ANNOTATED CODIFICATION OF THE

INDIAN HEALTH CARE IMPROVEMENT ACT, PUBLIC LAW 94-437

As Amended Through October 19, 1996

Legislative Affairs Staff
Office of the Director
Indian Health Services
April 1998

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(annotated)

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EXPLANATION

This Codification of the Indian Health Care Improvement Act, P.L. 94-437 Follows the Following Scheme.

- Repealed language is crossed out.
- Language added by the Indian Health Amendments of 1992, P.L. 102-573, is in bold and underlined.
- The source of changes to the original Act are identified in the margin.
- Various explanatory notes are contained in the text or in the margin sometimes followed by explanatory freestanding provisions that may be relevant to nearby sections of P.L. 94-437.

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Public Law 94-437
94th Congress, S. 522
September 30, 1976

As Amended by:

P.L. 96-537 - December 17, 1980
P.L. 100-579 - October 31, 1988
P.L. 100-690 - November 18, 1988
P.L. 100-713 - November 23, 1988
P.L. 101-630 - November 28, 1990
P.L. 102-573 - October 29, 1992
P.L. 104-313 - October 19, 1996

An Act

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

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That this Act may be cited as the "Indian Health Care Improvement Act."

FINDINGS

SEC. 2. The Congress finds ~~that~~ the following: P.L.102-573

(a) 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.

(b) 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.

(c) 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.

(d) Despite such services, the unmet health needs of the American Indian people are severe and the health status of Indians is far below that of the general population of the United States. P.L.102-573

~~For example, for Indians compared to all Americans in 1971, the tuberculoses death rate was over four and one-half times greater, the influenza and pneumonia death rate over one and one-half times greater, and the infant death rate approximately 20 per centum greater.~~

~~(e) All other Federal services and programs in fulfillment of the Federal responsibility to Indians are jeopardized by the low health status of the American Indian people.~~

~~(f) Further improvement in Indian health is imperilled by--~~

~~(1) inadequate, outdated, inefficient, and undermanned facilities. For example, only twenty-four of fifty-one Indian Health Service hospitals are accredited by the joint Commission on Accreditation of Hospitals, only thirty-one meet national fire and safety codes, and fifty-two locations with Indian populations have been identified as requiring either new or replacement health centers and stations, or clinics remodeled for improved or additional services~~

~~(2) shortage of personnel. For example, about one half of the Service hospitals, four-fifths of the Service hospital outpatient clinics, and one-half of the Service health clinics meet only 80 per centum of staffing standards for their respective services;~~

~~(3) insufficient services in such areas as laboratory, hospital inpatient and outpatient, eye care and mental health services, and services available through contracts with private physicians, clinics, and agencies. For example, about 90 per centum of the surgical operations needed for otitis media have not been performed, over 57 per centum of required dental services remain to be provided, and about 98 per centum of hearing aid requirements are unmet;~~

~~(4) related support factors. For example, over seven hundred housing units are needed for staff at remote Service facilities;~~

~~(5) lack of access of Indians to health services due to remote residences, undeveloped or underdeveloped communication and transportation systems, and difficult, sometimes severe, climate conditions; and~~

~~(6) lack of safe water and sanitary waste disposal services. For example, over thirty-seven thousand four hundred existing and forty-eight thousand nine hundred and sixty planned replacement and renovated Indian housing units need new or upgraded water and sanitation facilities.~~

~~(g) The Indian people's growth of confidence in Federal Indian health services is revealed by their increasingly heavy use of such services. Progress toward the goal of better Indian health~~

~~is dependent on this continued growth of confidence. Both such progress and such confidence are dependent on improved Federal Indian health services.~~

DECLARATION OF ~~POLICY~~ HEALTH OBJECTIVES P.L.102-573

SEC. 3 (a). The Congress hereby declares that it is the policy of this Nation, in fulfillment of its special responsibilities and legal obligations to the American Indian people, ~~to meet the national goal of providing the highest possible health status to Indians and to provide existing Indian health services with all resources necessary to effect that policy.~~ P.L.102-573 to assure the highest possible health status for Indians and urban Indians and to provide all resources necessary to affect 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: P.L.102-573

(1) Reduce coronary heart disease deaths to a level of 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) Reduce the level of cancer deaths to a rate of no more than 130 per 100,000.

(5) Reduce the level of lung cancer deaths to a rate of no more than 42 per 100,000.

(6) Reduce the level of chronic obstructive pulmonary disease related deaths to 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 suicide among men to no more than 12.8 per 100,000.

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

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

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

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

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

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

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

(19) 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.

(20) 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.

(21) 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 40 percent among adolescents aged 15.

(22) Reduce to no more than 20 percent the proportion of individuals aged 65 and older who have lost all of their natural teeth.

(23) Increase to at least 45 percent the proportion of individuals aged 35 to 44 who have never lost a permanent tooth due to dental caries or periodontal disease.

(24) Reduce destructive periodontal disease to a prevalence of no more than 15 percent among individuals aged 35 to 44.

(25) Increase to at least 50 percent the proportion of children who have received protective sealants on the occlusal (chewing) surfaces of permanent molar teeth.

(26) Reduce the prevalence of gingivitis among individuals aged 35 to 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 1,000.
(B) Blindness, 1.4 per 1,000.
(C) Lower extremity amputation, 4.9 per 1,000
(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 viral hepatitis B infection to no more than 40 per 100,000 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, 1,000.

(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 B among Alaska Natives to no more than 1 case.

(52) Reduce tuberculosis to an incidence of no more than 5 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 cigarette smoking to a prevalence of no more than 20 percent.

(57) Reduce smokeless tobacco use by youth to a prevalence of no more than 10 percent.

(58) Increase to at least 65 percent the proportion of parents and caregivers who use feeding practices that prevent baby bottle tooth decay.

(59) Increase to at least 75 percent the proportion of mothers who breast feed their babies in the early postpartum period, and to at least 50 percent the proportion who continue breast feeding until their babies are 5 to 6 months old.

(60) Increase to at least 90 percent the proportion of pregnant women who receive prenatal care in the first trimester of pregnancy.

(61) Increase to at least 70 percent the proportion of individuals who have received, as a minimum within the appropriate interval, all of the screening and immunization services and at least one of the counseling services appropriate for their age and gender as recommended by the United States Preventive Services Task Force. P.L.102-573

(c) It is the intent of the Congress that the Nation increase the proportion of all degrees in the health professions and allied and associated health profession fields awarded to Indians to 0.6 percent. P.L.102-573

(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).

DEFINITIONS

SEC. 4. For purposes of this Act--

(a) "Secretary", unless otherwise designated, means the ~~Secretary of Health, Education, and Welfare.~~ Secretary of Health and Human Services. P.L.96-573

(b) "Service" means the Indian Health Service.

(c) "Indians" or "Indian", unless otherwise designated, means any person who is a member of an Indian tribe, as defined in subsection (d) hereof, except that, for the purpose of ~~sections 102, 103, and 201(c)(5)~~ section 102 and 103, such terms shall mean any individual who (1), irrespective of whether he or she 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 who is a descendant, in the first or second degree, of any such member, or (2) is an Eskimo or Aleut or other Alaska Native, or (3) is considered by the Secretary of the Interior to be an Indian for any purpose, or (4) is determined to be an Indian under regulations promulgated by the Secretary. P.L.102-573

(d) "Indian tribe" means any Indian tribe, band, nation, or other organized group or community, including any Alaska Native village or group or regional or village corporation as defined in or established pursuant to the Alaska Native Claims Settlement Act (85 Stat. 688), which is recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians.

(e) "Tribal organization" means the elected governing body of any Indian tribe or any legally established organization of Indians which is controlled by one or more such bodies or by a board of directors elected or selected by one or more such bodies (or elected by the Indian population to be served by such organization) and which includes the maximum participation of Indians in all phases of its activities.

(f) "Urban Indian" means any individual who resides in an urban center, as defined in subsection (g) hereof, and who meets one or more the four criteria in subsection (c)(1) through (4) of this section.

(g) "Urban center" means any community which has a sufficient urban Indian population with unmet health needs to warrant assistance under title V, as determined by the Secretary.

(h) "Urban Indian organization" means a nonprofit corporate body situated in an urban center, ~~composed of urban Indians~~ governed by an urban Indian controlled board of directors, and providing for the maximum participation of all interested Indian groups and individuals, which body is capable of legally cooperating with other public and private entities for the purpose of performing the activities described in section 503(a). P.L.96-537 P.L.100-713

~~(i) "Rural Indian" means any individual who resides in a rural community as defined in subsection (j), who is an Indian within the~~ P.L.96-537 P.L.100-713

~~meaning of subsection (c), and who is not otherwise eligible to receive health services from the Service.~~ P.L.96-537 P.L.100-713

~~(j) "Rural community" means any community that--~~

~~(1) is not located on a Federal Indian reservation or trust area;~~

~~(2) is not an Alaskan Native village;~~

~~(3) is not an urban center, and;~~

~~(4) has a sufficient rural Indian population with unmet health needs, as determined by the Secretary, to warrant assistance under title V of this act.~~

~~(k) "Rural Indian organization" means a nonprofit corporate body governed by a board of directors controlled by rural Indians and providing for the maximum participation of all interested Indian groups and individuals, which body is capable of legally cooperating with other public and private entities for the purpose of performing the activities described in section 503(a).~~ P.L.96-537 P.L.100-713

(i) "Area office" mean an administrative entity including a program office, within the Indian Health Service through which services and funds are provided to the service units within a defined geographic area. P.L.100-713

(j) "Service unit" means-- P.L.100-713

(1) an administrative entity within the Indian Health Service, or

(2) a tribe or tribal organization operating health care programs or facilities with funds from the Service under the Indian Self-Determination Act,

through which services are provided, directly or by contract, to the eligible Indian population within a defined geographic area.

(k) "Health promotion" includes-- P.L.100-713

(1) cessation of tobacco smoking,

(2) reduction in the misuse of alcohol and drugs,

(3) improvement of nutrition,

(4) improvement in physical fitness,

(5) family planning,

(6) control of stress, and

(7) pregnancy and infant care (including prevention of fetal alcohol syndrome).

(l) "Disease prevention" includes-- P.L.100-713

(1) immunizations,

(2) control of high blood pressure,

(3) control of sexually transmittable diseases,

(4) prevention and control of diabetes,

(5) control of toxic agents,

(6) occupational safety and health,

(7) accident prevention,

(8) fluoridation of water, and

(9) control of infectious agents.

(m) "Service area" means the geographical area served by each area office. P.L.102-573

(n) "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, and allied health professions, **or any other health profession.** P.L.102-573 P.L.104-313 P.L.104-313

(o) "Substance abuse" includes inhalant abuse. P.L.102-573

(p) "FAE" means fetal alcohol effect. P.L.102-573

(q) "FAS" means fetal alcohol syndrome. P.L.102-573

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TITLE I - INDIAN HEALTH MANPOWER

PURPOSE

~~SEC. 101. The purpose of this title is to augment the inadequate number of health professionals serving Indians and remove the multiple barriers to the entrance of health professionals into the Service and private practice among Indians.~~ P.L.102-573

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 the Service, Indian tribes, tribal organizations, and urban Indian organizations involved in the provision of health care to Indian people. P.L.102-573

HEALTH PROFESSIONS RECRUITMENT PROGRAM FOR INDIANS

SEC. 102. (a) The Secretary, acting through the Service, shall make grants to public or nonprofit private health or educational entities or Indian tribes or tribal 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 schools of medicine, osteopathy, podiatry, pharmacy, public health, nursing, or allied health professions, or (B) if they are not qualified to enroll in any such school, to undertake such post-secondary education or training as may be required to qualify them for enrollment,~~-- P.L.102-573

(A) to enroll in courses of study in such health professions; or P.L.102-573

(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 ~~school~~ courses of study referred to in ~~clause (1)(A)~~ paragraph (1) of this subsection or who are undertaking training necessary to qualify them to enroll in any such school; or P.L.102-573

(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, ~~in any school~~ referred to in ~~clause (1)(A)~~ paragraph (1) of this subsection. P.L.102-573

(b)(1) No grant may be made under this section unless an application therefore 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~~: Provided, That the~~ The Secretary shall

give a preference to applications submitted by Indian tribes or tribal organizations.

(2) The amount of any grant under this section shall be determined by the Secretary. Payments pursuant to grants under this section may be made in advance or by way of reimbursement, and at such intervals and on such conditions as the Secretary finds necessary.

~~(c) For the purpose of making payments pursuant to grants under this section, there are authorized to be appropriated $900,000 for fiscal year 1978, $1,500,000 for fiscal year 1979, and $1,800,000 for fiscal year 1980. For fiscal year 1981, 1982, 1983, and 1984, there are authorized to be appropriated for such payments such sums as may be specifically authorized by an Act enacted after this Act.~~ P.L.96-537

~~There are authorized to be appropriated to carry out this section $2,300,000 for the fiscal year ending September 30, 1981, $2,600,000 for the fiscal year ending September 30, 1982, $3,000,000 for fiscal year ending September 30, 1983, and $3,500,000 for the fiscal year ending September 30, 1984.~~ P.L.96-537 P.L.100-713

~~(c) There are authorized to be appropriated for the purpose of carrying out the provisions of this section--~~ P.L.100-713

P.L.102-573

~~(1) $600,000 for fiscal year 1989,~~

~~(2) $650,000 for fiscal year 1990,~~

~~(3) $700,000 for fiscal year 1991, and~~

~~(4) $750,000 for fiscal year 1992.~~

HEALTH PROFESSIONS PREPARATORY SCHOLARSHIP PROGRAM FOR INDIANS

SEC. 103. (a) The Secretary, acting through the Service, shall make scholarship grants to Indians who--

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

(2) have demonstrated the capability to successfully complete courses of study ~~in schools of medicine, osteopathy, dentistry, veterinary medicine, optometry, podiatry, pharmacy, public health, nursing, or allied health professions~~ in the health professions. P.L.102-573

~~(b) Each scholarship grant made under this section shall be for a period not to exceed two academic years, which years shall be for compensatory preprofessional education of any grantee.~~ P.L.96-537

(b) Scholarship grants made pursuant to this section shall be for the following purposes:

(1) compensatory preprofessional education of any grantee, such scholarship not to exceed two years on a full-time basis (or the part-time equivalent thereof, as determined by the Secretary). P.L.102-573

~~(2) Pregraduate education of any grantee leading to a baccalaureate degree in an approved premedicine, pre dentistry, preosteopathy, preventerinary medicine, preoptometry, or prepodiatry curriculum, such scholarship not to exceed four years.~~ P.L.102-573

(2) Pregraduate education of any grantee 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 (or the part-time equivalent thereof, as determined by the Secretary). P.L.102-573

(c) Scholarship grants made under this section may cover costs of tuition, books, transportation, board, and other necessary related ~~expenses.~~ expenses of a grantee while attending school ~~full time~~. P.L.100-713

~~(d) There are authorized to be appropriated for the purpose of this section $800,000 for fiscal year 1978, $1,000,000 for fiscal year 1979, and $1,300,000 for fiscal year 1980. For fiscal years 1981, 1982, 1983, and 1984 there are authorized to be appropriated for the purpose of t his section such sums as may be specifically authorized by an Act enacted after this Act.~~ P.L.96-537

~~(d) There are authorized to be appropriated to carry out this section $3,510,000 for the fiscal year ending September 30, 1981, $4,000,000 for fiscal year ending September 30, 1982, $4,620,000 for the fiscal year ending September 30, 1983, and $5,300,000 for the fiscal year ending September 30, 1984.~~ P.L.100-713

(d) The Secretary shall not deny scholarship assistance to an eligible applicant under this section 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. P.L.100-713

~~(e) There are authorized to be appropriated for the purpose of carrying out the provisions of this section--~~ P.L.102-573

~~(1) $3,000,000 for fiscal year 1989,~~

~~(2) $3,700,000 for fiscal year 1990,~~

~~(3) $4,400,000 for fiscal year 1991, and~~

~~(4) $5,100,000 for fiscal year 1992.~~

(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. P.L.102-573

~~HEALTH PROFESSIONS SCHOLARSHIP PROGRAM~~ P.L.100-713

~~SEC. 104. Section 225(j) of the Public Health Service Act (42 U.S.C. 234(I)) is amended (1) by inserting "(1) after "(I)", and (2) by adding at the end the following.~~

~~(2)(A) In addition to the sums authorized to be appropriated under paragraph (1) to carry out the Program,~~

~~there are authorized to be appropriated for the fiscal year ending September 30, 1978, $5,450,000, for the fiscal year ending September 30, 1979, $6,300,000, for the fiscal year ending September 30, 1980, $7,200,000, and for fiscal years 1981, 1982, 1983, and 1984 such sums as may be specifically authorized by an act enacted after the Indian Health Care Improvement Act, to provide scholarships under the Program to provide physicians, osteopaths, dentists,veterinarians,nurses, optometrists, podiatrists, pharmacists, public health personnel, and allied health professionals to provide services to Indians. Such scholarships shall be designated Indian Health Scholarships and shall be made in accordance with this section except as provided in subparagraph (B).~~

~~(B)(I) The Secretary, acting through the Indian Health Service, shall determine the individuals who receive the Indian Health Scholarships, shall accord priority to applicants who are Indians, and shall determine the distribution of the scholarships on the basis of the relative need of Indians for additional service in specific health professions.~~

~~(ii)The active duty service obligation prescribed by subsection (e) shall be met by the recipient of an Indian Health Scholarship by service in the Indian Health Service, in a program assisted under title V of the Indian Health Care Improvement act, or in the private practice of his profession if, as determined by the Secretary in accordance with guidelines promulgated by him 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.~~

~~(c) For purposes of this paragraph, the term "Indians" has the same meaning that the term by subsection (c) of section 4 of the Indian Health Care Improvement Act and includes individuals described in clauses (1) through (4) of that subsection.~~

INDIAN HEALTH PROFESSIONS SCHOLARSHIP P.L.100-713

SEC. 104. (a) In order to provide health professionals P.L.102-573
to ~~Indian communities~~ Indians, Indian tribes, tribal organizations, and urban_Indian organizations, the Secretary, acting through the Service and in accordance with this section, shall make scholarship grants to Indians who are enrolled ~~full time~~ full or part time in appropriately accredited schools ~~of medicine, osteopathy, podiatry, psychology, dentistry, environmental health and engineering, nursing, optometry, public health, allied health professions, and social work~~ and 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 Service Act (42 U.S.C. 2541), except as provided in subsection (b) of this section.

(b)(1) The Secretary, acting through the Service, shall determine who shall receive scholarships under subsection (a) and shall determine the distribution of such scholarships among such

health professions on the basis of the relative needs of Indians for additional service in such health professions.

(2) An individual shall be eligible for a scholarship under subsection (a) in any year in which such individual is enrolled ~~full time~~ full or part time in a ~~health profession school~~ course of study referred to in subsection (a).

(3) ~~(A) The active duty service obligation prescribed under section 338C of the Public Health Service Act (42 U.S.C. 254m) shall be met by a recipient of an Indian Health Scholarship by service--~~ P.L.102-573

"(3) **(A) The active duty service obligation under a written contract with the secretary under section 338A of the Public Health Service Act (42 U.S.C.2541) that an individual has entered into under that section shall,if that individual is a recipient of an Indian Health Scholarship, be met in full-time practice, by service--";** P.L.104-313

P.L.102-573

~~(A)~~ (i) in the Indian Health Service;

~~(B)~~ (ii) in a program conducted under a contract entered into under the Indian Self-Determination Act.; P.L.102-573

~~(C)~~ (iii) in a program assisted under title V of this Act; ~~or~~ P.L.102-573

~~(D)~~ (iv) in the private practice of the applicable profession if, as determined 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, **OR** P.L.102-573 P.L.104-313

(B) At the request of any individual who has entered into a contract referred to in subparagraph (A) 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 any appropriate period (in years, as determined by the Secretary), subject to the following conditions: P.L.104-313

"(i)No period of internship, residency, or other advanced clinical training shall be counted as satisfying any period of obligated service that is required under this section.

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

(iii)The active duty service obligation will be served in the health profession of that individual, in a manner consistent with clauses (i) through (v) of subparagraph (A).";

P.L.102-573

~~(B)~~ **(C)** A recipient of an Indian Health Scholarship may, at the election of the recipient, meet the active duty service obligation ~~prescribed under section 338C of the Public Health Service Act (42 U.S.C. 254m) by service in a program specified in~~ P.L.104-313

~~subparagraph (A) that~~--**described in subparagraph by service in a program specified in that subparagraph.**

(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. P.L.104-313

~~(C)~~**(D)** Subject to subparagraph ~~(B)~~**(C)**, the Secretary, in making assignments of Indian Health Scholarship recipients required to meet the active_duty service obligation ~~prescribed under section 338C of the Public Health Service Act (42 U.S.C. 254m)~~,**described in subparagraph (A)**, shall give priority to assigning individuals to service in those programs specified in subparagraph (A) 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. P.L.104-313

(4) In the case of an individual receiving a scholarship under this section who is enrolled part time in an approved course of study-- P.L.102-573

(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))~~ **described in paragraph (3) (A)**, shall be equal to the greater of-- P.L.104-313

(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))~~**(42U.S.C. 2541(g)(1)(B))** shall be reduced pro rata (as determined by the Secretary) based on the number of hours such student is enrolled. P.L.104-313

(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-- P.L.102-573

(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 (1) of section 108 in the manner provided for in such subsection.

~~(c) For purposes of this section, the term "Indian" has the same meaning given that term by subsection (c) of section 4 of this Act, including all individuals described in clauses (a) through (4) of that subsection.~~ P.L.102-573

(C) Upon the death of an individual who receives an Indian Health Scholarship, any obligation of that individual for service or payment that relates to that scholarship shall be canceled P.L.104-313

(D) 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.

(E) 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.

(F) Notwithstanding any other provision of law, with respect to a recipient of an Indian Health Scholarship, no obligation for payment may b 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.

(c) 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 Indian Health Scholarship recipients 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 P.L.102-573

any competitive personnel system, agency personnel limitation, or Indian preference policy.

