—The Secretary, acting through the Service, and the Secretary of the Interior, Indian Tribes, and Tribal Organizations, shall establish, consistent with section 701, in every Service Area, programs involving treatment for—

“(1) victims of sexual abuse who are Indian children or children in an Indian household; and

“(2) perpetrators of child sexual abuse who are Indian or members of an Indian household.

“(b) USE OF FUNDS.—Funding provided pursuant to this section shall be used for the following:

“(1) To develop and provide community education and prevention programs related to sexual abuse of Indian children or children in an Indian household.

“(2) To identify and provide behavioral health treatment to victims of sexual abuse who are Indian children or children in an Indian household, and to their family members who are affected by sexual abuse.

“(3) To develop prevention and intervention models which incorporate traditional health care practices, cultural values, and community involvement.

“(4) To develop and implement culturally sensitive assessment and diagnostic tools for use in Indian communities and Urban Centers.

“(5) To identify and provide behavioral health treatment to Indian perpetrators and perpetrators who are members of an Indian household—

“(A) making efforts to begin offender and behavioral health treatment while the perpetrator is incarcerated or at the earliest possible date if the perpetrator is not incarcerated; and

“(B) providing treatment after the perpetrator is released, until it is determined that the perpetrator is not a threat to children.

“(c) COORDINATION.—The programs established under subsection (a) shall be carried out in coordination with programs and services authorized under the Indian Child Protection and Family Violence Prevention Act (25 U.S.C. 3201 et seq.).

“SEC. 714. BEHAVIORAL HEALTH RESEARCH.

“The Secretary, in consultation with appropriate Federal agencies, shall make grants to, or enter into contracts with, Indian Tribes, Tribal Organizations, and Urban Indian Organizations or enter into contracts with, or make grants to appropriate institutions for, the conduct of research on the incidence and prevalence of behavioral health problems among Indians served by the Service, Indian Tribes, or Tribal Organizations and among Indians in urban areas. Research priorities under this section shall include—

“(1) the multifactorial causes of Indian youth suicide, including—

“(A) protective and risk factors and scientific data that identifies those factors; and

“(B) the effects of loss of cultural identity and the development of scientific data on those effects;

“(2) the interrelationship and interdependence of behavioral health problems with alcoholism and other substance abuse, suicide, homicides, other injuries, and the incidence of family violence; and

“(3) the development of models of prevention techniques.

The effect of the interrelationships and interdependencies referred to in paragraph (2) on children, and the development of prevention techniques under paragraph (3) applicable to children, shall be emphasized.

“SEC. 715. DEFINITIONS.

“For the purpose of this title, the following definitions shall apply:

“(1) ASSESSMENT.—The term ‘assessment’ means the systematic collection, analysis, and dissemination of information on health status, health needs, and health problems.

“(2) ALCOHOL-RELATED NEURODEVELOPMENTAL DISORDERS OR ARND.—The term ‘alcohol-related neurodevelopmental disorders’ or ‘ARND’ means, with a history of maternal alcohol consumption during pregnancy, central nervous system involvement such as developmental delay, intellectual deficit, or neurologic abnormalities. Behaviorally, there can be problems with irritability, and failure to thrive as infants. As children become older there will likely be hyperactivity, attention deficit, language dysfunction, and perceptual and judgment problems.

“(3) BEHAVIORAL HEALTH AFTERCARE.—The term ‘behavioral health aftercare’ includes those activities and resources used to support recovery following inpatient, residential, intensive substance abuse, or mental health outpatient or outpatient treatment. The purpose is to help prevent or deal with relapse by ensuring that by the time a client

or patient is discharged from a level of care, such as outpatient treatment, an aftercare plan has been developed with the client. An aftercare plan may use such resources as a community-based therapeutic group, transitional living facilities, a 12-step sponsor, a local 12-step or other related support group, and other community-based providers.

“(4) DUAL DIAGNOSIS.—The term ‘dual diagnosis’ means coexisting substance abuse and mental illness conditions or diagnosis. Such clients are sometimes referred to as mentally ill chemical abusers (MICAs).

“(5) FETAL ALCOHOL DISORDERS.—The term ‘fetal alcohol disorders’ means fetal alcohol syndrome, partial fetal alcohol syndrome and alcohol related neurodevelopmental disorder (ARND).

“(6) FETAL ALCOHOL SYNDROME OR FAS.—The term ‘fetal alcohol syndrome’ or ‘FAS’ means a syndrome in which, with a history of maternal alcohol consumption during pregnancy, the following criteria are met:

“(A) Central nervous system involvement such as developmental delay, intellectual deficit, microcephaly, or neurologic abnormalities.

“(B) Craniofacial abnormalities with at least 2 of the following: microphthalmia, short palpebral fissures, poorly developed philtrum, thin upper lip, flat nasal bridge, and short upturned nose.

“(C) Prenatal or postnatal growth delay.

“(7) PARTIAL FAS.—The term ‘partial FAS’ means, with a history of maternal alcohol consumption during pregnancy, having most of the criteria of FAS, though not meeting a minimum of at least 2 of the following: microphthalmia, short palpebral fissures, poorly developed philtrum, thin upper lip, flat nasal bridge, and short upturned nose.

“(8) REHABILITATION.—The term ‘rehabilitation’ means to restore the ability or capacity to engage in usual and customary life activities through education and therapy.

“(9) SUBSTANCE ABUSE.—The term ‘substance abuse’ includes inhalant abuse.

“SEC. 716. AUTHORIZATION OF APPROPRIATIONS.
“There is authorized to be appropriated such sums as may be necessary for each fiscal year through fiscal year 2017 to carry out the provisions of this title.

“TITLE VIII—MISCELLANEOUS

“SEC. 801. REPORTS.

“For each fiscal year following the date of enactment of the Indian Health Care Improvement Act Amendments of 2007, the Secretary shall transmit to Congress a report containing the following:

“(1) A report on the progress made in meeting the objectives of this Act, including a review of programs established or assisted pursuant to this Act and assessments and recommendations of additional programs or additional assistance necessary to, at a minimum, provide health services to Indians and ensure a health status for Indians, which are at a parity with the health services available to and the health status of the general population.

“(2) A report on whether, and to what extent, new national health care programs, benefits, initiatives, or financing systems have had an impact on the purposes of this Act and any steps that the Secretary may have taken to consult with Indian Tribes, Tribal Organizations, and Urban Indian Organizations to address such impact, including a report on proposed changes in allocation of funding pursuant to section 808.

“(3) A report on the use of health services by Indians—

“(A) on a national and area or other relevant geographical basis;

“(B) by gender and age;

“(C) by source of payment and type of service;

“(D) comparing such rates of use with rates of use among comparable non-Indian populations; and

“(E) provided under contracts.

“(4) A report of contractors to the Secretary on Health Care Educational Loan Repayments every 6 months required by section 110.

“(5) A general audit report of the Secretary on the Health Care Educational Loan Repayment Program as required by section 110(n).

“(6) A report of the findings and conclusions of demonstration programs on development of educational curricula for substance abuse counseling as required in section 125(f).

“(7) A separate statement which specifies the amount of funds requested to carry out the provisions of section 201.

“(8) A report of the evaluations of health promotion and disease prevention as required in section 203(c).

“(9) A biennial report to Congress on infectious diseases as required by section 212.

“(10) A report on environmental and nuclear health hazards as required by section 215.

“(11) An annual report on the status of all health care facilities needs as required by section 301(c)(2)(B) and 301(d).

“(12) Reports on safe water and sanitary waste disposal facilities as required by section 302(h).

“(13) An annual report on the expenditure of non-Service funds for renovation as required by sections 304(b)(2).

“(14) A report identifying the backlog of maintenance and repair required at Service and tribal facilities required by section 313(a).

“(15) A report providing an accounting of reimbursement funds made available to the Secretary under titles XVIII, XIX, and XXI of the Social Security Act.

“(16) A report on any arrangements for the sharing of medical facilities or services, as authorized by section 406.

“(17) A report on evaluation and renewal of Urban Indian programs under section 505.

“(18) A report on the evaluation of programs as required by section 513(d).

“(19) A report on alcohol and substance abuse as required by section 701(f).

“(20) A report on Indian youth mental health services as required by section 707(h).

“(21) A report on the reallocation of base resources if required by section 808.

“SEC. 802. REGULATIONS.

“(a) DEADLINES.—

“(1) PROCEDURES.—Not later than 90 days after the date of enactment of the Indian Health Care Improvement Act Amendments of 2007, the Secretary shall initiate procedures under subchapter III of chapter 5 of title 5, United States Code, to negotiate and promulgate such regulations or amendments thereto that are necessary to carry out titles II (except section 202) and VII, the sections of title III for which negotiated rulemaking is specifically required, and section 807. Unless otherwise required, the Secretary may promulgate regulations to carry out titles I, III, IV, and V, and section 202, using the procedures required by chapter V of title 5, United States Code (commonly known as the ‘Administrative Procedure Act’).

“(2) PROPOSED REGULATIONS.—Proposed regulations to implement this Act shall be published in the Federal Register by the Secretary no later than 2 years after the date of enactment of the Indian Health Care Improvement Act Amendments of 2007 and shall have no less than a 120-day comment period.

“(3) FINAL REGULATIONS.—The Secretary shall publish in the Federal Register final regulations to implement this Act by not later than 3 years after the date of enact-

ment of the Indian Health Care Improvement Act Amendments of 2007.

“(b) COMMITTEE.—A negotiated rulemaking committee established pursuant to section 565 of title 5, United States Code, to carry out this section shall have as its members only representatives of the Federal Government and representatives of Indian Tribes, and Tribal Organizations, a majority of whom shall be nominated by and be representatives of Indian Tribes and Tribal Organizations from each Service Area.

“(c) ADAPTATION OF PROCEDURES.—The Secretary shall adapt the negotiated rulemaking procedures to the unique context of self-governance and the government-to-government relationship between the United States and Indian Tribes.

“(d) LACK OF REGULATIONS.—The lack of promulgated regulations shall not limit the effect of this Act.

“(e) INCONSISTENT REGULATIONS.—The provisions of this Act shall supersede any conflicting provisions of law in effect on the day before the date of enactment of the Indian Health Care Improvement Act Amendments of 2007, and the Secretary is authorized to repeal any regulation inconsistent with the provisions of this Act.

“SEC. 803. PLAN OF IMPLEMENTATION.

“Not later than 9 months after the date of enactment of the Indian Health Care Improvement Act Amendments of 2007, the Secretary, in consultation with Indian Tribes, Tribal Organizations, and Urban Indian Organizations, shall submit to Congress a plan explaining the manner and schedule, by title and section, by which the Secretary will implement the provisions of this Act. This consultation may be conducted jointly with the annual budget consultation pursuant to the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq).

“SEC. 804. AVAILABILITY OF FUNDS.

“The funds appropriated pursuant to this Act shall remain available until expended.

“SEC. 805. LIMITATION ON USE OF FUNDS APPROPRIATED TO INDIAN HEALTH SERVICE.

“Any limitation on the use of funds contained in an Act providing appropriations for the Department for a period with respect to the performance of abortions shall apply for that period with respect to the performance of abortions using funds contained in an Act providing appropriations for the Service.

“SEC. 806. ELIGIBILITY OF CALIFORNIA INDIANS.

“(a) IN GENERAL.—The following California Indians shall be eligible for health services provided by the Service:

“(1) Any member of a federally recognized Indian Tribe.

“(2) Any descendant of an Indian who was residing in California on June 1, 1852, if such descendant—

“(A) is a member of the Indian community served by a local program of the Service; and

“(B) is regarded as an Indian by the community in which such descendant lives.

“(3) Any Indian who holds trust interests in public domain, national forest, or reservation allotments in California.

“(4) Any Indian in California who is listed on the plans for distribution of the assets of rancherias and reservations located within the State of California under the Act of August 18, 1958 (72 Stat. 619), and any descendant of such an Indian.

“(b) CLARIFICATION.—Nothing in this section may be construed as expanding the eligibility of California Indians for health services provided by the Service beyond the scope of eligibility for such health services that applied on May 1, 1986.

“SEC. 807. HEALTH SERVICES FOR INELIGIBLE PERSONS.

“(a) CHILDREN.—Any individual who—

“(1) has not attained 19 years of age;

“(2) is the natural or adopted child, step-child, foster child, legal ward, or orphan of an eligible Indian; and

“(3) is not otherwise eligible for health services provided by the Service,

shall be eligible for all health services provided by the Service on the same basis and subject to the same rules that apply to eligible Indians until such individual attains 19 years of age. The existing and potential health needs of all such individuals shall be taken into consideration by the Service in determining the need for, or the allocation of, the health resources of the Service. If such an individual has been determined to be legally incompetent prior to attaining 19 years of age, such individual shall remain eligible for such services until 1 year after the date of a determination of competency.

“(b) SPOUSES.—Any spouse of an eligible Indian who is not an Indian, or who is of Indian descent but is not otherwise eligible for the health services provided by the Service, shall be eligible for such health services if all such spouses or spouses who are married to members of each Indian Tribe being served are made eligible, as a class, by an appropriate resolution of the governing body of the Indian Tribe or Tribal Organization providing such services. The health needs of persons made eligible under this paragraph shall not be taken into consideration by the Service in determining the need for, or allocation of, its health resources.

“(c) PROVISION OF SERVICES TO OTHER INDIVIDUALS.—

“(1) IN GENERAL.—The Secretary is authorized to provide health services under this subsection through health programs operated directly by the Service to individuals who reside within the Service Unit and who are not otherwise eligible for such health services if—

“(A) the Indian Tribes served by such Service Unit request such provision of health services to such individuals; and

“(B) the Secretary and the served Indian Tribes have jointly determined that—

“(i) the provision of such health services will not result in a denial or diminution of health services to eligible Indians; and

“(ii) there is no reasonable alternative health facilities or services, within or without the Service Unit, available to meet the health needs of such individuals.

“(2) ISDEAA PROGRAMS.—In the case of health programs and facilities operated under a contract or compact entered into under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.), the governing body of the Indian Tribe or Tribal Organization providing health services under such contract or compact is authorized to determine whether health services should be provided under such contract to individuals who are not eligible for such health services under any other subsection of this section or under any other provision of law. In making such determinations, the governing body of the Indian Tribe or Tribal Organization shall take into account the considerations described in paragraph (1)(B).

“(3) PAYMENT FOR SERVICES.—

“(A) IN GENERAL.—Persons receiving health services provided by the Service under this subsection shall be liable for payment of such health services under a schedule of charges prescribed by the Secretary which, in the judgment of the Secretary, results in reimbursement in an amount not less than the actual cost of providing the health services. Notwithstanding section 404 of this Act or any other provision of law, amounts collected under this subsection, including Medicare, Medicaid, or SCHIP reimbursements under titles XVIII, XIX, and XXI of the So-

cial Security Act, shall be credited to the account of the program providing the service and shall be used for the purposes listed in section 401(d)(2) and amounts collected under this subsection shall be available for expenditure within such program.

“(B) INDIGENT PEOPLE.—Health services 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 Indian Tribes in the Service Area revoke their concurrence to the provisions of such health services.

“(d) OTHER SERVICES.—The Service may provide health services under this subsection to individuals who are not eligible for health services provided by the Service under any other provision of law in order to—

“(1) achieve stability in a medical emergency;

“(2) prevent the spread of a communicable disease or otherwise deal with a public health hazard;

“(3) provide care to non-Indian women pregnant with an eligible Indian's child for the duration of the pregnancy through postpartum; or

“(4) provide care to immediate family members of an eligible individual if such care is directly related to the treatment of the eligible individual.

“(e) HOSPITAL PRIVILEGES FOR PRACTITIONERS.—Hospital privileges in health facilities operated and maintained by the Service or operated under a contract or compact pursuant to the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.) may be extended to non-Service health care practitioners who provide services to individuals described in subsection (a), (b), (c), or (d). Such non-Service health care practitioners may, as part of the privileging process, be designated as employees of the Federal Government for purposes of section 1346(b) and chapter 171 of title 28, United States Code (relating to Federal tort claims) only with respect to acts or omissions which occur in the course of providing services to eligible individuals as a part of the conditions under which such hospital privileges are extended.

“(f) ELIGIBLE INDIAN.—For purposes of this section, the term ‘eligible Indian’ means any Indian who is eligible for health services provided by the Service without regard to the provisions of this section.

“SEC. 808. REALLOCATION OF BASE RESOURCES.

“(a) REPORT REQUIRED.—Notwithstanding any other provision of law, any allocation of Service funds for a fiscal year that reduces by 5 percent or more from the previous fiscal year the funding for any recurring program,

project, or activity of a Service Unit may be implemented only after the Secretary has submitted to Congress, under section 801, a report on the proposed change in allocation of funding, including the reasons for the change and its likely effects.

“(b) EXCEPTION.—Subsection (a) shall not apply if the total amount appropriated to the Service for a fiscal year is at least 5 percent less than the amount appropriated to the Service for the previous fiscal year.

“SEC. 809. RESULTS OF DEMONSTRATION PROJECTS.

“The Secretary shall provide for the dissemination to Indian Tribes, Tribal Organizations, and Urban Indian Organizations of the findings and results of demonstration projects conducted under this Act.

“SEC. 810. PROVISION OF SERVICES IN MONTANA.

“(a) CONSISTENT WITH COURT DECISION.—The Secretary, acting through the Service, shall provide services and benefits for Indians in Montana in a manner consistent with the decision of the United States Court of Appeals for the Ninth Circuit in *McNabb v. Bowen*, 829 F.2d 787 (9th Cir. 1987).

“(b) CLARIFICATION.—The provisions of subsection (a) shall not be construed to be an expression of the sense of Congress on the application of the decision described in subsection (a) with respect to the provision of services or benefits for Indians living in any State other than Montana.

“SEC. 811. MORATORIUM.

“During the period of the moratorium imposed on implementation of the final rule published in the Federal Register on September 16, 1987, by the Department of Health and Human Services, relating to eligibility for the health care services of the Indian Health Service, the Indian Health Service shall provide services pursuant to the criteria for eligibility for such services that were in effect on September 15, 1987, subject to the provisions of sections 806 and 807, until the Service has submitted to the Committees on Appropriations of the Senate and the House of Representatives a budget request reflecting the increased costs associated with the proposed final rule, and the request has been included in an appropriations Act and enacted into law.

“SEC. 812. TRIBAL EMPLOYMENT.

“For purposes of section 2(2) of the Act of July 5, 1935 (49 Stat. 450, chapter 372), an Indian Tribe or Tribal Organization carrying out a contract or compact pursuant to the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.) shall not be considered an ‘employer’.

“SEC. 813. SEVERABILITY PROVISIONS.

“If any provision of this Act, any amendment made by the Act, or the application of such provision or amendment to any person or circumstances is held to be invalid, the remainder of this Act, the remaining amendments made by this Act, and the application of such provisions to persons or circumstances other than those to which it is held invalid, shall not be affected thereby.

“SEC. 814. ESTABLISHMENT OF NATIONAL BIPARTISAN COMMISSION ON INDIAN HEALTH CARE.

“(a) ESTABLISHMENT.—There is established the National Bipartisan Indian Health Care Commission (the ‘Commission’).

“(b) DUTIES OF COMMISSION.—The duties of the Commission are the following:

“(1) To establish a study committee composed of those members of the Commission appointed by the Director of the Service and at least 4 members of Congress from among the members of the Commission, the duties of which shall be the following:

“(A) To the extent necessary to carry out its duties, collect and compile data necessary to understand the extent of Indian

needs with regard to the provision of health services, regardless of the location of Indians, including holding hearings and soliciting the views of Indians, Indian Tribes, Tribal Organizations, and Urban Indian Organizations, which may include authorizing and making funds available for feasibility studies of various models for providing and funding health services for all Indian beneficiaries, including those who live outside of a reservation, temporarily or permanently.

“(B) To make legislative recommendations to the Commission regarding the delivery of Federal health care services to Indians. Such recommendations shall include those related to issues of eligibility, benefits, the range of service providers, the cost of such services, financing such services, and the optimal manner in which to provide such services.

“(C) To determine the effect of the enactment of such recommendations on (i) the existing system of delivery of health services for Indians, and (ii) the sovereign status of Indian Tribes.

“(D) Not later than 12 months after the appointment of all members of the Commission, to submit a written report of its findings and recommendations to the full Commission. The report shall include a statement of the minority and majority position of the Committee and shall be disseminated, at a minimum, to every Indian Tribe, Tribal Organization, and Urban Indian Organization for comment to the Commission.

“(E) To report regularly to the full Commission regarding the findings and recommendations developed by the study committee in the course of carrying out its duties under this section.

“(2) To review and analyze the recommendations of the report of the study committee.

“(3) To make legislative recommendations to Congress regarding the delivery of Federal health care services to Indians. Such recommendations shall include those related to issues of eligibility, benefits, the range of service providers, the cost of such services, financing such services, and the optimal manner in which to provide such services.

“(4) Not later than 18 months following the date of appointment of all members of the Commission, submit a written report to Congress regarding the delivery of Federal health care services to Indians. Such recommendations shall include those related to issues of eligibility, benefits, the range of service providers, the cost of such services, financing such services, and the optimal manner in which to provide such services.

“(c) MEMBERS.—

“(1) APPOINTMENT.—The Commission shall be composed of 25 members, appointed as follows:

“(A) Ten members of Congress, including 3 from the House of Representatives and 2 from the Senate, appointed by their respective majority leaders, and 3 from the House of Representatives and 2 from the Senate, appointed by their respective minority leaders, and who shall be members of the standing committees of Congress that consider legislation affecting health care to Indians.

“(B) Twelve persons chosen by the congressional members of the Commission, 1 from each Service Area as currently designated by the Director of the Service to be chosen from among 3 nominees from each Service Area put forward by the Indian Tribes within the area, with due regard being given to the experience and expertise of the nominees in the provision of health care to Indians and to a reasonable representation on the commission of members who are familiar with various health care delivery modes and who represent Indian Tribes of various size populations.

