

INDIAN HEALTH AMENDMENTS OF 1992

JULY 28, 1992.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

Mr. DINGELL, from the Committee on Energy and Commerce, submitted the following

REPORT

[To accompany H.R. 3724 which on November 6, 1991, was referred jointly to the Committee on Interior and Insular Affairs and the Committee on Energy and Commerce]

[Including cost estimate to the Congressional Budget Office]

The Committee on Energy and Commerce, to whom was referred the bill (H.R. 3724) to amend the Indian Health Care Improvement Act to authorize appropriations for Indian health programs, and for other purposes, having considered the same, report favorably thereon with an amendment and recommend that the bill as amended do pass.

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The amendment is as follows:

Strike out all after the enacting clause and insert in lieu thereof the following:

**SECTION 1. SHORT TITLE.**

This Act may be cited as the "Indian Health Amendments of 1992".

**SEC. 2. AMENDMENTS TO INDIAN HEALTH CARE IMPROVEMENT ACT.**

Except as otherwise specifically provided, whenever in this Act a section or other provision is amended or repealed, such amendment or repeal shall be considered to be made to that section or other provision of the Indian Health Care Improvement Act (25 U.S.C. 1601 et seq.).

**SEC. 3. FINDINGS; POLICY; AND DEFINITIONS.**

(a) **FINDINGS.**—Section 2 of the Act (25 U.S.C. 1601) is amended—

- (1) in paragraph (d), by striking out the second sentence; and
- (2) by striking out paragraphs (e), (f), and (g).

(b) **DECLARATION OF POLICY.**—Section 3 of the Act (25 U.S.C. 1602) is amended to read as follows:

**"DECLARATION OF HEALTH OBJECTIVES**

"Sec. 3. (a) The Congress hereby declares that it is the policy of this Nation, in fulfillment of its special responsibilities and legal obligation to the American Indian people, to assure the highest possible health status for Indians and urban Indians and to provide all resources necessary to effect that policy.

"(b) It is the intent of the Congress that the Nation meet the following health status objectives with respect to Indians and urban Indians by the year 2000:

"(1) Reduce coronary heart disease deaths to no more than 100 per 100,000.

"(2) Reduce the prevalence of overweight individuals to no more than 30 percent.

"(3) Reduce the prevalence of anemia to less than 10 percent among children aged 1 through 5.

"(4) Reverse the rise in cancer deaths to achieve a rate of no more than 130 per 100,000.

"(5) Slow the rise in lung cancer deaths to achieve a rate of no more than 42 per 100,000.

"(6) Slow the rise in deaths from chronic obstructive pulmonary disease to achieve a rate of no more than 25 per 100,000.

"(7) Reduce deaths among men caused by alcohol-related motor vehicle crashes to no more than 44.8 per 100,000.

"(8) Reduce cirrhosis deaths to no more than 13 per 100,000.

"(9) Reduce drug-related deaths to no more than 3 per 100,000.

"(10) Reduce pregnancies among girls aged 17 and younger to no more than 50 per 1,000 adolescents.

"(11) Reduce to no more than 30 percent the proportion of pregnancies that are unintended.

"(12) Reduce suicide among men to no more than 12.8 per 100,000.

"(13) Reduce by 15 percent the incidence of injurious suicide attempts among adolescents aged 14 through 17.

"(14) Reduce to less than 10 percent the prevalence of mental disorders among children and adolescents.

"(15) Reduce homicides to no more than 11.3 per 100,000.

"(16) Reduce the incidence of child abuse or neglect to less than 25.2 per 1,000 children under age 18.

"(17) Reduce physical abuse directed at women by male partners to no more than 27 per 1,000 couples.

"(18) Reduce rape and attempted rape of women aged 12 and older to no more than 107 per 100,000 women.

"(19) Increase years of healthy life to at least 65 years.

"(20) Reduce deaths caused by unintentional injuries to no more than 66.1 per 100,000.

"(21) Reduce deaths caused by motor vehicle crashes to no more than 39.2 per 100,000.