~~(d) There are authorized to be appropriated for the purpose of carrying out the provisions of this section:~~ P.L.102-573

~~(1) $5,100,000 for fiscal year 1989,~~

~~(2) $6,000,000 for fiscal year 1990,~~

~~(3) $7,100,000 for fiscal year 1991, and~~

~~(4) $8,234,000 for fiscal year 1992.~~

[Note: Sec. 102(d) of P.L. 102-573 reads: "EFFECTIVE DATE.--The amendments made by subsection (c)(1)(C) [Sec 104(a) of P.L. 94-437 above] and subsection (c)(2)(B) [Sec 104(b)(3) of P.L. 94-437 above] 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 [October 29, 1992]".] P.L.102-573

[NOTE: Section 104 of P.L. 100-713 contained a free-standing provision relevant to section 104 of the Indian Health Care Improvement Act. For easy reference, this language has been provided below.]

{(b)(1) Section 338I of the Public Health Service Act (42 U.S.C. 254r) is repealed.

{(2) Scholarships that have been provided under section 338I of the Public Health Service Act (42 U.S.C. 254r) on or before the date of enactment of this Act--[November 23, 1988]

(A) shall continue to be provided under the provisions of such section that were in effect on the day before the date of enactment of this Act,

(B) shall be subject to the same terms and conditions to which such scholarships were subject on the day before the date of enactment of this Act, and

(C) shall be funded from funds appropriated to carry out section 104 of the Indian Health Care Improvement Act, as amended by this Act.}

INDIAN HEALTH SERVICE EXTERN PROGRAMS

SEC. 105. (a) Any individual who receives a scholarship grant pursuant to section 104 shall be entitled to employment in the Service during any nonacademic period of the year. 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 grant.

(b) Any individual enrolled in a ~~school of medicine, osteopathy, dentistry, veterinary medicine, optometry, podiatry, pharmacy, public health, nursing, or allied health professions~~ course of study may be employed by the Service during any nonacademic period of the year. Any such employment shall not exceed one hundred and twenty days during any calendar year. P.L.102-573

(c) 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 countered against any employment ceiling affecting the Service or the ~~Department of Health, Education, and Welfare~~ Department of Health and Human Services. P.L.102-573

~~(d) There are authorized to be appropriated for the purpose of this section, $600,000 for fiscal year 1978, $800,000 for fiscal year 1979, and $1,000,000 for fiscal year 1980. For fiscal years 1981, 1982, 1983 and 1984, here are authorized to be appropriated for the purpose of this section such sums as may be specifically authorized by an Act enacted after this section.~~ P.L.96-537

~~(d) there are authorized to be appropriated to carry out this section $990,000 for the fiscal year ending September 30, 1981, $1,140,00 for the fiscal year ending September 30, 1982, $1,310,000 for the fiscal year ending September 30, 1983, and $1,510,000 for the fiscal year ending September 30, 1984.~~ P.L.96-537 P.L.100-713

~~(d) There are authorized to be appropriated for the purpose of carrying out the provisions of this section--~~

~~(1) $300,000 for fiscal year 1989,~~ P.L.100-713

~~(2) $350,000 for fiscal year 1990,~~ P.L.102-573

~~(3) $400,000 for fiscal year 1991, and~~

~~(4) $450,000 for fiscal year 1992.~~

CONTINUING EDUCATION ALLOWANCES

SEC. 106. (a) In order to encourage physicians, dentists, nurses, and other health professionals to join or continue in the Service and to provide their services in the rural and remote areas where a significant portion of the Indian people reside, the Secretary, acting through the Service, may provide allowances to health professionals employed in the Service 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 and refresher training courses. P.L.102-573

~~(b) There are authorized to be appropriated for the purpose of this section: $100,000 for fiscal year 1978, $200,000 for fiscal year 1979, and $250,000 for fiscal year 1980. For fiscal years 1981, 1982, and 1983, and 1984 there are authorized to be appropriated for the purpose of this section such sums as may be specifically authorized by an Act enacted after this Act.~~ P.L.100-713

~~(b) There are authorized to be appropriated for the purpose of carrying out the provisions of this section--~~

~~(1) $500,000 for fiscal year 1989,~~ P.L.100-713

~~(2) $526,300 for fiscal year 1990,~~ P.L.102-573

~~(3) $553,800 for fiscal years 1991, and~~

~~(4) $582,500 for fiscal year 1992.~~

(b) Of amounts appropriated under the authority of this title for each fiscal year to be used to carry out this section, not more than $1,000,000 may be used to establish postdoctoral training programs for health professionals. P.L.102-573

COMMUNITY HEALTH REPRESENTATIVE PROGRAM

SEC. 107. (a) Under the authority of the Act of November 2, 1921 (25 U.S.C. 13), popularly known as the Snyder Act, the Secretary shall maintain a Community Health Representative Program under which the Service-- P.L.100-713

(1) provides for the training of Indians as health paraprofessionals, and

(2) uses such paraprofessionals in the provision of health care, health promotion, and disease prevention services to Indian communities.

(b) The Secretary, acting through the Community Health Representative Program of the Service, shall--

(1) provide a high standard of training for paraprofessionals to 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 such Program.

(2) in order to provide such training, develop and maintain a curriculum that-- P.L.102-573

(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. P.L.102-573

(3) ~~develop~~ 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, P.L.102-573

(4) ~~develop and~~ maintain a system that provides close supervision of Community Health Representatives, P.L.102-573

(5) ~~develop~~ maintain a system under which the work of the Community Health Representatives is reviewed and evaluated, and P.L.102-573

(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.

INDIAN HEALTH SERVICE LOAN REPAYMENT PROGRAM

SEC. 108. (a)(1) the Secretary, acting through the Service, shall establish a program to be known as the Indian Health Service Loan Repayment Program (hereinafter referred to as the "Loan Repayment Program") in order to assure an adequate supply of trained ~~physicians, dentists, nurses, nurse practitioners, physician assistants, clinical and counseling psychologists, graduates of schools of public health, graduates of schools of social work, and other health professionals~~ health professionals necessary to maintain accreditation of, and provide health care services to Indians through, Indian health programs. P.L.100-713 P.L.102-573

(2) For the purposes of this section--

(A) the term "Indian health program" means any health program or facility funded, in whole or part, by the Service for the benefit of Indians and administered--

(i) directly by the Service;

(ii) by any Indian tribe or tribal or Indian organization pursuant to a contract under--

(I) The Indian Self-Determination Act, or

(II) section 23 of the Act of April 30, 1908 (25 U.S.C. 47), popularly known as the "Buy 2Indian" Act; or

(iii) by an urban Indian organization pursuant to title V of this Act; and

(B) the term "State" has the same meaning given such term in section 331(i)(4) of the Public Health Service Act.

(b) To be eligible to participate in the Loan Repayment Program, an individual must--

(1)(A) be enrolled--

~~(i) as a full-time student in the final year of a course of study or program in an accredited institution, as determined by the Secretary, within any state, or~~ P.L.102-573

(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 P.L.102-573

(ii) in an approved graduate training program in ~~medicine, osteopathy, dentistry, or other health profession,~~ a health profession or P.L.102-573

(B) have--

(i) a degree in ~~medicine, osteopathy, dentistry, or other health profession~~ a health profession; and P.L.102-573

~~(ii) completed an approved graduate training program in medicine, osteopathy, dentistry, or other health profession in a State, except that the Secretary may waive the completion requirement of this clause for good cause, and~~ P.L.102-573

~~(iii)~~ (ii) a license to practice ~~medicine, osteopathy, dentistry, or other health profession in a State~~ a health profession; P.L.102-573

(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 Indian Health Service; or

(D) be employed in an Indian Health program without service obligation and; P.L.102-573

~~(3) submit an application to participate in the Loan Repayment Program, and~~ P.L.102-573

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

~~(4) sign and submit to the Secretary, at the time of submission of such application, a written contract (described in subsection (f) to accept repayment of education loans and to serve (in accordance with this section) for the applicable period of obligated service in an Indian health program.~~ P.L.102-573

(c)(1) 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 Indian Health Service to enable the individual to make a decision on an informed basis.

(2) 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) 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)(1) ~~The~~ Consistent with paragraph (3), the Secretary, acting through the Service and in accordance with subsection (k), shall annually--

(A) identify the positions in each ~~Indian Health program~~ Indian health and program for which there is a need or a vacancy, and P.L.102-573

(B) rank those positions in order of priority.

(2) Consistent with 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 give priority to applications made by--

(A) Indians; and

(B) individuals recruited through the efforts of Indian tribes or tribal or Indian organizations.

(3)(A) Subject to subparagraph (B), of the total amounts appropriated for each of the fiscal years 1993, 1994, and 1995 for loan repayment contracts under this section, the Secretary shall provide that-- P.L.102-573

(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.

~~(e)(1) An individual becomes a participant in the Loan Repayment Program only on the Secretary's approval of the individual's application submitted under subsection (b)(3) and the Secretary's acceptance of the contract submitted by the individual under subsection (b)(4).~~ P.L.102-573

(e)(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). P.L.102-573

(2) The Secretary shall provide written notice to an individual promptly on--

(A) The Secretary's approving, under paragraph (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 P.L.102-573

(B) The Secretary's disapproving an individual's participation in such program.

(f) The written contract referred to in this section between the Secretary and an individual shall contain--

(1) an agreement under which--

(A) subject to paragraph (3), 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 tribe or Indian organization as provided in subparagraph (B)(iii), and

(B) subject to paragraph (3), 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)--

(I) 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

(II) 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 education institution offering such course of study or training);

(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 to which the individual may be assigned by the Secretary.

(2) 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 paragraph (1)(B)(iii);

(3) 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;

(4) a statement of the damages to which the United States is entitled under subsection (l) for the individual's breach of the contract; and

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

(g)(1) A loan repayment provided for an individual under a written contract under the Loan Repayment Program shall consist of a 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 for~~ P.L.102-573
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)(A) Except as provided in subparagraph (B) and paragraph~~ P.L.102-573
~~(3) for each year of obligated service for which an individual contracts to serve under subsection (f), the Secretary may pay up to $25,000 on behalf of the individual for loans described in paragraph (1).~~

(2)(A) For each year of obligated service that an individual P.L.102-573
contracts to serve under subsection (f) 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) 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.

(B) 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.

~~(3) In addition to payments made under paragraph (2), in any casein which payments on behalf of an individual under the Loan Repayment Program result in an increase in Federal, State, or local income tax liability for such individual, the Secretary may, on the request of such individual, make payments to such individual in a reasonable amount, as determined by the Secretary, to reimburse such individual for all or part of the increased tax liability of the individual.~~ P.L.102-573

(3) For the purpose of providing reimbursements for tax liability resulting from payments under paragraph (2) on behalf of an individual, the Secretary-- P.L.102-573

(A) in addition to such payments, may make payments to the individual in an amount 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.

[Note: Sec. 106(g)(2) of P.L. 102-573 states: "The amendment made by paragraph (1) [Sec. 108 g (3) of P.L. 94-437, above] 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 enactmet of the Act [October 29, 1992]."]

(4) 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) Notwithstanding any other provision of law, individuals who have entered into written contracts with the Secretary under this section, while undergoing academic training, shall not be countered against any employment ceiling affecting the Department of Health and Human Services.

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

(j) 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) The Secretary shall ensure that the staffing needs of Indian health programs administered by any Indian tribe or tribal or Indian organizations receive consideration on an equal basis with programs that are administered directly by the Service.~~ P.L.102-573

(k) The Secretary, in assigning individuals to serve in Indian health programs pursuant to contracts entered into under this section, shall-- P.L.102-573

(1) ensure that the staffing needs of Indian health programs administered by an Indian tribe or tribal or health organization 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 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)(1) An individual who has entered into a written contract with the Secretary under this section and who--

(A) is enrolled in the final year of a course of study and who-- P.L.102-573

(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) 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, fails to complete such training program, and does not receive a waiver from the Secretary under subsection (b)(1)(B)(ii),

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.

(2) If, for any reason not specified in paragraph (1), an individual breaches his written contract under this section by failing either to begin, or complete, such individual's period of obligated service in accordance with subsection (f), the United States shall be entitled to recover from such individual an amount to be determined in accordance with the following formula: P.L.102-573

$$A=3Z(t-s/t)$$

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 50, 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 Treasurer of the United States;

(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.

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.

(3)(A) 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. P.L.102-573

(B) If damages described in subparagraph (A) are delinquent for 3 months, the Secretary shall, for the purpose of recovering such damages-- P.L.102-573

(i) utilize collection agencies contracted with by the Administrator of the General Services Administration; or

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

(C) 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)(1) 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.

(2) 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.

(3) 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) 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)(1) By not later than the first of March of each year, the Secretary shall, beginning with the fiscal year 1990, submit to the Congress an annual report for the preceding fiscal year setting out--~~ P.L.102-573

~~(A) the number of such applications filed with respect to each type of health profession;~~

~~(B) the health professional positions maintained by the Service or by tribal or Indian organizations for which recruitment or retention is difficult;~~

~~(C) the number of contracts described in subsection (f) that are entered into with respect to each health profession, and~~

~~(D) the amount of loan payments made in total and by health professions.~~

~~(2) Not later than the first of July of each year, beginning in 1989, the Secretary shall submit to Congress a report on--~~

~~(A) the number of providers of health care that will be needed by Indian health programs by location and profession, during the three fiscal years beginning after the date the report is filed, and~~

~~(B) the measures the Secretary plans to take to fill the health professional positions maintained by the Service or by tribes or tribal or Indian organizations for which recruitment or retention is difficult.~~

(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-- P.L.102-573

(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;

(7) the number of providers of health care that will be needed by Indian health programs, by location and profession, during the three fiscal years beginning after the date the report is filed; and

(8) the measures the Secretary plans to take to fill the health professional positions maintained by the Service or by tribes or tribal or Indian organizations for which recruitment or retention is difficult.

~~(c) There are authorized to be appropriated such sums as may be necessary for each fiscal year to carry out the provisions of this section.~~ P.L.102-573

SCHOLARSHIP AND LOAN REPAYMENT RECOVERY FUND P.L.102-573

SEC. 108A. (a) 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 `Fund'). The Fund shall consist of such amounts as may be appropriated to the Fund under subsection (b). Amounts appropriated for the Fund shall remain available until expended.

(b) For each fiscal year, there is authorized to be appropriated to the Fund an amount equal to the sum of-- P.L.102-573

(1) the amount collected during the preceding fiscal year by the Federal Government pursuant to--

(A) the liability of individuals under subparagraph (A) or (B) of section 104(b)(5) for the breach of contracts entered into under section 104; and

(B) the liability of individuals under section 108(1) for the breach of contracts entered into under section 108; and

(2) the aggregate amount of interest accruing during the preceding fiscal year on obligations held in the Fund pursuant to subsection (d) and the amount of proceeds from the sale or redemption of such obligations during such fiscal year.

(c)(1) Amounts in the Fund and available pursuant to appropriation Acts may be expended by the Secretary, acting through the Service, to make payments to an Indian tribe or tribal organization administering a health care program

pursuant to a contract entered into under the Indian Self-Determination Act--

(A) to which a scholarship recipient under section 104 or a loan repayment program participant under section 108 has been assigned to meet the obligated service requirements pursuant to 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 or section 108.

(2) An Indian tribe or tribal organization receiving payments pursuant to paragraph (1) may expend the payments to recruit and employ, directly or by contract, health professionals to provide health care services.

(d)(1) The Secretary of the Treasury shall invest such amounts of the Fund as such Secretary determines are not required to meet current withdrawals from the Fund. 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.

(2) Any obligation acquired by the Fund may be sold by the Secretary of the Treasury at the market price.

~~TRAVEL EXPENSES FOR RECRUITMENT~~ P.L.100-713

RECRUITMENT ACTIVITIES

SEC. 109. (a) The Secretary may reimburse health professionals seeking positions with the Service, including individuals considering entering into a contract under section 108, 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. P.L.102-573

~~(b) There are authorized to be appropriated $100,000 for each of the fiscal years 1990,1991, and 1992, for the purpose of carrying out the provisions of this section.~~ P.L.102-573

(b) The Secretary, acting through the Service, shall assign one individual in each area office to be responsible on a full-time basis for recruitment activites. P.L.102-573

TRIBAL RECRUITMENT AND RETENTION PROGRAM P.L.100-713

SEC. 110. (a) The Secretary, acting through the Service, shall fund, on a competitive basis,projects to enable Indian tribes and tribal and Indian organizations to recruit, place, and retain health professionals to meet the staffing needs of Indian health programs (as defined in section 108(a)(2)).

(b)(1) Any Indian tribe or tribal or Indian organization may submit an application for funding of a project pursuant to this section.

(2) Indian tribes and tribal and Indian organizations under the authority of the Indian Self-Determination Act shall be given an equal opportunity with programs that are administered directly by the Service to compete for, and receive, grants under subsection (a) for such projects.

~~(c) There are authorized to be appropriated $1,000,000 for each of the fiscal years 1990, 1991, and 1992, for the purpose of carrying out the provisions of this section.~~ P.L.102-573

[NOTE: P.L. 100-713 established a free-standing provision affecting sections 109 and 110 of the Indian Health Care Improvement Act. For easy reference, this language has been provided below.]

{REPORT ON RECRUITMENT AND RETENTION

{SEC. 110. (a) The Secretary of Health and Human Services shall establish an advisory panel composed of--

(1) 10 physicians or other health professionals who are employees of, or assigned to, the Indian Health Service,

(2) 3 representatives of tribal health boards, and

(3) 1 representative of an urban health care organization.

{(b) The advisory panel established under subsection (a) shall conduct an investigation of--

(1) the administrative policies and regulatory procedures which impede the recruitment or retention of physicians and other health professionals by the Indian Health Service, and

(2) the regulatory changes necessary to establish pay grades for health professionals employed by, or assigned to, the Service that correspond to the pay grades established for positions provided under sections 4103 and 4104 of title 38, United States Code, and the costs associated with establishing such pay grades.

{(c) By no later than the date that is 18 months after the date of enactment of this Act, the advisory panel established under subsection (a) shall submit to the Congress a report on the investigation conducted under subsection (b), together with any recommendations for administrative or legislative changes in existing law, practices or procedures.}

ADVANCED TRAINING AND RESEARCH

P.L.100-713

SEC. 111. (a) The Secretary, acting through the Service, shall establish a program to enable health professionals who have worked in an Indian health program (as defined in section 108(a)(2)) for a substantial period of time to pursue advanced training or research areas of study for which the Secretary determines a need exists.

(b) 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 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 servie remaining. ~~The Secretary shall develop standards for appropriate recoupment for such remaining~~ P.L.102-573

~~service.~~ In such event, with respect to individuals entering the program after the date of enactment of the Indian Health Amendments of 1992, the United States shall be entitled to recoer from such individual an amount to be determined in accordance with the formula specified in subsection (1) of section 108 in the manner provided for in such subsection.

(c) Health professionals from Indian tribes and tribal and Indian organizations under the authority of the Indian Self-Determination Act shall be given an equal opportunity to participate in the program under subsection (a).

~~(d) REGULATIONS.-The Secretary shall prescribe such regulations as may be necessary to carry out the provisions of this section.~~ P.L.102-573

NURSING PROGRAM P.L.100-713

QUENTIN N. BURDICK AMERICAN INDIANS INTO NURSING PROGRAM" P.L.102-573

SEC. 112. (a) The Secretary, acting through the Service, shall provide grants to--

(1)public or private schools of nursing,

(2)tribally-controlled community colleges and tribally controlled postsecondary vocational institutions (as defined in section 390(2) of the Tribally Controlled Vocational Institutions Support Act of 1990 (20 U.S.C. 2397h(2)), and P.L.102-573

(3) nurse midwife programs, and nurse practitioner programs,that are provided by any public or private institutions,

for the purpose of increasing the number of nurses, nurse midwives, and nurse practitioners who deliver health care services to Indians.

(b) Grants provided under subsection (a) may be used to--

(1)recruit individuals for programs which train individuals to be nurses, nurse midwives, or nurse practitioners,

(2)provide scholarships to individuals 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)provide a program that encourages nurses,nurse midwives, and nurse practitioners to provide, or continue to provide, health care services to Indians,

(4)provide a program that increases the skills of, and provides continuing education to, nurses, nurse midwives, and nurse practitioners, or

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

(c) Each applicant 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) In providing grants under subsection (a), the Secretary shall extend a preference to--

(1) programs that provide a preference to Indians,

(2) programs that train nurse midwives or nurse practitioners,

(3) programs that are interdisciplinary and

(4) programs that are conducted in cooperation with a center for gifted and talented Indian students established under section 5324(a) of the Indian Education Act of 1988.

(e) The Secretary shall provide one 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 114(b) and the Quentin N. Burdick American Indians Into Psychology Program established under section 217(b). P.L.102-573

~~(e)~~ (f) 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-- P.L.102-573

(A) in the Indian Health Service;

(B) in a program conducted under a contract entered into under the Indian Self-Determination Act;

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

(D) 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 professional shortage area and addresses the health care needs of a substantial number of Indians.

~~(f)(1) There are authorized to be appropriated for each of the fiscal years 1990, 1991, and 1992, $5,000,000 for the purpose of carrying out the provisions of this section.~~ P.L.102-573

~~(2) Of the amounts appropriated under the authority of paragraph (1) for each fiscal year, the Secretary shall use at least $1,000,000 to provide grants under subsection (a) for the training of nurse midwives.~~ P.L.102-573

(g) Beginning with fiscal year 1993, 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, nurse anesthetists, and nurse practitioners.

NURSING SCHOOL CLINICS P.L.102-573

SEC. 112A. (a) GRANTS.--In addition to the authority of the Secretary under section 112(a)(1), the Secretary, acting through the Service, is authorized to provide grants to public or private schools of nursing for the purpose of establishing, developing, operating, and administering clinics to address the health care needs of Indians, and to provide primary health care services to Indians who reside on or within 50 miles of Indian country, as defined in section 1151 of title 18, United States Code.

(b) PURPOSES.--Grants provided under subsection (a) may be used to--

(1) establish clinics, to be run and staffed by the faculty and students of a grantee school, to provide primary care services in areas in or within 50 miles of Indian country (as defined in section 1151 of title 18, United States Code)

(2) provide clinical training, program development, faculty enhancement, and student scholarships in a manner that would benefit such clinics; and

(3) carry out any other activities determined appropriate by the Secretary.