“(C) Three persons appointed by the Director who are knowledgeable about the provision of health care to Indians, at least 1 of whom shall be appointed from among 3 nominees put forward by those programs whose funds are provided in whole or in part by the Service primarily or exclusively for the benefit of Urban Indians.

“(D) All those persons chosen by the congressional members of the Commission and by the Director shall be members of federally recognized Indian Tribes.

“(2) CHAIR; VICE CHAIR.—The Chair and Vice Chair of the Commission shall be selected by the congressional members of the Commission.

“(3) TERMS.—The terms of members of the Commission shall be for the life of the Commission.

“(4) DEADLINE FOR APPOINTMENTS.—Congressional members of the Commission shall be appointed not later than 180 days after the date of enactment of the Indian Health Care Improvement Act Amendments of 2007, and the remaining members of the Commission shall be appointed not later than 60 days following the appointment of the congressional members.

“(5) VACANCY.—A vacancy in the Commission shall be filled in the manner in which the original appointment was made.

“(d) COMPENSATION.—

“(1) CONGRESSIONAL MEMBERS.—Each congressional member of the Commission shall receive no additional pay, allowances, or benefits by reason of their service on the Commission and shall receive travel expenses and per diem in lieu of subsistence in accordance with sections 5702 and 5703 of title 5, United States Code.

“(2) OTHER MEMBERS.—Remaining members of the Commission, while serving on the business of the Commission (including travel time), shall be entitled to receive compensation at the per diem equivalent of the rate provided for level IV of the Executive Schedule under section 5315 of title 5, United States Code, and while so serving away from home and the member's regular place of business, a member may be allowed travel expenses, as authorized by the Chairman of the Commission. For purpose of pay (other than pay of members of the Commission) and employment benefits, rights, and privileges, all personnel of the Commission shall be treated as if they were employees of the United States Senate.

“(e) MEETINGS.—The Commission shall meet at the call of the Chair.

“(f) QUORUM.—A quorum of the Commission shall consist of not less than 15 members, provided that no less than 6 of the members of Congress who are Commission members are present and no less than 9 of the members who are Indians are present.

“(g) EXECUTIVE DIRECTOR; STAFF; FACILITIES.—

“(1) APPOINTMENT; PAY.—The Commission shall appoint an executive director of the Commission. The executive director shall be paid the rate of basic pay for level V of the Executive Schedule.

“(2) STAFF APPOINTMENT.—With the approval of the Commission, the executive director may appoint such personnel as the executive director deems appropriate.

“(3) STAFF PAY.—The staff of the Commission shall be appointed without regard to the provisions of title 5, United States Code, governing appointments in the competitive service, and shall be paid without regard to the provisions of chapter 51 and subchapter III of chapter 53 of such title (relating to classification and General Schedule pay rates).

“(4) TEMPORARY SERVICES.—With the approval of the Commission, the executive director may procure temporary and intermit-

tent services under section 3109(b) of title 5, United States Code.

“(5) FACILITIES.—The Administrator of General Services shall locate suitable office space for the operation of the Commission. The facilities shall serve as the headquarters of the Commission and shall include all necessary equipment and incidentals required for the proper functioning of the Commission.

“(h) HEARINGS.—(1) For the purpose of carrying out its duties, the Commission may hold such hearings and undertake such other activities as the Commission determines to be necessary to carry out its duties, provided that at least 6 regional hearings are held in different areas of the United States in which large numbers of Indians are present. Such hearings are to be held to solicit the views of Indians regarding the delivery of health care services to them. To constitute a hearing under this subsection, at least 5 members of the Commission, including at least 1 member of Congress, must be present. Hearings held by the study committee established in this section may count toward the number of regional hearings required by this subsection.

“(2) Upon request of the Commission, the Comptroller General shall conduct such studies or investigations as the Commission determines to be necessary to carry out its duties.

“(3)(A) The Director of the Congressional Budget Office or the Chief Actuary of the Centers for Medicare & Medicaid Services, or both, shall provide to the Commission, upon the request of the Commission, such cost estimates as the Commission determines to be necessary to carry out its duties.

“(B) The Commission shall reimburse the Director of the Congressional Budget Office for expenses relating to the employment in the office of that Director of such additional staff as may be necessary for the Director to comply with requests by the Commission under subparagraph (A).

“(4) Upon the request of the Commission, the head of any Federal agency is authorized to detail, without reimbursement, any of the personnel of such agency to the Commission to assist the Commission in carrying out its duties. Any such detail shall not interrupt or otherwise affect the civil service status or privileges of the Federal employee.

“(5) Upon the request of the Commission, the head of a Federal agency shall provide such technical assistance to the Commission as the Commission determines to be necessary to carry out its duties.

“(6) The Commission may use the United States mails in the same manner and under the same conditions as Federal agencies and shall, for purposes of the frank, be considered a commission of Congress as described in section 3215 of title 39, United States Code.

“(7) The Commission may secure directly from any Federal agency information necessary to enable it to carry out its duties, if the information may be disclosed under section 552 of title 4, United States Code. Upon request of the Chairman of the Commission, the head of such agency shall furnish such information to the Commission.

“(8) Upon the request of the Commission, the Administrator of General Services shall provide to the Commission on a reimbursable basis such administrative support services as the Commission may request.

“(9) For purposes of costs relating to printing and binding, including the cost of personnel detailed from the Government Printing Office, the Commission shall be deemed to be a committee of Congress.

“(i) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated \$4,000,000 to carry out the provisions of this section, which sum shall not be deducted

from or affect any other appropriation for health care for Indian persons.

“(j) NONAPPLICABILITY OF FACIA.—The Federal Advisory Committee Act (5 U.S.C. App.) shall not apply to the Commission.

“SEC. 815. CONFIDENTIALITY OF MEDICAL QUALITY ASSURANCE RECORDS; QUALIFIED IMMUNITY FOR PARTICIPANTS.

“(a) CONFIDENTIALITY OF RECORDS.—Medical quality assurance records created by or for any Indian Health Program or a health program of an Urban Indian Organization as part of a medical quality assurance program are confidential and privileged. Such records may not be disclosed to any person or entity, except as provided in subsection (c).

“(b) PROHIBITION ON DISCLOSURE AND TESTIMONY.—

“(1) IN GENERAL.—No part of any medical quality assurance record described in subsection (a) may be subject to discovery or admitted into evidence in any judicial or administrative proceeding, except as provided in subsection (c).

“(2) TESTIMONY.—A person who reviews or creates medical quality assurance records for any Indian Health Program or Urban Indian Organization who participates in any proceeding that reviews or creates such records may not be permitted or required to testify in any judicial or administrative proceeding with respect to such records or with respect to any finding, recommendation, evaluation, opinion, or action taken by such person or body in connection with such records except as provided in this section.

“(c) AUTHORIZED DISCLOSURE AND TESTIMONY.—

“(1) IN GENERAL.—Subject to paragraph (2), a medical quality assurance record described in subsection (a) may be disclosed, and a person referred to in subsection (b) may give testimony in connection with such a record, only as follows:

“(A) To a Federal executive agency or private organization, if such medical quality assurance record or testimony is needed by such agency or organization to perform licensing or accreditation functions related to any Indian Health Program or to a health program of an Urban Indian Organization to perform monitoring, required by law, of such program or organization.

“(B) To an administrative or judicial proceeding commenced by a present or former Indian Health Program or Urban Indian Organization provider concerning the termination, suspension, or limitation of clinical privileges of such health care provider.

“(C) To a governmental board or agency or to a professional health care society or organization, if such medical quality assurance record or testimony is needed by such board, agency, society, or organization to perform licensing, credentialing, or the monitoring of professional standards with respect to any health care provider who is or was an employee of any Indian Health Program or Urban Indian Organization.

“(D) To a hospital, medical center, or other institution that provides health care services, if such medical quality assurance record or testimony is needed by such institution to assess the professional qualifications of any health care provider who is or was an employee of any Indian Health Program or Urban Indian Organization and who has applied for or been granted authority or employment to provide health care services in or on behalf of such program or organization.

“(E) To an officer, employee, or contractor of the Indian Health Program or Urban Indian Organization that created the records or for which the records were created. If that officer, employee, or contractor has a need for such record or testimony to perform official duties.

“(F) To a criminal or civil law enforcement agency or instrumentality charged under applicable law with the protection of the public health or safety, if a qualified representative of such agency or instrumentality makes a written request that such record or testimony be provided for a purpose authorized by law.

“(G) In an administrative or judicial proceeding commenced by a criminal or civil law enforcement agency or instrumentality referred to in subparagraph (F), but only with respect to the subject of such proceeding.

“(2) IDENTITY OF PARTICIPANTS.—With the exception of the subject of a quality assurance action, the identity of any person receiving health care services from any Indian Health Program or Urban Indian Organization or the identity of any other person associated with such program or organization for purposes of a medical quality assurance program that is disclosed in a medical quality assurance record described in subsection (a) shall be deleted from that record or document before any disclosure of such record is made outside such program or organization. Such requirement does not apply to the release of information pursuant to section 552a of title 5.

“(d) DISCLOSURE FOR CERTAIN PURPOSES.—

“(1) IN GENERAL.—Nothing in this section shall be construed as authorizing or requiring the withholding from any person or entity aggregate statistical information regarding the results of any Indian Health Program or Urban Indian Organizations’s medical quality assurance programs.

“(2) WITHHOLDING FROM CONGRESS.—Nothing in this section shall be construed as authority to withhold any medical quality assurance record from a committee of either House of Congress, any joint committee of Congress, or the Government Accountability Office if such record pertains to any matter within their respective jurisdictions.

“(e) PROHIBITION ON DISCLOSURE OF RECORD OR TESTIMONY.—A person or entity having possession of or access to a record or testimony described by this section may not disclose the contents of such record or testimony in any manner or for any purpose except as provided in this section.

“(f) EXEMPTION FROM FREEDOM OF INFORMATION ACT.—Medical quality assurance records described in subsection (a) may not be made available to any person under section 552 of title 5.

“(g) LIMITATION ON CIVIL LIABILITY.—A person who participates in or provides information to a person or body that reviews or creates medical quality assurance records described in subsection (a) shall not be civilly liable for such participation or for providing such information if the participation or provision of information was in good faith based on prevailing professional standards at the time the medical quality assurance program activity took place.

“(h) APPLICATION TO INFORMATION IN CERTAIN OTHER RECORDS.—Nothing in this section shall be construed as limiting access to the information in a record created and maintained outside a medical quality assurance program, including a patient’s medical records, on the grounds that the information was presented during meetings of a review body that are part of a medical quality assurance program.

“(i) REGULATIONS.—The Secretary, acting through the Service, shall promulgate regulations pursuant to section 802.

“(j) DEFINITIONS.—In this section:

“(1) The term ‘health care provider’ means any health care professional, including community health aides and practitioners certified under section 121, who are granted clinical practice privileges or employed to

provide health care services in an Indian Health Program or health program of an Urban Indian Organization, who is licensed or certified to perform health care services by a governmental board or agency or professional health care society or organization.

“(2) The term ‘medical quality assurance program’ means any activity carried out before, on, or after the date of enactment of this Act by or for any Indian Health Program or Urban Indian Organization to assess the quality of medical care, including activities conducted by or on behalf of individuals, Indian Health Program or Urban Indian Organization medical or dental treatment review committees, or other review bodies responsible for quality assurance, credentials, infection control, patient safety, patient care assessment (including treatment procedures, blood, drugs, and therapeutics), medical records, health resources management review and identification and prevention of medical or dental incidents and risks.

“(3) The term ‘medical quality assurance record’ means the proceedings, records, minutes, and reports that emanate from quality assurance program activities described in paragraph (2) and are produced or compiled by or for an Indian Health Program or Urban Indian Organization as part of a medical quality assurance program.

“SEC. 816. APPROPRIATIONS; AVAILABILITY.

“Any new spending authority (described in subparagraph (A) or (B) of section 401(c)(2) of the Congressional Budget Act of 1974 (Public Law 93-344; 88 Stat. 317)) which is provided under this Act shall be effective for any fiscal year only to such extent or in such amounts as are provided in appropriation Acts.

“SEC. 817. AUTHORIZATION OF APPROPRIATIONS.

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

(b) RATE OF PAY.—

(1) POSITIONS AT LEVEL IV.—Section 5315 of title 5, United States Code, is amended by striking “Assistant Secretaries of Health and Human Services (6).” and inserting “Assistant Secretaries of Health and Human Services (7)”.

(2) POSITIONS AT LEVEL V.—Section 5316 of title 5, United States Code, is amended by striking “Director, Indian Health Service, Department of Health and Human Services”.

(c) AMENDMENTS TO OTHER PROVISIONS OF LAW.—

(1) Section 3307(b)(1)(C) of the Children’s Health Act of 2000 (25 U.S.C. 1671 note; Public Law 106-310) is amended by striking “Director of the Indian Health Service” and inserting “Assistant Secretary for Indian Health”.

(2) The Indian Lands Open Dump Cleanup Act of 1994 is amended—

(A) in section 3 (25 U.S.C. 3902)—

(i) by striking paragraph (2);

(ii) by redesignating paragraphs (1), (3), (4), (5), and (6) as paragraphs (4), (5), (2), (6), and (1), respectively, and moving those paragraphs so as to appear in numerical order; and

(iii) by inserting before paragraph (4) (as redesignated by subclause (II)) the following:

“(3) ASSISTANT SECRETARY.—The term ‘Assistant Secretary’ means the Assistant Secretary for Indian Health.”;

(B) in section 5 (25 U.S.C. 3904), by striking the section designation and heading and inserting the following:

“SEC. 5. AUTHORITY OF ASSISTANT SECRETARY FOR INDIAN HEALTH.”;

(C) in section 6(a) (25 U.S.C. 3905(a)), in the subsection heading, by striking “DIRECTOR” and inserting “ASSISTANT SECRETARY”;

(D) in section 9(a) (25 U.S.C. 3908(a)), in the subsection heading, by striking “DIRECTOR” and inserting “ASSISTANT SECRETARY”; and

(E) by striking "Director" each place it appears and inserting "Assistant Secretary".

(3) Section 5504(d)(2) of the Augustus F. Hawkins-Robert T. Stafford Elementary and Secondary School Improvement Amendments of 1988 (25 U.S.C. 2001 note; Public Law 100-297) is amended by striking "Director of the Indian Health Service" and inserting "Assistant Secretary for Indian Health".

(4) Section 203(a)(1) of the Rehabilitation Act of 1973 (29 U.S.C. 763(a)(1)) is amended by striking "Director of the Indian Health Service" and inserting "Assistant Secretary for Indian Health".

(5) Subsections (b) and (e) of section 518 of the Federal Water Pollution Control Act (33 U.S.C. 1377) are amended by striking "Director of the Indian Health Service" each place it appears and inserting "Assistant Secretary for Indian Health".

(6) Section 317M(b) of the Public Health Service Act (42 U.S.C. 247b-14(b)) is amended—

(A) by striking "Director of the Indian Health Service" each place it appears and inserting "Assistant Secretary for Indian Health"; and

(B) in paragraph (2)(A), by striking "the Directors referred to in such paragraph" and inserting "the Director of the Centers for Disease Control and Prevention and the Assistant Secretary for Indian Health".

(7) Section 417C(b) of the Public Health Service Act (42 U.S.C. 285-9(b)) is amended by striking "Director of the Indian Health Service" and inserting "Assistant Secretary for Indian Health".

(8) Section 1452(i) of the Safe Drinking Water Act (42 U.S.C. 300j-12(i)) is amended by striking "Director of the Indian Health Service" each place it appears and inserting "Assistant Secretary for Indian Health".

(9) Section 803B(d)(1) of the Native American Programs Act of 1974 (42 U.S.C. 2991b-2(d)(1)) is amended in the last sentence by striking "Director of the Indian Health Service" and inserting "Assistant Secretary for Indian Health".

(10) Section 203(b) of the Michigan Indian Land Claims Settlement Act (Public Law 105-143; 111 Stat. 2666) is amended by striking "Director of the Indian Health Service" and inserting "Assistant Secretary for Indian Health".

SEC. 102. SOBOBA SANITATION FACILITIES.

The Act of December 17, 1970 (84 Stat. 1465), is amended by adding at the end the following:

"SEC. 9. Nothing in this Act shall preclude the Soboba Band of Mission Indians and the Soboba Indian Reservation from being provided with sanitation facilities and services under the authority of section 7 of the Act of August 5, 1954 (68 Stat. 674), as amended by the Act of July 31, 1959 (73 Stat. 267)."

SEC. 103. NATIVE AMERICAN HEALTH AND WELLNESS FOUNDATION.

(a) IN GENERAL.—The Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.) is amended by adding at the end the following:

"TITLE VIII—NATIVE AMERICAN HEALTH AND WELLNESS FOUNDATION

"SEC. 801. DEFINITIONS.

"In this title:

"(1) BOARD.—The term 'Board' means the Board of Directors of the Foundation.

"(2) COMMITTEE.—The term 'Committee' means the Committee for the Establishment of Native American Health and Wellness Foundation established under section 802(f).

"(3) FOUNDATION.—The term 'Foundation' means the Native American Health and Wellness Foundation established under section 802.

"(4) SECRETARY.—The term 'Secretary' means the Secretary of Health and Human Services.

"(5) SERVICE.—The term 'Service' means the Indian Health Service of the Department of Health and Human Services.

"SEC. 802. NATIVE AMERICAN HEALTH AND WELLNESS FOUNDATION.

"(a) ESTABLISHMENT.—

"(1) IN GENERAL.—As soon as practicable after the date of enactment of this title, the Secretary shall establish, under the laws of the District of Columbia and in accordance with this title, the Native American Health and Wellness Foundation.

"(2) FUNDING DETERMINATIONS.—No funds, gift, property, or other item of value (including any interest accrued on such an item) acquired by the Foundation shall—

"(A) be taken into consideration for purposes of determining Federal appropriations relating to the provision of health care and services to Indians; or

"(B) otherwise limit, diminish, or affect the Federal responsibility for the provision of health care and services to Indians.

"(b) PERPETUAL EXISTENCE.—The Foundation shall have perpetual existence.

"(c) NATURE OF CORPORATION.—The Foundation—

"(1) shall be a charitable and nonprofit federally chartered corporation; and

"(2) shall not be an agency or instrumentality of the United States.

"(d) PLACE OF INCORPORATION AND DOMICILE.—The Foundation shall be incorporated and domiciled in the District of Columbia.

"(e) DUTIES.—The Foundation shall—

"(1) encourage, accept, and administer private gifts of real and personal property, and any income from or interest in such gifts, for the benefit of, or in support of, the mission of the Service;

"(2) undertake and conduct such other activities as will further the health and wellness activities and opportunities of Native Americans; and

"(3) participate with and assist Federal, State, and tribal governments, agencies, entities, and individuals in undertaking and conducting activities that will further the health and wellness activities and opportunities of Native Americans.

"(f) COMMITTEE FOR THE ESTABLISHMENT OF NATIVE AMERICAN HEALTH AND WELLNESS FOUNDATION.—

"(1) IN GENERAL.—The Secretary shall establish the Committee for the Establishment of Native American Health and Wellness Foundation to assist the Secretary in establishing the Foundation.

"(2) DUTIES.—Not later than 180 days after the date of enactment of this section, the Committee shall—

"(A) carry out such activities as are necessary to incorporate the Foundation under the laws of the District of Columbia, including acting as incorporators of the Foundation;

"(B) ensure that the Foundation qualifies for and maintains the status required to carry out this section, until the Board is established;

"(C) establish the constitution and initial bylaws of the Foundation;

"(D) provide for the initial operation of the Foundation, including providing for temporary or interim quarters, equipment, and staff; and

"(E) appoint the initial members of the Board in accordance with the constitution and initial bylaws of the Foundation.

"(g) BOARD OF DIRECTORS.—

"(1) IN GENERAL.—The Board of Directors shall be the governing body of the Foundation.

"(2) POWERS.—The Board may exercise, or provide for the exercise of, the powers of the Foundation.

"(3) SELECTION.—

"(A) IN GENERAL.—Subject to subparagraph (B), the number of members of the Board, the

manner of selection of the members (including the filling of vacancies), and the terms of office of the members shall be as provided in the constitution and bylaws of the Foundation.

"(B) REQUIREMENTS.—

"(i) NUMBER OF MEMBERS.—The Board shall have at least 11 members, who shall have staggered terms.

"(ii) INITIAL VOTING MEMBERS.—The initial voting members of the Board—

"(I) shall be appointed by the Committee not later than 180 days after the date on which the Foundation is established; and

"(II) shall have staggered terms.

"(iii) QUALIFICATION.—The members of the Board shall be United States citizens who are knowledgeable or experienced in Native American health care and related matters.

"(C) COMPENSATION.—A member of the Board shall not receive compensation for service as a member, but shall be reimbursed for actual and necessary travel and subsistence expenses incurred in the performance of the duties of the Foundation.

"(h) OFFICERS.—

"(1) IN GENERAL.—The officers of the Foundation shall be—

"(A) a secretary, elected from among the members of the Board; and

"(B) any other officers provided for in the constitution and bylaws of the Foundation.

"(2) CHIEF OPERATING OFFICER.—The secretary of the Foundation may serve, at the direction of the Board, as the chief operating officer of the Foundation, or the Board may appoint a chief operating officer, who shall serve at the direction of the Board.

"(3) ELECTION.—The manner of election, term of office, and duties of the officers of the Foundation shall be as provided in the constitution and bylaws of the Foundation.

"(i) POWERS.—The Foundation—

"(1) shall adopt a constitution and bylaws for the management of the property of the Foundation and the regulation of the affairs of the Foundation;

"(2) may adopt and alter a corporate seal;

"(3) may enter into contracts;

"(4) may acquire (through a gift or otherwise), own, lease, encumber, and transfer real or personal property as necessary or convenient to carry out the purposes of the Foundation;

"(5) may sue and be sued; and

"(6) may perform any other act necessary and proper to carry out the purposes of the Foundation.

"(j) PRINCIPAL OFFICE.—

"(1) IN GENERAL.—The principal office of the Foundation shall be in the District of Columbia.