"(22) Among children aged 6 months through 5 years, reduce the prevalence of blood lead levels exceeding 15 ug/dL and reduce to zero the prevalence of blood lead levels exceeding 25 ug/dl.

"(23) Reduce dental caries (cavities) so that the proportion of children with one or more caries (in permanent or primary teeth) is no more than 45 percent among children aged 6 through 8 and no more than 60 percent among adolescents aged 15.

- "(24) Reduce untreated dental caries so that the proportion of children with untreated caries (in permanent or primary teeth) is no more than 20 percent among children aged 6 through 8 and no more than 70 percent among adolescents aged 15.
- "(25) Reduce to no more than 20 percent the proportion of individuals aged 65 and older who have lost all of their natural teeth.
- "(26) Reduce the prevalence of gingivitis aged 35-44 to no more than 50 percent.
- "(27) Reduce the infant mortality rate to no more than 8.5 per 1,000 live births.
- "(28) Reduce the fetal death rate (20 or more weeks of gestation) to no more than 4 per 1,000 live births plus fetal deaths.
- "(29) Reduce the maternal mortality rate to no more than 3.3 per 100,000 live births.
- "(30) Reduce the incidence of fetal alcohol syndrome to no more than 2 per 1,000 live births.
- "(31) Reduce stroke deaths to no more than 20 per 100,000.
- "(32) Reverse the increase in end-stage renal disease (requiring maintenance dialysis or transplantation) to attain an incidence of no more than 13 per 100,000.
- "(33) Reduce breast cancer deaths to no more than 20.6 per 100,000 women.
- "(34) Reduce deaths from cancer of the uterine cervix to no more than 1.3 per 100,000 women.
- "(35) Reduce colorectal cancer deaths to no more than 13.2 per 100,000.
- "(36) Reduce to no more than 11 percent the proportion of individuals who experience a limitation in major activity due to chronic conditions.
- "(37) Reduce significant hearing impairment to a prevalence of no more than 82 per 1,000.
- "(38) Reduce significant visual impairment to a prevalence of no more than 30 per 1,000.
- "(39) Reduce diabetes-related deaths to no more than 48 per 100,000.
- "(40) Reduce diabetes to an incidence of no more than 2.5 per 1,000 and a prevalence of no more than 62 per 1,000.
- "(41) Reduce the most severe complications of diabetes as follows:
- "(A) End-stage renal disease, 1.9 per 1000.
  - "(B) Blindness, 1.4 per 1000.
  - "(C) Lower extremity amputation, 4.9 per 1000.
  - "(D) Perinatal mortality, 2 percent.
  - "(E) Major congenital malformations, 4 percent.
- "(42) Confine annual incidence of diagnosed AIDS cases to no more than 1,000 cases.
- "(43) Confine the prevalence of HIV infection to no more than 100 per 100,000.
- "(44) Reduce gonorrhea to an incidence of no more than 225 cases per 100,000.
- "(45) Reduce Chlamydia trachomatis infections, as measured by a decrease in the incidence of nongonococcal urethritis to no more than 170 cases per 100,000.
- "(46) Reduce primary and secondary syphilis to an incidence of no more than 10 cases per 100,000.
- "(47) Reduce the incidence of pelvic inflammatory disease, as measured by a reduction in hospitalization for pelvic inflammatory disease to no more than 250 per 100,000 women aged 15 through 44.
- "(48) Reduce sexually transmitted hepatitis B infection to no more than 30,500 cases.
- "(49) Reduce indigenous cases of vaccine-preventable diseases as follows:
- "(A) Diphtheria among individuals aged 25 and younger, 0.
  - "(B) Tetanus among individuals aged 25 and younger, 0.
  - "(C) Polio (wild-type virus), 0.
  - "(D) Measles, 0.
  - "(E) Rubella, 0.
  - "(F) Congenital Rubella Syndrome, 0.
  - "(G) Mumps, 500.
  - "(H) Pertussis, 1000.
- "(50) Reduce epidemic-related pneumonia and influenza deaths among individuals aged 65 and older to no more than 7.3 per 100,000.
- "(51) Reduce the number of new carriers of viral hepatitis to no more than 1 case.