(c) AMOUNT AND CONDITIONS.--The Secretary may award grants under this section in such amounts and subject to such conditions as the Secretary deems appropriate.

(d) DESIGN.--The clinics established under this section shall be designed to provide nursing students with a structured clinical experience that is similar in nature to that provided by residency training programs for physicians.

(e) REGULATIONS.--The Secretary shall prescribe such regulations as may be necessary to carry out the provisions of this section.

(f) AUTHORIZATION TO USE AMOUNTS.--Out of amounts appropriated to carry out this title for each of the fiscal years 1993 through 2000 not more than $5,000,000 may be used to carry out this section.

TRIBAL CULTURE AND HISTORY P.L.100-713

SEC 113. (a) The Secretary, acting through the Service, shall establish a program under which appropriate employees of the Service who serve particular Indian tribes shall receive educational instruction in the history and culture of such tribes and in the history of the Service.

(b) To the extent feasible, the program established under subsection (a) shall--

(1) be carried out through tribally-controlled community colleges (within the meaning of section 2(4) of the Tribally Controlled Community College Assistance Act of 1978) and tribally controlled postsecondary vocational institutions (as defined in section 390(2) of the tribally Controlled Vocational Institutions Support Act of 1990 (20 U.S.C. 2397 h(2)), and P.L.102-573

(2) be developed in consultation with the affected tribal government, and

(3) include instruction in Native American studies.

~~(c) There are authorized to be appropriated for each of the fiscal years 1990, 1991, and 1992, $1,000,000 to carry out the provisions of this section.~~ P.L.102-573

INMED PROGRAM P.L.100-713

SEC. 114. (a) The Secretary is authorized to provide grants to at least 3 colleges and universities for the purpose of maintaining and expanding the Native American 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) The Secretary shall provide one of the grants authorized under subsection (a) to maintain the INMED program at the University of North Dakota to be known as the Quentin N. Burdick Indian Health Programs, unless the Secretary makes a determination, based upon program reviews, that the program is not meeting the purposes of this section such program shall, to the maximum extent feasible, coordinate with the Quentin N. Burdick American Indians Into Psychology Program established under section 217(b) and the Quentin N. Burdick American Indians Into Nursing Program established under section 112(e). P.L.102-573

(c)(1) The Secretary shall develop regulations for the competitive awarding of the grants provided under this section.

(2) Applicants for grants provided under this section shall agree to provide a program which--

(A) provides outreach and recruitment for health professions to Indian communities including elementary,

secondary and community colleges located on Indian reservations which will be served by the program,

(B) incorporates a program advisory board comprised of representatives from the tribes and communities which will be served by the program,

(C) 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,

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

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

(d) By no later than the date that is 3 years after the date of enactment of the Indian Health Care Amendments of 1988, the Secretary shall submit a report to the Congress on the program established under this section including recommendations for expansion or changes to the program.

~~(e) There are authorized to be appropriated for each of the fiscal years 1990, 1991, and 1992, $1,000,000 to carry out the provisions of this section.~~ P.L.102-573

HEALTH TRAINING PROGRAMS OF COMMUNITY COLLEGES P.L.100-713

SEC. 115. (a)(1) The Secretary, acting through the Service, shall award grants to community colleges for the purpose of assisting the community college 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 an Indian reservation or in a tribal clinic.

(2) 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 $100,000.

(b)(1) The Secretary, acting through the Service, shall award grants to 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) Grants may only be made under this section to a community college which--

(A) is accredited,

(B) has access to 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 which train health professionals, and

(iii) stipulate certifications necessary to approve internship and field placement opportunities at service unit facilities of the Service or at tribal health facilities,

(D) has a qualified staff which has the appropriate certifications, and

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

(c) 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) 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--

(1) has already received a degree or diploma in such health profession, and

(2) provides clinical services on an Indian reservation, at a Service facility, or at a tribal clinic.

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) For purposes of this section--

(1) The term "community college" means-

(A) a tribally controlled community college, or

(B) a junior or community college.

(2) the term "tribally controlled community college" has the meaning given to such term by section 2(4) of the Tribally Controlled Community College Assistance Act of 1978.

(3) The term "junior or community college" has the meaning given to such term by section 312(e) of the Higher Education Act of 1965 (20 U.S.C. 1058(e)).

~~(f) There are authorized to be appropriated for each of the fiscal years 1990, 1991, and 1992, $1,500,000 to carry out the provisions of this section.~~ P.L.102-573

ADDITIONAL INCENTIVES FOR HEALTH PROFESSIONALS P.L.100-713

SEC. 116. (a) The Secretary may provide the incentive special pay authorized under section 302(b) of title 37, United States Code, to civilian medical officers of the Indian Health Service who are assigned to, and serving in, positions included in the list established under subsection (b)(1) for which recruitment or retention of personnel is difficult.

(b)(1) The Secretary shall establish and update on an annual basis a list of positions of health care professionals employed by, or assigned to, the Service for which recruitment or retention is difficult.

(2)(A) The Secretary may pay a bonus to any commissioned officer or civil service employee, other than a commissioned medical officer, dental officer, optometrist, and veterinarian, who is employed in or assigned to, and serving in, a position in the Service included in the list established by the Secretary under paragraph (1).

(B) The total amount of bonus payments made by the Secretary under this paragraph to any employee during any 1-year period shall not exceed $2,000.

(c) The Secretary may establish programs to allow the use of flexible work schedules, and compressed work schedules, in accordance with the provisions of subchapter II of chapter 61, title 5, United States Code, for health professionals employed by, or assigned to, the Service.

~~(d) By no later than the date that is 6 months after the date of enactment of the Indian Health Care Amendments of 1988, the Secretary shall submit a report to the Congress on the limitation imposed on amounts of premium pay for overtime to any individual employed by, or assigned to, the Service. The report shall include an explanation of existing overtime pay policy, an estimate of the budget impact of removing limitations on overtime pay, a summary of problems associated with overtime pay limitations, and recommendations for changes to the overtime pay policy.~~ P.L.102-573

~~(e) There are authorized to be appropriated $600,000 for each of the fiscal years 1990, 1991, and 1992 to carry out the provisions of this section.~~ P.L.102-573

RETENTION BONUS P.L.100-713

SEC. 117. (a) The Secretary may pay a retention bonus to any physician or nurse employed by, or assigned to, and serving in, the Service 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 included in the list established under section 116(b)(1) for which recruitment or retention of personnel is difficult,

(2) the Secretary determines is needed by the Service,

(3) has--

(A) completed 3 years of employment with the Service, 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 the Service for continued employment for a period of not less than 1 year.

(b) Beginning with fiscal year 1993, not less than 25 percent of the retention bonuses awarded each year under subsection (a) shall be awarded to nurses. P.L.102-573

~~(b)~~ (c) The Secretary may establish rates for the retention bonus which shall provide a 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. P.L.102-573

~~(c)~~ (d) The retention bonus for the entire period covered by the agreement described in subsection (a)(4) shall be paid at the beginning of the agreed upon term of service. P.L.102-573

~~(d)~~ (e) Any physician or nurse 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 108(1)(2)(B). P.L.102-573

(f) The Secretary may pay a retention bonus to any physician or nurse employed by an organization providing health care services to Indians pursuant to a contract under the Indian Self-Determination Act if such physician or nurse is serving in a position which the Secretary determines is-- P.L.102-573

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

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

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)(A)), 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)(A)) leading 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 paid 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 (1) of section 108 in the manner provided for in such subsection.

COMMUNITY HEALTH AIDE PROGRAM FOR ALASKA P.L.102-573

SEC. 119. (a) Under the authority of the Act of November 2, 1921 (25 U.S.C. 13; popularly known as the Snyder Act), the Secretary shall maintain 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) 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(b);

(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; and

(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.

MATCHING GRANTS TO TRIBES FOR SCHOLARSHIP PROGRAMS P.L.102-573

SEC. 120. (a)(1) The Secretary shall make grants to Indian tribes and tribal organizations for the purpose of assisting such tribes and tribal organizations in educating Indians to serve as health professionals in Indian communities.

(2) Amounts available for grants under paragraph (1) for any fiscal year shall not exceed 5 percent of amounts available for such fiscal year for Indian Health Scholarships under section 104.

(3) An application for a grant under paragraph (1) shall be in such form and contain such agreements, assurances, and information as the Secretary determines are necessary to carry out this section.

(b)(1) An Indian tribe or tribal organization receiving a grant under subsection (a) shall agree to provide scholarships to Indians pursuing education in the health professions in accordance with the requirements of this section.

(2) With respect to the costs of providing any scholarship pursuant to paragraph (1)--

(A) 80 percent of the costs of the scholarship shall be paid from the grant made under subsection (a) to the Indian tribe or tribal organization; and

(B) 20 percent of such costs shall be paid from non-Federal contributions by the Indian tribe or tribal organization through which the scholarship is provided.

(3) In determining the amount of non-Federal contributions that have been provided for purposes of subparagraph (B) of paragraph (2), any amounts provided by the Federal Government to the Indian tribe or tribal organization involved or to any other entity shall not be included.

(4) Non-Federal contributions required by subparagraph (B) of paragraph (2) may be provided directly by the Indian tribe or tribal organization involved or through donations from public and private entities.

(c) An Indian tribe or tribal organization shall provide scholarships under subsection (b) only to Indians enrolled or accepted for enrollment in a course of study (approved by the Secretary) in one of the health professions described in section 104(a).

(d) In providing scholarships under subsection (b), the Secretary and the Indian tribe or tribal organization shall enter into a written contract with each recipient of such scholarship. Such contract shall-- P.L.102-573

(1) obligate such recipient to provide service in an Indian health program (as defined in section 108(a)(2)(A)), in the same service area where the Indian tribe or tribal organization providing the scholarship is located, for--

(A) a number of years equal to the 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

(B) such greater period of time as the recipient and the Indian tribe or tribal organization may agree;

(2) provide that the amount of such scholarship--

(A) may be expended only 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 338A(g)(1)(B) of the Public Health Service Act (42 U.S.C. 254m(g)(1)(B)), such amount to be reduced pro rata (as determined by the Secretary) based on the number of hours such student is enrolled; and

(B) may not exceed, for any year of attendance which the scholarship is provided, the total amount required for the year for the purposes authorized in subparagraph (A);

(3) 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 by the Secretary); and

(4) require the recipient of such scholarship to meet the educational and licensure requirements necessary to be a physician, certified nurse practitioner, certified nurse midwife, or physician assistant.

(e)(1) An individual who has entered into a written contract with the Secretary and an Indian tribe or tribal organization under subsection (d) and who-- P.L.102-573

(A) 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),

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

(C) 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

(D) 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 Federal share of the amount which has been paid to him, or on his behalf, under the contract.

(2) If for any reason not specified in paragraph (1), an individual breaches his 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 108 in the manner provided for in such subsection.

(3) The Secretary may carry out this subsection on the basis of information submitted by the tribes or tribal organizations involved, or on the basis of information collected through such other means as the Secretary determines to be appropriate.

(f) The recipient of a scholarship under subsection (b) shall agree, in providing health care pursuant to the requirements of subsection (d)(1)-- P.L.102-573

(1) not to discriminate against an individual seeking such 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 the program established in title XVIII of the Social Security Act or pursuant to the program established in title XIX 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 of such Act to provide service to individuals entitled to medical assistance under the plan.

(g) The Secretary may not make any payments under subsection (a) to an Indian tribe or tribal organization 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 Indian tribe or tribal organization has complied with requirements of this section. P.L.102-573

TRIBAL HEALTH PROGRAM ADMINISTRATION P.L.102-573

SEC. 121. The Secretary shall, by contract or otherwise, provide training for individuals in the administration and planning of tribal health programs.

UNIVERSITY OF SOUTH DAKOTA PILOT PROGRAM P.L.102-573

SEC. 122. (a) The Secretary may make a grant to the School of Medicine of the University of South Dakota (hereafter in this section referred to as "USDSM") to establish a pilot program on an Indian reservation at one or more service units in South Dakota to address the chronic manpower shortage in the Aberdeen Area of the Service.

(b) The purposes of the program established pursuant to a grant provided under subsection (a) are--

(1) to provide direct clinical and practical experience at a service unit to medical students and residents from USDSM and other 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 physicians, physician assistants, nurse practitioners, nurses, and other allied health professionals serving Indian people by identifying and utilizing all academic and scholarly resources of the region.

(c) The pilot program established pursuant to a grant provided under subsection (a) shall--

(1) incorporate a program advisory board composed of representatives from the tribes and communities in the area which will be served by the program; and

(2) shall be designated as an extension of the USDSM campus and program participants shall be under the direct supervision and instruction of qualified medical staff serving at the service unit who shall be members of the USDSM faculty.

(d) The USDSM shall coordinate the program established pursuant to a grant provided under subsection (a) with other medical schools in the region, nursing schools, tribal community colleges, and other health professional schools.

(e) The USDSM, in cooperation with the Service, shall develop additional professional opportunities for program participants on Indian reservations in order to improve the recruitment and retention of qualified health professionals in the Aberdeen Area of the Service.

AUTHORIZATION OF APPROPRIATIONS P.L.102-573

SEC. 123. There are authorized to be appropriated such sums as may be necessary for each fiscal year through fiscal year 2000 to carry out this title.

TITLE II - HEALTH SERVICES

HEALTH SERVICES

~~SEC. 201. (a) For the purpose of eliminating backlogs in Indian health care services and to supply known, unmet medical, surgical, dental, optometrical, and other Indian health needs, the Secretary is authorized to expend, through the Service, over the seven fiscal year period beginning after the date of the enactment of this Act the amounts authorized to be appropriated by subsection (e). Funds appropriated pursuant to this section for each fiscal year shall not be used to offset or limit the appropriations required by the Service under other Federal laws to continue to serve the health needs of Indians during and subsequent to such seven fiscal year period, but shall be in addition to the level of appropriations provided to the Service under this Act and such other Federal laws in the preceding fiscal year plus an amount equal to the amount required to cover pay increases and employee benefits for personnel employed under this Act and such laws and increases in the costs of serving the health needs of Indians under this Act and such laws, which increases are caused by inflation.~~

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~~(b) The Secretary, acting through the Service, is authorized to employ persons to implement the provisions of this section during the seven fiscal year period in accordance with the schedule provided in subsection (c). Such positions authorized each fiscal year pursuant to this section shall not be considered as offsetting or limiting the personnel required by the Service to serve the health needs of Indians during and subsequent to such seven fiscal year period but shall be in addition to the positions authorized in the previous fiscal year.~~

~~(c) The following amounts and positions are authorized, in accordance with the provisions of subsections (a) and (b), for specific purposes noted:~~

~~(1) Patient care (direct and indirect): sums and positions as provided in subsection (e) for fiscal year 1978, $8,500,000 and two hundred and twenty-five positions for fiscal year 1979, and $16,200,000 and three hundred positions for fiscal year 1980.~~

~~(1) There are authorized to be appropriated $20,250,000 for fiscal year ending September 30, 1981, $23,000,000 for the fiscal year ending September 30, 1982, $26,500,000 for the fiscal year ending September 30, 1983, and $30,500,000 for the fiscal year ending September 30, 1984, and such further additional positions are authorized as may be necessary for each such fiscal year.~~

~~(2) field health, excluding dental care (direct and indirect): sums and positions as provided in subsection (e) for fiscal year 1978, $3,350,000 and eighty-five positions for fiscal year 1979, and $5,550,000 and one hundred and thirteen positions for fiscal year 1980.~~

~~(2) There are authorized to be appropriated $6,400,000~~

~~for the fiscal year ending September 30, 1981, $7,350,000 for the fiscal year ending September 30, 1982, $8,450,000 for the fiscal year ending September 30, 1983, and $9,700,000 for the fiscal year ending September 30, 1984, and such further additional positions are authorized as may be necessary for each such fiscal year.~~

~~(3) Dental care (direct and indirect), sums and positions as provided in subsection (e) for fiscal year 1978, $1,500,000 and eighty positions for fiscal year 1979, and $1,500,000 and fifty positions for fiscal year 1980.~~

~~(3) There are authorized to be appropriated $1,875,000, for the fiscal year ending September 30, 1981, $2,150,000 for the fiscal year ending September 30, 1982, $2,500,000 for the fiscal year ending September 30, 1983, and $2,875,000 for the fiscal year ending September 30, 1984, and such further additional positions are authorized as may be necessary for each such fiscal year.~~

~~(4) Mental health. (A) Community mental health services. sums and positions as provided in subsection (e) for fiscal year 1978, $1,300,000 and thirty positions for fiscal year 1979, and $2,000,000 and thirty positions for fiscal year 1980.~~

~~(A) There are authorized to be appropriated $2,500,000 for the fiscal year ending September 30, 1981, $2,875,000 for the fiscal year ending September 30, 1982, $3,300,000 for the fiscal year ending September 30, 1983, and $3,800,000 for the fiscal year ending September 30, 1984, and such further additional positions are authorized as may be necessary for each such fiscal year.~~

~~(B) Inpatient mental health services. sums and positions as provided in subsection (e) for fiscal year 1978, $400,000 and fifteen positions for fiscal yea 1979, and $600,000 and fifteen positions for fiscal year 1980.~~

~~(B) There are authorized to be appropriated $750,000 for the fiscal year ending September 30, 1981, $870,000 for the fiscal year ending September 30, 1982, $1,000,000 for the fiscal year ending September 30, 1983, and $1,150,000 for the fiscal year ending September 30, 1984, and such further additional positions are authorized as may be necessary for each such fiscal year.~~

~~(C) Model dormitory mental health services. sums and positions as provided in subsection (e) for fiscal year 1978, $1,250,000 and fifty positions for fiscal year 1979, and $1,8750,000 and fifty positions for fiscal year 1980.~~

~~(C) There are authorized to be appropriated $2,350,000 for the fiscal year ending September 30, 1981, $2,700,000 for the fiscal year ending September 30, 1982, $3,100,000 for the fiscal year ending September 30, 1983, and $3,600,000 for the fiscal year ending September 30,1984, and such further positions are authorized as may be necessary for each such fiscal year.~~

~~(D) Therapeutic and residential treatment centers. sums and positions as provided in subsection (e) for fiscal year 1978, $300,000 and ten positions for fiscal year 1979, and $400,000 and five positions for fiscal year 1980.~~

~~(D) There are authorized to be appropriated $460,000 for the fiscal year ending September 30, 1981, $525,000 for the fiscal year ending September 30, 1982, $600,000 for the fiscal year ending September 30, 1983, and $690,000 for the fiscal year ending September 30, 1984, and such further additional positions are authorized as may be necessary for each such fiscal year.~~

~~(E) Training of traditional Indian practitioners in mental health. sums as provided in subsection (e) for fiscal year 1978, $150,000 for fiscal year 1979, and $200,000 for fiscal year 1980.~~

~~(E) There are authorized to be appropriated $250,000 for the fiscal year ending September 30, 1981, $285,000 for the fiscal year ending September 30, 1982, $325,000 for the fiscal year ending September 30, 1983, and $375,000 for the fiscal year ending September 30, 1984.~~

~~(5) Treatment and control of alcoholism among Indians. $1,000,000 for fiscal year 1978, $9,000,000 for fiscal year 1979, and $9,200,000 for fiscal year 1980.~~

~~(5) There are authorized to be appropriated $16,500,000 for the fiscal year ending September 30, 1981, $19,000,000 for the fiscal year ending September 30, 1982,$22,000,000 for the fiscal year ending September 30, 1983, and $25,100,000 for the fiscal year ending September 30, 1984.~~

~~(6) Maintenance and repair (direct and indirect). sums and positions as provided in subsection (e) for fiscal year 1978 $3,000,000 and twenty positions for fiscal year 1979, and $4,000,000 and thirty positions for fiscal year 1980.~~

~~(6) There are authorized to be appropriated $5,000,000 for the fiscal year ending September 30, 1981, $5,750,000 for the fiscal year ending September 30, 1982, $6,600,000 for the fiscal year ending September 30, 1983, and $7,600,000 for the fiscal year ending September 30, 1984, and such further additional positions are authorized as may be necessary for each such fiscal year.~~

~~(7) For fiscal years 1981, 1982, 1983, and 1984 there are authorized to be appropriated for the items referred to in the preceding paragraph such sums as may be specifically authorized by an Act enacted after this Act. For such fiscal years, positions are authorized for such items (other than the items referred to in paragraphs (1)(E) and (5)) as may be specified in an Act enacted after the date of the enactment of this Act.~~

~~(d) The Secretary, acting through the Service, shall expend directly or by contract not less than 1 per centum of the funds~~

~~appropriated under the authorizations in each of the clauses (1) through (5) of subsection (c) for research in each of the areas of Indian health care for which such funds are authorized to be appropriated.~~

~~(e) for fiscal year 1978, the Secretary is authorized to apportion not to exceed a total of $10,025,000 and 425 positions for the programs enumerated in clauses (c)(1) through (4) and (c)(6) of this section.~~

~~IMPROVEMENT OF HEALTH STATUS~~

INDIAN HEALTH CARE IMPROVEMENT FUND P.L.100-713

SEC. 201. (a) The Secretary is authorized to expend funds which are appropriated under the authority ~~of subsection (h)~~ this section, through the Service, for the purpose of-- P.L.102-573

~~(1) raising the health status of Indians to zero deficiency,~~ P.L.102-573

(1) eliminating the deficiencies in health status and resources of all Indian tribes, P.L.102-573

(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, and

(4) augmenting the ability of the Service to meet the following health service responsibilities, either through direct or contract care or through contracts entered into pursuant to the Indian Self-Determination Act, with respect to those Indian tribes with the highest levels of health ~~resources deficiency~~ status and resource deficiencies; P.L.102-573

(A) clinical care (direct and indirect) including clinical eye and vision care;

(B) preventive health~~,~~, including screening mammography in accordance with section 212;

(C) dental care (direct and indirect);

(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 Indian 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) accident prevention programs;

(H) home health care;

(I) community health representatives; and

(J) maintenance and repair.