"(2) ACTIVITIES; OFFICES.—The activities of the Foundation may be conducted, and offices may be maintained, throughout the United States in accordance with the constitution and bylaws of the Foundation.

"(k) SERVICE OF PROCESS.—The Foundation shall comply with the law on service of process of each State in which the Foundation is incorporated and of each State in which the Foundation carries on activities.

"(l) LIABILITY OF OFFICERS, EMPLOYEES, AND AGENTS.—

"(1) IN GENERAL.—The Foundation shall be liable for the acts of the officers, employees, and agents of the Foundation acting within the scope of their authority.

"(2) PERSONAL LIABILITY.—A member of the Board shall be personally liable only for gross negligence in the performance of the duties of the member.

"(m) RESTRICTIONS.—

"(1) LIMITATION ON SPENDING.—Beginning with the fiscal year following the first full fiscal year during which the Foundation is in operation, the administrative costs of the

Foundation shall not exceed the percentage described in paragraph (2) of the sum of—

“(A) the amounts transferred to the Foundation under subsection (o) during the preceding fiscal year; and

“(B) donations received from private sources during the preceding fiscal year.

“(2) PERCENTAGES.—The percentages referred to in paragraph (1) are—

“(A) for the first fiscal year described in that paragraph, 20 percent;

“(B) for the following fiscal year, 15 percent; and

“(C) for each fiscal year thereafter, 10 percent.

“(3) APPOINTMENT AND HIRING.—The appointment of officers and employees of the Foundation shall be subject to the availability of funds.

“(4) STATUS.—A member of the Board or officer, employee, or agent of the Foundation shall not by reason of association with the Foundation be considered to be an officer, employee, or agent of the United States.

“(n) AUDITS.—The Foundation shall comply with section 10101 of title 36, United States Code, as if the Foundation were a corporation under part B of subtitle II of that title.

“(o) FUNDING.—

“(1) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out subsection (e)(1) \$500,000 for each fiscal year, as adjusted to reflect changes in the Consumer Price Index for all-urban consumers published by the Department of Labor.

“(2) TRANSFER OF DONATED FUNDS.—The Secretary shall transfer to the Foundation funds held by the Department of Health and Human Services under the Act of August 5, 1954 (42 U.S.C. 2001 et seq.), if the transfer or use of the funds is not prohibited by any term under which the funds were donated.

“SEC. 803. ADMINISTRATIVE SERVICES AND SUPPORT.

“(a) PROVISION OF SUPPORT BY SECRETARY.—Subject to subsection (b), during the 5-year period beginning on the date on which the Foundation is established, the Secretary—

“(1) may provide personnel, facilities, and other administrative support services to the Foundation;

“(2) may provide funds for initial operating costs and to reimburse the travel expenses of the members of the Board; and

“(3) shall require and accept reimbursements from the Foundation for—

“(A) services provided under paragraph (1); and

“(B) funds provided under paragraph (2).

“(b) REIMBURSEMENT.—Reimbursements accepted under subsection (a)(3)—

“(1) shall be deposited in the Treasury of the United States to the credit of the applicable appropriations account; and

“(2) shall be chargeable for the cost of providing services described in subsection (a)(1) and travel expenses described in subsection (a)(2).

“(c) CONTINUATION OF CERTAIN SERVICES.—The Secretary may continue to provide facilities and necessary support services to the Foundation after the termination of the 5-year period specified in subsection (a) if the facilities and services—

“(1) are available; and

“(2) are provided on reimbursable cost basis.”

(b) TECHNICAL AMENDMENTS.—The Indian Self-Determination and Education Assistance Act is amended—

(1) by redesignating title V (25 U.S.C. 458bbb et seq.) as title VII;

(2) by redesignating sections 501, 502, and 503 (25 U.S.C. 458bbb, 458bbb-1, 458bbb-2) as sections 701, 702, and 703, respectively; and

(3) in subsection (a)(2) of section 702 and paragraph (2) of section 703 (as redesignated by paragraph (2)), by striking “section 501” and inserting “section 701”.

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

SEC. 201. EXPANSION OF PAYMENTS UNDER MEDICARE, MEDICAID, AND SCHIP FOR ALL COVERED SERVICES FURNISHED BY INDIAN HEALTH PROGRAMS.

(a) MEDICAID.—

(1) EXPANSION TO ALL COVERED SERVICES.—Section 1911 of the Social Security Act (42 U.S.C. 1396j) is amended—

(A) by amending the heading to read as follows:

“SEC. 1911. INDIAN HEALTH PROGRAMS.”; and

(B) by amending subsection (a) to read as follows:

“(a) ELIGIBILITY FOR PAYMENT FOR MEDICAL ASSISTANCE.—The Indian Health Service and an Indian Tribe, Tribal Organization, or an Urban Indian Organization shall be eligible for payment for medical assistance provided under a State plan or under waiver authority with respect to items and services furnished by the Indian Health Service, Indian Tribe, Tribal Organization, or Urban Indian Organization if the furnishing of such services meets all the conditions and requirements which are applicable generally to the furnishing of items and services under this title and under such plan or waiver authority.”

(2) COMPLIANCE WITH CONDITIONS AND REQUIREMENTS.—Subsection (b) of such section is amended to read as follows:

“(b) COMPLIANCE WITH CONDITIONS AND REQUIREMENTS.—A facility of the Indian Health Service or an Indian Tribe, Tribal Organization, or an Urban Indian Organization which is eligible for payment under subsection (a) with respect to the furnishing of items and services, but which does not meet all of the conditions and requirements of this title and under a State plan or waiver authority which are applicable generally to such facility, shall make such improvements as are necessary to achieve or maintain compliance with such conditions and requirements in accordance with a plan submitted to and accepted by the Secretary for achieving or maintaining compliance with such conditions and requirements, and shall be deemed to meet such conditions and requirements (and to be eligible for payment under this title), without regard to the extent of its actual compliance with such conditions and requirements, during the first 12 months after the month in which such plan is submitted.”

(3) REVISION OF AUTHORITY TO ENTER INTO AGREEMENTS.—Subsection (c) of such section is amended to read as follows:

“(c) AUTHORITY TO ENTER INTO AGREEMENTS.—The Secretary may enter into an agreement with a State for the purpose of reimbursing the State for medical assistance provided by the Indian Health Service, an Indian Tribe, Tribal Organization, or an Urban Indian Organization (as so defined), directly, through referral, or under contracts or other arrangements between the Indian Health Service, an Indian Tribe, Tribal Organization, or an Urban Indian Organization and another health care provider to Indians who are eligible for medical assistance under the State plan or under waiver authority.”

(4) CROSS-REFERENCES TO SPECIAL FUND FOR IMPROVEMENT OF IHS FACILITIES; DIRECT BILLING OPTION; DEFINITIONS.—Such section is further amended by striking subsection (d) and adding at the end the following new subsections:

“(d) SPECIAL FUND FOR IMPROVEMENT OF IHS FACILITIES.—For provisions relating to the authority of the Secretary to place pay-

ments to which a facility of the Indian Health Service is eligible for payment under this title into a special fund established under section 401(c)(1) of the Indian Health Care Improvement Act, and the requirement to use amounts paid from such fund for making improvements in accordance with subsection (b), see subparagraphs (A) and (B) of section 401(c)(1) of such Act.

“(e) DIRECT BILLING.—For provisions relating to the authority of a Tribal Health Program or an Urban Indian Organization to elect to directly bill for, and receive payment for, health care items and services provided by such Program or Organization for which payment is made under this title, see section 401(d) of the Indian Health Care Improvement Act.

“(f) DEFINITIONS.—In this section, the terms ‘Indian Health Program’, ‘Indian Tribe’, ‘Tribal Health Program’, ‘Tribal Organization’, and ‘Urban Indian Organization’ have the meanings given those terms in section 4 of the Indian Health Care Improvement Act.”

(b) MEDICARE.—

(1) EXPANSION TO ALL COVERED SERVICES.—Section 1880 of such Act (42 U.S.C. 1395qq) is amended—

(A) by amending the heading to read as follows:

“SEC. 1880. INDIAN HEALTH PROGRAMS.”; and

(B) by amending subsection (a) to read as follows:

“(a) ELIGIBILITY FOR PAYMENTS.—Subject to subsection (e), the Indian Health Service and an Indian Tribe, Tribal Organization, or an Urban Indian Organization shall be eligible for payments under this title with respect to items and services furnished by the Indian Health Service, Indian Tribe, Tribal Organization, or Urban Indian Organization if the furnishing of such services meets all the conditions and requirements which are applicable generally to the furnishing of items and services under this title.”

(2) COMPLIANCE WITH CONDITIONS AND REQUIREMENTS.—Subsection (b) of such section is amended to read as follows:

“(b) COMPLIANCE WITH CONDITIONS AND REQUIREMENTS.—Subject to subsection (e), a facility of the Indian Health Service or an Indian Tribe, Tribal Organization, or an Urban Indian Organization which is eligible for payment under subsection (a) with respect to the furnishing of items and services, but which does not meet all of the conditions and requirements of this title which are applicable generally to such facility, shall make such improvements as are necessary to achieve or maintain compliance with such conditions and requirements in accordance with a plan submitted to and accepted by the Secretary for achieving or maintaining compliance with such conditions and requirements, and shall be deemed to meet such conditions and requirements (and to be eligible for payment under this title), without regard to the extent of its actual compliance with such conditions and requirements, during the first 12 months after the month in which such plan is submitted.”

(3) CROSS-REFERENCES TO SPECIAL FUND FOR IMPROVEMENT OF IHS FACILITIES; DIRECT BILLING OPTION; DEFINITIONS.—

(A) IN GENERAL.—Such section is further amended by striking subsections (c) and (d) and inserting the following new subsections:

“(c) SPECIAL FUND FOR IMPROVEMENT OF IHS FACILITIES.—For provisions relating to the authority of the Secretary to place payments to which a facility of the Indian Health Service is eligible for payment under this title into a special fund established under section 401(c)(1) of the Indian Health Care Improvement Act, and the requirement

to use amounts paid from such fund for making improvements in accordance with subsection (b), see subparagraphs (A) and (B) of section 401(c)(1) of such Act.

“(d) DIRECT BILLING.—For provisions relating to the authority of a Tribal Health Program or an Urban Indian Organization to elect to directly bill for, and receive payment for, health care items and services provided by such Program or Organization for which payment is made under this title, see section 401(d) of the Indian Health Care Improvement Act.”.

(B) CONFORMING AMENDMENT.—Paragraph (3) of section 1880(e) of such Act (42 U.S.C. 1395qq(e)) is amended by inserting “and section 401(c)(1) of the Indian Health Care Improvement Act” after “Subsection (c)”.

(4) DEFINITIONS.—Such section is further amended by amending subsection (f) to read as follows:

“(f) DEFINITIONS.—In this section, the terms ‘Indian Health Program’, ‘Indian Tribe’, ‘Service Unit’, ‘Tribal Health Program’, ‘Tribal Organization’, and ‘Urban Indian Organization’ have the meanings given those terms in section 4 of the Indian Health Care Improvement Act.”.

(c) APPLICATION TO SCHIP.—Section 2107(e)(1) of the Social Security Act (42 U.S.C. 1397gg(e)(1)) is amended—

(1) by redesignating subparagraph (D) as subparagraph (E); and

(2) by inserting after subparagraph (C), the following new subparagraph:

“(D) Section 1911 (relating to Indian Health Programs, other than subsection (d) of such section).”.

SEC. 202. INCREASED OUTREACH TO INDIANS UNDER MEDICAID AND SCHIP AND IMPROVED COOPERATION IN THE PROVISION OF ITEMS AND SERVICES TO INDIANS UNDER SOCIAL SECURITY ACT HEALTH BENEFIT PROGRAMS.

Section 1139 of the Social Security Act (42 U.S.C. 1320b-9) is amended to read as follows:

“SEC. 1139. IMPROVED ACCESS TO, AND DELIVERY OF, HEALTH CARE FOR INDIANS UNDER TITLES XVIII, XIX, AND XXI.

“(a) AGREEMENTS WITH STATES FOR MEDICAID AND SCHIP OUTREACH ON OR NEAR RESERVATIONS TO INCREASE THE ENROLLMENT OF INDIANS IN THOSE PROGRAMS.—

“(1) IN GENERAL.—In order to improve the access of Indians residing on or near a reservation to obtain benefits under the Medicaid and State children’s health insurance programs established under titles XIX and XXI, the Secretary shall encourage the State to take steps to provide for enrollment on or near the reservation. Such steps may include outreach efforts such as the outstationing of eligibility workers, entering into agreements with the Indian Health Service, Indian Tribes, Tribal Organizations, and Urban Indian Organizations to provide outreach, education regarding eligibility and benefits, enrollment, and translation services when such services are appropriate.

“(2) CONSTRUCTION.—Nothing in subparagraph (A) shall be construed as affecting arrangements entered into between States and the Indian Health Service, Indian Tribes, Tribal Organizations, or Urban Indian Organizations for such Service, Tribes, or Organizations to conduct administrative activities under such titles.

“(b) REQUIREMENT TO FACILITATE COOPERATION.—The Secretary, acting through the Centers for Medicare & Medicaid Services, shall take such steps as are necessary to facilitate cooperation with, and agreements between, States and the Indian Health Service, Indian Tribes, Tribal Organizations, or Urban Indian Organizations with respect to the provision of health care items and services to Indians under the programs established under title XVIII, XIX, or XXI.

“(c) DEFINITION OF INDIAN; INDIAN TRIBE; INDIAN HEALTH PROGRAM; TRIBAL ORGANIZATION; URBAN INDIAN ORGANIZATION.—In this section, the terms ‘Indian’, ‘Indian Tribe’, ‘Indian Health Program’, ‘Tribal Organization’, and ‘Urban Indian Organization’ have the meanings given those terms in section 4 of the Indian Health Care Improvement Act.”.

SEC. 203. ADDITIONAL PROVISIONS TO INCREASE OUTREACH TO, AND ENROLLMENT OF, INDIANS IN SCHIP AND MEDICAID.

(a) NONAPPLICATION OF 10 PERCENT LIMIT ON OUTREACH AND CERTAIN OTHER EXPENDITURES.—Section 2105(c)(2) of the Social Security Act (42 U.S.C. 1397ee(c)(2)) is amended by adding at the end the following new subparagraph:

“(C) NONAPPLICATION TO EXPENDITURES FOR OUTREACH TO INCREASE THE ENROLLMENT OF INDIAN CHILDREN UNDER THIS TITLE AND TITLE XIX.—The limitation under subparagraph (A) on expenditures for items described in subsection (a)(1)(D) shall not apply in the case of expenditures for outreach activities to families of Indian children likely to be eligible for child health assistance under the plan or medical assistance under the State plan under title XIX (or under a waiver of such plan), to inform such families of the availability of, and to assist them in enrolling their children in, such plans, including such activities conducted under grants, contracts, or agreements entered into under section 1139(a).”.

(b) ASSURANCE OF PAYMENTS TO INDIAN HEALTH CARE PROVIDERS FOR CHILD HEALTH ASSISTANCE.—Section 2102(b)(3)(D) of such Act (42 U.S.C. 1397bb(b)(3)(D)) is amended by striking “(as defined in section 4(c) of the Indian Health Care Improvement Act, 25 U.S.C. 1603(c))” and inserting “, including how the State will ensure that payments are made to Indian Health Programs and Urban Indian Organizations operating in the State for the provision of such assistance”.

(c) INCLUSION OF OTHER INDIAN FINANCED HEALTH CARE PROGRAMS IN EXEMPTION FROM PROHIBITION ON CERTAIN PAYMENTS.—Section 2105(c)(6)(B) of such Act (42 U.S.C. 1397ee(c)(6)(B)) is amended by striking “insurance program, other than an insurance program operated or financed by the Indian Health Service” and inserting “program, other than a health care program operated or financed by the Indian Health Service or by an Indian Tribe, Tribal Organization, or Urban Indian Organization”.

(d) SATISFACTION OF MEDICAID DOCUMENTATION REQUIREMENTS.—

(1) IN GENERAL.—Section 1903(x)(3)(B) of the Social Security Act (42 U.S.C. 1396b(x)(3)(B)) is amended—

(A) by redesignating clause (v) as clause (vi); and

(B) by inserting after clause (iv), the following new clause:

“(v)(I) Except as provided in subclause (II), a document issued by a federally-recognized Indian tribe evidencing membership or enrollment in, or affiliation with, such tribe.

“(II) With respect to those federally-recognized Indian tribes located within States having an international border whose membership includes individuals who are not citizens of the United States, the Secretary shall, after consulting with such tribes, issue regulations authorizing the presentation of such other forms of documentation (including tribal documentation, if appropriate) that the Secretary determines to be satisfactory documentary evidence of citizenship or nationality for purposes of satisfying the requirement of this subsection.”.

(2) TRANSITION RULE.—During the period that begins on July 1, 2006, and ends on the effective date of final regulations issued

under subclause (II) of section 1903(x)(3)(B)(v) of the Social Security Act (42 U.S.C. 1396b(x)(3)(B)(v)) (as added by paragraph (1)), an individual who is a member of a federally-recognized Indian tribe described in subclause (II) of that section who presents a document described in subclause (I) of such section that is issued by such Indian tribe, shall be deemed to have presented satisfactory evidence of citizenship or nationality for purposes of satisfying the requirement of subsection (x) of section 1903 of such Act.

(e) DEFINITIONS.—Section 2110(c) of such Act (42 U.S.C. 1397jj(c)) is amended by adding at the end the following new paragraph:

“(9) INDIAN; INDIAN HEALTH PROGRAM; INDIAN TRIBE; ETC.—The terms ‘Indian’, ‘Indian Health Program’, ‘Indian Tribe’, ‘Tribal Organization’, and ‘Urban Indian Organization’ have the meanings given those terms in section 4 of the Indian Health Care Improvement Act.”.

SEC. 204. PREMIUMS AND COST SHARING PROTECTIONS UNDER MEDICAID, ELIGIBILITY DETERMINATIONS UNDER MEDICAID AND SCHIP, AND PROTECTION OF CERTAIN INDIAN PROPERTY FROM MEDICAID ESTATE RECOVERY.

(a) PREMIUMS AND COST SHARING PROTECTION UNDER MEDICAID.—

(1) IN GENERAL.—Section 1916 of the Social Security Act (42 U.S.C. 1396o) is amended—

(A) in subsection (a), in the matter preceding paragraph (1), by striking “and (i)” and inserting “, (i), and (j)”; and

(B) by adding at the end the following new subsection:

“(j) NO PREMIUMS OR COST SHARING FOR INDIANS FURNISHED ITEMS OR SERVICES DIRECTLY BY INDIAN HEALTH PROGRAMS OR THROUGH REFERRAL UNDER THE CONTRACT HEALTH SERVICE.—

“(1) NO COST SHARING FOR ITEMS OR SERVICES FURNISHED TO INDIANS THROUGH INDIAN HEALTH PROGRAMS.—

“(A) IN GENERAL.—No enrollment fee, premium, or similar charge, and no deduction, copayment, cost sharing, or similar charge shall be imposed against an Indian who is furnished an item or service directly by the Indian Health Service, an Indian Tribe, Tribal Organization, or Urban Indian Organization or through referral under the contract health service for which payment may be made under this title.

“(B) NO REDUCTION IN AMOUNT OF PAYMENT TO INDIAN HEALTH PROVIDERS.—Payment due under this title to the Indian Health Service, an Indian Tribe, Tribal Organization, or Urban Indian Organization, or a health care provider through referral under the contract health service for the furnishing of an item or service to an Indian who is eligible for assistance under such title, may not be reduced by the amount of any enrollment fee, premium, or similar charge, or any deduction, copayment, cost sharing, or similar charge that would be due from the Indian but for the operation of subparagraph (A).

“(2) RULE OF CONSTRUCTION.—Nothing in this subsection shall be construed as restricting the application of any other limitations on the imposition of premiums or cost sharing that may apply to an individual receiving medical assistance under this title who is an Indian.

“(3) DEFINITIONS.—In this subsection, the terms ‘contract health service’, ‘Indian’, ‘Indian Tribe’, ‘Tribal Organization’, and ‘Urban Indian Organization’ have the meanings given those terms in section 4 of the Indian Health Care Improvement Act.”.

(2) CONFORMING AMENDMENT.—Section 1916A (a)(1) of such Act (42 U.S.C. 1396o-1(a)(1)) is amended by striking “section 1916(g)” and inserting “subsections (g), (i), or (j) of section 1916”.

(b) TREATMENT OF CERTAIN PROPERTY FOR MEDICAID AND SCHIP ELIGIBILITY.—

(1) MEDICAID.—Section 1902(e) of the Social Security Act (42 U.S.C. 1396a) is amended by adding at the end the following new paragraph:

“(13) Notwithstanding any other requirement of this title or any other provision of Federal or State law, a State shall disregard the following property for purposes of determining the eligibility of an individual who is an Indian (as defined in section 4 of the Indian Health Care Improvement Act) for medical assistance under this title:

“(A) Property, including real property and improvements, that is held in trust, subject to Federal restrictions, or otherwise under the supervision of the Secretary of the Interior, located on a reservation, including any federally recognized Indian Tribe’s reservation, pueblo, or colony, including former reservations in Oklahoma, Alaska Native regions established by the Alaska Native Claims Settlement Act, and Indian allotments on or near a reservation as designated and approved by the Bureau of Indian Affairs of the Department of the Interior.

“(B) For any federally recognized Tribe not described in subparagraph (A), property located within the most recent boundaries of a prior Federal reservation.

“(C) Ownership interests in rents, leases, royalties, or usage rights related to natural resources (including extraction of natural resources or harvesting of timber, other plants and plant products, animals, fish, and shellfish) resulting from the exercise of federally protected rights.

“(D) Ownership interests in or usage rights to items not covered by subparagraphs (A) through (C) that have unique religious, spiritual, traditional, or cultural significance or rights that support subsistence or a traditional lifestyle according to applicable tribal law or custom.”.