"(52) Reduce tuberculosis to an incidence of no more than 15 cases per 100,000.

"(53) Reduce bacterial meningitis to no more than 8 cases per 100,000.

"(54) Reduce infectious diarrhea by at least 25 percent among children.

"(55) Reduce acute middle ear infections among children aged 4 and younger, as measured by days of restricted activity or school absenteeism, to no more than 105 days per 100 children.

"(56) Reduce pneumonia-related days of restricted activity as follows:

"(A) Individuals aged 65 and older (per 100 people), 38 days.

"(B) Children aged 4 and younger (per 100 children), 24 days.

"(c) Nothing in this section shall be construed to authorize the Secretary to direct an Indian tribe to allocate its health care resources in a specific manner.

"(d) The Secretary shall submit to the President, for inclusion in each report required to be transmitted to the Congress under section 801, a report on the progress made in each area of the Service toward meeting each of the objectives described in subsection (b)."

(c) DEFINITIONS.—Section 4 of the Act (25 U.S.C. 1603) is amended by adding at the end the following new subsections:

"(m) 'Service area' means the geographical area served by each area office.

"(n) 'Substance abuse' includes inhalant abuse."

## TITLE I—INDIAN HEALTH PROFESSIONALS

### SEC. 101. PURPOSE.

Section 101 of the Act (25 U.S.C. 1611) is amended to read as follows:

#### "PURPOSE

"SEC. 101. The purpose of this title is to increase the number of Indians entering the health professions and to assure an adequate supply of health professionals to Indians, Indian tribes, tribal organizations, and urban Indian organizations involved in the provision of primary health care to Indian people."

### SEC. 102. HEALTH PROFESSIONS.

(a) RECRUITMENT PROGRAM.—Section 102(a) of the Act (25 U.S.C. 1612(a)) is amended—

(1) by amending paragraph (1) to read as follows:

"(1) identifying Indians with a potential for education or training in the health professions, especially family medicine, internal medicine, pediatrics, obstetrics and gynecology, podiatric medicine, nursing, dentistry, and mental health; and encouraging and assisting them—

"(A) to enroll in courses of study in such 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) in paragraph (2)—

(A) by striking out "school" both places it appears and inserting in lieu thereof the following: "course of study"; and

(B) by striking out "clause (1)(A)" and inserting in lieu thereof the following: "paragraph (1)"; and

(3) in paragraph (3)—

(A) by striking out "Indians," and inserting in lieu thereof "Indians in,";

(B) by inserting a comma before "courses";

(C) by striking out ", in any school"; and

(D) by striking out "clause (1)(A)" and inserting in lieu thereof the following: "paragraph (1)".

(b) PREPARATORY SCHOLARSHIP PROGRAM.—Section 103 of the Act (25 U.S.C. 1613) is amended—

(1) by amending subsection (a)(2) to read as follows:

"(2) have demonstrated the capability to successfully complete courses of study in the health professions, especially family medicine, internal medicine, pediatrics, obstetrics and gynecology, podiatric medicine, nursing, dentistry, or mental health.";

(2) in subsection (b)(1), by inserting before the period at the end the following: "on a full-time basis (or the part-time equivalent thereof, as determined by the Secretary)";

(3) by amending subsection (b)(2) to read as follows:

"(2) Pregraduate education of any grantee leading to a baccalaureate degree in an approved course of study preparatory to a field of study specified in subsection (a)(2), such scholarship not to exceed 4 years (or the part-time equivalent thereof, as determined by the Secretary).";

(4) in subsection (c), by striking out "full time"; and

(5) by amending subsection (e) to read as follows:

"(e) The Secretary shall not deny scholarship assistance to an eligible applicant under this section solely by reason of such applicant's eligibility for assistance or benefits under any other Federal program."