(b)(1) Any funds appropriated under the authority of ~~subsection (h)~~ this section shall not be used to offset or limit any appropriations made to the Service under the Act of November 2, 1921 (25 U.S.C. 13), popularly known as the Snyder Act, or any other provision of law. P.L.102-573

~~(2) Funds which are appropriated under the authority of subsection (h) may be allocated to, or used for the benefit of, any Indian tribe which has a health resources deficiency level at level I or II only if a sufficient amount of funds have been appropriated under the authority of subsection (h) to raise all Indian tribes to health resources deficiency level II.~~ P.L.102-573

~~(3)~~(2)(A) Funds appropriated under the authority of ~~subsection (h)~~ this section may be allocated on a service unit basis ~~but such allocation shall be made in a manner which ensures that the requirement of paragraph (2) is met.~~ The funds allocated to each service unit under this subparagraph shall be used by the service unit ~~(in accordance with paragraph (2))~~ to ~~raise the deficiency~~ reduce the health status and resource deficiency ~~level~~ of each tribe served by such service unit. P.L.102-573

(B) The apportionment of funds allocated to a service unit under subparagraph (A) among the health service responsibilities described in subsection (a)(4) shall be determined by the Service in consultation with, and with the active participation of, the affected Indian tribes. P.L.102-573

(c) For purposes of this section--

~~(1) The health resources deficiency levels of an Indian tribe are as follows:~~ P.L.102-573

~~(A) level I--0 to 20 percent health resources deficiency;~~

~~(B) level II--21 to 40 percent health resources deficiency;~~

~~(C) level III--41 to 60 percent health resources deficiency;~~

~~(D) level IV--61 to 80 percent health resources deficiency; and~~

~~(E) level V--81 to 100 percent health resources deficiency.~~

~~(2) The term "health resources deficiency" means a percentage determined by dividing--~~

~~(A) the excess, if any, of--~~

~~(i) the value of the health resources that the~~

~~Indian tribe needs, over~~

~~(ii) the value of the health resources available to the Indian tribe, by~~

~~(B) the value of the health resources that the Indian tribe needs.~~

(1) The term "health status and resource deficiency" means the extent to which-- P.L.102-573

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

(B) the Indian tribe 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.

~~(3)~~ (2) The health resources available to an Indian tribe include health resources provided by the Service as well as health resources used by the Indian tribe, including services and financing systems provided by any Federal programs, private insurance, and programs of State or local governments. P.L.102-573

~~(4)~~ (3) ~~Under regulations, the~~ The Secretary shall establish procedures which allow any Indian tribe to petition the Secretary for a review of any determination of the ~~health resources deficiency level~~ extent of the health status and resource deficiency of such tribe. P.L.102-573

(d)(1) Programs administered by any Indian tribe or tribal organization under the authority of the Indian Self-Determination Act shall be eligible for funds appropriated under the authority of ~~subsection (h)~~ this section on an equal basis with programs that are administered directly by the Service. P.L.102-573

(2) If any funds allocated to a tribe or service unit under the authority of this section are used for a contract entered into under the Indian Self-Determination Act, a reasonable portion of such funds may be used for health planning, training, technical assistance and other administrative support functions.

(e) By no later than the date that is ~~60 days~~ 3 years after the date of enactment of the ~~Indian Health Care Amendments of 1988~~ Indian_ Health Amendments of 1992, the Secretary shall submit to the Congress the current ~~health services priority system~~ health status and resource_deficiency report of the Service for each Indian tribe or service unit, including newly recognized or acknowledged tribes. Such report shall set out-- P.L.102-573

(1) the methodology then in use by the Service for determining tribal ~~health resources deficiencies~~ health status_and resource deficiencies, as well as the most recent application of that methodology; P.L.102-573

(2) ~~the level of health resources deficiency for~~ the extent of the health status and resource deficiency of each P.L.102-573

Indian tribe served by the Service;

(3) the amount of funds necessary to ~~raise all Indian tribes served by the Service below health resources deficiency level II to health resources deficiency level II~~ eliminate the health status and resource deficiencies of all Indian tribes served by the Service; and P.L.102-573

~~(4) the amount of funds necessary to raise all tribes served by the Service below health resources deficiency level I to health resources deficiency level I;~~ P.L.102-573

~~(5) the amount of funds necessary to raise all tribes served by the Service to zero health resources deficiency; and~~ P.L.102-573

~~(6)~~ (4) an estimate of-- P.L.102-573

(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 comparable entity. P.L.102-573

(B) the number of Indians eligible for health services in each service unit or Indian tribe; and

(C) the number of Indians using the Service resources made available to each service unit or Indian tribe.

~~(f)(1) The President shall include with the budget submitted to the Congress under section 1105 of title 31, United States Code, for each fiscal year a separate statement which specifies the amount of funds requested to carry out the provisions of this section for such fiscal year.~~ P.L.102-573

~~(2)~~(f) Funds appropriated under authority of 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.

(g) 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 parity among Indian tribes.

(h) ~~There are authorized to be appropriated for the purpose of carrying out the provisions of this section--~~ P.L.102-573

~~(1) $19,000,000 for fiscal year 1990,~~

~~(2) $19,000,000 for fiscal year 1991, and~~

~~(3) $20,000,000 for fiscal year 1992.~~

Any funds appropriated under the authority of this ~~subsection~~ section shall be designated as the "Indian Health Care Improvement Fund".

[NOTE: Section 201(b) of P.L. 102-573 provides that the amendments made to subsection 201(a) through (d) of the Indian Health Care Improvement Act shall take efffect 3 years after date of enactment (October 29, 1995). Amendments to subsection (e) take effect on the date of enactment (October 29, 1992).

CATASTROPHIC HEALTH EMERGENCY FUNDS P.L.100-713

SEC. 202. (a)(1) There is hereby established an Indian Catastrophic Health Emergency Fund (hereafter in this section referred to as the "Fund") consisting of--

(A) the amounts deposited under subsection (d), and

(B) the amounts appropriated under subsection ~~(e)~~ to the Fund under this section. P.L.102-573

(2) The fund shall be administered by the Secretary, acting through the central office 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.

(3) The Fund shall not be allocated, apportioned, or delegated on a service unit, area office, or any other basis.

(4) No part of the Fund or its administration shall be subject to contract or grant under any law, including the Indian Self-Determination Act.

(b) The Secretary shall, through the promulgation of regulations consistent with the provisions of this section--

(1) establish a definition of disasters and catastrophic illnesses for which the cost of the treatment provided under contract would qualify for payment from the Fund;

(2) provide that a service unit shall not be eligible for reimbursement for the cost of treatment from the Fund 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 not less than $10,000 or not more than $20,000,~~ shall establish at-- P.L.102-573

(A) for 1993, not less than $15,000 or not more than $25,000; 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;"; and

[NOTE: Section 202(b) of P.L. 102-573 provides that the amendments made to section 202(b)(2) of the Indian Health Care Improvement Act shall take effect on January 1, 1993.]

(3) establish a procedure for the reimbursement of the

portion of the costs incurred by--

(A) service units or facilities of the Service, or

(B) whenever otherwise authorized by the Service, non-Service facilities or providers,

in rendering treatment that exceeds such threshold cost;

(4) establish a procedure for payment from the Fund in cases in which the exigencies of the medial 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 the Fund to any provider of treatment to the extent that such provider is eligible to receive payment for the treatment from any other Federal, State, local, or private source of reimbursement for which the patient is eligible.

(c) ~~Funds appropriated under subsection (e)~~ Amounts appropriated to the Fund 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), popularly known as the Snyder Act, or any other law. P.L.102-573

(d) There shall be deposited into the Fund 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 the Fund.

~~(e) There are authorized to be appropriated for the purpose of carrying out the provisions of this section--~~ P.L.102-573

~~(1) $12,000,000 for fiscal year 1989, and~~

~~(2) for each of the fiscal years 1990, 1991, and 1992, such sums as may be necessary to restore the Fund to a level of $12,000,000 for such fiscal year.~~

~~Funds appropriated under the authority of this subsection shall remain available until expended.~~

HEALTH PROMOTION AND DISEASE PREVENTION SERVICES P.L.100-713

[NOTE: P.L. 100-713 contained a free-standing provision affecting section 203. This language is provided below for easy reference.]

{Sec. 203. (a) The Congress finds that health promotion and disease prevention activites will--

(1) improve the health and well-being of Indians, and

(2) reduce the expenses for medical care of Indians.}

SEC. 203. (a) The Secretary, acting through the Service, shall provide health promotion and disease prevention services to Indians so as to achieve the health status objectives set forth in section 3(b). P.L.102-573

(b) The Secretary shall submit to the President for inclusion in each statement which is required to be submitted to the Congress under ~~section 201(f)~~ section 801 an evaluation of-- P.L.102-573

(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 to meet such needs, and

(4) the resources which would be required to enable the Service to undertake the health promotion anD disease prevention activities necessary to meet such needs.

~~(c)(1) The Secretary shall establish at least 1 demonstration project (but no more than 4 demonstration projects) to determine the most effective and cost-efficient means of--~~ P.L.102-573

~~(A) providing health promotion and disease prevention services,~~

~~(B) encouraging Indians to adopt good health habits,~~

~~(C) reducing health risks to Indians, particularly the risks of heart disease, cancer, stroke, diabetes, anxiety, depression, and lifestyle-related accidents,~~

~~(D) reducing medical expenses of Indians through health promotion and disease prevention activities,~~

~~(E) establishing a program--~~

~~(i) which trains Indians in the provision of health promotion and disease prevention services to members of their tribe, and~~

~~(ii) under which such Indians are available on a contract basis to provide such services to other tribes, and~~

~~(F) providing training and continuing education to employees of the Service and to paraprofessionals participating in the Community Health Representative Program, in the delivery of health promotion and disease prevention services.~~

~~(2) The demonstration project described in paragraph (1) shall include an analysis of the cost effectiveness of organizational structures and of social and educational programs that may be useful in achieving the objectives described in paragraph (1).~~

~~(3)(A) The demonstration project described in paragraph (1) shall be conducted in association with at least one--~~

~~(i) health profession school,~~

~~(ii) allied health profession or nurse training institution, or~~

~~(iii) public or private entity that provides health care.~~

~~(B) The Secretary is authorized to enter into contracts with, or make grants to, any school of medicine or school of osteopathy for the purpose of carrying out the demonstration project described in paragraph (1).~~

~~(C) For purposes of this paragraph, the term "school of medicine" and "school of osteopathy" have the respective meaning given to such terms by section 701(4) of the Public Health Service Act (42 U.S.C. 292a(4)).~~

~~(4) the Secretary shall submit to Congress a final report on the demonstration project described in paragraph (1) within 60 days after the termination of such project.~~

~~(5) The demonstration project described in paragraph (1) shall be established by no later than the date that is 12 months after the date of enactment of the Indian Health Care Amendments of 1988 and shall terminate on the date that is 30 months after the date of enactment of such amendments.~~

~~(6) There are authorized to be appropriated $500,000 for the purpose of carrying out the provisions of this subsection, such sum to remain available without fiscal year limitation.~~

DIABETES PREVENTION, TREATMENT, AND CONTROL P.L.100-713

SEC. 204. ~~(a)(1)~~ (a) The Secretary, in consultation with the tribes, shall determine-- P.L.102-573

~~(A)~~ (1) by tribe and by service unit of the Service, the incidence of, and the types of complications resulting from, diabetes among Indians; and

~~(B)~~ (2) based on ~~subparagraph (A)~~ paragraph (1), the measures (including patient education) each Service unit should take to reduce the incidence of, and prevent, treat, and control the complications resulting from, diabetes among tribes within that service unit.

~~(2) Within 18 months after the date of enactment of the Indian Health Care Amendments of 1988, the Secretary shall prepare and transmit to the President and the Congress a report describing the determinations made and measures taken under paragraph (1) and making recommendations for additional funding to prevent, treat, and control diabetes among Indians.~~ P.L.102-573

(b) 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. Such screening may be done by a tribe or tribal organization operating health care programs or facilities with funds from the Service under the Indian Self-Determination Act.

~~(c)(1) The Secretary shall continue to maintain during fiscal years 1988 through 1991 each of the following model diabetes projects which are in existence on the date of enactment of the Indian Health Care Amendments of 1988.~~ P.L.102-573

(c)(1) The Secretary shall continue to maintain through fiscal year 2000 each model diabetes project in existence on the date of enactment of the Indian Health Amendments of 1992 and located-- P.L.102-573

(A) at the Claremore Indian Hospital in Oklahoma;

(B) at the Fort Totten Health Center in North Dakota;

(C) at the Sacaton Indian Hospital in Arizona;

(D) at the Winnebago Indian Hospital in Nebraska;

(E) at the Albuquerque Indian Hospital in New Mexico;

(F) at the Perry, Princeton, and Old Town Health Centers in Maine; and

(G) at the Bellingham Health Center in Washington~~.~~ ;

~~(2) The Secretary shall establish in fiscal year 1989, and maintain during fiscal years 1989 through 1991, a model diabetes project in each of the following locations:~~

~~(A) Fort Berthold Reservation,~~

~~(B) the Navajo Reservation,~~

~~(C) the Papago Reservation,~~

~~(D) the Zuni Reservation, and~~

~~(E) the States of Alaska, California, Minnesota, Montana, Oregon, and Utah.~~

(H) at the Fort Berthold Reservation;

(I) at the Navajo Reservation;

(J) at the Papago Reservation;

(K) at the Zuni Reservation; or

(L) in the States of Alaska, California, Minnesota, Montana, Oregon, or Utah.

(2) The Secretary may establish new model diabetes projects under this section taking into consideration applications received under this section from all service areas, except that the Secretary may not establish a greater number of such projects in one service area than in any other service area until there is an equal number of such projects established with respect to all service areas from which the Secretary receives qualified applications during the application period (as determined by the Secretary). P.L.102-573

(d) The Secretary shall--

(1) employ in each area office of the Service at least one diabetes control officer who shall coordinate and manage on a full-time basis activities within that area office for the prevention, treatment, and control of diabetes.

(2) establish in each area office of the Service a registry of patients with diabetes to track the incidence of diabetes and the complications from diabetes in that area; ~~and~~

(3) ensure that data collected in each area office regarding diabetes and related complications among Indians is disseminated to all other area offices~~.~~; and

(4) evaluate the effectiveness of services provided through model diabetes projects established under this section. P.L.102-573

~~(e) There are authorized to be appropriated such sums as may be necessary to carry out the provisions of this section.~~ Funds appropriated under ~~subsection (c)~~ this section in any fiscal year shall be in addition to base resources appropriated to the Service for that year. P.L.102-573

~~NATIVE HAWAIIAN HEALTH PROMOTION AND DISEASE PREVENTION~~ P.L.100-579

~~Sec. 205. (a)(1) The Secretary shall, acting through the Public Health Service, establish in the State of Hawaii, as a demonstration project, a Native Hawaiian Program for Health Promotion and Disease Prevention for the purpose of exploring ways to meet the unique health care needs of Native Hawaiians.~~ P.L.100-690

~~(2) The demonstration program that is to be established under paragraph (1) shall--~~

~~(A) provide necessary preventive oriented health services, including health education and mental health care;~~

~~(B) develop innovative training and research projects;~~

~~(C) establish cooperative relationships with the leaderships of the Native Hawaiian community;~~

~~(D) ensure that a continuous effort is made to establish programs which can be of direct benefit to other Native American people, and~~

~~(E) assure a comprehensive effort to reduce the incidence of diabetes among Native Hawaiians.~~

~~(3) The Secretary is authorized to enter into contracts with Native Hawaiian organizations for the purpose of assisting the Secretary in meeting the objectives of the demonstration program that is to be established under paragraph (1).~~

~~(b)(1) In fulfillment of the objective set forth in~~

~~subsection (a)(2)(E), the Secretary shall enter into a contract with a Native Hawaiian organization to conduct a study to determine--~~

~~(A) the incidence of diabetes among Native Hawaiians;~~

~~(B) activities which should be undertaken--~~

~~(i) to reduce the incidence of diabetes among Native Hawaiians;~~

~~(ii) to provide Native Hawaiians with guidance in the prevention, treatment, and control of diabetes;~~

~~(iii) to provide early diagnosis of diabetes among Native Hawaiians, and~~

~~(iv) to ensure that proper continuing health care is provided to Native Hawaiians who are diagnosed as diabetic;~~

~~(2) The Secretary shall enter into a contract with a Native Hawaiian organization for the purpose of preparing an inventory of all health care programs (public and private) within the State of Hawaii that are available for the treatment, prevention, or control of diabetes among Native Hawaiians.~~

~~(3) By no later than the date that is two years after the date of enactment of this section, the Native Hawaiian organization with whom the Secretary has entered into a contract, shall prepare and transmit to the Secretary a report describing the determinations made under paragraph (1), containing the inventory prepared under paragraph (2), and describing the research activities conducted under this subsection. The Secretary shall submit the report to the Congress and the President.~~

~~(c)(1) By no later than the date that is three years after the date of enactment of this section, the Secretary shall enter into a contract with a Native Hawaiian organization for the purpose of implementing a program designed--~~

~~(A) to establish a diabetes control program;~~

~~(B) to screen those Native Hawaiian individuals that have been identified as having a high risk of becoming diabetic;~~

~~(C) to effectively treat--~~

~~(i) individuals diagnosed as diabetics in order to reduce further complications from diabetes;~~

~~(ii) individuals who have a high risk of becoming diabetic in order to reduce the incidence of diabetes, and~~

~~(iii) short-term and long-term complications of diabetes;~~

~~(D) to conduct for Federal, State, and other Native Hawaiian health care providers (including Native Hawaiian community health outreach workers), training programs concerning current methods of prevention, diagnosis, and treatment of diabetes and related complications among Native Hawaiians;~~

~~(E) to determine the appropriate delivery to Native Hawaiians of health care services relating to diabetes;~~

~~(F) to develop and present health education information to Native Hawaiian communities and schools concerning the prevention, treatment, and control of diabetes; and~~

~~(G) to ensure that proper continuing health care is provided to Native Hawaiians who are diagnosed as being diabetic.~~

~~(2) The Secretary shall enter into a contract with a Native Hawaiian organization for the purpose of--~~

~~(A) promoting coordination and cooperation between all health care providers in the delivery of diabetes related services to Native Hawaiians; and~~

~~(B) encouraging and funding joint projects between Federal programs, State health care facilities, community health centers, and Native Hawaiian communities for the prevention and treatment of diabetes.~~

~~(3)(A) the Secretary shall enter into a contract with a Native Hawaiian organization for the purpose of establishing a model diabetes program to serve Native Hawaiians in the State of Hawaii.~~

~~(B) The Secretary shall enter into a contract with a Native Hawaiian organization for the purpose of developing and implementing an outreach program to ensure that the achievements and benefits derived from the activities of the model diabetes program established under subparagraph (A) are applied in Native Hawaiian communities to assure the diagnosis, prevention,and treatment of diabetes among Native Hawaiians.~~

~~(4) The Secretary shall submit to the Congress an annual report outlining the activities, achievements, needs, and goals of the Native Hawaiian diabetes care program established under this paragraph.~~

~~(d) the Secretary shall enter into a contract with a Native Hawaiian organization, for the purpose of developing a standardized system to collect, analyze, and report data regarding diabetes and related complications among Native Hawaiians. Such system shall be designed to facilitate dissemination of the best available information on diabetes to Native Hawaiian communities and health care professionals.~~

~~(e) The Secretary shall enter into a contract with a Native Hawaiian organization for the purpose of--~~

~~(1) conducting research concerning the causes, diagnosis, treatment, and prevention of diabetes and related complications among Native Hawaiians, and~~

~~(2) coordinating such research with all other relevant agencies and units of the government of the State of Hawaii and the Department of Health and Human Services which conduct research relating to diabetes and related complications.~~

~~(f) The Secretary shall submit to the Congress an annual report on the status nd accomplishments of the progress established under this section during each of the fiscal years 1990, 1991, and 1992.~~

~~(g)(1) The Secretary shall include in any contract which the Secretary enters into with any Native Hawaiian organization under this subsection such conditions as the Secretary considers necessary to ensure that the objectives of such contract are achieved.~~

~~(2) The Secretary shall develop procedures to evaluate compliance with, and performance of, contracts entered into by Native Hawaiian organizations under this subsection.~~

~~(3) The Secretary shall conduct an evaluation of each Native Hawaiian organization which has entered into a contract under this subsection for purposes of determining the compliance of such organization with, and evaluating the performance of such organization under, such contract.~~

~~(4) If, as a result of the evaluations conducted under paragraph (3), the Secretary determines that a Native Hawaiian organization has not complied with or satisfactorily performed a contract entered into under this subsection, the Secretary shall, prior to renewing such contract, attempt to resolve the areas of noncompliance or unsatisfactory performance and modify such contract to prevent future occurrences of such noncompliance or unsatisfactory performance. If the Secretary determines that such noncompliance or unsatisfactory performance cannot be resolved and prevented in the future, the Secretary shall not renew such contract with such organization and is authorized to enter into a contract under this subsection with another Native Hawaiian organization that serves the same population of Native Hawaiians which is served by the Native Hawaiian organization whose contract is not renewed by reason of this subparagraph.~~

~~(5) In determining whether to renew a contract entered into with a Native Hawaiian organization under this subsection, the Secretary shall--~~

~~(A) review the records of the Native Hawaiian organization and~~

~~(B) shall consider the results of the onsite evaluations conducted under paragraph (3).~~

~~(6) All contracts entered into by the Secretary under this subsection shall be in accordance with all Federal contracting laws and regulations except that, in the discretion of the Secretary, such contracts may be negotiated without advertising and need not~~

~~conform to the provision of the Act of August 24, 1935 (40 U.S.C. 270a, et seqq.).~~

~~(7) Payments made under any contract entered into under this subsection may be made in advance, by means of reimbursement, or in installments and shall be made on such conditions as the Secretary deems necessary to carry out the purposes of this subsection.~~

~~(8) Notwithstanding any other provision of law, the Secretary may, at the request or consent of a Native Hawaiian organization, revise or amend any contract entered into by the Secretary with such organization under this subsection as necessary to carry out the purposes of this subsection.~~

~~(9)(A) For each fiscal year during which a Native Hawaiian organization receives or expends funds pursuant to a contract entered into under this subsection, such organization shall submit to the Secretary a quarterly report on--~~

~~(i) activities conducted by the organization under the contract,~~

~~(ii) the amounts and purposes for which Federal funds were expended, and~~

~~(iii) such other information as the Secretary may request.~~

~~(B) The reports and records of any Native Hawaiian organization which concern any contract entered into under this subsection shall be subject to audit by the Secretary and the Comptroller General of the United States.~~

~~(10) The Secretary shall allow as a cost of any contract entered into under this subsection the cost of an annual private audit conducted by a certified public accountant.~~

~~(11) The authority of the Secretary to enter into contracts under this subsection shall be to the extent, and in amounts, provided for in appropriation Acts.~~

~~(h) For purposes of this subsection--~~

~~(1) The term "Native Hawaiian" means any individual who--~~

~~(A) is a citizen of the United States,~~

~~(B) is a resident of the State of Hawaii, and~~

~~(C) is a descendant of the aboriginal people who, prior to 1778, occupied and exercised sovereignty in the are that now constitutes the State of Hawaii, as evidenced by--~~

~~(i) genealogical records,~~

~~(ii) Kupuna (elders) or Kama'aina (long-term community residents) verification, or~~

~~(iii) birth records of the State of Hawaii.~~

~~(2) The term "Native Hawaiian organization" means any organization--~~

~~(A) which serves and represents the interests of Native Hawaiians;~~

~~(B) which is recognized by the Department of Health of the State of Hawaii, the Office of Hawaiian Affairs of the State of Hawaii, and E Ola Mau for the purpose of planning, conducting, or administering programs (or portion of programs) authorized under this Act for Native Hawaiians, and~~

~~(C) in which Native Hawaiian health professionals significantly participate in the planning, management, monitoring, and evaluation of health services.~~

~~(i) There ar authorized to be appropriated $750,000 for each of the fiscal years 1990, 1991, 1992, and 1993, for the purpose of carrying out the provisions of this subsection.~~

~~(j) The programs and services established by this section shall not be administered by or through the Indian Health Service nor shall any funds appropriated to the Indian Health Service be used to supplement funding of such programs and services.~~

HOSPICE CARE FEASIBILITY STUDY

SEC. 205. (a) The Secretary, acting through the Service and in consultation with representatives of Indian tribes, tribal organizations, Indian Health Service personnel, and hospice providers, shall conduct a study-- P.L.102-573

(1) to assess the feasibility and desirability of furnishing hospice care to terminally ill Indians; and

(2) to determine the most efficient and effective means of furnishing such care.