(2) APPLICATION TO SCHIP.—Section 2107(e)(1) of such Act (42 U.S.C. 1397gg(e)(1)) is amended—

(A) by redesignating subparagraphs (B) through (E), as subparagraphs (C) through (F), respectively; and

(B) by inserting after subparagraph (A), the following new subparagraph:

“(B) Section 1902(e)(13) (relating to disregard of certain property for purposes of making eligibility determinations).”.

(c) CONTINUATION OF CURRENT LAW PROTECTIONS OF CERTAIN INDIAN PROPERTY FROM MEDICAID ESTATE RECOVERY.—Section 1917(b)(3) of the Social Security Act (42 U.S.C. 1396p(b)(3)) is amended—

(1) by inserting “(A)” after “(3)”; and

(2) by adding at the end the following new subparagraph:

“(B) The standards specified by the Secretary under subparagraph (A) shall require that the procedures established by the State agency under subparagraph (A) exempt income, resources, and property that are exempt from the application of this subsection as of April 1, 2003, under manual instructions issued to carry out this subsection (as in effect on such date) because of the Federal responsibility for Indian Tribes and Alaska Native Villages. Nothing in this subparagraph shall be construed as preventing the Secretary from providing additional estate recovery exemptions under this title for Indians.”.

SEC. 205. NONDISCRIMINATION IN QUALIFICATIONS FOR PAYMENT FOR SERVICES UNDER FEDERAL HEALTH CARE PROGRAMS.

Section 1139 of the Social Security Act (42 U.S.C. 1320b–9), as amended by section 202, is amended by redesignating subsection (c) as subsection (d), and inserting after subsection (b) the following new subsection:

“(c) NONDISCRIMINATION IN QUALIFICATIONS FOR PAYMENT FOR SERVICES UNDER FEDERAL HEALTH CARE PROGRAMS.—

“(1) REQUIREMENT TO SATISFY GENERALLY APPLICABLE PARTICIPATION REQUIREMENTS.—

“(A) IN GENERAL.—A Federal health care program must accept an entity that is operated by the Indian Health Service, an Indian Tribe, Tribal Organization, or Urban Indian Organization as a provider eligible to receive payment under the program for health care services furnished to an Indian on the same basis as any other provider qualified to participate as a provider of health care services under the program if the entity meets generally applicable State or other requirements for participation as a provider of health care services under the program.

“(B) SATISFACTION OF STATE OR LOCAL LICENSURE OR RECOGNITION REQUIREMENTS.—Any requirement for participation as a provider of health care services under a Federal health care program that an entity be licensed or recognized under the State or local law where the entity is located to furnish health care services shall be deemed to have been met in the case of an entity operated by the Indian Health Service, an Indian Tribe, Tribal Organization, or Urban Indian Organization if the entity meets all the applicable standards for such licensure or recognition, regardless of whether the entity obtains a license or other documentation under such State or local law. In accordance with section 221 of the Indian Health Care Improvement Act, the absence of the licensure of a health care professional employed by such an entity under the State or local law where the entity is located shall not be taken into account for purposes of determining whether the entity meets such standards, if the professional is licensed in another State.

“(2) PROHIBITION ON FEDERAL PAYMENTS TO ENTITIES OR INDIVIDUALS EXCLUDED FROM PARTICIPATION IN FEDERAL HEALTH CARE PROGRAMS OR WHOSE STATE LICENSES ARE UNDER SUSPENSION OR HAVE BEEN REVOKED.—

“(A) EXCLUDED ENTITIES.—No entity operated by the Indian Health Service, an Indian Tribe, Tribal Organization, or Urban Indian Organization that has been excluded from participation in any Federal health care program or for which a license is under suspension or has been revoked by the State where the entity is located shall be eligible to receive payment under any such program for health care services furnished to an Indian.

“(B) EXCLUDED INDIVIDUALS.—No individual who has been excluded from participation in any Federal health care program or whose State license is under suspension or has been revoked shall be eligible to receive payment under any such program for health care services furnished by that individual, directly or through an entity that is otherwise eligible to receive payment for health care services, to an Indian.

“(C) FEDERAL HEALTH CARE PROGRAM DEFINED.—In this subsection, the term, ‘Federal health care program’ has the meaning given that term in section 1128B(f), except that, for purposes of this subsection, such term shall include the health insurance program under chapter 89 of title 5, United States Code.”.

SEC. 206. CONSULTATION ON MEDICAID, SCHIP, AND OTHER HEALTH CARE PROGRAMS FUNDED UNDER THE SOCIAL SECURITY ACT INVOLVING INDIAN HEALTH PROGRAMS AND URBAN INDIAN ORGANIZATIONS.

(a) IN GENERAL.—Section 1139 of the Social Security Act (42 U.S.C. 1320b–9), as amended by sections 202 and 205, is amended by redesignating subsection (d) as subsection (e), and inserting after subsection (c) the following new subsection:

“(d) CONSULTATION WITH TRIBAL TECHNICAL ADVISORY GROUP (TTAG).—The Secretary

shall maintain within the Centers for Medicaid & Medicare Services (CMS) a Tribal Technical Advisory Group, established in accordance with requirements of the charter dated September 30, 2003, and in such group shall include a representative of the Urban Indian Organizations and the Service. The representative of the Urban Indian Organization shall be deemed to be an elected officer of a tribal government for purposes of applying section 204(b) of the Unfunded Mandates Reform Act of 1995 (2 U.S.C. 1534(b)).”.

(b) SOLICITATION OF ADVICE UNDER MEDICAID AND SCHIP.—

(1) MEDICAID STATE PLAN AMENDMENT.—Section 1902(a) of the Social Security Act (42 U.S.C. 1396a(a)) is amended—

(A) in paragraph (69), by striking “and” at the end;

(B) in paragraph (70)(B)(iv), by striking the period at the end and inserting “; and”; and

(C) by inserting after paragraph (70)(B)(iv), the following new paragraph:

“(71) in the case of any State in which the Indian Health Service operates or funds health care programs, or in which 1 or more Indian Health Programs or Urban Indian Organizations (as such terms are defined in section 4 of the Indian Health Care Improvement Act) provide health care in the State for which medical assistance is available under such title, provide for a process under which the State seeks advice on a regular, ongoing basis from designees of such Indian Health Programs and Urban Indian Organizations on matters relating to the application of this title that are likely to have a direct effect on such Indian Health Programs and Urban Indian Organizations and that—

“(A) shall include solicitation of advice prior to submission of any plan amendments, waiver requests, and proposals for demonstration projects likely to have a direct effect on Indians, Indian Health Programs, or Urban Indian Organizations; and

“(B) may include appointment of an advisory committee and of a designee of such Indian Health Programs and Urban Indian Organizations to the medical care advisory committee advising the State on its State plan under this title.”.

(2) APPLICATION TO SCHIP.—Section 2107(e)(1) of such Act (42 U.S.C. 1397gg(e)(1)), as amended by section 204(b)(2), is amended—

(A) by redesignating subparagraphs (B) through (F) as subparagraphs (C) through (G), respectively; and

(B) by inserting after subparagraph (A), the following new subparagraph:

“(B) Section 1902(a)(71) (relating to the option of certain States to seek advice from designees of Indian Health Programs and Urban Indian Organizations).”.

(c) RULE OF CONSTRUCTION.—Nothing in the amendments made by this section shall be construed as superseding existing advisory committees, working groups, guidance, or other advisory procedures established by the Secretary of Health and Human Services or by any State with respect to the provision of health care to Indians.

SEC. 207. EXCLUSION WAIVER AUTHORITY FOR AFFECTED INDIAN HEALTH PROGRAMS AND SAFE HARBOR TRANSACTIONS UNDER THE SOCIAL SECURITY ACT.

(a) EXCLUSION WAIVER AUTHORITY.—Section 1128 of the Social Security Act (42 U.S.C. 1320a–7) is amended by adding at the end the following new subsection:

“(k) ADDITIONAL EXCLUSION WAIVER AUTHORITY FOR AFFECTED INDIAN HEALTH PROGRAMS.—In addition to the authority granted the Secretary under subsections (c)(3)(B) and (d)(3)(B) to waive an exclusion under subsection (a)(1), (a)(3), (a)(4), or (b), the Secretary may, in the case of an Indian Health Program, waive such an exclusion upon the

request of the administrator of an affected Indian Health Program (as defined in section 4 of the Indian Health Care Improvement Act) who determines that the exclusion would impose a hardship on individuals entitled to benefits under or enrolled in a Federal health care program.”.

(b) CERTAIN TRANSACTIONS INVOLVING INDIAN HEALTH CARE PROGRAMS DEEMED TO BE IN SAFE HARBORS.—Section 1128B(b) of the Social Security Act (42 U.S.C. 1320a-7b(b)) is amended by adding at the end the following new paragraph:

“(4) Subject to such conditions as the Secretary may promulgate from time to time as necessary to prevent fraud and abuse, for purposes of paragraphs (1) and (2) and section 1128A(a), the following transfers shall not be treated as remuneration:

“(A) TRANSFERS BETWEEN INDIAN HEALTH PROGRAMS, INDIAN TRIBES, TRIBAL ORGANIZATIONS, AND URBAN INDIAN ORGANIZATIONS.—Transfers of anything of value between or among an Indian Health Program, Indian Tribe, Tribal Organization, or Urban Indian Organization, that are made for the purpose of providing necessary health care items and services to any patient served by such Program, Tribe, or Organization and that consist of—

“(i) services in connection with the collection, transport, analysis, or interpretation of diagnostic specimens or test data;

“(ii) inventory or supplies;

“(iii) staff; or

“(iv) a waiver of all or part of premiums or cost sharing.

“(B) TRANSFERS BETWEEN INDIAN HEALTH PROGRAMS, INDIAN TRIBES, TRIBAL ORGANIZATIONS, OR URBAN INDIAN ORGANIZATIONS AND PATIENTS.—Transfers of anything of value between an Indian Health Program, Indian Tribe, Tribal Organization, or Urban Indian Organization and any patient served or eligible for service from an Indian Health Program, Indian Tribe, Tribal Organization, or Urban Indian Organization, including any patient served or eligible for service pursuant to section 807 of the Indian Health Care Improvement Act, but only if such transfers—

“(i) consist of expenditures related to providing transportation for the patient for the provision of necessary health care items or services, provided that the provision of such transportation is not advertised, nor an incentive of which the value is disproportionately large in relationship to the value of the health care item or service (with respect to the value of the item or service itself or, for preventative items or services, the future health care costs reasonably expected to be avoided);

“(ii) consist of expenditures related to providing housing to the patient (including a pregnant patient) and immediate family members or an escort necessary to assuring the timely provision of health care items and services to the patient, provided that the provision of such housing is not advertised nor an incentive of which the value is disproportionately large in relationship to the value of the health care item or service (with respect to the value of the item or service itself or, for preventative items or services, the future health care costs reasonably expected to be avoided); or

“(iii) are for the purpose of paying premiums or cost sharing on behalf of such a patient, provided that the making of such payment is not subject to conditions other than conditions agreed to under a contract for the delivery of contract health services.

“(C) CONTRACT HEALTH SERVICES.—A transfer of anything of value negotiated as part of a contract entered into between an Indian Health Program, Indian Tribe, Tribal Organization, Urban Indian Organization, or the

Indian Health Service and a contract care provider for the delivery of contract health services authorized by the Indian Health Service, provided that—

“(i) such a transfer is not tied to volume or value of referrals or other business generated by the parties; and

“(ii) any such transfer is limited to the fair market value of the health care items or services provided or, in the case of a transfer of items or services related to preventative care, the value of the future health care costs reasonably expected to be avoided.

“(D) OTHER TRANSFERS.—Any other transfer of anything of value involving an Indian Health Program, Indian Tribe, Tribal Organization, or Urban Indian Organization, or a patient served or eligible for service from an Indian Health Program, Indian Tribe, Tribal Organization, or Urban Indian Organization, that the Secretary, in consultation with the Attorney General, determines is appropriate, taking into account the special circumstances of such Indian Health Programs, Indian Tribes, Tribal Organizations, and Urban Indian Organizations, and of patients served by such Programs, Tribes, and Organizations.”.

SEC. 208. RULES APPLICABLE UNDER MEDICAID AND SCHIP TO MANAGED CARE ENTITIES WITH RESPECT TO INDIAN ENROLLEES AND INDIAN HEALTH CARE PROVIDERS AND INDIAN MANAGED CARE ENTITIES.

(a) IN GENERAL.—Section 1932 of the Social Security Act (42 U.S.C. 1396u-2) is amended by adding at the end the following new subsection:

“(h) SPECIAL RULES WITH RESPECT TO INDIAN ENROLLEES, INDIAN HEALTH CARE PROVIDERS, AND INDIAN MANAGED CARE ENTITIES.—

“(1) ENROLLEE OPTION TO SELECT AN INDIAN HEALTH CARE PROVIDER AS PRIMARY CARE PROVIDER.—In the case of a non-Indian Medicaid managed care entity that—

“(A) has an Indian enrolled with the entity; and

“(B) has an Indian health care provider that is participating as a primary care provider within the network of the entity, insofar as the Indian is otherwise eligible to receive services from such Indian health care provider and the Indian health care provider has the capacity to provide primary care services to such Indian, the contract with the entity under section 1903(m) or under section 1905(t)(3) shall require, as a condition of receiving payment under such contract, that the Indian shall be allowed to choose such Indian health care provider as the Indian's primary care provider under the entity.

“(2) ASSURANCE OF PAYMENT TO INDIAN HEALTH CARE PROVIDERS FOR PROVISION OF COVERED SERVICES.—Each contract with a managed care entity under section 1903(m) or under section 1905(t)(3) shall require any such entity that has a significant percentage of Indian enrollees (as determined by the Secretary), as a condition of receiving payment under such contract to satisfy the following requirements:

“(A) DEMONSTRATION OF PARTICIPATING INDIAN HEALTH CARE PROVIDERS OR APPLICATION OF ALTERNATIVE PAYMENT ARRANGEMENTS.—Subject to subparagraph (E), to—

“(i) demonstrate that the number of Indian health care providers that are participating providers with respect to such entity are sufficient to ensure timely access to covered Medicaid managed care services for those enrollees who are eligible to receive services from such providers; or

“(ii) agree to pay Indian health care providers who are not participating providers with the entity for covered Medicaid managed care services provided to those enrollees who are eligible to receive services from

such providers at a rate equal to the rate negotiated between such entity and the provider involved or, if such a rate has not been negotiated, at a rate that is not less than the level and amount of payment which the entity would make for the services if the services were furnished by a participating provider which is not an Indian health care provider.

“(B) PROMPT PAYMENT.—To agree to make prompt payment (in accordance with rules applicable to managed care entities) to Indian health care providers that are participating providers with respect to such entity or, in the case of an entity to which subparagraph (A)(ii) or (E) applies, that the entity is required to pay in accordance with that subparagraph.

“(C) SATISFACTION OF CLAIM REQUIREMENT.—To deem any requirement for the submission of a claim or other documentation for services covered under subparagraph (A) by the enrollee to be satisfied through the submission of a claim or other documentation by an Indian health care provider that is consistent with section 403(h) of the Indian Health Care Improvement Act.

“(D) COMPLIANCE WITH GENERALLY APPLICABLE REQUIREMENTS.—

“(i) IN GENERAL.—Subject to clause (ii), as a condition of payment under subparagraph (A), an Indian health care provider shall comply with the generally applicable requirements of this title, the State plan, and such entity with respect to covered Medicaid managed care services provided by the Indian health care provider to the same extent that non-Indian providers participating with the entity must comply with such requirements.

“(ii) LIMITATIONS ON COMPLIANCE WITH MANAGED CARE ENTITY GENERALLY APPLICABLE REQUIREMENTS.—An Indian health care provider—

“(I) shall not be required to comply with a generally applicable requirement of a managed care entity described in clause (i) as a condition of payment under subparagraph (A) if such compliance would conflict with any other statutory or regulatory requirements applicable to the Indian health care provider; and

“(II) shall only need to comply with those generally applicable requirements of a managed care entity described in clause (i) as a condition of payment under subparagraph (A) that are necessary for the entity's compliance with the State plan, such as those related to care management, quality assurance, and utilization management.

“(E) APPLICATION OF SPECIAL PAYMENT REQUIREMENTS FOR FEDERALLY-QUALIFIED HEALTH CENTERS AND ENCOUNTER RATE FOR SERVICES PROVIDED BY CERTAIN INDIAN HEALTH CARE PROVIDERS.—

“(i) FEDERALLY-QUALIFIED HEALTH CENTERS.—

“(I) MANAGED CARE ENTITY PAYMENT REQUIREMENT.—To agree to pay any Indian health care provider that is a Federally-qualified health center but not a participating provider with respect to the entity, for the provision of covered Medicaid managed care services by such provider to an Indian enrollee of the entity at a rate equal to the amount of payment that the entity would pay a Federally-qualified health center that is a participating provider with respect to the entity but is not an Indian health care provider for such services.

“(II) CONTINUED APPLICATION OF STATE REQUIREMENT TO MAKE SUPPLEMENTAL PAYMENT.—Nothing in subclause (I) or subparagraph (A) or (B) shall be construed as waiving the application of section 1902(bb)(5) regarding the State plan requirement to make any supplemental payment due under such section to a Federally-qualified health center for services furnished by such center

to an enrollee of a managed care entity (regardless of whether the Federally-qualified health center is or is not a participating provider with the entity).

“(ii) CONTINUED APPLICATION OF ENCOUNTER RATE FOR SERVICES PROVIDED BY CERTAIN INDIAN HEALTH CARE PROVIDERS.—If the amount paid by a managed care entity to an Indian health care provider that is not a Federally-qualified health center and that has elected to receive payment under this title as an Indian Health Service provider under the July 11, 1996, Memorandum of Agreement between the Health Care Financing Administration (now the Centers for Medicare & Medicaid Services) and the Indian Health Service for services provided by such provider to an Indian enrollee with the managed care entity is less than the encounter rate that applies to the provision of such services under such memorandum, the State plan shall provide for payment to the Indian health care provider of the difference between the applicable encounter rate under such memorandum and the amount paid by the managed care entity to the provider for such services.

“(F) CONSTRUCTION.—Nothing in this paragraph shall be construed as waiving the application of section 1902(a)(30)(A) (relating to application of standards to assure that payments are consistent with efficiency, economy, and quality of care).

“(3) OFFERING OF MANAGED CARE THROUGH INDIAN MEDICAID MANAGED CARE ENTITIES.—If—

“(A) a State elects to provide services through Medicaid managed care entities under its Medicaid managed care program; and

“(B) an Indian health care provider that is funded in whole or in part by the Indian Health Service, or a consortium composed of 1 or more Tribes, Tribal Organizations, or Urban Indian Organizations, and which also may include the Indian Health Service, has established an Indian Medicaid managed care entity in the State that meets generally applicable standards required of such an entity under such Medicaid managed care program, the State shall offer to enter into an agreement with the entity to serve as a Medicaid managed care entity with respect to eligible Indians served by such entity under such program.

“(4) SPECIAL RULES FOR INDIAN MANAGED CARE ENTITIES.—The following are special rules regarding the application of a Medicaid managed care program to Indian Medicaid managed care entities:

“(A) ENROLLMENT.—

“(i) LIMITATION TO INDIANS.—An Indian Medicaid managed care entity may restrict enrollment under such program to Indians and to members of specific Tribes in the same manner as Indian Health Programs may restrict the delivery of services to such Indians and tribal members.

“(ii) NO LESS CHOICE OF PLANS.—Under such program the State may not limit the choice of an Indian among Medicaid managed care entities only to Indian Medicaid managed care entities or to be more restrictive than the choice of managed care entities offered to individuals who are not Indians.

“(iii) DEFAULT ENROLLMENT.—

“(I) IN GENERAL.—If such program of a State requires the enrollment of Indians in a Medicaid managed care entity in order to receive benefits, the State, taking into consideration the criteria specified in subsection (a)(4)(D)(ii)(I), shall provide for the enrollment of Indians described in subclause (II) who are not otherwise enrolled with such an entity in an Indian Medicaid managed care entity described in such clause.

“(II) INDIAN DESCRIBED.—An Indian described in this subclause, with respect to an Indian Medicaid managed care entity, is an

Indian who, based upon the service area and capacity of the entity, is eligible to be enrolled with the entity consistent with subparagraph (A).

“(iv) EXCEPTION TO STATE LOCK-IN.—A request by an Indian who is enrolled under such program with a non-Indian Medicaid managed care entity to change enrollment with that entity to enrollment with an Indian Medicaid managed care entity shall be considered cause for granting such request under procedures specified by the Secretary.

“(B) FLEXIBILITY IN APPLICATION OF SOLVENCY.—In applying section 1903(m)(1) to an Indian Medicaid managed care entity—

“(i) any reference to a ‘State’ in subparagraph (A)(ii) of that section shall be deemed to be a reference to the ‘Secretary’; and

“(ii) the entity shall be deemed to be a public entity described in subparagraph (C)(ii) of that section.

“(C) EXCEPTIONS TO ADVANCE DIRECTIVES.—The Secretary may modify or waive the requirements of section 1902(w) (relating to provision of written materials on advance directives) insofar as the Secretary finds that the requirements otherwise imposed are not an appropriate or effective way of communicating the information to Indians.

“(D) FLEXIBILITY IN INFORMATION AND MARKETING.—

“(i) MATERIALS.—The Secretary may modify requirements under subsection (a)(5) to ensure that information described in that subsection is provided to enrollees and potential enrollees of Indian Medicaid managed care entities in a culturally appropriate and understandable manner that clearly communicates to such enrollees and potential enrollees their rights, protections, and benefits.

“(ii) DISTRIBUTION OF MARKETING MATERIALS.—The provisions of subsection (d)(2)(B) requiring the distribution of marketing materials to an entire service area shall be deemed satisfied in the case of an Indian Medicaid managed care entity that distributes appropriate materials only to those Indians who are potentially eligible to enroll with the entity in the service area.