(c) HEALTH PROFESSIONS SCHOLARSHIPS.—Section 104 of the Act (25 U.S.C. 1613a) is amended—

(1) in subsection (a)—

(A) by striking out "Indian communities" and inserting in lieu thereof the following: "Indians, Indian tribes, tribal organizations, and urban Indian organizations";

(B) by striking out "full time" and inserting in lieu thereof the following: "full or part time"; and

(C) by striking out "of medicine" and all that follows through "social work" and inserting in lieu thereof the following: "and pursuing courses of study in the health professions, with an emphasis on family medicine, internal medicine, pediatrics, obstetrics and gynecology, podiatric medicine, nursing, dentistry, or mental health";

(2) in subsection (b)—

(A) in paragraph (2)—

(i) by striking out "full time" and inserting in lieu thereof "full or part time"; and

(ii) by striking out "health profession school" and inserting in lieu thereof "course of study";

(B) in paragraph (3)—

(i) by striking "(3)" and inserting "(3)(A)";

(ii) by redesignating subparagraphs (A), (B), (C), and (D) as clauses (i), (ii), (iii), and (iv), respectively; and

(iii) by inserting at the end the following new subparagraph:

"(B) A recipient of an Indian Health Scholarship may, at the election of the recipient, meet the requirements of subparagraph (A) by service in a program specified in such subparagraph that—

"(i) is located on the reservation of the tribe in which the recipient is enrolled; or

"(ii) serves the tribe in which the recipient is enrolled."; and

(C) by adding at the end the following new paragraph:

"(4) In the case of an individual receiving a scholarship under this section who is enrolled part time in an approved course of study—

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

"(B) the period of obligated service specified in section 338A(f)(1)(B)(iv) of the Public Health Service Act (42 U.S.C. 254m(f)(1)(B)(iv)) shall be equal to the greater of—

"(i) the part-time equivalent of one year for each year for which the individual was provided a scholarship (as determined by the Secretary); or

"(ii) two years; and

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

(3) by amending subsection (c) to read as follows:

"(c) The Secretary shall not deny scholarship assistance to an eligible applicant under this section solely by reason of such applicant's eligibility for assistance or benefits under any other Federal program."; and

(4) by amending subsection (d) to read as follows:

"(d) The Secretary shall, acting through the Service, establish a Placement Office to develop and implement a national policy for the placement, to available vacancies within the Service, of health professionals required to meet the active duty service obligation prescribed under section 338C of the Public Health Service Act (42 U.S.C. 254m) without regard to any competitive personnel system, agency personnel limitation, or Indian preference policy."

(d) **EFFECTIVE DATE.**—The amendments made by subsection (c)(1)(C) and subsection (c)(2)(B) shall apply with respect to scholarships granted under section 104 of the Indian Health Care Improvement Act after the date of the enactment of this Act.

(e) **EXTERN PROGRAM.**—Section 105 of the Act (25 U.S.C. 1614) is amended—

(1) in subsection (a), by striking out “section 757 of the Public Health Service Act” and inserting in lieu thereof “section 104”; and

(2) in subsection (b), by striking out “school of medicine” and all that follows through “health professions” and inserting in lieu thereof “course of study in the health professions, with an emphasis on family medicine, internal medicine, pediatrics, obstetrics and gynecology, nursing, dentistry, or mental health”.

**SEC. 103. BREACH OF CONTRACT PROVISIONS RELATING TO INDIAN HEALTH SCHOLARSHIPS.**

Section 104(b) of the Act (25 U.S.C. 1613a(b)) (as amended by section 102(c) of this Act) is amended by adding at the end the following new paragraph:

“(5)(A) An individual who has, on or after the date of the enactment of this paragraph, entered into a written contract with the Secretary under this section and who—

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

“(ii) is dismissed from such educational institution for disciplinary reasons,

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

“(iv) fails to accept payment, or instructs the educational institution in which he 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, shall be liable to the United States for the amount which has been paid to him, or on his behalf, under the contract.

“(B) If for any reason not specified in subparagraph (A) an individual breaches his written contract by failing either to begin such individual’s service obligation under this section 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 (l) of section 108 in the manner provided for in such subsection.”.