(b) Such study shall--

(1) assess the impact of Indian culture and beliefs concerning death and dying on the provision of hospice care to Indians;

(2) estimate the number of Indians for whom hospice care may be appropriate and determine the geographic distribution such individuals;

(3) determine the most appropriate means to facilitate the participation of Indian tribes and tribal organizations in providing hospice care;

(4) identify and evaluate various means for providing hospice care, including--

(A) the provision of such care by the personnel of a Service hospital pursuant to a hospice established by the Secretary at such hospital; and

(B) the provision of such care by a community-based hospice program under contract to the Service; and

(5) identify and assess any difficulties in furnishing such care and the actions needed to resolve such difficulties.

(c) Not later than the date which is 12 months after the date of the enactment of this section, the Secretary shall transmit to the Congress a report containing--

(1) a detailed description of the study conducted pursuant to this section; and

(2) a discussion of the findings and conclusions of such study.

(d) For the purposes of this section--

(1) the term "terminally ill" means any Indian who has a medical prognosis (as certified by a physician) of a life expectancy of six months or less; and

(2) the term "hospice program" means any program which satisfies the requirements of section 1861(dd)(2) of the Social Security Act (42 U.S.C. 1395x(dd)(2)); and

(3) 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)).

REIMBURSEMENT FROM CERTAIN THIRD PARTIES OF COSTS OF HEALTH SERVICES P.L.100-

SEC. 206. ~~(a) The~~ (a) Except as provided in subsection (f), the United States, an indian tribe or tribal organization shall have the right to recover the reasonable expenses incurred 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 reimbursement or indemnification for such expenses if-- P.L.102-573

(1) such services had been provided by a nongovernmental provider, and

(2) such individual had been required to pay such expenses and did pay such expenses.

(b) Subsection (a) shall provide a right of recovery against any State, ~~or any political subdivision of a State,~~ only if the injury, illness, or disability for which health services were provided is covered under-- P.L.102-573

(1) workers' compensation laws, or

(2) a no-fault automobile accident insurance plan or program.

(c) No law of any State, or of any political subdivision of a State and no provision of any contract entered into or renewed after the date of 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). P.L.102-573

(d) No action taken by the United States, an Indian tribe, or tribal organization to enforce the right of recovery provided under subsection (a) shall affect the right of any person to any damages (other than damages for the cost of health services provided by the Secretary through the Service). P.L.102-573

(e) The United States, an Indian tribe, or tribal organization, may enforce the right of recovery provided under subsection (a) by-- P.L.102-573

(1) intervening or joining in any civil action or proceeding brought--

(A) by the individual for whom health services were provided by the Secretary, an Indian tribe or tribal organization or P.L.102-573

(B) by any representative or heirs of such individual, or

(2) instituting a separate civil action, after providing such individual, or to the representative or heirs of such individual, notice of the intention of the United States, an Indian tribe, or tribal organization to institute a separate civil action. P.L.102-573

(f) 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 or tribal organization. P.L.102-573

CREDITING OF REIMBURSEMENTS P.L.100-713

SEC. 207. (a) Except as provided in section 202(d), title IV, and section ~~713~~ 813 of this Act, all reimbursements received or recovered, under authority of this Act, Public law 87-693 (42 U.S.C. 2651, et seq.), or any other provision of law, by reason of the provision of health services by the Service or by a tribe or tribal organization under a contract pursuant to the Indian Self-Determination Act shall be retained by the Service or that tribe or tribal organization and shall be available for the facilities, and to carry out the programs, of the Service or that tribe or tribal organization to provide health care services to Indians. P.L.102-573

(b) The Service may not offset or limit the amount of funds obligated to any service unit or entity under contract with the Service because of the receipt of reimbursements under subsection (a).

SEC. 208. Of the amounts appropriated for the Service in any fiscal year, other than amounts made available for the Indian Health Care Improvement Fund, not less than $200,000 shall be available only for research to further the performance of the health service responsibilities of the Service. Indian tribes and tribal organizations contracting with the Service under the authority of the Indian Self-Determination Act shall be given under an equal opportunity to compete for, and receive, research funds under this section.

[NOTE: P.L. 101-630 included a free-standing provision affecting section 209, Indian Mental Health provisions. This language has been provided below for easy reference]

{MENTAL HEALTH PREVENTION AND TREATMENT SERVICES P.L.101-630

(a) PURPOSES.--The purposes of this section are to--

(1) authorize and direct the Indian Health Service to develop a comprehensive mental health prevention and treatment program;

(2) provide 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 car, education, social services, child and family welfare, alcohol and substance abuse, law enforcement and judicial services;

(3) assist Indian tribes to identify services and resources available to address mental illness and dysfunctional and self-destructive behavior;

(4) provide authority and opportunities for Indian tribes to develop and implement, and coordinate with, community-based mental health programs which include identification, prevention, education, referral, and treatment services, including through multi-disciplinary resource teams;

(5) ensure that Indians, as citizens of the United States and of the States in which they reside, have the same access to mental health services to which all citizens have access; and

(6) modify or supplement existing programs and authorities in the areas identified in paragraph (2).}

~~Sec. 209. MENTAL HEALTH PREVENTION AND TREATMENT SERVICES.~~ P.L.101-630 P.L.102-573

MENTAL HEALTH PREVENTION AND TREATMENT SERVICES

Sec. 209. (a) National Plan for Indian Mental Health Services.--

(1) Not later than 120 days after the date of enactment of this section, the Secretary, acting through the Service, shall develop and publish in the Federal Register, a final national plan for Indian Mental Health Services. The plan shall include--

(A) an assessment of the scope of the problem of mental illness and dysfunctional and self-destructive behavior, including child abuse and family violence, among Indians, including--

(i) the number of Indians served by the Service who are directly or indirectly affected by such illness or behavior, and

(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; and

(C) an estimate of the additional funding needed by the Service to meet its responsibilities under the plan.

(2) The Secretary shall submit a copy of the national plan to the Congress.

~~(c)~~(b) MEMORANDUM OF AGREEMENT.-- Not later than 180 days after the date of enactment of this section, the Secretary and the Secretary of the Interior shall develop and enter into a memorandum of agreement under which the Secretaries shall, among other things- P.L.102-573

(1) determine and define the scope and nature of mental illness and dysfunctional and self-destructive behavior, including child abuse and family violence, among Indians;

(2) make an assessment of the existing Federal, tribal, State, local, and private services, resources, and programs available to provide mental health services for Indians;

(3) make an initial determination of the unmet need for additional services, resources, programs necessary to meet the needs identified pursuant to paragraph (1);

(4)(A) ensure that Indians, as citizens of the United States and of the States in which they reside, have access to mental health services to which all citizens have access;

(B) determine the right of Indians to participate in, and receive the benefit of, such services; and

(C) take actions necessary to protect the exercise of such right;

(5) delineate the responsibilities of the Bureau of Indian Affairs and the Service, including mental health identification, prevention, education, referral, and treatment services (including services through multidisciplinary resource teams), at the central, area, and agency and service unit levels to address the problems identified in paragraph (1);

(6) provide a strategy for the comprehensive coordination of the mental health services provided by the Bureau of Indian Affairs and the Service to meet the needs identified pursuant to paragraph (1), including--

(A) the coordination of alcohol and substance abuse programs of the Service, the Bureau of Indian Affairs, and the various tribes (developed under the Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986) with the mental health initiatives pursuant to this Act, particularly with respect to the referral and treatment of dually-diagnosed individuals requiring mental health and substance abuse treatment; and

(B) ensuring that the Bureau of Indian Affairs and Service programs and services (including multi-disciplinary resource teams) addressing child abuse and family violence are coordinated with such non-Federal programs and services;

(7) direct 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 subsection (d); and

NOTE: Reference to subsection (d) should be to (c)

(8) provide for an annual review of such agreement by the two Secretaries.

~~(d)~~(c) COMMUNITY MENTAL HEALTH PLAN.-- (1) The governing body of any Indian tribe may, at its discretion, adopt a resolution for the establishment of a community mental health plan providing for the identification and coordination of available resources and programs to identify, prevent, or treat mental illness or dysfunctional and self-destructive behavior, including child abuse and family violence, among its members.

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(2) In furtherance of a plan established pursuant to paragraph (1) and at the request of a tribe, the appropriate agency, service unit, or other officials of the Bureau of Indian Affairs and the Service shall cooperate with, and provide technical assistance to, the tribe in the development of such plan. Upon the establishment of such a plan and at the request of the tribe, such officials, as directed by the memorandum of agreement developed pursuant to subsection (c), shall cooperate with the tribe in the implementation of such plan.

Note: Reference to subsection (c) should be to (b)

(3) Two or more Indian tribes may form a coalition for the adoption of resolutions and the establishment and development of a joint community mental health plan under this subsection.

(4) The Secretary, acting through the Service, may make grants to Indian tribes adopting a resolution pursuant to paragraph (1) to obtain technical assistance for the development of a community mental health plan and to provide administrative support in the implementation of such plan.

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~~(5) There is hereby authorized to be appropriated $500,000 for fiscal year 1991 and $1,000,000 for fiscal year 1992 to carry out this subsection.~~

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~~(e)~~(d) MENTAL HEALTH TRAINING AND COMMUNITY EDUCATION PROGRAMS.--(1) The Secretary and the Secretary of the Interior, in consultation with representatives of Indian tribes, shall conduct a study and compile a list of the types of staff positions specified

in paragraph (2) whose qualifications include, or should include, training in the identification, prevention, education, referral, or treatment of mental illness or dysfunctional and self-destructive behavior.

(2) The positions referred to in paragraph (1) are--

(A) staff positions within the Bureau of Indian Affairs, including existing positions, in the fields of--

(i) elementary and secondary education;

(ii) social services and family and child welfare;

(iii) law enforcement and judicial services; and

(iv) alcohol and substance abuse;

(B) staff positions with the Service; and

(C) staff positions similar to those identified in subparagraphs (A) and (B) established and maintained by Indian tribes, including positions established in contracts entered into under the Indian Self-Determination Act.

(3)(A) The appropriate Secretary shall provide training criteria appropriate to each type of position identified in paragraph (2)(A) and ensure that appropriate training has been, or will be, provided to any individual in any such position. With respect to any such individual in a position identified pursuant to paragraph (2)(C), the respective Secretaries shall provide appropriate training to, or provide funds to an Indian tribe for the training of, such individual. In the case of positions funded under a contract entered into under the Indian Self-Determination Act, the appropriate Secretary shall ensure that such training costs are included in the contract, if necessary.

(B) Funds authorized to be appropriated pursuant to ~~this subsection~~ this section may be used to provide training authorized by this paragraph for community education programs described in paragraph (5) if a plan adopted pursuant to subsection (d) identifies individuals or employment categories, other than those identified pursuant to paragraph (1), for which such training or community education is deemed necessary or desirable.

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NOTE: Reference to subsection (d) should be to (c)

(4) Position-specific training criteria described in paragraph (3) shall be culturally relevant to Indians and Indian tribes and shall ensure that appropriate information regarding traditional Indian healing and treatment practices is provided.

(5) The Service shall develop and implement or, upon the request of the Indian tribe, assist such tribe to develop and implement, a program of community education on mental illness and dysfunctional and self-destructive behavior for individuals, as determined in a plan adopted pursuant to subsection (d). In carrying out this paragraph, the Service shall provide, upon the request of an Indian tribe, technical assistance to the Indian

NOTE: Reference to subsection (d) should be to (c)

tribe to obtain or develop community education and training materials on the identification, prevention, referral, and treatment of mental illness and dysfunctional and self-destructive behavior.

~~(6) There is hereby authorized to be appropriated--~~

~~(A) $500,000 for fiscal year 1991 to carry out this subsection, of which $100,000 shall be allocated for community education under paragraph (5), and~~ P.L.102-573

~~(B) $5,000,000 for fiscal year 1992 to carry out this subsection, of which $1,200,000 shall be allocated for community education under paragraph (5).~~

~~(f)~~(e) STAFFING.--(1) Within 90 days after the date of enactment of this section, the Secretary shall develop a plan under which the Service will increase the health care staff providing mental health services by at least 500 positions within five years after the date of enactment of this section, with at least 200 of such positions devoted to child, adolescent, and family services. Such additional staff shall be primarily assigned to the service unit level for services which shall include outpatient, emergency, aftercare and follow-up, and prevention and education services. P.L.102-573

(2) The plan developed under paragraph (1) shall be implemented under the Act of November 2, 1921 (25 U.S.C. 13) popularly known as the "Snyder Act".

~~(g)~~(f) STAFF RECRUITMENT AND RETENTION.--(1) The Secretary shall provide for the recruitment of the additional personnel required by subsection (f) and the retention of all Service personnel providing mental health services. In carrying out this subsection, the Secretary shall give priority to practitioners providing mental health services to children and adolescents with mental health problems. P.L.102-573

NOTE:Reference to subsection (f) should be to (e)

(2) In carrying out paragraph (1), the Secretary shall develop a program providing for---

(A) the payment of bonuses (which shall not be more favorable than those provided for under sections 116 and 117) for service in hardship posts;

(B) the repayment of loans (for which the provisions of repayment contracts shall not be more favorable than the repayment contracts under section 108) for health professions education as a recruitment incentive; and

(C) a system of postgraduate rotations as a retention incentive.

(3) This subsection shall be carried out in coordination with the recruitment and retention programs under title I.

~~(4) There are authorized to be appropriated $1,200,000 for the fiscal year 1992 to carrying out this subsection.~~ P.L.102-573

~~(h)~~(g) MENTAL HEALTH TECHNICIAN PROGRAM.-- (1) Under the authority of the Snyder Act of November 2, 1921 (25 U.S.C. 13), the P.L.102-573

Secretary shall establish and maintain a Mental Health Technician program within the Service which--

(A) provides for the training of Indians as mental health technicians; and

(B) employs such technicians in the provision of community-based mental health care that includes identification, prevention, education, referral, and treatment services.

(2) In carrying out paragraph (1)(A), the Secretary 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.

(3) The Secretary shall supervise and evaluate the mental health technicians in the training program.

(4) The Secretary shall ensure that the program established pursuant to this subsection involves the utilization and promotion of the traditional Indian health care and treatment practices of the Indian tribes to be served.

~~(5) For purposes of providing the training required under this subsection, there are authorized to be appropriated $1,000,000 for the fiscal year 1992, which shall remain available until expended.~~ P.L.102-573

~~(i)~~(h) MENTAL HEALTH RESEARCH.--~~(1)~~ The Secretary, acting through the Service and in consultation with the National Institute of Mental Health, shall enter into contracts with, or make grants to, appropriate institutions for the conduct of research on the incidence and prevalence of mental disorders among Indians on Indian reservations and in urban areas. Research priorities under this subsection shall include-- P.L.102-573

~~(A)~~(1) the inter-relationship and inter-dependence of mental disorders with alcoholism, suicide, homicides, accidents, and the incidence of family violence, and

~~(B)~~(2) the development of models of prevention techniques.

The effect of the inter-relationships and interdependencies referred to in ~~subparagraph (A)~~ paragraph (1) on children, and the development of prevention techniques under ~~subparagraph (B)~~ paragraph (2) applicable to children, shall be emphasized.

~~(2) For purposes of carrying out this subsection, there are authorized to be appropriated $2,000,000 for fiscal year 1992, which shall remain available until expended.~~ P.L.102-573

~~(j)~~(i) FACILITIES ASSESSMENT.--~~(1)~~ Within one year after the date of enactment of this section, the Secretary, acting through the Service, shall make an assessment of the need for inpatient mental health care among Indians and the availability and P.L.102-573

cost of inpatient mental health facilities which can meet such need. In making such assessment, the Secretary shall consider the possible conversion of existing, under-utilized service hospital beds into psychiatric units to meet such need.

~~(2) There are authorized to be appropriated $500,000 for the fiscal year 1992 to make the assessment required by this subsection.~~ P.L.102-573

~~(k)~~ (j) ANNUAL REPORT.-- The Service shall develop methods for analyzing and evaluating the overall status of mental health programs and services for Indians and shall ~~submit to the Congress an annual report~~ submit to the President, for inclusion in each report required to be transmitted to the Congress under section 801, a report on the mental health status of Indians which shall describe the progress being made to address mental health problems of Indian communities. P.L.102-573

~~(l)~~ (k) MENTAL HEALTH DEMONSTRATION GRANT PROGRAM.-- (1) The Secretary, acting through the Service, is authorized to make grants to Indian tribes and inter-tribal consortia to pay 75 percent of the cost of planning, developing, and implementing programs to deliver innovative community-based mental health services to Indians. The 25 percent tribal share of such cost may be provided in cash or through the provision of property or services. P.L.102-573

(2) The Secretary may award a grant for a project under paragraph (1) to an Indian tribe or inter-tribal consortium which meets the following criteria:

(A) The project will address significant unmet mental health needs among Indians.

(B) The project will serve a significant number of Indians.

(C) The project has the potential to deliver services in an efficient and effective manner.

(D) The tribe or consortium has the administrative and financial capability to administer the project.

(E) The project will deliver services in a manner consistent with traditional Indian healing and treatment practices.

(F) The project is coordinated with, and avoids duplication of, existing services.

(3) For purposes of this subsection, the Secretary shall, in evaluating applications for grants for projects to be operated under any contract entered into with the Service under the Indian Self-Determination Act, use the same criteria that the Secretary uses in evaluating any other application for such a grant.

(4) The Secretary may only award one grant under this subsection with respect to a service area until the Secretary has awarded grants for all service areas with respect to which the Secretary receives applications during the application period, as determined by the Secretary, which meet the criteria specified in

paragraph (2).

(5) Not later than 180 days after the close of the term of the last grant awarded pursuant to this subsection, the Secretary shall submit to the Congress a report evaluating the effectiveness of the innovative community-based projects demonstrated pursuant to this subsection. Such report shall include findings and recommendations, if any, relating to the reorganization of the programs of the Service for delivery of mental health service to Indians.

(6) ~~There is authorized to be appropriated $2,000,000 for fiscal year 1991 and $3,000,000 for fiscal year 1992 to carry out the purposes of this subsection~~. Grants made pursuant to this ~~subsection~~ section may be expended over a period of three years and no grant may exceed $1,000,000 for the fiscal years involved. P.L.102-573

(l) LICENSING REQUIREMENT FOR MENTAL HEALTH CARE WORKERS.--Any person 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 the authority of this Act or through a contract pursuant to the Indian Self-Determination Act shall-- P.L.102-573

(1) in the case of a person employed as a psychologist, be licensed as a clinical psychologist or working under the direct supervision of a licensed clinical psychologist;

(2) in the case of a person employed as a social worker, be licensed as a social worker or working under the direct supervision of a licensed social worker; or

(3) in the case of a person employed as a marriage and family therapist, be licensed as a marriage and family therapist or working under the direct supervision of a licensed marriage and family therapist.

(m) INTERMEDIATE ADOLESCENT MENTAL HEALTH SERVICES.--(1) The Secretary, acting through the Service, may make grants to Indian tribes and tribal organizations to provide intermediate mental health services to Indian children and adolescents, including-- P.L.102-573

(A) inpatient and outpatient services;

(B) emergency care;

(C) suicide prevention and crisis intervention; and

(D) prevention and treatment of mental illness, and dysfunctional and self-destructive behavior, including child abuse and family violence.

(2) Funds provided under this subsection may be used--

(A) to construct or renovate an existing health facility to provide intermediate mental health services;

(B) to hire mental health professionals;

(C) to staff, operate, and maintain an intermediate mental health facility, group home, or youth shelter where intermediate mental health services are being provided; and

(D) to make renovations and hire appropriate staff to convert existing hospital beds into adolescent psychiatric units.

(3) Funds provided under this subsection may not be used for the purposes described in section 216(b)(1).

(4) An Indian tribe or tribal organization receiving a grant under this subsection shall ensure that intermediate adolescent mental health services are coordinated with other tribal, Service, and Bureau of Indian Affairs mental health, alcohol and substance abuse, and social services programs on the reservation of such tribe or tribal organization.

(5) The Secretary shall establish criteria for the review and approval of applications for grants made pursuant to this subsection.