“(5) MALPRACTICE INSURANCE.—Insofar as, under a Medicaid managed care program, a health care provider is required to have medical malpractice insurance coverage as a condition of contracting as a provider with a Medicaid managed care entity, an Indian health care provider that is—

“(A) a Federally-qualified health center that is covered under the Federal Tort Claims Act (28 U.S.C. 1346(b), 2671 et seq.);

“(B) providing health care services pursuant to a contract or compact under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.) that are covered under the Federal Tort Claims Act (28 U.S.C. 1346(b), 2671 et seq.); or

“(C) the Indian Health Service providing health care services that are covered under the Federal Tort Claims Act (28 U.S.C. 1346(b), 2671 et seq.);

are deemed to satisfy such requirement.

“(6) DEFINITIONS.—For purposes of this subsection:

“(A) INDIAN HEALTH CARE PROVIDER.—The term ‘Indian health care provider’ means an Indian Health Program or an Urban Indian Organization.

“(B) INDIAN; INDIAN HEALTH PROGRAM; SERVICE; TRIBE; TRIBAL ORGANIZATION; URBAN INDIAN ORGANIZATION.—The terms ‘Indian’, ‘Indian Health Program’, ‘Service’, ‘Tribe’, ‘tribal organization’, ‘Urban Indian Organization’ have the meanings given such terms in section 4 of the Indian Health Care Improvement Act.

“(C) INDIAN MEDICAID MANAGED CARE ENTITY.—The term ‘Indian Medicaid managed care entity’ means a managed care entity

that is controlled (within the meaning of the last sentence of section 1903(m)(1)(C)) by the Indian Health Service, a Tribe, Tribal Organization, or Urban Indian Organization, or a consortium, which may be composed of 1 or more Tribes, Tribal Organizations, or Urban Indian Organizations, and which also may include the Service.

“(D) NON-INDIAN MEDICAID MANAGED CARE ENTITY.—The term ‘non-Indian Medicaid managed care entity’ means a managed care entity that is not an Indian Medicaid managed care entity.

“(E) COVERED MEDICAID MANAGED CARE SERVICES.—The term ‘covered Medicaid managed care services’ means, with respect to an individual enrolled with a managed care entity, items and services that are within the scope of items and services for which benefits are available with respect to the individual under the contract between the entity and the State involved.

“(F) MEDICAID MANAGED CARE PROGRAM.—The term ‘Medicaid managed care program’ means a program under sections 1903(m) and 1932 and includes a managed care program operating under a waiver under section 1915(b) or 1115 or otherwise.”

(b) APPLICATION TO SCHIP.—Section 2107(e)(1) of such Act (42 U.S.C. 1397gg(1)), as amended by section 206(b)(2), is amended by adding at the end the following new subparagraph:

“(H) Subsections (a)(2)(C) and (h) of section 1932.”

SEC. 209. ANNUAL REPORT ON INDIANS SERVED BY SOCIAL SECURITY ACT HEALTH BENEFIT PROGRAMS.

Section 1139 of the Social Security Act (42 U.S.C. 1320b-9), as amended by the sections 202, 205, and 206, is amended by redesignating subsection (e) as subsection (f), and inserting after subsection (d) the following new subsection:

“(e) ANNUAL REPORT ON INDIANS SERVED BY HEALTH BENEFIT PROGRAMS FUNDED UNDER THIS ACT.—Beginning January 1, 2007, and annually thereafter, the Secretary, acting through the Administrator of the Centers for Medicare & Medicaid Services and the Director of the Indian Health Service, shall submit a report to Congress regarding the enrollment and health status of Indians receiving items or services under health benefit programs funded under this Act during the preceding year. Each such report shall include the following:

“(1) The total number of Indians enrolled in, or receiving items or services under, such programs, disaggregated with respect to each such program.

“(2) The number of Indians described in paragraph (1) that also received health benefits under programs funded by the Indian Health Service.

“(3) General information regarding the health status of the Indians described in paragraph (1), disaggregated with respect to specific diseases or conditions and presented in a manner that is consistent with protections for privacy of individually identifiable health information under section 264(c) of the Health Insurance Portability and Accountability Act of 1996.

“(4) A detailed statement of the status of facilities of the Indian Health Service or an Indian Tribe, Tribal Organization, or an Urban Indian Organization with respect to such facilities’ compliance with the applicable conditions and requirements of titles XVIII, XIX, and XXI, and, in the case of title XIX or XXI, under a State plan under such title or under waiver authority, and of the progress being made by such facilities (under plans submitted under section 1880(b), 1911(b) or otherwise) toward the achievement and maintenance of such compliance.

“(5) Such other information as the Secretary determines is appropriate.”.

Mr. THOMAS. Mr. President, I rise today regarding the introduction of the Indian Health Care Improvement Act Amendments of 2007. This legislation will reauthorize the Indian Health Care Improvement Act and provide essential improvements to the Indian health system.

These improvements are needed to raise the health status of Indian communities where the mortality and disease rates are far greater than the national averages. For example, on the Wind River Indian Reservation in Wyoming, the average age at death is 49, according to recent data from the Indian Health Service.

The reauthorization has been an ongoing effort since 1999 and significant progress has been made particularly in the last two Congresses. The bill being introduced today incorporates provisions that the Committee has developed in the course of the previous two Congresses.

Even though there may be remaining issues on certain provisions, the introduction of this very important bill will facilitate the process of resolving those issues. I look forward to continuing work on those issues and advancing a bill that is effective in addressing the health care needs of Indian people.

I encourage my colleagues to join Chairman DORGAN and me in these efforts to improve the lives of Indian people.

By Mr. SANDERS (for himself, Mr. LIEBERMAN, Mr. LEAHY, and Mr. FEINGOLD):

S. 1201. A bill to amend the Clean Air Act to reduce emissions from electric powerplants, and for other purposes; to the Committee on Environment and Public Works.

Mr. SANDERS. Mr. President, today I am introducing the Clean Power Act of 2007. I ask unanimous consent that the full text of the bill be printed in the RECORD. This legislation is modeled after legislation spearheaded by my predecessor and ardent protector of the environment and the public health, Senator JIM JEFFORDS. I am proud to sit on the Environment and Public Works Committee that was under his leadership for a time, and I am also honored to be a member of another Committee of significant importance, the Energy and Natural Resources Committee.

The Clean Power Act of 2007 gets to a problem on the minds of those in the northeast, who suffer insults to their health and their environment in the form of dirty air and polluted lakes, as well as those all across the country who want to see power plants shape up their act. This legislation will help clean the air and reduce global warming pollution by dramatically reducing the four major pollutants emitted by power plants—carbon dioxide, nitrogen oxide, sulfur dioxide, and mercury.

Congress must work toward an economy-wide approach to addressing glob-

al warming, along the lines of the legislation I introduced with Senator BOXER and others: S. 309, the Global Warming Pollution Reduction Act. However, power plants should begin reducing their greenhouse gas emissions now, at the same time they are reducing emissions of other air pollutants. The Clean Power Act of 2007 would set this process in motion by using a cap and trade approach for reducing carbon dioxide, nitrogen oxide, and sulfur dioxide emissions. Additionally, the legislation makes specific linkages to an economy-wide reduction of pollutants responsible for global warming by specifying that if Congress has not passed, and the President has not signed, legislation affecting at least 85 percent of manmade sources of global warming pollutants by 2012, that the emissions from power plants must be decreased each year by 3 percent until atmospheric concentrations of global warming pollutants are stabilized at 450 parts per million carbon dioxide equivalent. So, while I am putting forward this power plant only bill today, let it be clear that I remain firm in my belief that we must tackle the problem of global warming in a way that will actually make a difference to the future of the planet.

I am happy to be joined in introducing this legislation by Senator LIEBERMAN, Senator LEAHY, and Senator FEINGOLD. Additionally, I am glad to have the support of many national organizations, including the Clean Air Task Force, National Wildlife Federation, Environmental Defense, National Environmental Trust, the American Lung Association, Natural Resources Defense Council, and U.S. PIRG.

As we move forward to address global warming and to protect current and future generations, dealing with power plant emissions is a good start. I look forward to gaining the support of my colleagues on this important legislation.

There being no objection, the text of the bill was ordered to be printed in the RECORD, as follows:

S. 1201

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the “Clean Power Act of 2007”.

SEC. 2. ELECTRIC ENERGY GENERATION EMISSION REDUCTIONS.

(a) IN GENERAL.—The Clean Air Act (42 U.S.C. 7401 et seq.) is amended by adding at the end the following:

“TITLE VII—ELECTRIC ENERGY GENERATION EMISSION REDUCTIONS

- “Sec. 701. Findings.
- “Sec. 702. Purposes.
- “Sec. 703. Definitions.
- “Sec. 704. Emission limitations.
- “Sec. 705. Emission allowances.
- “Sec. 706. Permitting and trading of emission allowances.
- “Sec. 707. Emission allowance allocation.
- “Sec. 708. Mercury emission limitations.
- “Sec. 709. Other hazardous air pollutants.
- “Sec. 710. Emission standards for affected units.

- “Sec. 711. Low-carbon generation requirement.
- “Sec. 712. Geological disposal of global warming pollutants.
- “Sec. 713. Energy efficiency performance standard.
- “Sec. 714. Renewable portfolio standard.
- “Sec. 715. Standards to account for biological sequestration of carbon.
- “Sec. 716. Effect of failure to promulgate regulations.
- “Sec. 717. Prohibitions.
- “Sec. 718. Modernization of electric generation facilities.
- “Sec. 719. Condition for treatment of electric generation facilities after 2020.
- “Sec. 720. Paramount interest waiver.
- “Sec. 721. Relationship to other law.

“SEC. 701. FINDINGS.

“Congress finds that—
“(1) public health and the environment continue to suffer as a result of pollution emitted by powerplants across the United States, despite the success of Public Law 101-549 (commonly known as the ‘Clean Air Act Amendments of 1990’) (42 U.S.C. 7401 et seq.) in reducing emissions;

“(2) according to the most reliable scientific knowledge, acid rain precursors must be significantly reduced for the ecosystems of the Northeast and Southeast to recover from the ecological harm caused by acid deposition;

“(3) because lakes and sediments across the United States are being contaminated by mercury emitted by powerplants, there is an increasing risk of mercury poisoning of aquatic habitats and fish-consuming human populations;

“(4) electricity generation accounts for approximately 40 percent of the total emissions in the United States of carbon dioxide, a major global warming pollutant causing global warming;

“(5) the cumulative impact of powerplant emissions on public and environmental health must be addressed swiftly by reducing those harmful emissions to levels that are less threatening;

“(6) 1,803,000,000 metric tons of carbon dioxide equivalent were emitted during 1990;

“(7)(A) the atmosphere is a public resource; and

“(B) emission allowances, representing permission to use that resource for disposal of air pollution from electricity generation, should be allocated to promote public purposes, including—

“(i) protecting electricity consumers from adverse economic impacts;

“(ii) providing transition assistance to adversely affected employees, communities, and industries; and

“(iii) promoting clean energy resources and energy efficiency;

“(8) an array of technological options exist for use in reducing global warming pollution emissions, and significant reductions can be attained using a portfolio of options that will not adversely impact the economy;

“(9) the ingenuity of the people of the United States will allow the United States to become a leader in solving global warming; and

“(10) it should be a goal of the United States to achieve a reduction in global warming pollution emissions in the United States—

“(A) to ensure that the average global temperature does not increase by more than 3.6 degrees Fahrenheit (2 degrees Celsius); and

“(B) to ensure the achievement of an average global atmospheric concentration of global warming pollutants that does not exceed 450 parts per million in carbon dioxide equivalent.

“SEC. 702. PURPOSES.

“The purposes of this title are—

“(1) to alleviate the environmental and public health damage caused by emissions of sulfur dioxide, nitrogen oxides, global warming pollutants, and mercury resulting from the combustion of fossil fuels in the generation of electric and thermal energy;

“(2) to reduce the annual national emissions from electric generation facilities to not more than—

“(A) for calendar years 2010 through 2012—

“(i) 2,250,000 tons of sulfur dioxide; and

“(ii) 1,510,000 tons of nitrogen oxides; and

“(B) for calendar year 2013 and each calendar year thereafter—

“(i) 1,300,000 tons of sulfur dioxide; and

“(ii) 900,000 tons of nitrogen oxides;

“(3)(A) to reduce, by December 31, 2012, the annual national emissions of mercury from electric generation facilities to not more than 5 tons; and

“(B) to the maximum extent practicable, to achieve a facility-specific reduction in emissions of mercury of more than 90 percent;

“(4) beginning in calendar year 2010, to reduce each calendar year the annual national emissions of global warming pollutants from electric generation facilities to achieve a reduction in emissions of global warming pollutants equal to—

“(A) by December 31, 2011, not more than 2,300,000,000 metric tons of carbon dioxide equivalent;

“(B) by December 31, 2015, not more than 2,100,000,000 metric tons of carbon dioxide equivalent;

“(C) by December 31, 2020, not more than 1,803,000,000 metric tons of carbon dioxide equivalent; and

“(D) by December 31, 2025, not more than 1,500,000,000 metric tons of carbon dioxide equivalent;

“(5) to effectuate the reductions described in paragraphs (2) through (4) by—

“(A) requiring electric generation facilities to comply with specified emission limitations by specified deadlines; and

“(B) allowing electric generation facilities to meet the emission limitations (other than the emission limitation for mercury) through an alternative method of compliance consisting of an emission allowance and transfer system;

“(6) to reduce, by December 31, 2050, emissions from power plants of global warming pollutants that cause global warming to facilitate the achievement of an economy-wide reduction, consistent with the goal of stabilization of worldwide atmospheric concentrations of global warming pollutants at 450 parts per million carbon dioxide equivalent; and

“(7) to encourage energy conservation, use of renewable and clean alternative technologies, and pollution prevention as long-range strategies, consistent with this title, for reducing air pollution and other adverse impacts of energy generation and use.

“SEC. 703. DEFINITIONS.

“In this title:

“(1) **ACADEMY.**—The term ‘Academy’ means the National Academy of Sciences.

“(2) **CARBON DIOXIDE EQUIVALENT.**—The term ‘carbon dioxide equivalent’ means, for each global warming pollutant, the quantity of the global warming pollutant that makes the same contribution to global warming as 1 metric ton of carbon dioxide, as determined by the Administrator, taking into consideration the report described in section 705(d)(1).

“(3) **COVERED POLLUTANT.**—The term ‘covered pollutant’ means—

“(A) sulfur dioxide;

“(B) any nitrogen oxide;

“(C) mercury; and

“(D) any global warming pollutant.

“(4) **ELECTRIC GENERATION FACILITY.**—The term ‘electric generation facility’ means an electric or thermal electricity generating unit, a combination of such units, or a combination of 1 or more such units and 1 or more combustion devices, that—

“(A) has a nameplate capacity of 25 megawatts or more (or the equivalent in thermal energy generation, determined in accordance with a methodology developed by the Administrator);

“(B) generates electric energy, for sale, through combustion of fossil fuel; and

“(C) emits a covered pollutant into the atmosphere.

“(5) **ELECTRICITY INTENSIVE PRODUCT.**—The term ‘electricity intensive product’ means a product with respect to which the cost of electricity consumed in the production of the product represents more than 5 percent of the value of the product.

“(6) **EMISSION ALLOWANCE.**—The term ‘emission allowance’ means a limited authorization to emit in accordance with this title—

“(A) 1 ton of sulfur dioxide;

“(B) 1 ton of nitrogen oxides; or

“(C) 1 ton of global warming pollutant.

“(7) **ENERGY EFFICIENCY PROJECT.**—The term ‘energy efficiency project’ means any specific action (other than ownership or operation of an energy efficient building) commenced after the date of enactment of this title—

“(A) at a facility (other than an electric generation facility), that verifiably reduces the annual electricity or natural gas consumption per unit output of the facility, as compared with the annual electricity or natural gas consumption per unit output that would be expected in the absence of an allocation of emission allowances (as determined by the Administrator); or

“(B) by an entity that is primarily engaged in the transmission and distribution of electricity, that significantly improves the efficiency of that type of entity, as compared with standards for efficiency developed by the Administrator, in consultation with the Secretary of Energy, after the date of enactment of this title.

“(8) **ENERGY EFFICIENT BUILDING.**—The term ‘energy efficient building’ means a residential building or commercial building completed after the date of enactment of this title for which the projected lifetime consumption of electricity or natural gas for heating, cooling, and ventilation is at least 30 percent less than the lifetime consumption of a typical new residential building or commercial building, as determined by the Administrator (in consultation with the Secretary of Energy)—

“(A) on a State or regional basis; and

“(B) taking into consideration—

“(i) applicable building codes; and

“(ii) consumption levels achieved in practice by new residential buildings or commercial buildings in the absence of an allocation of emission allowances.

“(9) **ENERGY EFFICIENT PRODUCT.**—The term ‘energy efficient product’ means a product manufactured after the date of enactment of this title that has an expected lifetime electricity or natural gas consumption that—

“(A) is less than the average lifetime electricity or natural gas consumption for that type of product; and

“(B) does not exceed the lesser of—

“(i) the maximum energy consumption that qualifies for the applicable Energy Star label for that type of product; or

“(ii) the average energy consumption of the most efficient 25 percent of that type of product manufactured in the same year.

“(10) **FACILITY.**—The term ‘facility’ means any building, structure, or installation that is located—

“(A) on 1 or more contiguous or adjacent properties under the common control of at least 1 person; and

“(B) in the United States.

“(11) **GLOBAL WARMING POLLUTANT.**—The term ‘global warming pollutant’ means—

“(A) carbon dioxide;

“(B) methane;

“(C) nitrous oxide;

“(D) hydrofluorocarbons;

“(E) perfluorocarbons;

“(F) sulfur hexafluoride; and

“(G) any other anthropogenically-emitted gas that the Administrator, after notice and comment, determines to contribute to global warming.

“(12) **GLOBAL WARMING POLLUTION.**—The term ‘global warming pollution’ means any combination of 1 or more global warming pollutants emitted into the ambient air or atmosphere.

“(13) **LIFETIME.**—The term ‘lifetime’ means—

“(A) in the case of a residential building that is an energy efficient building, 30 years;

“(B) in the case of a commercial building that is an energy efficient building, 15 years; and

“(C) in the case of an energy efficient product, a period determined by the Administrator to be the average life of that type of energy efficient product.

“(14) **MERCURY.**—The term ‘mercury’ includes any mercury compound.

“(15) **NAS REPORT.**—The term ‘NAS report’ means a report completed by the Academy under subsection (d)(1) or (e)(2) of section 705.

“(16) **NONWESTERN REGION.**—The term ‘non-western region’ means the area of the States that is not included in the western region.

“(17) **RENEWABLE ELECTRICITY GENERATING UNIT.**—The term ‘renewable electricity generating unit’ means a unit that—

“(A) has been in operation for 10 years or less; and

“(B) generates electric energy by means of—

“(i) wind;

“(ii) biomass;

“(iii) landfill gas;

“(iv) a geothermal, solar thermal, or photovoltaic source; or

“(v) a fuel cell operating on fuel derived from a renewable source of energy.

“(18) **SMALL ELECTRIC GENERATION FACILITY.**—The term ‘small electric generation facility’ means an electric or thermal electricity generating unit, or combination of units, that—

“(A) has a nameplate capacity of less than 25 megawatts (or the equivalent in thermal energy generation, determined in accordance with a methodology developed by the Administrator);

“(B) generates electric energy, for sale, through combustion of fossil fuel; and

“(C) emits a covered pollutant into the atmosphere.

“(19) **WESTERN REGION.**—The term ‘western region’ means the area comprising the States of Arizona, California, Colorado, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, and Wyoming.

“SEC. 704. CONDITION FOR TREATMENT OF ELECTRIC GENERATION FACILITIES AFTER 2020.

“‘If, by December 31, 2012, Congress does not enact, and the President does not sign, an Act affecting at least 85 percent of man-made sources of global warming pollution in the United States designed to reduce, on an economy-wide basis, the quantity of global warming pollutants emitted from those

sources, the emissions limitations for electric generation facilities shall be successively decreased by at least 3 percent below the limitations required by this title for the preceding calendar year—

“(1) for each of calendar years 2026 through 2050;

“(2) until, as determined by the Administrator, the purpose described in section 702(6) is achieved; or

“(3) until Congress enacts, and the President signs, such an Act.

“SEC. 705. EMISSION LIMITATIONS.

“(a) IN GENERAL.—Subject to subsections (b) through (e), the Administrator shall promulgate regulations to ensure that the total annual emissions of covered pollutants from all electric generation facilities located in all States does not exceed—

“(1) in the case of sulfur dioxide—

“(A) in the western region—

“(i) for calendar years 2010 through 2012, 274,500 tons; and

“(ii) for calendar year 2013 and each calendar year thereafter, 158,600 tons; and

“(B) in the nonwestern region—

“(i) for calendar years 2010 through 2012, 1,975,500 tons; and

“(ii) for calendar year 2013 and each calendar year thereafter, 1,141,400 tons;

“(2) in the case of nitrogen oxides—

“(A) for calendar years 2010 through 2012, 1,510,000 tons; and

“(B) for calendar year 2013 and each calendar year thereafter, 900,000 tons;

“(3) in the case of global warming pollutants, beginning in calendar year 2010, a quantity to be reduced each calendar year to achieve a reduction in emissions of global warming pollutants equal to—

“(A) by December 31, 2011, not more than 2,300,000,000 metric tons of carbon dioxide equivalent;

“(B) by December 31, 2015, not more than 2,100,000,000 metric tons of carbon dioxide equivalent;

“(C) by December 31, 2020, not more than 1,803,000,000 metric tons of carbon dioxide equivalent; and

“(D) by December 31, 2025, not more than 1,500,000,000 metric tons of carbon dioxide equivalent; and

“(4) in the case of mercury, by December 31, 2012, and during each calendar year thereafter, the lower of, as applicable—

“(A) 5 tons; and

“(B) to the maximum extent practicable, with respect to an electric generation facility, a quantity of mercury emissions that represents more than a 90-percent reduction of emissions of mercury by the electric generation facility, as compared to the average emissions of mercury during calendar years 2009 through 2011.

“(b) EXCESS EMISSIONS BASED ON UNUSED ALLOWANCES.—The regulations promulgated under subsection (a) shall authorize emissions of covered pollutants in excess of the national emission limitations established under that subsection for a calendar year to the extent that the number of tons of the excess emissions is less than or equal to the number of emission allowances that are—

“(1) used in the calendar year; but

“(2) allocated for any preceding calendar year under section 708.