**SEC. 104. NURSING.**

(a) **CONTINUING EDUCATION ALLOWANCES.**—Section 106(a) of the Act (25 U.S.C. 1615(a)) is amended by inserting “nurses,” after “dentists,”.

(b) **TRAINING FOR NURSE MIDWIVES AND NURSE PRACTITIONERS.**—Section 112 of the Act (25 U.S.C. 1616e) is amended—

(1) in subsection (b)—

(A) at the end of paragraph (4), by striking out “or”;

(B) in paragraph (5), by striking out the period at the end and inserting in lieu thereof “, or”; and

(C) by adding at the end the following new paragraph:

“(6) establish and develop clinics operated by nurses, nurse midwives, or nurse practitioners to provide primary health care services to Indians.”.

(2) by amending subsection (f) to read as follows:

“(f) Beginning with fiscal year 1992, of the amounts appropriated under the authority of this title for each fiscal year to be used to carry out this section, not less than \$1,000,000 shall be used to provide grants under subsection (a) for the training of nurse midwives and nurse practitioners.”.

(c) **RETENTION BONUS FOR NURSES.**—Section 117 (25 U.S.C. 1610j) of the Act is amended—

(1) by redesignating subsections (b) through (e) as subsections (c) through (f), respectively; and

(2) by adding after subsection (a) the following new subsection (b):

“(b) Beginning with fiscal year 1992, not less than 25 percent of the retention bonuses awarded each year under subsection (a) shall be awarded to nurses.”.

(d) **RESIDENCY PROGRAM.**—Title I of the Act is amended by adding at the end the following new section:

“**NURSING RESIDENCY PROGRAM**

“Sec. 118. (a) The Secretary, acting through the Service, shall establish a program to enable licensed practical nurses, licensed vocational nurses, and registered nurses

who are working in an Indian health program (as defined in section 108(a)(2)), and have done so for a period of not less than one year, to pursue advanced training.

"(b) Such program shall include a combination of education and work study in an Indian health program (as defined in section 108(a)(2)) leading up to an associate or bachelor's degree (in the case of a licensed practical nurse or licensed vocational nurse) or a bachelor's degree (in the case of a registered nurse).

"(c) 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 for a period of obligated service equal to at least three times 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 United States shall be entitled to recover from such individual an amount determined in accordance with the formula specified in subsection (l) of section 108 in the manner provided for in such subsection."

**SEC. 105. MAINTENANCE OF COMMUNITY HEALTH REPRESENTATIVE PROGRAM.**

Section 107(b) of the Act (25 U.S.C. 1616(b)) is amended—

(1) in paragraph (2), in the material preceding subparagraph (A), by inserting "and maintain" after "develop";

(2) in paragraph (2)(B), by adding at the end the following: "with appropriate consideration given to lifestyle factors that have an impact on Indian health status, such as alcoholism, family dysfunction, and poverty,";

(3) in paragraphs (3) and (5), by striking out "develop" each place it appears and inserting in lieu thereof "maintain"; and

(4) in paragraph (4), by striking out "develop and".

**SEC. 106. CHANGES TO INDIAN HEALTH SERVICE LOAN REPAYMENT PROGRAM.**

(a) **ELIGIBILITY REQUIREMENTS.**—Section 108 of the Act (25 U.S.C. 1616a(b)) is amended—

(1) in subsection (a)(1), by striking out "physicians," and all that follows through "professionals" and inserting in lieu thereof the following: "health professionals in family medicine, internal medicine, pediatrics, obstetrics and gynecology, podiatric medicine, nursing, dentistry, and mental health"; and

(2) in subsection (b)—

(A) in paragraph (1)(A)—

(i) by amending clause (i) to read as follows:

"(i) in a course of study or program in an accredited institution, as determined by the Secretary, within any State and be scheduled to complete such course of study in the same year such individual applies to participate in such program; or"; and

(ii) in clause (ii), by striking out "medicine" and all that follows through "dentistry," and inserting in lieu thereof the following: "family medicine, internal medicine, pediatrics, obstetrics and gynecology, podiatric medicine, nursing, dentistry, mental health,";