(6) There are authorized to be appropriated to carry out this section $10,000,000 for fiscal year 1993 and such sums as may be necessary for each of the fiscal years 1994, 1995, 1996, 1997, 1998, 1999, and 2000.

MANAGED CARE FEASIBILITY STUDY P.L.102-573

SEC. 210. (a) The Secretary, acting through the Service, shall conduct a study to assess the feasibility of allowing an Indian tribe to purchase, directly or through the Service, managed care coverage for all members of the tribe from--

(1) a tribally owned and operated managed care plan; or

(2) a State licensed managed care plan.

(b) Not later than the date which is 12 months after the date of the enactment of this section, the Secretary shall transmit to the Congress a report containing--

(1) a detailed description of the study conducted pursuant to this section; and

(2) a discussion of the findings and conclusions of such study.

CALIFORNIA CONTRACT HEALTH SERVICES DEMONSTRATION PROGRAM P.L.102-573

SEC. 211. (a) The Secretary shall establish a demonstration program to evaluate the use of a contract care intermediary to improve the accessibility of health services to California Indians.

(b)(1) In establishing such program, the Secretary shall enter into an agreement with the California Rural Indian Health Board to

reimburse the Board for costs (including reasonable administrative costs) incurred, during the period of the demonstration program, in providing medical treatment under contract to California Indians described in section 809(b) throughout the California contract health services delivery area described in section 810 with respect to high-cost contract care cases.

(2) Not more than 5 percent of the amounts provided to the Board under this section for any fiscal year may be for reimbursement for administrative expenses incurred by the Board during such fiscal year.

(3) No payment may be made for treatment provided under the demonstration program to the extent payment may be made for such treatment under the 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.

(c) There is hereby established an advisory board which shall advise the California Rural Indian Health Board in carrying out the demonstration pursuant to this section. The advisory board shall be composed of representatives, selected by the California Rural Indian Health Board, from not less than 8 tribal health programs serving California Indians covered under such demonstration, at least one half of whom are not affiliated with the California Rural Indian Health Board.

(d) The demonstration program described in this section shall begin on January 1, 1993, and shall terminate on September 30, 1997.

(e) Not later than July 1, 1998, the California Rural Indian Health Board shall submit to the Secretary a report on the demonstration program carried out under this section, including a statement of its findings regarding the impact of using a contract care intermediary on--

(1) access to needed health services;

(2) waiting periods for receiving such services; and

(3) the efficient management of high-cost contract care cases.

(f) For the purposes of this section, the term `high-cost contract care cases' means those cases in which the cost of the medical treatment provided to an individual--

(1) would otherwise be eligible for reimbursement from the Catastrophic Health Emergency Fund established under section 202, except that the cost of such treatment does not meet the threshold cost requirement established pursuant to section 202(b)(2); and

(2) exceeds $1,000.

(g) There are authorized to be appropriated for each of the fiscal years ~~1993, 1994, 1995, 1996, and 1997~~ <u>1996 through 2000</u> such sums as may be necessary to carry out the purposes of this section.

COVERAGE OF SCREENING MAMMOGRAPHY

P.L.102-573

SEC. 212. The Secretary, through the Service, shall provide for screening mammography (as defined in section 1861(jj) of the Social Security Act) for Indian and urban Indian women 35 years of age or older at a frequency, determined by the Secretary (in consultation with the Director of the National Cancer Institute), appropriate to such women, and under such terms and conditions as are consistent with standards established by the Secretary to assure the safety and accuracy of screening mammography under part B of title XVIII of the Social Security Act.

PATIENT TRAVEL COSTS

P.L.102-573

SEC. 213. (a) The Secretary, acting through the Service, shall provide funds for the following patient travel costs associated with receiving health care services provided (either through direct or contract care or through contracts entered into pursuant to the Indian Self-Determination Act) under this Act--

(1) emergency air transportation; and

(2) nonemergency air transportation where ground transportation is infeasible.

(b) There are authorized to be appropriated to carry out this section $15,000,000 for fiscal year 1993 and such sums as may be necessary for each of the fiscal years 1994, 1995, 1996, 1997, 1998, 1999, and 2000.

EPIDEMIOLOGY CENTERS

P.L.102-573

SEC. 214. (a)(1) The Secretary shall establish an epidemiology center in each Service area to carry out the functions described in paragraph (3).

(2) To assist such centers in carrying out such functions, the Secretary shall perform the following:

(A) In consultation with the Centers for Disease and Indian tribes, develop sets of data (which to the extent practicable, shall be consistent with the uniform data sets used by the States with respect to the year 2000 health objectives) for uniformly defining health status for purposes of the objectives specified in section 3(b). Such sets shall consist of one or more categories of information. The Secretary shall develop formats for the uniform collecting and reporting of information on such categories.

(B) Establish and maintain a system for monitoring the progress made toward meeting each of the health status objectives described in section 3(b).

(3) In consultation with Indian tribes and urban Indian communities, each area epidemiology center established under this subsection shall, with respect to such area--

(A) collect data relating to, and monitor progress made toward meeting, each of the health status objectives described in section 3(b) using the data sets and monitoring system developed by the Secretary pursuant to paragraph (2);

(B) evaluate existing delivery systems, data systems, and other systems that impact the improvement of Indian health;

(C) assist tribes and urban Indian communities in identifying their highest priority health status objectives and the services needed to achieve such objectives, based on epidemiological data;

(D) make recommendations for the targeting of services needed by tribal, urban, and other Indian communities;

(E) make recommendations to improve health care delivery systems for Indians and urban Indians;

(F) work cooperatively with tribal providers of health and social services in order to avoid duplication of existing services; and

(G) provide technical assistance to Indian tribes 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.

(4) Epidemiology centers established under this subsection shall be subject to the provisions of the Indian Self-Determination Act (25 U.S.C. 450f et seq.).

(5) The director of the Centers for Disease Control shall provide technical assistance to the centers in carrying out the requirements of this subsection.

(6) The Service shall assign one epidemiologist from each of its area offices to each area epidemiology center to provide such center with technical assistance necessary to carry out this subsection.

(b)(1) The Secretary may make grants to Indian tribes, tribal organizations, and eligible intertribal consortia or Indian organizations to conduct epidemiological studies of Indian communities.

(2) An intertribal consortia or Indian organization is eligible to receive a grant under this subsection if--

(A) it is incorporated for the primary purpose of improving Indian health; and

(B) it is representative of the tribes or urban Indian communities in which it is located.

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

(4) Applicants for grants 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) A grant awarded under paragraph (1) may be used to--

(A) carry out the functions described in subsection (a)(3);

(B) provide information to and consult with tribal leaders, urban Indian community leaders, and related health staff, on health care and health services management issues; and

(C) provide, in collaboration with tribes and urban Indian communities, the Service with information regarding ways to improve the health status of Indian people.

(6) There are authorized to be appropriated to carry out the purposes of this subsection not more than $12,000,000 for fiscal year 1993 and such sums as may be necessary for each of the fiscal years 1994, 1995, 1996, 1997, 1998, 1999, and 2000.".

COMPREHENSIVE SCHOOL HEALTH EDUCATION PROGRAMS P.L.102-573

SEC. 215. (a) The Secretary, acting through the Service and in consultation with the Secretary of the Interior, may award grants to Indian tribes to develop comprehensive school health education programs for children from preschool through grade 12 in schools located on Indian reservations.

(b) Grants awarded under this section may be used to--

(1) develop health education curricula;

(2) train teachers in comprehensive school health education curricula;

(3) integrate school-based, community-based, and other public and private health promotion efforts;

(4) encourage healthy, tobacco-free school environments;

(5) coordinate school-based health programs with existing services and programs available in the community;

(6) develop school programs on nutrition education, personal health, and fitness;

(7) develop mental health wellness programs;

(8) develop chronic disease prevention programs;

(9) develop substance abuse prevention programs;

(10) develop accident prevention and safety education programs;

(11) develop activities for the prevention and control of communicable diseases; and

(12) develop community and environmental health education programs.

(c) The Secretary shall provide technical assistance to Indian tribes in the development of health education plans, and the dissemination of health education materials and information on existing health programs and resources.

(d) The Secretary shall establish criteria for the review and approval of applications for grants made pursuant to this section.

(e) Recipients of grants under this section shall submit to the Secretary an annual report on activities undertaken with funds provided under this section. Such reports shall include a statement of--

(1) the number of preschools, elementary schools, and secondary schools served;

(2) the number of students served;

(3) any new curricula established with funds provided under this section;

(4) the number of teachers trained in the health curricula; and

(5) the involvement of parents, members of the community, and community health workers in programs established with funds provided under this section.

(f)(1) The Secretary of the Interior, acting through the Bureau of Indian Affairs and in cooperation with the Secretary, shall develop a comprehensive school health education program for children from preschool through grade 12 in schools operated by the Bureau of Indian Affairs.

(2) Such program shall include--

(A) school programs on nutrition education, personal health, and fitness;

(B) mental health wellness programs;

(C) chronic disease prevention programs;

(D) substance abuse prevention programs;

(E) accident prevention and safety education programs; and

(F) activities for the prevention and control communicable diseases.

(3) The Secretary of the Interior shall--

(A) provide training to teachers in comprehensive school health education curricula;

(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.

(g) There are authorized to be appropriated to carry out this section $15,000,000 for fiscal year 1993 and such sums as may be necessary for each of the fiscal years 1994, 1995, 1996, 1997, 1998, 1999, and 2000.

INDIAN YOUTH GRANT PROGRAM P.L.102-573

SEC. 216. (a) The Secretary, acting through the Service, is authorized to make 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 preadolescent and adolescent youths.

(b) (1) 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 healers; and

(B) develop and provide community training and education.

(2) Funds made available under this section may not be used to provide services described in section 209(m).

(c) The Secretary shall--

(1) disseminate to Indian tribes 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, provide technical assistance in the implementation of such models.

(d) The Secretary shall establish criteria for the review and approval of applications under this section.

(e) There are authorized to be appropriated to carry out this section $5,000,000 for fiscal year 1993 and such sums as may be necessary for each of the fiscal years 1994, 1995, 1996, 1997, 1998, 1999, and 2000.

AMERICAN INDIANS INTO PSYCHOLOGY PROGRAM P.L.102-573

SEC. 217. (a) The Secretary may provide grants to at least 3 colleges and universities for the purpose of developing and maintaining American Indian psychology career recruitment programs as a means of encouraging Indians to enter the mental health field.

(b) The Secretary shall provide one of the grants 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 114(b), the Quentin N. Burdick American Indians Into Nursing Program authorized under section 112(e), and existing university research and communications networks.

(c)(1) The Secretary shall issue regulations for the competitive awarding of the grants provided under this section.

(2) Applicants for grants under this section shall agree to provide a program which, at a minimum--

(A) provides outreach and recruitment for health professions to Indian communities including elementary, secondary and community colleges located on Indian reservations that will be served by the program;

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

(C) provides summer enrichment programs to expose Indian students to the varied fields of psychology through research, clinical, and experiential activities;

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

(E) develops affiliation agreements with tribal community colleges, the Service, university affiliated programs, and other appropriate entities to enhance the education of Indian students;

(F) to the maximum extent feasible, utilizes existing university tutoring, counseling and student support services; and

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

(d) 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 student who receives a stipend described in subsection (c)(2)(D) that is funded by a grant provided under this section. Such obligation shall be met by service--

(1) in the Indian Health Service;

(2) in a program conducted under a contract entered into under the Indian Self-Determination Act;

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

(4) 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.

PREVENTION, CONTROL, AND ELIMINATION OF TUBERCULOSIS P.L.102-573

SEC. 218. (a) The Secretary, acting through the Service after consultation with the Centers for Disease Control, may make grants to Indian tribes and tribal organizations for--

(1) projects for the prevention, control, and elimination of tuberculosis;

(2) public information and education programs for the prevention, control, and elimination of tuberculosis; and

(3) education, training, and clinical skills improvement activities in the prevention, control, and elimination of tuberculosis for health professionals, including allied health professionals.

(b) The Secretary may make a grant under subsection (a) only if an application for the grant is submitted to the Secretary and the application is in such form, is made in such manner, and contains the assurances required by subsection (c) and such other agreements, assurances, and information as the Secretary may require.

(c) To be eligible for a grant under subsection (a), an applicant must provide assurances satisfactory to the Secretary that-

(1) the applicant will coordinate its activities for prevention, control, and elimination of tuberculosis with activities of the Centers for Disease Control, and State and local health agencies; and

(2) the applicant will submit to the Secretary an annual report on its activities for the prevention, control, and elimination of tuberculosis.

(d) In carrying out this section, the Secretary--

(1) shall establish criteria for the review and

approval of applications for grants under subsection (a), including requirement of public health qualifications of applicants;

(2) shall, subject to available appropriations, make at least one grant under subsection (a) within each area office;

(3) may, at the request of an Indian tribe or tribal organization, provide technical assistance; and

(4) shall prepare and submit a report to the Committee on Energy and Commerce and the Committee on Interior and Insular Affairs of the House and the Select Committee on Indian Affairs of the Senate not later than February 1, 1994, and biennially thereafter, on the use of funds under this section and on the progress made toward the prevention, control, and elimination of tuberculosis among Indian tribes and tribal organizations.

(e) The Secretary may, at the request of a recipient of a grant under subsection (a), reduce the amount of such grant by--

(1) the fair market value of any supplies or equipment furnished the grant recipient; and

(2) the amount of the pay, allowances, and travel expenses of any officer or employee of the Government when detailed to the grant recipient and the amount of any other costs incurred in connection with the detail of such officer or employee,

when the furnishing of such supplies or equipment or the detail of such an officer or employee is for the convenience of and at the request of such grant recipient and for the purpose of carrying out a program with respect to which the grant under subsection (a) is made. The amount by which any such grant is so reduced shall be available for payment by the Secretary of the costs incurred in furnishing the supplies or equipment, or in detailing the personnel, on which the reduction of such grant is based, and such amount shall be deemed as part of the grant and shall be deemed to have been paid to the grant recipient.

CONTRACT HEALTH SERVICES PAYMENT STUDY P.L.102-573

SEC. 219. (a) The Secretary, acting through the Service and in consultation with representatives of Indian tribes and tribal organizations operating contract health care programs under the Indian Self-Determination Act (25 U.S.C. 450f et seq.) or under self-governance compacts, Service personnel, private contract health services providers, the Indian Health Service Fiscal Intermediary, and other appropriate experts, shall conduct a study--

(1) to assess and identify administrative barriers that hinder the timely payment for services delivered by private contract health services providers to individual Indians by the Service and the Indian Health Service Fiscal Intermediary;

(2) to assess and identify the impact of such delayed payments upon the personal credit histories of individual Indians who have been treated by such providers; and

(3) to determine the most efficient and effective means of improving the Service's contract health services payment system and ensuring the development of appropriate consumer protection policies to protect individual Indians who receive authorized services from private contract health services providers from billing and collection practices, including the development of materials and programs explaining patients' rights and responsibilities.

(b) The study required by subsection (a) shall--

(1) assess the impact of the existing contract health services regulations and policies upon the ability of the Service and the Indian Health Service Fiscal Intermediary to process, on a timely and efficient basis, the payment of bills submitted by private contract health services providers;

(2) assess the financial and any other burdens imposed upon individual Indians and private contract health services providers by delayed payments;

(3) survey the policies and practices of collection agencies used by contract health services providers to collect payments for services rendered to individual Indians;

(4) identify appropriate changes in Federal policies, administrative procedures, and regulations, to eliminate the problems experienced by private contract health services providers and individual Indians as a result of delayed payments; and

(5) compare the Service's payment processing requirements with private insurance claims processing requirements to evaluate the systemic differences or similarities employed by the Service and private insurers.

(c) Not later than 12 months after the date of the enactment of this section, the Secretary shall transmit to the Congress a report that includes--

(1) a detailed description of the study conducted pursuant to this section; and

(2) a discussion of the findings and conclusions of such study.

PROMPT ACTION ON PAYMENT OF CLAIMS P.L.102-573

SEC. 220. (a) 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) 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) The Service shall pay a completed contract care service claim within 30 days after completion of the claim.

DEMONSTRATION OF ELECTRONIC CLAIMS PROCESSING

P.L.102-573

SEC. 221. (a) Not later than June 15, 1993, the Secretary shall develop and implement, directly or by contract, 2 projects to demonstrate in a pilot setting the use of claims processing technology to improve the accuracy and timeliness of the billing for, and payment of, contract health services.

(b) The Secretary shall conduct one of the projects authorized in subsection (a) in the Service area served by the area office located in Phoenix, Arizona.

LIABILITY FOR PAYMENT

P.L.102-573

SEC. 222. (a) 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) 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.

OFFICE OF INDIAN WOMEN'S HEALTH CARE

P.L.102-573

SEC. 223. There is established within the Service an Office of Indian Women's Health Care to oversee efforts of the Service to 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.

AUTHORIZATION OF APPROPRIATIONS

P.L.102-573
NOTE: **Reference to section 214(b)(5) should be to section (b)(6)**

SEC. 224. Except as provided in sections 209(m), 211, 213, 214(b)(5), 215, and 216, there are authorized to be appropriated such sums as may be necessary for each fiscal year through fiscal year 2000 to carry out this title.

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TITLE III--HEALTH FACILITIES

~~CONSTRUCTION AND RENOVATION OF SERVICE FACILITIES~~

~~Sec. 301(a) The Secretary, acting through the Service, is authorized to expend over the seven year period beginning after the date of the enactment of this Act the sums authorized by subsection (b) for the construction and renovation of hospitals, health centers, health stations, and other facilities of the Service.~~ P.L.100-713

~~(b) The following amounts are authorized to be appropriated for purposes of subsection (a):~~

~~(1)Hospitals. $67,180,000 for fiscal year 1978, $73,256,000 for fiscal year 1979, and $19,742,000 for fiscal year 1980. For fiscal years 1981, 1982, 1983, and 1984, there are authorized to be appropriated for hospitals such sums as may be specifically authorized by an Act enacted after this Act.~~

~~(2)Health centers and health stations. $6,060,000 for fiscal year 1978, $6,226,000 for fiscal year 1979, and $2,720,000 for fiscal year 1980. For fiscal years 1981, 1982, 1983, and 1981, there are authorized to be appropriated for health centers and health stations such sums as may be specifically authorized by an Act enacted after this Act.~~

~~(3)Staff housing. $1,242,000 for fiscal year 1978, $21,725,000 for fiscal year 1979, and $1,116,000 for fiscal year 1980. For fiscal years 1981, 1982, 1983, and 1984, there are authorized to be appropriated for staff housing such sums as may be specifically authorized by an Act enacted after this Act.~~

~~(c)Prior to the expenditure of, or the making of any firm commitment to expend, any funds authorized in subsection (a), the Secretary, acting through the Service shall-~~

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

~~(2)be assured that, wherever practicable, such facility, no later than one year after its construction or renovation, shall meet the standards of the Joint Committee on Accreditation of Hospitals.~~

Sec. 301.(a) Prior to the expenditure of, or the making of any firm commitment to expend,any funds appropriated for the planning, design, construction, or renovation of facilities pursuant to the Act of November 2, 1921 (25 U.S.C. 13), popularly known as the Snyder Act, the Secretary, acting through the Service, shall--

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

(2) ensure, whenever practicable, that such facility meets the standards of the Joint Commission on Accreditation of ~~Hospitals~~ Health Care Organizations by not later than 1 year after the date on which the construction or renovation of such facility is completed. P.L.102-573

(b)(1) Notwithstanding any provision of law other than this subsection, no Service hospital or ~~other~~ outpatient health care facility of the Service, or any portion of such a hospital or facility, may be closed if the Secretary has not submitted to the Congress at least 1 year prior to the date such hospital or facility (or portion thereof) is proposed to be closed an evaluation of the impact of such proposed closure which specifies, in addition to other considerations--

(A) the accessibility of alternative health care resources for the population served by such hospital or facility;

(B) the cost effectiveness of such closure;

(C) the quality of health care to be provided to the population served by such hospital or facility after such closure;

(D) the availability of contract health care funds to maintain existing levels of service; ~~and~~

(E) the views of the Indian tribes served by such hospital or facility concerning such closure~~.~~;

(F) the level of utilization of such hospital or facility by all eligible Indians; and

(G) the distance between such hospital or facility and the nearest operating Service hospital.

(2) 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 safety reasons. P.L.102-573

~~(c) The President shall include with the budget submitted under section 1105 of title 31, United States Code, for each of the fiscal years 1990, 1991, and 1992, program information documents for the construction of 10 Indian health facilities which--~~ P.L.102-573 P.L.102-573

~~(1) comply with applicable construction standards, and~~

~~(2) have been approved by the Secretary.~~

~~(d)(1) The Secretary shall submit to the Congress an annual report which sets forth--~~

(c)(1) The Secretary shall submit to the President, for inclusion in each report required to_be transmitted to the Congress under section 801, a report which sets forth--; P.L.102-573

(A) the current health facility priority system of the Service,

(B) the planning, design, construction, and renovation needs for the 10 top-priority inpatient care facilities and the 10 top-priority ambulatory care facilities (together with required staff quarters),

(C) the justification for such order of priority,

(D) the projected cost of such projects, and

(E) the methodology adopted by the Service in establishing priorities under its health facility priority system.

~~(2) The first report required under paragraph (1) shall be submitted by no later than the date that is 180 days after the date of enactment of the Indian Health Care Amendments of 1988 and, beginning in 1990, each subsequent annual report shall be submitted by the date that is 60 days after the date on which the President submits the budget to the Congress under section 1105 of title 31, United States Code.~~ P.L.102-573

~~(3)~~(2) In preparing each report required under paragraph (1) (other than the initial report), the Secretary shall--

(A) consult with Indian tribes and tribal organizations including those tribes or tribal organizations operating health programs or facilities under any contract entered into with the Service under the Indian Self-Determination Act, and

(B) review the needs of such tribes and tribal organizations for inpatient and outpatient facilities,

including their needs for renovation and expansion of existing facilities.

~~(4)~~(3) For purposes of this subsection, the Secretary shall, in evaluating the needs of facilities operated under any contract entered into with the Service under the Indian Self-Determination Act, use the same criteria that the Secretary uses in evaluating the needs of facilities operated directly by the Service.