“(c) REDUCTIONS.—For calendar year 2010 and each calendar year thereafter, the quantity of emissions specified for each covered pollutant in subsection (a) shall be reduced by the sum of—

“(1) the number of tons of the covered pollutant that were emitted by small electric generation facilities in the second preceding calendar year; and

“(2) any number of tons of reductions in emissions of the covered pollutant required under section 706(h).

“(d) ACCELERATED GLOBAL WARMING POLLUTION EMISSIONS LIMITATIONS.—

“(1) ACADEMY REPORT ON GLOBAL CHANGE EVENTS.—

“(A) IN GENERAL.—The Administrator shall offer to enter into a contract with the Academy under which the Academy, not later than 2 years after the date of enactment of this title, and every 3 years thereafter, shall submit to Congress and the Administrator a report that describes whether any event described in subparagraph (B)—

“(i) has occurred or is more likely than not to occur in the foreseeable future; and

“(ii) in the judgment of the Academy, is the result of anthropogenic climate change.

“(B) EVENTS.—The events referred to in subparagraph (A) are—

“(i) the exceedance of an atmospheric concentration of global warming pollutants of 450 parts per million in carbon dioxide equivalent; and

“(ii) an increase of global average temperatures in excess of 3.6 degrees Fahrenheit (2 degrees Celsius) above the preindustrial average.

“(2) ACCELERATION OF LIMITATIONS.—If a NAS report determines that an event described in paragraph (1)(B) has occurred, or is more likely than not to occur in the foreseeable future, not later than 2 years after the date of completion of the NAS report, the Administrator, after an opportunity for notice and public comment and taking into consideration the new information contained in the NAS report, may—

“(A) adjust any global warming pollution emissions limitation under this section; and

“(B) promulgate such regulations as the Administrator determines to be necessary—

“(i) to reduce the aggregate net levels of global warming pollution emissions from the United States on an accelerated schedule; and

“(ii) to minimize the effects of rapid climate change and otherwise achieve the purposes of this title.

“(e) REPORT ON ACHIEVEMENT OF GLOBAL WARMING POLLUTION EMISSIONS LIMITATIONS.—

“(1) DEFINITION OF TECHNOLOGICALLY INFEASIBLE.—In this subsection, the term ‘technologically infeasible’, with respect to compliance with a standard or requirement under this subsection, means that adequate technology or infrastructure does not exist, or is not reasonably anticipated to exist, within a sufficient time to permit compliance with the standard or requirement.

“(2) TECHNOLOGY REPORTS.—The Administrator shall offer to enter into a contract with the Academy under which the Academy, not later than 2 years after the date of enactment of this title and every 3 years thereafter, shall submit to Congress and the Administrator a report that analyzes—

“(A) the status of current global warming pollution emission reduction technologies, including—

“(i) technologies for capture and disposal of global warming pollutants;

“(ii) efficiency improvement technologies;

“(iii) zero-global-warming-pollution-emitting energy technologies; and

“(iv) above- and below-ground biological sequestration technologies;

“(B) whether any requirement under this title (including regulations promulgated pursuant to this title) requires a level of emission control or reduction that, based on available or expected technology, will be technologically infeasible at the time at which the requirement becomes effective;

“(C) the projected date on which any technology determined to be technologically infeasible will become technologically feasible;

“(D) whether any technology determined to be technologically infeasible cannot rea-

sonably be expected to become technologically feasible before January 1, 2050; and

“(E) the costs of available alternative global warming pollution emission reduction strategies that could be used or pursued in lieu of any technology that is determined to be technologically infeasible.

“(3) CONCLUSION.—If a NAS report concludes that a global warming pollution emissions limitation required by this section cannot be achieved because the limitation is technologically infeasible, the Administrator shall submit to Congress a notification of that conclusion.

“(4) EVALUATION OF CERTAIN PURPOSE.—Not later than December 31, 2037, the Administrator shall offer to enter into a contract with the Academy under which, not later than December 31, 2039, the Academy shall prepare and submit to Congress and the Administrator a report on the appropriateness of the purpose described in section 702(6), taking into consideration—

“(A) information that was not available as of the date of enactment of this title; and

“(B) events that have occurred since that date relating to—

“(i) climate change;

“(ii) climate change technologies; and

“(iii) national and international climate change commitments.

“SEC. 706. EMISSION ALLOWANCES.

“(a) CREATION AND ALLOCATION.—

“(1) IN GENERAL.—Subject to paragraphs (2) and (3), there are created, and the Administrator shall allocate in accordance with section 708, emission allowances as follows:

“(A) In the case of sulfur dioxide—

“(i) in the western region—

“(I) for calendar years 2010 through 2012, emission allowances for 274,500 tons; and

“(II) for calendar year 2013 and each calendar year thereafter, emission allowances for 158,600 tons; and

“(ii) in the nonwestern region—

“(I) for calendar years 2010 through 2012, emission allowances for 1,975,500 tons; and

“(II) for calendar year 2013 and each calendar year thereafter, emission allowances for 1,141,400 tons.

“(B) In the case of nitrogen oxides—

“(i) for calendar years 2010 through 2012, emission allowances for 1,510,000 tons; and

“(ii) for calendar year 2013 and each calendar year thereafter, emission allowances for 900,000 tons.

“(C) In the case of global warming pollutants, beginning in calendar year 2010, a quantity of emission allowances to be reduced each calendar year to achieve a reduction in emissions of global warming pollutants equal to—

“(i) by December 31, 2011, not more than 2,300,000,000 metric tons of carbon dioxide equivalent;

“(ii) by December 31, 2015, not more than 2,100,000,000 metric tons of carbon dioxide equivalent;

“(iii) by December 31, 2020, not more than 1,803,000,000 metric tons of carbon dioxide equivalent; and

“(iv) by December 31, 2025, not more than 1,500,000,000 metric tons of carbon dioxide equivalent.

“(2) REDUCTIONS.—For calendar year 2010 and each calendar year thereafter, the number of emission allowances specified for each covered pollutant in paragraph (1) shall be reduced by a number equal to the sum of—

“(A) the number of tons of the covered pollutant that were emitted by small electric generation facilities in the second preceding calendar year; and

“(B) any number of tons of reductions in emissions of the covered pollutant required under subsection (h).

“(3) UPDATES.—Once every 5 years, the Administrator shall—

“(A) review the formula by which the Administrator allocates allowances under this title; and

“(B) update that formula, as the Administrator determines to be necessary given the results of the review.

“(b) NATURE OF EMISSION ALLOWANCES.—

“(1) NOT A PROPERTY RIGHT.—An emission allowance allocated by the Administrator under subsection (a) is not a property right.

“(2) NO LIMIT ON AUTHORITY TO TERMINATE OR LIMIT.—Nothing in this title or any other provision of law limits the authority of the United States to terminate or limit an emission allowance.

“(3) TRACKING AND TRANSFER OF EMISSION ALLOWANCES.—

“(A) IN GENERAL.—Not later than 1 year after the date of enactment of this title, the Administrator shall promulgate regulations to establish an emission allowance tracking and transfer system for emission allowances of sulfur dioxide, nitrogen oxides, and global warming pollutants.

“(B) REQUIREMENTS.—The emission allowance tracking and transfer system established under subparagraph (A) shall—

“(i) incorporate the requirements of subsections (b) and (d) of section 412 (except that written certification by the transferee shall not be necessary to effect a transfer); and

“(ii) permit any entity—

“(I) to buy, sell, or hold an emission allowance; and

“(II) to permanently retire an unused emission allowance.

“(C) PROCEEDS OF TRANSFERS.—Proceeds from the transfer of emission allowances by any person to which the emission allowances have been allocated—

“(i) shall not constitute funds of the United States; and

“(ii) shall not be available to meet any obligations of the United States.

“(c) IDENTIFICATION AND USE.—

“(1) IN GENERAL.—Each emission allowance allocated by the Administrator shall bear a unique serial number, including—

“(A) an identifier of the covered pollutant to which the emission allowance pertains; and

“(B) the first calendar year for which the allowance may be used.

“(2) SULFUR DIOXIDE EMISSION ALLOWANCES.—In the case of sulfur dioxide emission allowances, the Administrator shall ensure that the emission allowances allocated to electric generation facilities in the western region are distinguishable from emission allowances allocated to electric generation facilities in the nonwestern region.

“(3) YEAR OF USE.—Each emission allowance may be used in the calendar year for which the emission allowance is allocated or in any subsequent calendar year.

“(d) ANNUAL SUBMISSION OF EMISSION ALLOWANCES.—

“(1) IN GENERAL.—On or before April 1, 2011, and April 1 of each year thereafter, the owner or operator of each electric generation facility shall submit to the Administrator 1 emission allowance for the applicable covered pollutant (other than mercury) for each ton of sulfur dioxide, nitrogen oxides, or global warming pollutants emitted by the electric generation facility during the preceding calendar year.

“(2) SPECIAL RULE FOR OZONE EXCEEDANCES.—

“(A) IDENTIFICATION OF FACILITIES CONTRIBUTING TO NONATTAINMENT.—Not later than December 31, 2009, and the end of each 3-year period thereafter, each State, consistent with the obligations of the State under section 110(a)(2)(D), shall identify the electric generation facilities in the State and in other States that are significantly contrib-

uting (as determined based on guidance issued by the Administrator) to nonattainment of the national ambient air quality standard for ozone in the State.

“(B) SUBMISSION OF ADDITIONAL ALLOWANCES.—In calendar year 2010 and each calendar year thereafter, on petition from a State or a person demonstrating that the control measures in effect at an electric generation facility that is identified under subparagraph (A) as significantly contributing to nonattainment of the national ambient air quality standard for ozone in a State during the preceding calendar year are inadequate to prevent the significant contribution described in subparagraph (A), the Administrator, if the Administrator determines that the electric generation facility is inadequately controlled for nitrogen oxides, may require that the electric generation facility submit 3 nitrogen oxide emission allowances for each ton of nitrogen oxides emitted by the electric generation facility during any period of an exceedance of the national ambient air quality standard for ozone in the State during the preceding calendar year.

“(3) REGIONAL LIMITATIONS FOR SULFUR DIOXIDE.—The Administrator shall not allow—

“(A) the use of sulfur dioxide emission allowances allocated for the western region to meet the obligations under this subsection of electric generation facilities in the nonwestern region; or

“(B) the use of sulfur dioxide emission allowances allocated for the nonwestern region to meet the obligations under this subsection of electric generation facilities in the western region.

“(e) EMISSION VERIFICATION, MONITORING, AND RECORDKEEPING.—

“(1) IN GENERAL.—The Administrator shall ensure that Federal regulations, in combination with any applicable State regulations, are adequate to verify, monitor, and document emissions of covered pollutants from electric generation facilities.

“(2) INVENTORY OF EMISSIONS FROM SMALL ELECTRIC GENERATION FACILITIES.—On or before July 1, 2008, the Administrator, in cooperation with State agencies, shall complete, and on an annual basis update, a comprehensive inventory of emissions of sulfur dioxide, nitrogen oxides, global warming pollutants, and particulate matter from small electric generation facilities.

“(3) MONITORING INFORMATION.—

“(A) IN GENERAL.—Not later than 180 days after the date of enactment of this title, the Administrator shall promulgate regulations to require each electric generation facility to submit to the Administrator—

“(i) not later than April 1 of each year, verifiable information on covered pollutants emitted by the electric generation facility in the preceding calendar year, expressed in—

“(I) tons of covered pollutants; and

“(II) tons of covered pollutants per megawatt hour of energy (or the equivalent thermal energy) generated; and

“(ii) as part of the first submission under clause (i), verifiable information on covered pollutants emitted by the electric generation facility in each of calendar years 2002 through 2006 if the electric generation facility was required to report that information in those calendar years.

“(B) SOURCE OF INFORMATION.—Information submitted under subparagraph (A) shall be obtained using a continuous emission monitoring system (as defined in section 402).

“(C) AVAILABILITY TO THE PUBLIC.—The information described in subparagraph (A) shall be made available to the public—

“(i) in the case of the first year in which the information is required to be submitted under that subparagraph, not later than 18 months after the date of enactment of this title; and

“(ii) in the case of each year thereafter, not later than April 1 of the year.

“(4) AMBIENT AIR QUALITY MONITORING FOR SULFUR DIOXIDE AND HAZARDOUS AIR POLLUTANTS.—

“(A) IN GENERAL.—Beginning January 1, 2008, each coal-fired electric generation facility with an aggregate generating capacity of 50 megawatts or more shall, in accordance with guidelines issued by the Administrator, commence ambient air quality monitoring within a 30-mile radius of the coal-fired electric generation facility for the purpose of measuring maximum concentrations of sulfur dioxide and hazardous air pollutants emitted by the coal-fired electric generation facility.

“(B) LOCATION OF MONITORING POINTS.—Monitoring under subparagraph (A) shall include monitoring at not fewer than 2 points—

“(i) that are at ground level and within 3 miles of the coal-fired electric generation facility;

“(ii) at which the concentration of pollutants being monitored is expected to be the greatest; and

“(iii) at which the monitoring shall be the most frequent.

“(C) FREQUENCY OF MONITORING OF SULFUR DIOXIDE.—Monitoring of sulfur dioxide under subparagraph (A) shall be carried out on a continuous basis and averaged over 5-minute periods.

“(D) AVAILABILITY TO THE PUBLIC.—The results of the monitoring under subparagraph (A) shall be made available to the public.

“(f) EXCESS EMISSION PENALTY.—

“(1) IN GENERAL.—Subject to paragraph (2), section 411 shall be applicable to an owner or operator of an electric generation facility.

“(2) CALCULATION OF PENALTY.—

“(A) IN GENERAL.—Except as provided in subparagraph (B), the penalty for failure to submit emission allowances for covered pollutants as required under subsection (d) shall be equal to 3 times the product obtained by multiplying—

“(i) as applicable—

“(I) the number of tons emitted in excess of the emission limitation requirement applicable to the electric generation facility; or

“(II) the number of emission allowances that the owner or operator failed to submit; and

“(ii) the average annual market price of emission allowances (as determined by the Administrator).

“(B) MERCURY.—In the case of mercury, the penalty shall be equal to 3 times the product obtained by multiplying—

“(i) the number of grams emitted in excess of the emission limitation requirement for mercury applicable to the electric generation facility; and

“(ii) the average cost of mercury controls at electricity generating units that have a nameplate capacity of 25 megawatts or more in all States (as determined by the Administrator).

“(g) SIGNIFICANT ADVERSE LOCAL IMPACTS.—

“(1) IN GENERAL.—If the Administrator determines that emissions of an electric generation facility may reasonably be anticipated to cause or contribute to a significant adverse impact on an area (including endangerment of public health, contribution to acid deposition in a sensitive receptor area, and other degradation of the environment), the Administrator shall limit the emissions of the electric generation facility as necessary to avoid that impact.

“(2) VIOLATION.—Notwithstanding the availability of emission allowances, it shall be a violation of this Act for any electric

generation facility to exceed any limitation on emissions established under paragraph (1).

“(h) ADDITIONAL REDUCTIONS.—

“(1) PROTECTION OF PUBLIC HEALTH OR WELFARE OR THE ENVIRONMENT.—If the Administrator determines that the emission levels necessary to achieve the national emission limitations established under section 705 are not reasonably anticipated to protect public health or welfare or the environment (including protection of children, pregnant women, minority or low-income communities, and other sensitive populations), the Administrator may require reductions in emissions from electric generation facilities in addition to the reductions required under the other provisions of this title.

“(2) EMISSION ALLOWANCE TRADING.—

“(A) STUDIES.—

“(i) IN GENERAL.—In 2015 and at the end of each 3-year period thereafter, the Administrator shall complete a study of the impacts of the emission allowance trading authorized under this title.

“(ii) REQUIRED ASSESSMENT.—The study shall include an assessment of ambient air quality in areas surrounding electric generation facilities that participate in emission allowance trading, including a comparison between—

“(I) the ambient air quality in those areas; and

“(II) the national average ambient air quality.

“(B) LIMITATION ON EMISSIONS.—If the Administrator determines, based on the results of a study under subparagraph (A), that adverse local impacts result from emission allowance trading, the Administrator may require reductions in emissions from electric generation facilities in addition to the reductions required under the other provisions of this title.

“(i) USE OF CERTAIN OTHER EMISSION ALLOWANCES.—

“(1) IN GENERAL.—Subject to paragraph (2), emission allowances or other emission trading instruments created under title I or IV for sulfur dioxide or nitrogen oxides shall not be valid for submission under subsection (d).

“(2) EMISSION ALLOWANCES PLACED IN RESERVE.—

“(A) IN GENERAL.—An emission allowance described in paragraph (1) that was placed in reserve under section 404(a)(2) or 405 or through regulations implementing controls on nitrogen oxides, because an affected unit emitted fewer tons of sulfur dioxide or nitrogen oxides than were permitted under an emission limitation imposed under title I or IV before the date of enactment of this title, shall be valid for submission under subsection (d).

“(B) EMISSION ALLOWANCES RESULTING FROM ACHIEVEMENT OF NEW SOURCE PERFORMANCE STANDARDS.—If an emission allowance described in subparagraph (A) was created and placed in reserve during the period of 2001 through 2009 by the owner or operator of an electric generation facility through the application of pollution control technology that resulted in the achievement and maintenance by the electric generation facility of the applicable standards of performance required of new sources under section 111, the emission allowance shall be valid for submission under subsection (d).

“SEC. 707. PERMITTING AND TRADING OF EMISSION ALLOWANCES.

“Not later than 1 year after the date of enactment of this title, the Administrator shall promulgate regulations to establish a permitting and emission allowance trading compliance program to implement the limitations on emissions of covered pollutants from electric generation facilities established under section 705.

“SEC. 708. EMISSION ALLOWANCE ALLOCATION.

“(a) SULFUR DIOXIDE AND NITROGEN OXIDES.—

“(1) INITIAL ALLOCATIONS.—For calendar years 2010 through 2012, the Administrator shall allocate emission allowances for sulfur dioxide and nitrogen oxides, consistent with applicable law (including regulations).

“(2) SUBSEQUENT ALLOCATIONS.—

“(A) IN GENERAL.—For calendar year 2013 and each calendar year thereafter, the Administrator shall allocate emission allowances for sulfur dioxide and nitrogen oxides as the Administrator determines to be appropriate in accordance with subparagraphs (B) and (C).

“(B) ALLOCATION FACTORS.—In allocating emission allowances for sulfur dioxide and nitrogen oxides under subparagraph (A), the Administrator, in consultation with the Secretary of Commerce, shall take into consideration the factors described in subsection (c)(1).

“(b) GLOBAL WARMING POLLUTANTS.—

“(1) IN GENERAL.—For calendar year 2010, the Administrator shall transfer to each trustee appointed pursuant to paragraph (4)(A) for auction not less than 50 percent of the quantity of emission allowances available for allocation for global warming pollutants for the calendar year for the purposes described in paragraph (4).

“(2) INCREASE IN QUANTITY.—For calendar year 2011 and each calendar year thereafter, taking into consideration the factors described in paragraph (3), the Administrator shall successively increase the quantity of emission allowances transferred to trustees for auction under paragraph (1) until, by not later than 15 years after the date of enactment of this title, 100 percent of emission allowances available for allocation for global warming pollutants for a calendar year are available for auction.

“(3) ALLOCATION FACTORS.—In transferring emission allowances to trustees for auction under paragraph (1), the Administrator, in consultation with the Secretary of Commerce, shall take into consideration the factors described in subsection (c)(1).

“(4) REQUIREMENTS.—Regulations promulgated to carry out this subsection may provide for, as the Administrator determines to be necessary, the appointment of 1 or more trustees—

“(A)(i) to receive emission allowances for the benefit of households, communities, and other entities;

“(ii) to sell the emission allowances at fair market value; and

“(iii) to distribute the proceeds of any sale of emission allowances to the appropriate beneficiaries; or

“(B) to allocate emission allowances, in accordance with applicable regulations, to—

“(i) communities, individuals, and companies that have experienced disproportionate adverse impacts as a result of—

“(I) the transition to a lower carbon-emitting economy; or

“(II) global warming;

“(ii) owners and operators of highly energy-efficient buildings, including—

“(I) residential users;

“(II) producers of highly energy-efficient products; and

“(III) entities that carry out energy-efficiency improvement projects that result in consumer-side reductions in electricity use;

“(iii) entities that will use the emission allowances for the purpose of carrying out geological sequestration of carbon dioxide produced by an anthropogenic global warming pollution emission source in accordance with requirements established by the Administrator;

“(iv) such individuals and entities as the Administrator determines to be appropriate,

for use in carrying out projects to reduce net carbon dioxide emissions through above-ground and below-ground biological carbon dioxide sequestration (including sequestration in forests, forest soils, agricultural soils, rangeland, or grassland in the United States);

“(v) such individuals and entities (including fish and wildlife agencies) as the Administrator determines to be appropriate, for use in carrying out projects to protect and restore ecosystems (including fish and wildlife) affected by climate change; and

“(vi) manufacturers producing consumer products that result in substantially reduced global warming pollution emissions, for use in funding rebates for purchasers of those products.

“(c) ADMINISTRATION.—

“(1) ALLOCATION FACTORS.—Before making any allocation or transfer of emission allowances under subsection (a) or (b), the Administrator, in consultation with the Secretary of Commerce, shall take into consideration—

“(A) the distributive effect of the allocations on household income and net worth of individuals;

“(B) the impact of the allocations on corporate income, taxes, and asset value;

“(C) the impact of the allocations on income levels and energy consumption of consumers;

“(D) the effects of the allocations with respect to economic efficiency;

“(E) the ability of electric generation facilities to pass through compliance costs to customers of the electric generation facilities;

“(F) the degree to which the quantity of allocations to the covered sectors should decrease over time; and

“(G) the need to maintain the international competitiveness of United States manufacturing and avoid the additional loss of United States manufacturing jobs.