(B) in paragraph (1)(B)—

(i) by inserting "and" at the end of clause (i), by striking out clause (ii), and by redesignating clause (iii) as clause (ii);

(ii) in clause (i), by striking out "medicine, osteopathy, dentistry," and inserting in lieu thereof the following: "family medicine, internal medicine, pediatrics, obstetrics and gynecology, podiatric medicine, nursing, dentistry, mental health,"; and

(iii) in clause (ii) (as redesignated by clause (i) of this subparagraph), by striking out "medicine, osteopathy, dentistry," and inserting in lieu thereof the following: "family medicine, internal medicine, pediatrics, obstetrics and gynecology, podiatric medicine, nursing, dentistry, mental health,"; and

(C) in paragraph (2), by inserting "and" at the end of subparagraph (D), by striking out paragraphs (3) and (4), and by inserting after paragraph (2) the following:

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

(b) **PRIORITY.**—Section 108(d) of the Act (25 U.S.C. 1616a(d)) is amended—

(1) in paragraph (1), by striking out "The" and inserting in lieu thereof "Consistent with paragraph (3), the"; and

(2) by adding at the end the following new paragraph:

"(3)(A) Subject to subparagraph (B), beginning with fiscal year 1992, of the total amounts appropriated for each fiscal year for loan repayment contracts under this section, the Secretary shall provide that—

"(i) not less than 25 percent be provided to applicants who are nurses, nurse practitioners, or nurse midwives; and

"(ii) not less than 10 percent be provided to applicants who are mental health professionals (other than applicants described in clause (i)).

"(B) The requirements specified in clause (i) or clause (ii) of subparagraph (A) shall not apply if the Secretary does not receive the number of applications from the individuals described in clause (i) or clause (ii), respectively, necessary to meet such requirements."

(c) **BECOMING A PARTICIPANT.**—Paragraph (1) of section 108(e) (25 U.S.C. 1616a(e)) is amended to read as follows:

"(1) An individual becomes a participant in the Loan Repayment Program only upon the Secretary and the individual entering into a written contract described in subsection (f)."

(d) **EXTENSION OF OBLIGATED SERVICE.**—Paragraph (2)(A) of section 108(e) (25 U.S.C. 1616a(e)) is amended by inserting before the semicolon the following: ", including extensions resulting in an aggregate period of obligated service in excess of 4 years."

(e) **CLARIFICATION REGARDING UNDERGRADUATE LOANS.**—Paragraph (1) of section 108(g) (25 U.S.C. 1616a(g)) is amended in the matter preceding subparagraph (A) by striking out "loans received by the individual for—" and inserting in lieu thereof "loans received by the individual regarding the undergraduate or graduate education of the individual (or both), which loans were made for—"

(f) **PAYMENT.**—Subparagraph (A) of section 108(g)(2) (25 U.S.C. 1616a(g)(2)) is amended to read as follows:

"(A) For each year of obligated service that an individual contracts to serve under subsection (f) the Secretary may pay up to \$35,000 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—

"(i) 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;

"(ii) provides an incentive to serve in Indian health programs with the greatest shortages of health professionals; and

"(iii) provides an incentive with respect to the health professional involved remaining in an Indian health program 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."

(g) **TAX LIABILITY.**—(1) Paragraph (3) of section 108(g) (25 U.S.C. 1616a(g)) is amended to read as follows:

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

"(A) in addition to such payments, shall make payments to the individual in an amount equal to 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."

(2) The amendment made by paragraph (1) shall apply only with respect to contracts under section 108 of the Indian Health Care Improvement Act entered into on or after the date of enactment of this Act.

(h) **ANNUAL REPORT.**—Subsection (n) of section 108 is amended to read as follows: "(n) The Secretary shall submit to the President, for inclusion in each report required to be submitted to the Congress under section 801, a report concerning the previous fiscal year which sets forth—

"(1) the health professional positions maintained by the Service or by tribal or 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 (f) 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 scholarship grants that are provided under section 104 with respect to each health profession;

"(6) the amount of scholarship grants provided under section 104, in total and by health profession;