~~(5)~~(4) The Secretary shall ensure that the planning, design,construction, and renovation needs of Service and non-Service facilities which are the subject of a contract for health services entered into with the Service, under the Indian Self-Determination Act are fully and equitably integrated into the development of the health facility priority system.

~~(e)~~ (d) All funds appropriated under the Act of November 2, 1921 (25 U.S.C. 13), for the planning, design, construction, or renovation of health facilities for the benefit of an Indian tribe or tribes shall be subject to the provisions of ~~sections 102 and 103(b)~~ section 102 of the Indian Self-Determination Act.

~~CONSTRUCTION OF SAFE WATER AND SANITARY WASTE DISPOSAL FACILITIES~~

~~Sec. 302. (1) During the seven fiscal year period beginning after the date of enactment of this Act, the Secretary is authorized to expend under section 7 of the Act of August 5, 1954 (42 U.S.C. 2004a), the sums authorized under subsection (b) to supply unmet needs for safe water and sanitary waste disposal facilities in existing and new Indian homes and communities.~~ P.L.100-713

~~(b) For expenditures of the Secretary authorized by subsection (a) for facilities in existing Indian homes and communities there are authorized to be appropriated $13,000,000 for fiscal year 1978, $30,000,000 for fiscal year 1979, and $30,000,000 for fiscal year 1980. for expenditures of the Secretary authorized by subsection (a) for facilities in new Indian homes and communities there are authorized to be appropriated such sums as may be necessary for fiscal years 1978, 1979, and 1980. For fiscal years 1981, 1982, 1983, and 1984 for expenditures authorized by subsection (a) there are authorized to be appropriated such sums as may be specifically authorized in an Act enacted after this Act.~~

~~(c) Former and currently federally recognized Indian tribes in the State of New York shall be eligible for assistance under this section.~~

SAFE WATER AND SANITARY WASTE DISPOSAL FACILITIES

Sec. 302. (a) The Congress hereby finds and declares that-- P.L.100-713

(1) the provision of safe water supply systems and sanitary sewage and solid waste disposal systems 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 such systems;

(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 such systems and other preventive health measures;

(4) many Indian homes and communities still lack safe water supply systems and sanitary sewage and solid waste disposal systems; and

(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 safe and adequate water supply systems and sanitary sewage waste disposal systems as soon as possible.

(b) (1) In furtherance of the findings and declarations 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).--

(2) The Secretary, acting through the Service, is authorized to provide under section 7 of the Act of August 5, 1954 (42 U.S.C. 2004a)--

(A) financial and technical assistance to Indian tribes and communities in the establishment, training, and equipping of utility organizations to operate and maintain Indian sanitation facilities;

(B) ongoing technical assistance and training in the management of utility organizations which operate and maintain sanitation facilities; and

(C) operation and maintenance assistance for, and emergency repairs to, tribal sanitation facilities when necessary to avoid a health hazard or to protect the Federal investment in sanitation facilities.

(3) Notwithstanding any other provision of law--

(A) the Secretary of Housing and Urban Affairs is authorized to transfer funds appropriated under the Housing and Community Development Act of 1974 (42 U.S.C. 5301, et seqq.) to the Secretary of Health and Human Services, and

(B) 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).

(c) Beginning in fiscal year 1990, the Secretary, acting through the Service, shall develop and begin implementation of a 10-year plan to provide safe water supply and sanitation sewage and solid waste disposal facilities to existing Indian homes and communities and to new and renovated Indian homes.

(d) The financial and technical capability of an Indian tribe or community to safely operate and maintain a sanitation facility shall not be a prerequisite to the provision or construction of sanitation facilities by the Secretary.

~~(e) The provisions of this section shall not diminish the primary responsibility of the Indian family, community, or tribe to establish, collect, and utilize reasonable user fees, or otherwise set aside funding, for the purpose of operating and maintaining sanitation facilities.~~ P.L.102-573

(e)(1) The Secretary is authorized to provide financial assistance to Indian tribes and communities in an amount equal to the Federal share of the costs of operating, managing, and maintaining the facilities provided under the plan described in subsection (c). P.L.102-573

(2) For the purposes of paragraph (1), the term "Federal share" means 80 percent of the costs described in paragraph (1).

(3) With respect to Indian tribes with fewer than 1,000 enrolled members, the non-Federal portion of the costs of operating, managing, and maintaining such facilities may be provided, in part, through cash donations or in kind property, fairly evaluated.

(f) Programs administered by Indian tribes or tribal organizations under the authority of the Indian Self-Determination Act shall be eligible for--

(1) any funds appropriated pursuant to ~~subsection (h)~~ this section, and

P.L.102-573

(2) any funds appropriated for the purpose of providing water supply or sewage disposal services,

on an equal basis with programs that are administered directly by the Service.

(g)(1) ~~The Secretary shall submit to the Congress an annual report~~ The Secretary shall submit to the President, for inclusion in each report required to be transmitted to the Congress under section 801, a report which sets forth-- P.L.102-573

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

(B) the methodology for determining sanitation deficiencies;

(C) the level of sanitation deficiency for each sanitation facilities project of each Indian tribe or community;

(D) the amount of funds necessary to raise all Indian tribes and communities to level I sanitation deficiency; and

(E) the amount of funds necessary to raise all Indian tribes and communities to zero sanitation deficiency.

~~(2) The first report required under paragraph (1) shall be submitted by no later than the date that is 180 days after the date of enactment of the Indian Health Care Amendments of 1988 and, beginning in 1990, each subsequent annual report shall be submitted by the date that is 60 days after the date on which the President submits the budget to the Congress under section 1105 of title 31, United States Code.~~ P.L.102-573

~~(3)~~(2) In preparing each report required under paragraph (1) (other than the initial report), the Secretary shall consult with Indian tribes and tribal organizations (including those tribes or tribal organizations operating health care programs or facilities under any contract entered into with the Service under the Indian Self-Determination Act) to determine the sanitation needs of each tribe.

~~(4)~~(3) The methodology used by the Secretary in determining sanitation deficiencies for purposes of paragraph (1) shall be applied uniformly to all Indian tribes and communities.

~~(5)~~(4) For purposes of this subsection, the sanitation deficiency levels for an Indian tribe or community are as follows:

(A) level I is an Indian tribe or community with a sanitation system--

(i) which complies with all applicable water supply and pollution control laws, and

(ii) in which the deficiencies relate to routine replacement, repair, or maintenance needs;

(B) level II is an Indian tribe or community with a sanitation system--

(i) which complies with all applicable water supply and pollution control laws, and

(ii) in which the deficiencies relate to capital improvements that are necessary to improve the facilities in order to meet the needs of such tribe or community for domestic sanitation facilities;

(C) level III is an Indian tribe or community with a sanitation system which--

(i) has an inadequate or partial water supply and a sewage disposal facility that does not comply with applicable water supply and pollution control laws, or

(ii) has no solid waste disposal facility;

(D) level IV is an Indian tribe or community with a sanitation system which lacks either a safe water supply system or a sewage disposal system; and

(E) level V is an Indian tribe or community that lacks a safe water supply and a sewage disposal system.

~~(6)~~(5) For purposes of this subsection, any Indian tribe or community that lacks the operation and maintenance capability to enable its sanitation system to meet pollution control laws may not be treated as having a level I or II sanitation deficiency.

~~(h)(1) There are authorized to be appropriated for each of the fiscal years 1990, 1991, and 1992, $3,000,000 for the purpose of providing funds necessary to implement the responsibilities of the Service described in subsection (b)(2).~~ P.L.102-573

~~(2) In addition to the amount authorized under paragraph (1), there are authorized to be appropriated for each of the fiscal years 1990, 1991, and 1992, $850,000 for the sanitation service account of the Service which shall be used to carry out the responsibilities of the Service described in subsection (b)(2).~~ P.L.102-573

PREFERENCE TO INDIANS AND INDIAN FIRMS

Sec. 303. (a) The Secretary, acting through the Service, may utilize the negotiating authority of the Act of June 25, 1910 (25 U.S.C. 47), 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 current 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 safe water and sanitary waste disposal facilities pursuant to section 302. Such preference may be accorded by the Secretary unless he finds, pursuant to rules and regulations promulgated by him, 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 his 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) For the purpose of implementing the provisions of this title, the Secretary shall assure that the rates of pay for personnel engaged in the construction or renovation of facilities constructed or renovated in whole or in part by funds made available pursuant to this title are not less than the prevailing local wage rates for similar work as determined in accordance with the Act of March 3, 1931 (40 U.S.C. 276a-276a-5, known as the Davis-Bacon Act.

SOBOBA SANITATION FACILITIES

Sec. 304. The Act of December 17, 1970 (84 Stat. 1465), is hereby amended by adding the following new section 9 at the end thereof:

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).

~~AUTHORIZATIONS~~

~~Sec. 305. There are authorized to be appropriated to carry out sections 301 and 302 for the fiscal year ending September 30, 1981, for the fiscal year ending September 30, 1982, for the fiscal year ending September 30, 1983, and for the fiscal year ending September 30, 1984, such sums as may be necessary.~~ P.L.100-713

EXPENDITURE OF NON-SERVICE FUNDS FOR RENOVATION

P.L.100-713
P.L.102-573

Sec. 305. (a)(1) Notwithstanding any other provision of law, the Secretary is authorized to accept any major renovation or modernization by any Indian tribe of any Service facility, or of any

other Indian health facility operated pursuant to a contract entered into under the Indian Self-Determination Act, including--

~~(1)~~ (A) any plans or designs for such renovation or modernization, and

~~(2)~~ (B) any renovation or modernization for which funds appropriated under any Federal law were lawfully expended, but only if the requirements of subsection (b) are met. P.L.102-573

~~but only if the requirements of subsection (b) are met.~~

(2) The Secretary shall maintain a separate priority list to address the needs of such facilities for personnel or equipment.

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

(b) The requirements of this subsection are met with respect to any renovation or modernization if ~~the renovation or modernization~~--

~~(1) does not require or obligate the Secretary to provide any additional employees or equipment;~~

~~(2) is approved by the appropriate area director of the Service, and~~

~~(3) is administered by the Indian tribe in accordance with the rules and regulations prescribed by the Secretary with respect to construction or renovation of Service facilities~~.

(1) the tribe or tribal organization--

(A) provides notice to the Secretary of its intent to 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 personnel or equipment; and

(2) the renovation or modernization--

(A) is approved by the appropriate area director of the Service; and

(B) is administered by the tribe in accordance with the rules and regulations prescribed by the Secretary with respect to construction or renovation of Service facilities.

~~(c) A renovation or modernization shall not be authorized by this section if such renovation or modernization would require the diversion of funds appropriated to the Service from any project which has a higher priority under the health facility priority system of the Service.~~

(c) If any Service facility which has been renovated or modernized by an Indian tribe under this section ceases to be used as a Service facility during the 20-year period beginning on the date such renovation or modernization is completed, such Indian tribe 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 renovation or modernization (less the total amount of any funds provided specifically for such facility under any Federal program that were expended for such renovation or modernization) bore to the value of such facility at the time of the completion of such renovation or modernization.

~~BETHEL, ALASKA, HOSPITAL~~ P.L.102-573

~~Sec. 306. (a) If a final administrative ruling by the Department of the Interior holds that the Bethel Native Corporation is entitled to conveyance under the Alaska Native Claims Settlement Act of the title to the real property described in subsection (d)(1), such ruling shall be subject to judicial review.~~

~~(b) The Secretary is authorized to enter into an agreement with Bethel Native Corporation for an exchange of the real property described in subsection (d)(1) for--~~

~~(1) the lands described in subsection(d)(2),or~~

~~(2) any other Federal property which Bethel Native Corporation would have been able to select under the Alaska Native Claims Settlement Act.~~

~~(c) If an agreement for the exchange of lands is not entered into under subsection (b) before the date that is 90 days after the date on which a ruling described in subsection (b) becomes final and is no longer appealable, the Secretary shall, subject to the availability of funds provided by Appropriations Acts, purchase the lands described in subsection(d)(1) at fair market value.~~

~~(d)(1) The real property referred to in subsection (a) is United States Survey Numbered 4000, other than the lands described in paragraph (2).~~

~~(2) The lands referred to in subsection (b)(1) are the lands identified as tracts A and B in the determination AA-18959 of the Bureau of Land Management issued on September 30, 1983, pursuant to the Alaska Native Claims Settlement Act.~~

Sec. 306. (a)(1) The Secretary, acting through the Service, shall make grants to 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 as provided in subsection (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) A grant under paragraph (1) may only be made to a tribe or tribal organization 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 a tribe or tribal organization) pursuant to a contract entered into under the Indian Self-Determination Act.

(b)(1) A grant provided under this section may be used only 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 307; and

(C) which, upon completion of such construction, or modernization will--

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

(ii) serve no less than 500 eligible Indians annually; and

(iii) provide ambulatory care in a service area (specified in the contract entered into under the Indian Self-Determination Act) with a population of not less than 2,000 eligible Indians.

(2) The requirements of clauses (ii) and (iii) of paragraph (1)(C) shall not apply to a tribe or tribal organization applying for a grant under this section whose tribal government offices are located on an island.

(c)(1) No grant may be made under this section unless an application for such a grant has been submitted to and approved by the Secretary. An application for a grant under this section shall

be submitted in such form and manner as the Secretary shall by regulation prescribe and shall set forth reasonable assurance by the applicant that, at all times after the construction, expansion, or modernization of a facility carried out pursuant to a grant received under this section--

(A) adequate financial support will be available for 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 the quality or quantity of services provided to eligible Indians, serve noneligible persons on a cost basis.

(2) In awarding grants under this section, the Secretary shall give priority to tribes and tribal organizations that demonstrate--

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

(B) insufficient capacity to deliver such services.

(d) 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 utilized for the purposes of providing ambulatory 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.

~~SEC. 307 INDIAN HEALTH CARE DELIVERY DEMONSTRATION PROJECT~~ P.L.101-630
INDIAN HEALTH CARE DELIVERY DEMONSTRATION PROJECT P.L.102-573

Sec. 307(a) HEALTH CARE DEMONSTRATION PROJECTS.--The Secretary, acting through the Service, is authorized to enter into contracts with, or make grants to, Indian tribes or tribal organizations for the purpose of carrying out a heath care delivery demonstration project to test alternative means of delivering health care and services through facilities to Indians.

(b) USE OF FUNDS.--The Secretary, in approving projects pursuant to this section, may authorize funding 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 non-Service Federal funds and non-Federal funds;

(4) permit the use of funds or property donated from any source for project purposes; and

(5) provide for the reversion of donated real or personal property to the donor.

(c) CRITERIA.--(1) Within 180 days after the date of enactment of this section, the Secretary, after consultation with Indian tribes and tribal organizations, shall develop and publish in the Federal Register criteria for the review and approval of applications submitted under this section. The Secretary may enter into a contract or award a grant under this section for projects which meet the following criteria:

(A) There is a need for a new facility or program of the reorientation of an existing facility or program. P.L.102-573

(B) A significant number of Indians, including those with low health status, will be served by the project.

(C) The project has the potential to deliver services in an efficient and effective manner.

(E) The project is economically viable.

(F) The Indian tribe or tribal organization has the administrative and financial capability to administer the project.

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

(2) The Secretary may provide for the establishment of peer review panels, as necessary to review and evaluate applications using the criteria developed pursuant to paragraph (1).

(3)(A) ~~The~~ On or before September 30, 1995, the Secretary shall enter into contracts or award grants under this section for a demonstration project in each of the following service units which meets the criteria specified in paragraph (1) and for which a completed application has been received by the Secretary: P.L.102-573

(i) Cass Lake, Minnesota.

(ii) Clinton, Oklahoma.

(iii) Harlem, Montana.

(iv) Mescalero, New Mexico.

(v) Owyhee, Nevada.

(vi) Parker, Arizona.

(vii) Schurz, Nevada.

(viii) Winnebago, Nebraska.

(ix) Ft. Yuma, California

~~(B) After entering into contracts or awarding grants in accordance with subparagraph (A), and taking into account contracts entered into and grants awarded under such subparagraph, the Secretary may only entered into one contract or award one grant under this subsection with respect to a service area until the Secretary has entered into contracts or awarded grants for all service areas with respect to which the Secretary receives applications during the application period, as determined by the Secretary, which meet the criteria developed under paragraph (1).~~ P.L.102-573

(B) The Secretary may also enter into contracts or grants under this section taking into consideration applications received under this section from all service areas. The Secretary may not award a greater number of such contracts or grants in one service area than in any other service area until there is an equal number of such contracts or grants awarded with respect to all service areas from which the Secretary receives applications during the application period (as determined by the Secretary) which meet the criteria specified in paragraph (1). P.L.102-573

(d) TECHNICAL 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) SERVICE TO INELIGIBLE PERSONS.-- The authority to provide services to persons otherwise ineligible for the health care benefits of the Service and the authority to extent hospital privileges in service facilities to non-Service health practitioners as provided in section 713 may be included, subject to the terms of such section, in any demonstration project approved pursuant to this section.

(f) EQUITABLE TREATMENT.-- For purposes of subsection (c)(1)(a), the Secretary shall, in evaluating facilities operated under any contract entered into with the Service under the Indian Self-Determination Act, use the same criteria that the Secretary uses in evaluating facilities operated directly by the Service.

(g) EQUITABLE INTEGRATION OF FACILITIES.--The Secretary shall ensure that the planning, design, construction, and renovation needs of Service and non-Service facilities which are the subject of a contract for health services entered into with the Service under the Indian Self-Determination Act, are fully and equitably integrated into the implementation of the health care delivery demonstration projects under this section.

~~(h) REPORT TO CONGRESS.--Within 90 days after the end of the period set out in subsection (a), the Secretary shall prepare and submit to Congress a report, together with legislative recommendations, on the findings and conclusions derived from the demonstration projects.~~ P.L.102-573

(h)(1) The Secretary shall submit to the President, for inclusion in the report which is required to be submitted to the Congress under section 801 for fiscal year 1997, an interim report on the findings and conclusions derived from the demonstration projects established under this section. P.L.102-573

(2) The Secretary shall submit to the President, for inclusion in the report which is required to be submitted to the Congress under section 801 for fiscal year 1999, a final report on the findings and conclusions derived from the demonstration projects established under this section, together with legislative recommendations.

~~(i) AUTHORIZATION OF APPROPRIATIONS. There is authorized to be appropriated such sums as may be necessary for fiscal years 1991 and 1992 for the purpose of carrying out this section, which are authorized to remain available until expended.~~ P.L.102-573

LAND TRANSFER

Sec. 308. The Bureau of Indian Affairs is authorized to transfer, at no cost, up to 5 acres of land at the Chemawa Indian School, Salem, Oregon, to the Service for the provision of health care services. The land authorized to be transferred by this section is that land adjacent to land under the jurisdiction of the Service and occupied by the Chemawa Indian Health Center. P.L.102-573

AUTHORIZATION OF APPROPRIATIONS

Sec. 309. There are authorized to be appropriated such sums as may be necessary for each fiscal year through fiscal year 2000 to carry out this title. P.L.102-573

APPLICABILITY OF BUY AMERICAN REQUIREMENT

Sec. 310. (a) The Secretary shall ensure that the requirements of the Buy American Act apply to all procurements made P.L.102-573

with funds provided pursuant to the authorization contained in section 309.

(b) The Secretary shall submit to the Congress a report on the amount of procurements from foreign entities made in fiscal years 1993 and 1994 with funds provided pursuant to the authorization contained in section 309. Such report shall separately indicate the dollar value of items procured with such funds for which the Buy American Act was waived pursuant to the Trade Agreement Act of 1979 or any international agreement to which the United States is a party.

(C) 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 the authorization contained in section 309, pursuant to the debarment, suspension, and ineligibility procedures described in sections 9.400 through 9.409 of title 48, Code of Federal Regulations.

(d) 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.).

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TITLE IV--ACCESS TO HEALTH SERVICES

~~ELIGIBILITY OF INDIAN HEALTH SERVICE FACILITIES UNDER MEDICARE PROGRAM~~

TREATMENT OF PAYMENTS UNDER MEDICARE PROGRAM

SEC. 401. (a) Any payments received by a hospital or skilled nursing facility of the Service (whether operated by the Service or by an Indian tribe or tribal organization pursuant to a contract under the Indian Self-Determination Act) for services provided to Indians eligible for benefits under title XVIII of the Social Security Act shall not be considered in determining appropriations for health care and services to Indians.

(b) Nothing in this Act authorizes the Secretary to provide services to an Indian beneficiary with coverage under title XVIII of the Social Security Act, as amended, in preference to an Indian beneficiary without such coverage.

[NOTE: Sections 401(a) and 401(b) as originally enacted by P.L. 94-437 amended titles XVIII of the Social Security Act. Subsequent amendments to title IV of P.L. 94-437 did not change these earlier amendments to the Social Security Act. As a convenience, the original lanuage of sections 401 (a) and 401(b) are reprinted below though they are not now part of P.L. 94-437 as amended.]

{Sec. 401. (a) Sections 1814(c) and 1835(d) of the Social Security Act are each amended by striking out "No payment" and inserting in lieu thereof "Subject to section 1880, no payment".

{(b) Part C of title XVIII of such Act is amended by adding at the end thereof the following new section:

{"INDIAN HEALTH SERVICE FACILITIES

{"Sec. 1880. (a) A hospital or skilled nursing facility of the Indian Health Service, whether operated by such Service or by an Indian tribe or tribal organization (as those terms are defined in section 4 of the Indian Health Care Improvement Act), shall be eligible for payments under this title, notwithstanding sections 1814(c) and 1835(d), if and for so long as it meets all of the conditions and requirements for such payments which are applicable generally to hospitals or skilled nursing facilities (as the case may be) under this title.

{"(b) Notwithstanding subsection (a), a hospital or skilled nursing facility of the Indian Health Service which does not meet all of the conditions and requirements of this title which are applicable generally to hospitals or skilled nursing facilities (as the case may be), but which submits to the Secretary within six months after the date of enactment of this section an acceptable plan for achieving compliance with such conditions and requirements, shall be deemed to meet such conditions and requirements (and to be eligible for payments 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.