“(2) ALLOCATION RECOMMENDATIONS AND IMPLEMENTATION.—

“(A) IN GENERAL.—Not later than 2 years after the date of enactment of this title, and before making any allocation or transfer of emission allowances under subsection (a) or (b), the Administrator shall submit a description of any determination of the Administrator relating to the allocation or transfer under that subsection to—

“(i) the Committees on Environment and Public Works and Commerce, Science, and Transportation of the Senate; and

“(ii) the Committees on Energy and Commerce and Science of the House of Representatives.

“(B) TREATMENT OF DETERMINATIONS.—A determination of the Administrator described in subparagraph (A), and any allocation or transfer of emission allowances made pursuant to such a determination, shall be—

“(i) considered to be a major rule (as defined in section 804 of title 5, United States Code); and

“(ii) subject to the requirements of chapter 8 of that title.

“(d) RATEPAYER PROTECTION.—

“(1) DEFINITIONS.—In this subsection:

“(A) AFFECTED FACILITY.—The term ‘affected facility’ means an electric generation facility that uses a conventional coal technology.

“(B) AUTHORIZED RATE.—The term ‘authorized rate’ means a rate charged for electricity generated by an affected facility that is—

“(i) authorized by an appropriate regulatory agency; and

“(ii) based on, or calculated to recover, the reasonable capital and operating costs of the generation.

“(C) CONVENTIONAL COAL TECHNOLOGY.—The term ‘conventional coal technology’ means a

technology for the generation of electricity that—

“(i) involves the combustion of coal in a boiler; and

“(ii) does not provide for the capture or sequestration of carbon.

“(2) PROTECTION.—

“(A) IN GENERAL.—Subject to paragraph (3) and except as provided in subparagraph (B), no owner or lessor of an affected facility who sells, at wholesale or retail, any electricity generated by the affected facility at an authorized rate shall recover through the authorized rate, in whole or in part, the cost of compliance with any Federal greenhouse gas reduction requirement relating to emissions from the affected facility.

“(B) EXCEPTION.—Subparagraph (A) shall not apply to an owner or lessor of an affected facility if the appropriate regulatory agency determines no feasible alternative exists to the use of conventional coal technology by the affected facility.

“(3) APPLICABILITY.—Paragraph (2)(A) shall apply to an owner or lessor described in that paragraph only if—

“(A) the affected facility enters operation after January 1, 2009; and

“(B) the cost of compliance described in paragraph (2) is incurred after the date of enactment of this title.

“SEC. 709. MERCURY EMISSION LIMITATIONS.

“(a) IN GENERAL.—

“(1) REGULATIONS.—

“(A) IN GENERAL.—Not later than 1 year after the date of enactment of this title, the Administrator shall promulgate regulations to establish emission limitations for mercury emissions by coal-fired electric generation facilities.

“(B) NO EXCEEDANCE OF NATIONAL LIMITATION.—The regulations shall ensure that the national limitation for mercury emissions from each coal-fired electric generation facility established under section 705(a)(4)(A) (and, to the maximum extent practicable, the goal described in section 705(a)(4)(B)) is not exceeded.

“(C) EMISSION LIMITATIONS FOR 2012 AND THEREAFTER.—In carrying out subparagraph (A), for calendar year 2012 and each calendar year thereafter, the Administrator shall not—

“(i) subject to subsections (e) and (f) of section 112, establish limitations on emissions of mercury from coal-fired electric generation facilities that allow emissions in excess of 2.48 grams of mercury per 1000 megawatt hours; or

“(ii) differentiate between facilities that burn different types of coal.

“(2) ANNUAL REVIEW AND DETERMINATION.—

“(A) IN GENERAL.—Not later than April 1 of each year, the Administrator shall—

“(i) review the total mercury emissions during the 2 preceding calendar years from electric generation facilities located in all States; and

“(ii) determine whether, during the 2 preceding calendar years, the total mercury emissions from facilities described in clause (i) exceeded the national limitation for mercury emissions established under section 705(a)(4)(A).

“(B) EXCEEDANCE OF NATIONAL LIMITATION.—If the Administrator determines under subparagraph (A)(ii) that, during the 2 preceding calendar years, the total mercury emissions from facilities described in subparagraph (A)(i) exceeded the national limitation for mercury emissions established under section 705(a)(4)(A), the Administrator shall, not later than 1 year after the date of the determination, revise the regulations promulgated under paragraph (1) to reduce the emission rates specified in the regulations as necessary to ensure that the na-

tional limitation for mercury emissions is not exceeded in any future year.

“(3) COMPLIANCE FLEXIBILITY.—

“(A) IN GENERAL.—Each coal-fired electric generation facility subject to an emission limitation under this section shall be in compliance with that limitation if that limitation is greater than or equal to the quotient obtained by dividing—

“(i) the total mercury emissions of the coal-fired electric generation facility during each 30-day period; by

“(ii) the quantity of electricity generated by the coal-fired electric generation facility during that period.

“(B) MORE THAN 1 UNIT AT A FACILITY.—In any case in which more than 1 coal-fired electricity generating unit at a coal-fired electric generation facility subject to an emission limitation under this section was operated in 1999 under common ownership or control, compliance with the emission limitation may be determined by averaging the emission rates of all coal-fired electricity generating units at the electric generation facility during each 30-day period.

“(b) PREVENTION OF RE-RELEASE.—

“(1) REGULATIONS.—Not later than July 1, 2008, the Administrator shall promulgate regulations to ensure that any mercury captured or recovered by emission controls installed at an electric generation facility is not re-released into the environment.

“(2) REQUIRED ELEMENTS.—The regulations shall require—

“(A) daily covers on all active waste disposal units, and permanent covers on all inactive waste disposal units, to prevent the release of mercury into the air;

“(B) monitoring of groundwater to ensure that mercury or mercury compounds do not migrate from the waste disposal unit;

“(C) waste disposal siting requirements and cleanup requirements to protect groundwater and surface water resources;

“(D) elimination of agricultural application of coal combustion wastes; and

“(E) appropriate limitations on mercury emissions from sources or processes that re-process or use coal combustion waste, including manufacturers of wallboard and cement.

“(c) NEW AFFECTED UNIT LIMITATION.—An affected unit that enters operation on or after the date of enactment of this title shall achieve, on an annual average basis, a mercury emission rate of not more than 2.48 grams of mercury per 1,000 megawatt hours, regardless of the type of coal used at the affected unit.

“SEC. 710. OTHER HAZARDOUS AIR POLLUTANTS.

“(a) IN GENERAL.—Not later than January 1, 2008, the Administrator shall issue to owners and operators of coal-fired electric generation facilities requests for information under section 114 that are of sufficient scope to generate data sufficient to support issuance of standards under section 112(d) for hazardous air pollutants other than mercury emitted by coal-fired electric generation facilities.

“(b) DEADLINE FOR SUBMISSION OF REQUESTED INFORMATION.—The Administrator shall require each recipient of a request for information described in subsection (a) to submit the requested data not later than 180 days after the date of the request.

“(c) PROMULGATION OF EMISSION STANDARDS.—The Administrator shall—

“(1) not later than January 1, 2008, propose emission standards under section 112(d) for hazardous air pollutants other than mercury; and

“(2) not later than January 1, 2009, promulgate emission standards under section 112(d) for hazardous air pollutants other than mercury.

“(d) PROHIBITION ON EXCESS EMISSIONS.—It shall be unlawful for an electric generation facility subject to standards for hazardous air pollutants other than mercury promulgated under subsection (c) to emit, after December 31, 2010, any such pollutant in excess of the standards.

“(e) EFFECT ON OTHER LAW.—Nothing in this section or section 709 affects any requirement of subsection (e), (f)(2), or (n)(1)(A) of section 112, except that the emission limitations established by regulations promulgated under this section shall be deemed to represent the maximum achievable control technology for mercury emissions from electricity generating units under section 112(d).

“SEC. 711. EMISSION STANDARDS FOR AFFECTED UNITS.

“(a) DEFINITION OF AFFECTED UNIT.—In this subsection, the term ‘affected unit’ means a unit that—

“(1) is designed and intended to provide electricity at a unit capacity factor of at least 60 percent; and

“(2) begins operation after December 31, 2011.

“(b) INITIAL STANDARD.—

“(1) IN GENERAL.—Not later than 2 years after the date of enactment of this title, the Administrator shall promulgate regulations requiring each affected unit to meet the standard described in paragraph (2).

“(2) STANDARD.—Beginning on December 31, 2015, an affected unit shall meet a global warming pollution emission standard that is not higher than the emission rate of a new combined cycle natural gas generating unit.

“(3) MORE STRINGENT REQUIREMENTS.—For the period beginning on January 1 of the calendar year following the effective date of the regulations promulgated pursuant to paragraph (1) and ending on December 31, 2029, the Administrator may increase the stringency of the global warming pollution emission standard described in paragraph (2) with respect to affected units as the Administrator determines to be appropriate to ensure a reduction in the emission rate of global warming pollutants of at least 90 percent from each affected unit.

“(c) FINAL STANDARD.—Not later than December 31, 2030, the Administrator shall require each unit that is designed and intended to provide electricity at a unit capacity factor of at least 60 percent, regardless of the date on which the unit entered operation, to meet the applicable emission standard under subsection (b).

“(d) ADJUSTMENT OF REQUIREMENTS.—If the Academy determines, pursuant to section 705(e), that a requirement of this section is or will be technologically infeasible at the time at which the requirement becomes effective, the Administrator, by regulation, may adjust or delay the effective date of the requirement as the Administrator determines to be necessary, taking into consideration the determination of the Academy.

“SEC. 712. LOW-CARBON GENERATION REQUIREMENT.

“(a) DEFINITIONS.—In this section:

“(1) BASE QUANTITY OF ELECTRICITY.—The term ‘base quantity of electricity’ means the total quantity of electricity produced for sale by a covered generator during the calendar year immediately preceding a compliance year from—

“(A) coal;

“(B) petroleum coke;

“(C) lignite; or

“(D) any combination of the fuels described in subparagraphs (A) through (C).

“(2) COVERED GENERATOR.—The term ‘covered generator’ means an electric generation facility that—

“(A) has a rated capacity of 25 megawatts or more; and

“(B) has an annual fuel input at least 50 percent of which is provided by—

- “(i) coal;
- “(ii) petroleum coke;
- “(iii) lignite; or
- “(iv) any combination of the fuels described in clauses (i) through (iii).

“(3) LOW-CARBON GENERATION.—The term ‘low-carbon generation’ means electric energy generated from an electric generation facility at least 50 percent of the annual fuel input of which, in any year—

- “(A) is provided by—
 - “(i) coal;
 - “(ii) petroleum coke;
 - “(iii) lignite; or
 - “(iv) any combination of the fuels described in clauses (i) through (iii); and
- “(B) results in an emission rate into the atmosphere of not more than 250 pounds of carbon dioxide per megawatt-hour (after adjustment for any carbon dioxide emitted from the electric generation facility that is geologically sequestered in a geological repository approved by the Administrator pursuant to section 713).

“(4) PROGRAM.—The term ‘program’ means the low-carbon generation credit trading program established under subsection (d)(1).

“(b) REQUIREMENT.—

“(1) CALENDAR YEARS 2015 THROUGH 2020.—Of the base quantity of electricity produced for sale by a covered generator for a calendar year, the covered generator shall provide a minimum percentage of that base quantity of electricity for the calendar year from low-carbon generation, as specified in the following table:

Calendar year:	Minimum annual percentage:
2015	0.5
2016	1.0
2017	2.0
2018	3.0
2019	4.0
2020	5.0

“(2) CALENDAR YEARS 2021 THROUGH 2025.—For each of calendar years 2021 through 2025, the Administrator may increase the minimum percentage of the base quantity of electricity from low-carbon generation described in paragraph (1) by not more than 2 percentage points from the preceding year, as the Administrator determines to be necessary to achieve the emission reduction goal described in section 705(a)(3).

“(3) CALENDAR YEARS 2026 THROUGH 2030.—For each of calendar years 2026 through 2030, the Administrator may increase the minimum percentage of the base quantity of electricity from low-carbon generation described in paragraph (1) by not more than 3 percentage points from the preceding year, as the Administrator determines to be necessary to achieve the emission reduction goal described in section 705(a)(3).

“(c) MEANS OF COMPLIANCE.—An owner or operator of a covered generator shall comply with subsection (b) by—

- “(1) generating electric energy using low-carbon generation;
- “(2) purchasing electric energy generated by low-carbon generation;
- “(3) purchasing low-carbon generation credits issued under the program; or
- “(4) any combination of the actions described in paragraphs (1) through (3).

“(d) LOW-CARBON GENERATION CREDIT TRADING PROGRAM.—

“(1) IN GENERAL.—Not later than January 1, 2008, the Administrator shall establish, by regulation, after notice and opportunity for comment, a low-carbon generation trading program to permit an owner or operator of a covered generator that does not generate or purchase enough electric energy from low-carbon generation to comply with subsection

(b) to achieve that compliance by purchasing sufficient low-carbon generation credits.

“(2) REQUIREMENTS.—In carrying out the program, the Administrator shall—

“(A) issue to producers of low-carbon generation, on a quarterly basis, a single low-carbon generation credit for each kilowatt hour of low-carbon generation sold during the preceding quarter; and

“(B) ensure that a kilowatt hour, including the associated low-carbon generation credit, shall be used only once for purposes of compliance with subsection (b).

“(e) ENFORCEMENT.—An owner or operator of a covered generator that fails to comply with subsection (b) shall be subject to a civil penalty in an amount equal to the product obtained by multiplying—

- “(1) the number of kilowatt-hours of electric energy sold to electric consumers in violation of subsection (b); and
- “(2) the greater of—

“(A) 2.5 cents (as adjusted under subsection (g)); or

“(B) 200 percent of the average market value of those low-carbon generation credits during the year in which the violation occurred.

“(f) EXEMPTION.—This section shall not apply, for any calendar year, to an owner or operator of a covered generator that sold less than 40,000 megawatt-hours of electric energy produced from covered generators during the preceding calendar year.

“(g) INFLATION ADJUSTMENT.—Not later than December 31, 2008, and annually thereafter, the Administrator shall adjust the amount of the civil penalty for each kilowatt-hour calculated under subsection (e)(2) to reflect changes for the 12-month period ending on the preceding November 30 in the Consumer Price Index for All Urban Consumers published by the Bureau of Labor Statistics of the Department of Labor.

“(h) TECHNOLOGICAL INFEASIBILITY.—If the Academy determines, pursuant to section 705(e), that the schedule for compliance described in subsection (b) is or will be technologically infeasible for covered generators to meet, the Administrator, by regulation, may adjust the schedule as the Administrator determines to be necessary, taking into consideration the determination of the Academy.

“(i) TERMINATION OF AUTHORITY.—This section and the authority provided by this section shall terminate on December 31, 2030.

“SEC. 713. GEOLOGICAL DISPOSAL OF GLOBAL WARMING POLLUTANTS.

“(a) GEOLOGICAL CARBON DIOXIDE DISPOSAL DEPLOYMENT PROJECTS.—

“(1) IN GENERAL.—The Administrator shall establish a competitive grant program to provide grants to 5 entities for the deployment of projects to geologically dispose of carbon dioxide (referred to in this subsection as ‘geological disposal deployment projects’).

“(2) LOCATION.—Each geological disposal deployment project shall be conducted in a geologically distinct location in order to demonstrate the suitability of a variety of geological structures for carbon dioxide disposal.

“(3) COMPONENTS.—Each geological disposal deployment project shall include an analysis of—

- “(A) mechanisms for trapping the carbon dioxide to be geologically disposed;
- “(B) techniques for monitoring the geologically disposed carbon dioxide;
- “(C) public response to the geological disposal deployment project; and
- “(D) the permanency of carbon dioxide storage in geological reservoirs.

“(4) REQUIREMENTS.—

“(A) IN GENERAL.—Not later than 2 years after the date of enactment of this title, the Administrator shall establish—

- “(i) appropriate conditions for environmental protection with respect to geological

disposal deployment projects to protect public health and the environment, including—

- “(I) site characterization and selection;
- “(II) geomechanical, geochemical, and hydrogeological simulation;
- “(III) risk assessment;
- “(IV) mitigation and remediation protocols;
- “(V) the issuance of permits for test, injection, and monitoring wells;
- “(VI) specifications for the drilling, construction, and maintenance of wells;
- “(VII) ownership of subsurface rights and pore space;
- “(VIII) transportation pipeline specifications;
- “(IX) the allowed composition of injected matter;
- “(X) testing, monitoring, measurement, and verification for the entire chain of operations, beginning with the point of capture of carbon dioxide to a storage site;
- “(XI) closure and decommissioning procedures;
- “(XII) transportation pipeline siting; and
- “(XIII) short- and long-term legal responsibility and indemnification procedures for storage sites; and
- “(ii) requirements relating to applications for grants under this subsection.

“(B) RULEMAKING.—The establishment of requirements under subparagraph (A) shall not require a rulemaking.

“(C) MINIMUM REQUIREMENTS.—At a minimum, each application for a grant under this subsection shall include—

- “(i) a description of the geological disposal deployment project proposed in the application;
- “(ii) an estimate of the quantity of carbon dioxide to be geologically disposed over the life of the geological disposal deployment project; and
- “(iii) a plan to collect and disseminate data relating to each geological disposal deployment project to be funded by the grant.

“(5) PARTNERS.—An applicant for a grant under this subsection may carry out a geological disposal deployment project under a pilot program in partnership with 1 or more public or private entities.

“(6) SELECTION CRITERIA.—In evaluating applications under this subsection, the Administrator shall—

- “(A) consider the previous experience of each applicant with similar projects; and
- “(B) give priority consideration to applications for geological disposal deployment projects that—

- “(i) offer the greatest geological diversity, as compared to other geological disposal deployment projects that received grants under this subsection;
- “(ii) are located in closest proximity to a source of carbon dioxide;
- “(iii) make use of the most affordable source of carbon dioxide;
- “(iv) are expected to geologically dispose of—

- “(I) the largest quantity of carbon dioxide; and
- “(II) a minimum quantity of 1,000,000 tons of carbon dioxide for each project carried out as part of the demonstration project;
- “(v) are combined with demonstrations of advanced coal electricity generation technologies;
- “(vi) demonstrate the greatest commitment on the part of the applicant to ensure funding for the proposed demonstration project and the greatest likelihood that the demonstration project will be maintained or expanded after Federal assistance under this subsection is completed; and
- “(vii) minimize any adverse environmental effects from the project.

“(7) PERIOD OF GRANTS.—

“(A) IN GENERAL.—A geological disposal deployment project funded by a grant under this subsection shall begin construction not later than 3 years after the date on which the grant is provided.

“(B) TERM.—The Administrator shall not provide grant funds to any applicant under this subsection for a period of more than 5 years.

“(8) TRANSFER OF INFORMATION AND KNOWLEDGE.—The Administrator shall establish mechanisms to ensure that the information and knowledge gained by participants in the program are published and disseminated, including to other applicants that submitted applications for a grant under this subsection.

“(9) SCHEDULE.—

“(A) PUBLICATION.—Not later than 180 days after the date of enactment of this title, the Administrator shall publish in the Federal Register, and elsewhere as appropriate, a request for applications to carry out geological disposal deployment projects.

“(B) DATE FOR APPLICATIONS.—An application for a grant under this subsection shall be submitted not later than 180 days after the date of publication of the request under subparagraph (A).

“(C) SELECTION.—After the date by which applications for grants are required to be submitted under subparagraph (B), the Administrator, in a timely manner, shall select, after peer review and based on the criteria under paragraph (6), those geological disposal deployment projects to be provided a grant under this subsection.

“(b) INTERIM STANDARDS.—Not later than 3 years after the date of enactment of this title, the Administrator, in consultation with the Secretary of Energy, shall, by regulation, establish interim geological carbon dioxide disposal standards that address—

- “(1) site selection;
- “(2) permitting processes;
- “(3) monitoring requirements;
- “(4) public participation; and
- “(5) such other issues as the Administrator and the Secretary of Energy determine to be appropriate.

“(c) FINAL STANDARDS.—Not later than 6 years after the date of enactment of this title, taking into consideration the results of geological disposal deployment projects carried out under subsection (a), the Administrator, by regulation, shall establish final geological carbon dioxide disposal standards.

“(d) CONSIDERATIONS.—In developing standards under subsections (b) and (c), the Administrator shall consider the experience in the United States in regulating—

- “(1) underground injection of waste;
- “(2) enhanced oil recovery;
- “(3) short-term storage of natural gas; and
- “(4) long-term waste storage.

“(e) TERMINATION OF AUTHORITY.—This section and the authority provided by this section shall terminate on December 31, 2030.

“SEC. 714. ENERGY EFFICIENCY PERFORMANCE STANDARD.

“(a) DEFINITIONS.—In this section:

“(1) ELECTRICITY SAVINGS.—

“(A) IN GENERAL.—The term ‘electricity savings’ means reductions in end-use electricity consumption relative to consumption by the same customer or at the same new or existing facility in a given year, as defined in regulations promulgated by the Administrator under subsection (e).

“(B) INCLUSIONS.—The term ‘electricity savings’ includes savings achieved as a result of—

- “(i) installation of energy-saving technologies and devices; and
- “(ii) the use of combined heat and power systems, fuel cells, or any other technology identified by the Administrator that recap-

tures or generates energy solely for onsite customer use.

“(C) EXCLUSION.—The term ‘electricity savings’ does not include savings from measures that would likely be adopted in the absence of energy-efficiency programs, as determined by the Administrator.

“(2) RETAIL ELECTRICITY SALES.—The term ‘retail electricity sales’ means the total quantity of electric energy sold by a retail electricity supplier to retail customers during the most recent calendar year for which that information is available.

“(3) RETAIL ELECTRICITY SUPPLIER.—The term ‘retail electricity supplier’ means a distribution or integrated utility, or an independent company or entity, that sells electric energy to consumers.

“(b) ENERGY EFFICIENCY PERFORMANCE STANDARD.—Each retail electricity supplier shall implement programs and measures to achieve improvements in energy efficiency and peak load reduction, as verified by the Administrator.

“(c) TARGETS.—For calendar year 2008 and each calendar year thereafter, the Administrator shall ensure that retail electric suppliers annually achieve electricity savings and reduce peak power demand and electricity use by retail customers by a percentage that is not less than the applicable target percentage specified in the following table:”

Calendar Year	Reduction in peak demand	Reduction in electricity use
200825 percent25 percent
200975 percent75 percent
2010	1.75 percent ..	1.5 percent
2011	2.75 percent ..	2.25 percent
2012	3.75 percent ..	3.0 percent
2013	4.75 percent ..	3.75 percent
2014	5.75 percent ..	4.5 percent
2015	6.75 percent ..	5.25 percent
2016	7.75 percent ..	6.0 percent
2017	8.75 percent ..	6.75 percent
2018	9.75 percent ..	7.5 percent
2019	10.75 percent	8.25 percent
2020 and each calendar year thereafter.	11.75 percent	9.0 percent

“(d) BEGINNING DATE.—For the purpose of meeting the targets established under subsection (c), electricity savings shall be calculated based on the sum of—

- “(1) electricity savings realized as a result of actions taken by the retail electric supplier during the specified calendar year; and
- “(2) cumulative electricity savings realized as a result of electricity savings achieved in all preceding calendar years (beginning with calendar year 2006).

“(e) IMPLEMENTING REGULATIONS.—

“(1) IN GENERAL.—Not later than 1 year after the date of enactment of this title, the Administrator shall promulgate regulations to implement the targets established under subsection (c).

“(2) REQUIREMENTS.—The regulations shall establish—

“(A) a national credit system permitting credits to be awarded, bought, sold, or traded by and among retail electricity suppliers;

“(B) a fee equivalent to not less than 4 cents per kilowatt hour for retail energy suppliers that do not meet the targets established under subsection (c); and

“(C) standards for monitoring and verification of electricity use and demand savings reported by the retail electricity suppliers.

“(3) CONSIDERATION OF TRANSMISSION AND DISTRIBUTION EFFICIENCY.—In developing regulations under this subsection, the Adminis-

trator shall consider whether electricity savings, in whole or part, achieved by retail electricity suppliers by improving the efficiency of electric distribution and use should be eligible for credits established under this section.

“(f) COMPLIANCE WITH STATE LAW.—Nothing in this section supersedes or otherwise affects any State or local law requiring, or otherwise relating to, reductions in total annual electricity consumption or peak power consumption by electric consumers to the extent that the State or local law requires more stringent reductions than the reductions required under this section.

“(g) VOLUNTARY PARTICIPATION.—The Administrator may—

“(1) pursuant to the regulations promulgated under subsection (e)(1), issue a credit to any entity that is not a retail electric supplier if the entity implements electricity savings; and

“(2) in a case in which an entity described in paragraph (1) is a nonprofit or educational organization, provide to the entity 1 or more grants in lieu of a credit.

“SEC. 715. RENEWABLE PORTFOLIO STANDARD.

“(a) RENEWABLE ENERGY.—

“(1) IN GENERAL.—The Administrator, in consultation with the Secretary of Energy, shall promulgate regulations defining the types and sources of renewable energy generation that may be carried out in accordance with this section.

“(2) INCLUSIONS.—In promulgating regulations under paragraph (1), the Administrator shall include of all types of renewable energy (as defined in section 203(b) of the Energy Policy Act of 2005 (42 U.S.C. 15852(b))) other than energy generated from—

- “(A) municipal solid waste;
- “(B) wood contaminated with plastics or metals; or
- “(C) tires.

“(b) RENEWABLE ENERGY REQUIREMENT.—Of the base quantity of electricity sold by each retail electric supplier to electric consumers during a calendar year, the quantity generated by renewable energy sources shall be not less than the following percentages:”

“Calendar year:	Minimum annual percentage:
2008 through 2009	5
2010 through 2014	10
2015 through 2019	15
2020 and subsequent years	20

“(c) RENEWABLE ENERGY CREDIT PROGRAM.—Not later than 1 year after the date of enactment of this title, the Administrator shall establish—

“(1) a program to issue, establish the value of, monitor the sale or exchange of, and track renewable energy credits; and

“(2) penalties for any retail electric supplier that does not comply with this section.

“(d) PROHIBITION ON DOUBLE COUNTING.—A renewable energy credit issued under subsection (c)—

“(1) may be counted toward meeting the requirements of subsection (b) only once; and

“(2) shall vest with the owner of the system or facility that generates the renewable energy that is covered by the renewable energy credit, unless the owner explicitly transfers the renewable energy credit.

“(e) SALE UNDER PURPA CONTRACT.—If the Administrator, after consultation with the Secretary of Energy, determines that a renewable energy generator is selling electricity to comply with this section to a retail electric supplier under a contract subject to section 210 of the Public Utilities Regulatory Policies Act of 1978 (16 U.S.C. 824a-3), the retail electric supplier shall be treated as the generator of the electric energy for the purposes of this title for the duration of the contract.

“(f) STATE PROGRAMS.—Nothing in this section precludes any State from requiring additional renewable energy generation under any State renewable energy program.

“(g) VOLUNTARY PARTICIPATION.—The Administrator may issue a renewable energy credit pursuant to subsection (c) to any entity that is not subject to this section only if the entity applying for the renewable energy credit meets the terms and conditions of this section to the same extent as retail electric suppliers subject to this section.

“SEC. 716. STANDARDS TO ACCOUNT FOR BIOLOGICAL SEQUESTRATION OF CARBON.

“(a) IN GENERAL.—Not later than 2 years after the date of enactment of title, the Secretary of Agriculture, with the concurrence of the Administrator, shall establish standards for accrediting certified reductions in the emission of carbon dioxide through above-ground and below-ground biological sequestration activities.

“(b) REQUIREMENTS.—The standards shall include—

“(1) a national biological carbon storage baseline or inventory; and

“(2) measurement, monitoring, and verification guidelines based on—

“(A) measurement of increases in carbon storage in excess of the carbon storage that would have occurred in the absence of a new management practice designed to achieve biological sequestration of carbon;

“(B) comprehensive carbon accounting that—

“(i) reflects sustained net increases in carbon reservoirs; and

“(ii) takes into account any carbon emissions resulting from disturbance of carbon reservoirs in existence as of the date of commencement of any new management practice designed to achieve biological sequestration of carbon;

“(C) adjustments to account for—

“(i) emissions of carbon that may result at other locations as a result of the impact of the new biological sequestration management practice on timber supplies; or

“(ii) potential displacement of carbon emissions to other land owned by the entity that carries out the new biological sequestration management practice; and

“(D) adjustments to reflect the expected carbon storage over various time periods, taking into account the likely duration of the storage of carbon in a biological reservoir.

“(c) UPDATING OF STANDARDS.—Not later than 3 years after the date of establishment of the standards under subsection (a), and every 3 years thereafter, the Secretary of Agriculture shall update the standards to take into consideration the most recent scientific information.

“SEC. 717. EFFECT OF FAILURE TO PROMULGATE REGULATIONS.

“If the Administrator fails to promulgate regulations to implement and enforce the limitations specified in section 705—

“(1)(A) each electric generation facility shall achieve, not later than January 1, 2010, an annual quantity of emissions that is less than or equal to—

“(i) in the case of nitrogen oxides, 15 percent of the annual emissions by a similar electric generation facility that has no controls for emissions of nitrogen oxides; and

“(ii) in the case of global warming pollutants, 75 percent of the annual emissions by a similar electric generation facility that has no controls for emissions of global warming pollutants; and

“(B) each electric generation facility that does not use natural gas as the primary combustion fuel shall achieve, not later than January 1, 2010, an annual quantity of emissions that is less than or equal to—

“(i) in the case of sulfur dioxide, 5 percent of the annual emissions by a similar electric generation facility that has no controls for emissions of sulfur dioxide; and

“(ii) in the case of mercury, 10 percent of the annual emissions by a similar electric generation facility that has no controls included specifically for the purpose of controlling emissions of mercury; and

“(2) the applicable permit under this Act for each electric generation facility shall be deemed to incorporate a requirement for achievement of the reduced levels of emissions specified in paragraph (1).

“SEC. 718. PROHIBITIONS.

“It shall be unlawful—

“(1) for the owner or operator of any electric generation facility—

“(A) to operate the electric generation facility in noncompliance with the requirements of this title (including any regulations implementing this title);

“(B) to fail to submit by the required date any emission allowances, or pay any penalty, for which the owner or operator is liable under section 706;

“(C) to fail to provide and comply with any plan to offset excess emissions required under section 706(f); or

“(D) to emit mercury in excess of the emission limitations established under section 709; or

“(2) for any person to hold, use, or transfer any emission allowance allocated under this title except in accordance with regulations promulgated by the Administrator.

“SEC. 719. MODERNIZATION OF ELECTRIC GENERATION FACILITIES.

“(a) IN GENERAL.—Beginning on the later of January 1, 2015, or the date that is 40 years after the date on which the electric generation facility commences operation, each electric generation facility shall be subject to emission limitations reflecting the application of best available control technology on a new major source of a similar size and type (as determined by the Administrator) as determined in accordance with the procedures specified in part C of title I.

“(b) ADDITIONAL REQUIREMENTS.—The requirements of this section shall be in addition to the other requirements of this title.

“SEC. 720. PARAMOUNT INTEREST WAIVER.

“(a) IN GENERAL.—If the President determines that a national security emergency exists and, in light of information that was not available as of the date of enactment of this title, that it is in the paramount interest of the United States to modify any requirement under this title to minimize the effects of the emergency, the President, after opportunity for notice and public comment, may temporarily adjust, suspend, or waive any regulation promulgated pursuant to this title to achieve that minimization.

“(b) CONSULTATION.—In making an emergency determination under subsection (a), the President, to the maximum extent practicable, shall consult with and take into consideration any advice received from—

“(1) the Academy;

“(2) the Secretary of Energy; or

“(3) the Administrator.

“(c) JUDICIAL REVIEW.—An emergency determination under subsection (a) shall be subject to judicial review under section 307.

“SEC. 721. RELATIONSHIP TO OTHER LAW.

“(a) IN GENERAL.—Except as expressly provided in this title, nothing in this title—

“(1) limits or otherwise affects the application of any other provision of this Act; or

“(2) precludes a State from adopting and enforcing any requirement for the control of emissions of air pollutants that is more stringent than the requirements imposed under this title.

“(b) REGIONAL SEASONAL EMISSION CONTROLS.—Nothing in this title affects any re-

gional seasonal emission control for nitrogen oxides established by the Administrator or a State under title I.”

(b) CONFORMING AMENDMENT.—Section 412(a) of the Clean Air Act (42 U.S.C. 7651k(a)) is amended in the first sentence by striking “opacity” and inserting “mercury, opacity.”

SEC. 3. SAVINGS CLAUSE.

Section 193 of the Clean Air Act (42 U.S.C. 7515) is amended by striking “date of the enactment of the Clean Air Act Amendments of 1990” each place it appears and inserting “date of enactment of the Clean Power Act of 2007”.

SEC. 4. ACID PRECIPITATION RESEARCH PROGRAM.

Section 103(j) of the Clean Air Act (42 U.S.C. 7403(j)) is amended—

(1) in paragraph (3)—

(A) in subparagraph (F)(i), by striking “effects; and” and inserting “effects, including an assessment of—

“(I) acid-neutralizing capacity; and

“(II) changes in the number of water bodies in the sensitive ecosystems referred to in subparagraph (G)(ii) with an acid-neutralizing capacity greater than zero; and”;

(B) by adding at the end the following:

“(G) SENSITIVE ECOSYSTEMS.—

“(i) IN GENERAL.—Beginning in 2008, and every 4 years thereafter, the report under subparagraph (E) shall include—

“(I) an identification of environmental objectives necessary to be achieved (and related indicators to be used in measuring achievement of the objectives) to adequately protect and restore sensitive ecosystems; and

“(II) an assessment of the status and trends of the environmental objectives and indicators identified in preceding reports under this paragraph.

“(ii) SENSITIVE ECOSYSTEMS TO BE ADDRESSED.—Sensitive ecosystems to be addressed under clause (i) include—

“(I) the Adirondack Mountains, mid-Appalachian Mountains, Rocky Mountains, and southern Blue Ridge Mountains;

“(II) the Great Lakes, Lake Champlain, Long Island Sound, and the Chesapeake Bay; and

“(III) other sensitive ecosystems, as determined by the Administrator.

“(H) ACID DEPOSITION STANDARDS.—Beginning in 2008, and every 4 years thereafter, the report under subparagraph (E) shall include a revision of the report under section 404 of Public Law 101-549 (42 U.S.C. 7651 note) that includes a reassessment of the health and chemistry of the lakes and streams that were subjects of the original report under that section.”; and

(2) by adding at the end the following:

“(4) PROTECTION OF SENSITIVE ECOSYSTEMS.—

“(A) DETERMINATION.—Not later than December 31, 2014, the Administrator, taking into consideration the findings and recommendations of the report revisions under paragraph (3)(H), shall determine whether emission reductions under titles IV and VII are sufficient to—

“(i) achieve the necessary reductions identified under paragraph (3)(F); and

“(ii) ensure achievement of the environmental objectives identified under paragraph (3)(G).

“(B) REGULATIONS.—

“(i) IN GENERAL.—Not later than 2 years after the Administrator makes a determination under subparagraph (A) that emission reductions are not sufficient, the Administrator shall promulgate regulations to protect the sensitive ecosystems referred to in paragraph (3)(G)(ii).

“(ii) CONTENTS.—Regulations under clause (i) shall include modifications to—

“(I) provisions relating to nitrogen oxide and sulfur dioxide emission reductions;

“(II) provisions relating to allocations of nitrogen oxide and sulfur dioxide allowances; and

“(III) such other provisions as the Administrator determines to be necessary.”.

SEC. 5. AUTHORIZATION OF APPROPRIATIONS FOR DEPOSITION MONITORING.

(a) OPERATIONAL SUPPORT.—In addition to amounts made available under any other law, there are authorized to be appropriated for each of fiscal years 2008 through 2017—

(1) for operational support of the National Atmospheric Deposition Program National Trends Network—

(A) \$2,000,000 to the United States Geological Survey;

(B) \$600,000 to the Environmental Protection Agency;

(C) \$600,000 to the National Park Service; and

(D) \$400,000 to the Forest Service;

(2) for operational support of the National Atmospheric Deposition Program Mercury Deposition Network—

(A) \$400,000 to the Environmental Protection Agency;

(B) \$400,000 to the United States Geological Survey;

(C) \$100,000 to the National Oceanic and Atmospheric Administration; and

(D) \$100,000 to the National Park Service;

(3) for the National Atmospheric Deposition Program Atmospheric Integrated Research Monitoring Network \$1,500,000 to the National Oceanic and Atmospheric Administration;

(4) for the Clean Air Status and Trends Network \$5,000,000 to the Environmental Protection Agency; and

(5) for the Temporally Integrated Monitoring of Ecosystems and Long-Term Monitoring Program \$2,500,000 to the Environmental Protection Agency.

(b) MODERNIZATION.—In addition to amounts made available under any other law, there are authorized to be appropriated—

(1) for equipment and site modernization of the National Atmospheric Deposition Program National Trends Network \$6,000,000 to the Environmental Protection Agency;

(2) for equipment and site modernization and network expansion of the National Atmospheric Deposition Program Mercury Deposition Network \$2,000,000 to the Environmental Protection Agency;

(3) for equipment and site modernization and network expansion of the National Atmospheric Deposition Program Atmospheric Integrated Research Monitoring Network \$1,000,000 to the National Oceanic and Atmospheric Administration; and

(4) for equipment and site modernization and network expansion of the Clean Air Status and Trends Network \$4,600,000 to the Environmental Protection Agency.

(c) AVAILABILITY OF AMOUNTS.—Each of the amounts appropriated under subsection (b) shall remain available until expended.

SEC. 6. TECHNICAL AMENDMENTS.

Title IV of the Clean Air Act (relating to noise pollution) (42 U.S.C. 7641 et seq.)—

(1) is amended by redesignating sections 401 through 403 as sections 801 through 803, respectively; and

(2) is redesignated as title VIII and moved to appear at the end of that Act.

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 167—CONGRATULATING THE UNIVERSITY OF WISCONSIN MEN'S INDOOR TRACK AND FIELD TEAM ON BECOMING THE 2006–2007 NATIONAL COLLEGIATE ATHLETIC ASSOCIATION DIVISION I INDOOR TRACK AND FIELD CHAMPIONS

Mr. FEINGOLD (for himself and Mr. KOHL) submitted the following resolution; which was considered and agreed to:

S. RES. 167

Whereas, on March 10, 2007, in Fayetteville, Arkansas, the University of Wisconsin men's indoor track and field team (referred to in this preamble as the “Badgers indoor track and field team”) became the first-ever Big 10 Conference school to win the National Collegiate Athletic Association (NCAA) Division I Indoor Track and Field Championship, by placing first with 40 points, 5 points ahead of second place finisher Florida State University, and 6 points ahead of the third place finisher, the University of Texas;

Whereas the Badgers indoor track and field team secured its victory through the strong performances of its members, including—

(1) senior Chris Solinsky, who placed first in the 5,000-meter run, with a time of 13:38.61, and placed second in the 3,000-meter run, with a time of 7:51.69;

(2) senior Demi Omole, who placed second in the 60-meter dash with a time of 6.57;

(3) senior Tim Nelson, who placed fifth in the 5,000-meter run with a time of 13:48.08;

(4) senior Joe Detmer, who finished fifth in the Heptathlon with 5,761 points; and

(5) freshman Craig Miller, sophomore James Groce, junior Joe Pierre, and freshman Jack Bolas, who finished fifth in the Distance Medley Relay with a time of 9:35.81;

Whereas the success of the season depended on the hard work, dedication, and performance of every player on the Badgers indoor track and field team, including—

- (1) Zach Beth;
- (2) Brandon Bethke;
- (3) Brennan Boettcher;
- (4) Jack Bolas;
- (5) Nathan Brown;
- (6) Joe Conway;
- (7) Ryan Craven;
- (8) Joe Detmer;
- (9) Victor Dupuy;
- (10) Peter Dykstra;
- (11) Stu Eagon;
- (12) Sal Fadel;
- (13) Jake Fritz;
- (14) Ryan Gasper;
- (15) Barry Gill;
- (16) Dan Goesch;
- (17) James Groce;
- (18) Eric Hatchell;
- (19) Luke Hoenecke;
- (20) Paul Hubbard;
- (21) Lance Kendricks;
- (22) Andrew Lacy;
- (23) Nate Larkin;
- (24) Billy Lease;
- (25) Jim Liermann;
- (26) Rory Linder;
- (27) Steve Ludwig;
- (28) Steve Markson;
- (29) Zach McCollum;
- (30) James McConkey;
- (31) Brian McCulliss;
- (32) Chad Melotte;
- (33) Craig Miller;
- (34) Tim Nelson;
- (35) Pat Nichols;
- (36) Demi Omole;

- (37) Landon Peacock;
- (38) Seth Pelock;
- (39) Tim Pierie;
- (40) Joe Pierre;
- (41) Adam Pischke;
- (42) Jarad Plummer;
- (43) Ben Porter;
- (44) Nathan Probst;
- (45) Codie See;
- (46) Noah Shannon;
- (47) Chris Solinsky;
- (48) Mike Sracic;
- (49) Derek Thiel;
- (50) Joe Thomas;
- (51) Jeff Tressley;
- (52) Christian Wagner; and
- (53) Matt Withrow;

Whereas the success of the Badgers indoor track and field team was facilitated by the knowledge and commitment of the team's coaching staff, including—

- (1) Head Coach Ed Nuttycombe;
- (2) Assistant Coach Jerry Schumacher;
- (3) Assistant Coach Mark Guthrie;
- (4) Assistant Coach Will Wabunsee;
- (5) Volunteer Coach Pascal Dorbert;
- (6) Volunteer Coach Nick Winkel; and
- (7) Volunteer Coach Chris Ratzenberg;

Whereas, on February 24, 2007, in Bloomington, Indiana, the Badgers indoor track and field team won its seventh consecutive Big 10 Championship by placing first with 120 points, 27 points ahead of the second place finisher, the University of Minnesota, and 31 points ahead of the third place finisher, the University of Michigan;

Whereas numerous members of the Badgers indoor track and field team were recognized for their performances in the Big 10 Conference, including—

- (1) Demi Omole, who was named Track Athlete of the Year and Track Athlete of the Championships;
- (2) Joe Detmer, who was named Field Athlete of the Year and was a Sportsmanship Award honoree;
- (3) Craig Miller, who was named Freshman of the Year;
- (4) Ed Nuttycombe, who was named Coach of the Year;
- (5) Chris Solinsky, Demi Omole, and Joe Detmer, who were named First Team All-Big 10; and

(6) Brandon Bethke, Craig Miller, Luke Hoenecke, Steve Markson, and Tim Nelson, who were named Second Team All-Big 10;

Whereas numerous members of the Badgers indoor track and field team were recognized for their performance in the NCAA Indoor Track and Field Championships, including—

- (1) Ed Nuttycombe, who was named Division I Men's Indoor Track and Field Coach of the Year by the U.S. Track and Field and Cross Country Coaches Association;
- (2) Jack Bolas, Joe Detmer, Stu Eagon, James Groce, Tim Nelson, Demi Omole, Joe Pierre, and Chris Solinsky, who were recognized as 2007 Men's Indoor Track All-Americans; and

(3) Chris Solinsky, who was named Division I Men's Track Athlete of the Year by the U.S. Track and Field and Cross Country Coaches Association, and was the first University of Wisconsin men's track athlete to be named national athlete of the year; and

Whereas several members of the 2007 Badgers indoor track and field team were also members of the 2005 University of Wisconsin men's cross country NCAA Division I Championship team, including—

- (1) Brandon Bethke;
- (2) Stu Eagon;
- (3) Ryan Gasper;
- (4) Tim Nelson;
- (5) Tim Pierie;
- (6) Joe Pierre;
- (7) Ben Porter;
- (8) Codie See;