{"(c) Notwithstanding any other provision of this title, payments to which any hospital or skilled nursing facility of the Indian Health Service is entitled by reason of this section shall be placed in a special fund to be held by the Secretary and used by him (to such extent or in such amounts as are provided in appropriation Acts) exclusively for the purpose of making any improvements in the hospitals and skilled nursing facilities of such Service which may be necessary to achieve compliance with the

applicable conditions and requirements of this title. The preceding sentence shall cease to apply when the Secretary determines and certifies that substantially all of the hospitals and skilled nursing facilities of such Service in the United States are in compliance with such conditions and requirements.

{"(d) The annual report of the Secretary which is required by section 701 of the Indian Health Care Improvement Act shall include (along with the matters specified in section 403 of such Act) a detailed statement of the status of the hospitals and skilled nursing facilities of the Service in terms of their compliance with the applicable conditions and requirements of this title and of the progress being made by such hospitals and facilities (under plans submitted under subsection (b) and otherwise) toward the achievement of such compliance."}

NOTE: Now in section 801

~~(c) Any payments received for services provided to beneficiaries hereunder shall not be considered in determining appropriations for health care and services to Indians.~~ P.L.102-573

~~(d) Nothing herein authorizes the Secretary to provide services to an Indian beneficiary with coverage under title XVIII of the Social Security Act, as amended, in preference to an Indian beneficiary without such coverage.~~ P.L.102-573

~~SERVICES PROVIDED TO MEDICAID ELIGIBLE INDIANS~~

TREATMENT OF PAYMENTS UNDER MEDICAID PROGRAM

SEC. 402. (a) Notwithstanding any other provision of law, payments to which any facility of the Service (including a hospital, nursing facility, intermediate care facility for the mentally retarded, or any other type of facility which provides services for which payment is available under title XIX of the Social Security Act) is entitled under a State plan by reason of section 1911 of such Act shall be placed in a special fund to be held by the Secretary and used by him (to such extent or in such amounts as are provided in appropriation Acts) exclusively for the purpose of making any improvements in the facilities of such Service which may be necessary to achieve compliance with the applicable conditions and requirements of such title. In making payments from such fund, the Secretary shall ensure that each service unit of the Service receives at least 80 percent of the amounts to which the facilities of the Service, for which such service unit makes collections, are entitled by reason of section 1911 of the Social Security Act. P.L.102-573

(b) Any payments received by such facility for services provided to Indians eligible for benefits under title XIX of the Social Security Act shall not be considered in determining appropriations for the provision of health care and services to Indians.

[NOTE: Section 401(b)(2) of P.L. 102-573 provides that:

"The increase (from 50 percent) in the percentage of the payments from the fund to be made to each service unit of the Service specified in the amendment made by paragraph (1) shall take effect beginning with payments made on January 1, 1993."

[NOTE: Sec. 402(a) as originally enacted by P.L. 94-437, added section 1911 to title XVIII of the Social Security Act. Subsequently, a number of amendments to section 1911 were made.However, the amendments made by P.L. 100-573 neither

repeal nor amend section 1911. As a convenience, section 1911, as previously amended, is reprinted below.]

{Sec. 402. (a) Title XIX of the Social Security Act is amended by adding at the end thereof the following new section:

INDIAN HEALTH SERVICE FACILITIES

P.L.100-203 Secs. 4211(h) and 4118(f)(1)

{Sec. 1911. (a) A facility of the Indian Health Service (including a hospital, ~~intermediate care facility, or skilled nursing facility or nursing facility~~ nursing facility or any other type of facility which provides services of a type otherwise covered under the State plan), whether operated by such Service or by an Indian tribe or tribal organization (as those terms are defined in section 4 of the Indian Health Care Improvement Act), shall be eligible for reimbursement for medical assistance provided under a State plan if and for so long as it meets all of the conditions and requirements which are applicable generally to such facilities under this title.

{(b) Notwithstanding subsection (a), a facility of the Indian Health Service (including a hospital, ~~intermediate care facility, or skilled nursing facility or nursing facility~~ nursing facility , or any other type of facility which provides services of a type otherwise covered under the State plan) which does not meet all of the conditions and requirements of this title which are applicable generally to such facility, but which submits to the Secretary within six months after the date of enactment of this section an acceptable plan for achieving compliance with such conditions and requirements, shall be deemed to meet such conditions and requirements (and to be eligible for reimbursement under this title),without regard to the extent of its actual compliance with such conditions and requirements, during the first twelve months after the month in which such plan is submitted. P.L.100-203

{(c) The Secretary is authorized to enter into agreements with the State agency for purpose of reimbursement such agency for health care and services provided in Indian Health Service facilities to Indians who are eligible for medical assistance under the State plan. P.L.100-203

[NOTE: Sec. 4118(f)2) of P.L. 100-203 provides that: "The amendments made by . . . (Sec. 4118(f)(1)) shall apply to the health care services performed on or after the date of enactment (December 22, 1987) of this Act (P.L. 100-203)."]

~~(b) The Secretary is authorized to enter into agreements with the appropriate State agency for the purpose of reimbursement such agency for health care and services provided in Service facilities to Indians who are eligible for medical assistance under title XIX of the Social Security Act, as amended.~~ P.L.100-713

~~(c) Notwithstanding any other provision of law, payments to which any facility of the Indian Health Service (including a hospital, intermediate care facility, or a skilled nursing facility) skilled nursing facility, or any other type of facility which provides services of a type otherwise covered under a State plan for medical assistance approved under title XIX of the Social Security Act) is entitled to under a State plan approved under title XIX of the Social Security Act such a State plan by reason of Section 1911 of such Act shall be placed in a special fund to be held by the Secretary and used by him (to such extent or in such amounts as are provided in appropriation Acts) exclusively for the purpose of making any improvements in the facilities of such Service which may be necessary to achieve compliance with the applicable conditions and requirements of such title. The preceding sentence shall In making payments from such fund, the Secretary shall ensure that each service unit of the Indian Health Service receives at least 50 percent of the amounts to which the~~ P.L.102-573

~~facilities of the Indian Health Service for which such service unit makes collections, are entitled by reason of section 1911 of the Social Security Act, if such amount is necessary for the purpose of making improvements in such facilities in order to achieve compliance with the conditions and requirements of title XIX of the Social Security Act. This subsection shall cease to apply when the Secretary determines and certifies that substantially all of the health facilities of such Service in the United States are in compliance with such conditions and requirements.~~

~~(d) Any payments received for services provided recipients hereunder shall not be considered in determining appropriations for the provision of health care and services to Indians.~~ P.L.102-573

[NOTE: Sec. 402(e) as originally enacted by P.L. 94-437, amended section 1905(b) of the Social Security Act. Subsequent amendments to title IV of P.L. 94-437 did not further change section 1905(b). As a convenience, the original language of section 402(e), which contains the section 1905(b) amendment, is reprinted below thought it is not now part of P.L. 94-437, as amended.]

{(e) Section 1905 (b) of the Social Security Act is amended by inserting at the end thereof the following: "Notwithstanding the first sentence of this section, the Federal medical assistance percentage shall be 100 percentum with respect to amounts expended as medical assistance for services which are received through an Indian Health Service facility whether operated by the Indian Health Service or by an Indian tribe or tribal organization (as defined in section 4 of the Indian Health Care Improvement Act)."}

[NOTE: Section 401(c) of P.L. 100-713 provides that: "The amendments made by this section (Section 401 of P.L. 100-713) shall apply to services performed on or after the date of enactment (November 23, 1988) of this Act (P.L. 100-713)."]

REPORT

Sec. 403. ~~The Secretary shall include in his annual report required by section 701~~ The Secretary shall submit to the President, for inclusion in the report required to be transmitted to the Congress under section 801, an accounting on the amount and use of funds made available to the Service pursuant to this title as a result of reimbursements through title XVIII and XIX of the Social Security Act, as amended. P.L.102-573

GRANTS TO AND CONTRACTS WITH TRIBAL ORGANIZATIONS P.L.96-537

Sec. 404. (a) The Secretary, acting through the Service, shall make grants to or enter into contract with tribal organizations to assist such organizations in establishing and administering programs on or near Federal Indian reservations and trust areas and in or near Alaska Native villages to assist individual Indians to--

(1) enroll under section 1818 of part A and sections 1836 and 1837 of part B of title XVIII of the Social Security Act;

(2) pay monthly premiums for coverage due to financial need of such individual; and

(3) apply for medical assistance provided pursuant to title XIX of the Social Security Act.

(b) The Secretary, acting through the Service, shall place conditions as deemed necessary to effect the purpose of this section in any contract or grant which the Secretary makes with any tribal organization pursuant to this section. Such conditions shall include, but are not limited to, requirements that the organization successfully undertake to--

(1) determine the population of Indians to be served that are or could be recipients of benefits under titles XVIII and XIX of the Social Security Act;

(2) assist individual Indians in becoming familiar with and utilizing such benefits;

(3) provide transportation to such individual Indians to the appropriate offices for enrollment or applications for medical assistance;

~~(4) develop and implement a schedule of income levels to determine the extent of payment of premiums by such organization for coverage of needy individuals, and methods of improving the participation of Indians in receiving the benefits provided pursuant to titles XVIII and XIX of the Social Security Act.~~ P.L.102-573

(4) develop and implement--

(A) a schedule of income levels to determine the extent of payments of premiums by such organizations for coverage of needy individuals; and

(B) methods of improving the participation of Indians in receiving the benefits provided under titles XVIII and XIX of the Social Security Act.

~~(c) There are authorized to be appropriated $5,000,000 for the fiscal year ending September 30, 1981, $5,750,000 for the fiscal year ending September 30, 1982, $6,615,000 for the fiscal year ending September 30, 1983, and $7,610,000 for the fiscal year ending September 30, 1984.~~ P.L.102-573

(c) The Secretary, acting through the Service, may enter into an agreement with an Indian tribe, tribal organization, or urban Indian organization which provides for the receipt and processing of applications for medical assistance under title XIX of the Social Security Act and benefits under title XVIII of the Social Security Act at a Service facility or a health care facility administered by such tribe or organization pursuant to a contract under the Indian Self-Determination Act.

DEMONSTRATION PROGRAM FOR DIRECT BILLING OF MEDICARE, MEDICAID, AND OTHER THIRD PARTY PAYORS

P.L.100-713

Sec. 405. (a) The Secretary shall establish a demonstration program under which Indian tribes, tribal organizations, and Alaska Native health organizations, which are contracting the entire operation of an entire hospital or clinic of the Service under the authority of the Indian Self-Determination Act, shall directly bill for, and receive payment for, health care services provided by such hospital or clinic for which payment is made under title XVIII of the Social Security Act (medicare), under a State plan for medical assistance approved under title XIX of the Social Security Act (medicaid), or from any other third-party payor. The last sentence of section 1905(b) of the Social Security Act shall apply for purposes of the demonstration program.

(b)(1) Each hospital or clinic participating in the demonstration program described in subsection (a) shall be reimbursed directly under the medicare and medicaid programs for services furnished without regard to the provisions of section 1880(c) of the Social Security Act and sections 402(c) and 713(b)(2(A) of this Act, but all funds so reimbursed shall first be used by the hospital or clinic for the purpose of making any improvements in the hospital or clinic that may be necessary to achieve or maintain compliance with the conditions and requirements applicable generally to facilities of such type under the medicare or medicaid program. Any funds to reimbursed which are in excess of the amount necessary to achieve or maintain such conditions requirements shall be used--

NOTE Substance of sec 402(c) now in sec 402 (a) byP.L.102-573. Reference to sec 402(c)has not been changed

(A) solely for improving the health resources deficiency level of the Indian tribe, and

(B) in accordance with the regulations of the Service applicable to funds provided by the Service under any contract entered into under the Indian Self-Determination Act.

(2) The amounts paid to the hospitals and clinics participating in the demonstration program described in subsection (a) shall be subject to all auditing requirements applicable to programs administered directly by the Service and to facilities participating in the medicare and medicaid programs.

(3) The Secretary shall monitor the performance of hospitals and clinics participating in the demonstration program described in subsection (a), and shall require such hospitals and clinics to submit reports on the program to the Secretary on a quarterly basis (or more frequently if the Secretary deems it necessary).

(4) Notwithstanding section 1880(c) of the Social Security Act or section 402(c) of this Act, no payment may be made out of the special fund described in section 1880(c) of the Social Security Act, or section 402(c) of this Act for the benefit of any hospital or clinic participating in the demonstration program described in subsection (a) during the period of such participation.

NOTE: Substance of sec 402(c) now in sec 402(a) by P.L. 102-573. Reference to sec402(c)has not been changed

(c)(1) In order to be considered for participation in the demonstration program described in subsection (a), a hospital or clinic must submit an application to the Secretary which establishes to the satisfaction of the Secretary that--

(A) The Indian tribe, tribal organization, or Alaska Native health organization contracts the entire operation of the Service facility;

(B) The facility is eligible to participate in the medicare and medicaid programs under sections 1880 and 1911 of the Social Security Act;

(C) The facility meets any requirements which apply to the programs operated directly by the Service; and

(D) The facility is accredited by the Joint Commission on Accreditation of Hospitals, or has submitted a plan, which has been approved by the Secretary, for achieving such accreditation prior to October 1, 1990.

(2) From among the qualified applicants, the Secretary shall, prior to October 1, 1989, select no more than 4 facilities to participate in the demonstration program described in subsection (a). The demonstration program described in subsection (a) shall begin by no later than October 1, 1991, and end ~~on September 30, 1995~~ ~~1996~~ **1998**. P.L.102-573 P.L.104-313

(d)(1) Upon the enactment of the Indian Health Care Amendments of 1988, the Secretary, acting through the Service, shall commence an examination of--

(A) any administrative changes which may be necessary to allow direct billing and reimbursement under the demonstration program described in subsection(a), including any agreements with States which may be necessary to provide for such direct billing under the medicaid program; and

(B) any changes which may be necessary to enable participants in such demonstration program to provide to the Service medical records information on patients served by such demonstration program which is consistent with the medical records information system of the Service.

(2) Prior to the commencement of the demonstration program described in subsection (a), the Secretary shall implement all changes required as a result of the examinations conducted under paragraph (1).

(3) Prior to October 1, 1990, the Secretary shall determine any accounting information which a participant in the demonstration program described in subsection (a) would be required to report.

(e) The Secretary shall submit a final report at the end of fiscal year ~~1995~~ 1996, on the activities carried out under the demonstration program described in subsection (a) which have fulfilled the objectives of such program. In such report the P.L.102-573

Secretary shall provide a recommendation, based upon the results of such demonstration program, as to whether direct billing or, and reimbursement by, the medicare and medicaid programs and other third-party payors should be authorized for all Indian tribes and Alaska Native Health organizations which are contracting the entire operation of a facility of a Service.

(f) The Secretary shall provide for the retrocession of any contract entered into between a participant in the demonstration program described in subsection (a) and the Service under the authority of the Indian Self-Determination Act. All cost accounting and billing authority shall be retroceded to the Secretary upon the Secretary's acceptance of a retroceded contract.

AUTHORIZATION FOR EMERGENCY CONTRACT HEALTH SERVICES — P.L.102-573

SEC. 406. With respect to an elderly or disabled Indian 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.

AUTHORIZATION OF APPROPRIATIONS — P.L.102-573

SEC. 407. There are authorized to be appropriated such sums as may be necessary for each fiscal year through fiscal year 2000 to carry out this title.

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~~TITLE V--HEALTH SERVICES FOR URBAN INDIANS~~

~~PURPOSE~~

~~Sec. 501. The purpose of this title is to encourage the establishment of programs in the urban areas to make health services more accessible to the urban Indian population.~~

~~CONTRACTS WITH URBAN INDIAN ORGANIZATIONS~~

~~Sec. 502. The Secretary, acting through the Service, shall enter into contracts with urban Indian organizations to assist such organizations to establish and administer, in the urban centers in which such organizations are situated, programs which meet the requirements set forth in sections 503 and 504.~~

~~CONTRACT ELIGIBILITY~~

~~Sec. 503. (a) The Secretary, acting through the Service, shall place such conditions as he deems necessary to effect the purpose of this title in any contract which he makes with any urban Indian organization pursuant to this title. Such conditions shall include, but are not limited to, requirements that the organization successfully undertake the following activities:~~

~~(1) determine the population of urban Indians which are or could be recipients of health referral or care services;~~

~~(2) identify all public and private health service resources within the urban center in which the organization is situated which are or may be available to urban Indians;~~

~~(3) assist such resources in providing service to such urban Indians;~~

~~(4) assist such urban Indians in becoming familiar with and utilizing such resources;~~

~~(5) provide basic health education to such urban Indians;~~

~~(6) establish and implement manpower training programs to accomplish the referral and education tasks set forth in clauses (3) through (5) of this subsection;~~

~~(7) identify gaps between unmet health needs of urban Indians and the resources available to meet such needs;~~

~~(8) 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~~

~~(9) where necessary, provide or contract for health care services to urban Indians.~~

~~(b) The Secretary, acting through the Service, shall by regulation prescribe the criteria for selecting urban Indian organizations with which to contract pursuant to this title. Such criteria shall, among other factors, take into consideration:~~

~~(1) the extent of the unmet health care needs of urban Indians in the urban center involved;~~

~~(2) the size of the urban Indian population which is to receive assistance;~~

~~(3) the relative accessibility which such population has to health care services in such urban center;~~

~~(4) the extent, if any, to which the activities set forth in subsection (a) would duplicate any previous or current public or private health services project funded by another source in such urban center;~~

~~(5) the appropriateness and likely effectiveness of the activities set forth in subsection (a) in such urban center;~~

~~(6) the existence of an urban Indian organization capable of performing the activities set forth in subsection (a) and of entering into a contract with the Secretary pursuant to this title; 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 resource agencies.~~

~~OTHER CONTRACT REQUIREMENTS~~

~~Sec. 504. (a) Contracts with urban Indian organizations pursuant to this title shall be in accordance with all Federal contracting laws and regulations except that, in the discretion of the Secretary, such contracts may be negotiated without advertising and need not conform to the provisions of the Act of August 24, 1935 (48 Stat. 793), as amended.~~

~~(b) Payments under any contracts pursuant to this title may be made in advance or by way of reimbursement and in such installments and on such conditions as the Secretary deems necessary to carry out the purposes of this title.~~

~~(c) Notwithstanding any provision of law to the contrary, the Secretary may, at the request or consent of an urban Indian organization, revise or amend any contract made by him with such organization pursuant to this title as necessary to carry out the purposes of this title. *Provided, however,* That whenever an urban Indian organization requests retrocession of the Secretary for any contract entered into pursuant to this title, such retrocession shall become effective upon a date specified by the Secretary not more than one hundred and twenty days from the date of the request~~

~~by the organization or at such later date as may be mutually agreed to by the Secretary and the organizations.~~

~~(d) In connection with any contract made pursuant to this title, the Secretary may permit an urban Indian organization to utilize, in carrying out such contract, existing facilities owned by the Federal Government within his jurisdiction under such terms and conditions as may be agreed upon for their use and maintenance.~~

~~(e) Contracts with 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 by such organization.~~

~~REPORTS AND RECORDS~~

~~Sec. 505. For each fiscal year during which an urban Indian organization receives or expends funds pursuant to a contract under this title, such organization shall submit to the Secretary a report including information gathered pursuant to section 503(a)(7) and (8), information on activities conducted by the organization pursuant to the contract, an accounting of the amounts and purposes for which Federal funds were expended, and such other information as the Secretary may request. The reports and records of the urban Indian organization with respect to such contract shall be subject to audit by the Secretary and the Comptroller General of the United States.~~

~~AUTHORIZATIONS~~

~~Sec. 506. There are authorized to be appropriated for the purpose of this title. $5,000,000 for fiscal year 1978, $10,000,000 for fiscal year 1979, and $15,000,000 for fiscal year 1980.~~

~~REVIEW OF PROGRAM~~

~~Sec. 507. Within six months after the end of fiscal year 1979, the Secretary, acting through the Service and with the assistance of the urban Indian organizations which have entered into contracts pursuant to this title, shall review the program established under this title and submit to the Congress his assessment thereof and recommendations for any further legislative efforts he deems necessary to meet the purpose of this title.~~

~~RURAL HEALTH PROJECTS~~

~~Sec. 508. Not to exceed 1 per centum of the amounts authorized by section 506 shall be available for not to exceed two pilot projects providing outreach services to eligible Indians residing in rural communities near Indian reservations.~~

~~TITLE V--HEALTH SERVICES FOR URBAN AND RURAL INDIANS~~

P.L.96-537
P.L.100-713

~~PURPOSE~~

~~Sec. 501. The purpose of this title is to encourage the establishment of programs in urban areas and rural communities to make health services more accessible to the urban and rural Indian populations, respectively.~~

~~CONTRACTS WITH URBAN AND RURAL INDIAN ORGANIZATIONS~~

~~Sec. 502. The Secretary, acting through the Service, shall enter into contracts with urban Indian organizations and with rural Indian organizations to assist such organizations to establish and administer, in the urban centers or rural communities in which such organizations are situated, programs which meet the requirements set forth in sections 503 and 504.~~

~~CONTRACT ELIGIBILITY~~

~~Sec. 503. (a) The Secretary, acting through the Service, shall place such conditions as deemed necessary to effect the purpose of this title in any contract which the Secretary makes with any urban or rural Indian organization pursuant to this title. Such conditions shall include, but are not limited to, requirements that the organization successfully undertake to--~~

~~(1) determine the population of urban or rural Indians which are or could be recipients of health referral or care services;~~

~~(2) identify all public and private health service resources within the urban center or rural community in which the organization is situated which are or may be available to urban Indians or rural Indians, respectively;~~

~~(3) assist such health services resources in providing service to such urban or rural Indians;~~

~~(4) assist such urban or rural Indians in becoming familiar with and utilizing such resources;~~

~~(5) provide basic health education to such urban or rural Indians;~~

~~(6) establish and implement manpower training programs to accomplish the referral and education task set forth in clauses (3) through (5) of this subsection.~~

~~(7) identify gaps between unmet health needs of urban Indians or rural Indians and resources available to meet such needs;~~

~~(8) 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 or rural Indians, and~~

~~(9) where necessary, provide or contract for health care services to urban or rural Indians.~~

~~(b) The Secretary, acting through the Service, shall by regulation prescribe the criteria for selecting urban Indian organizations and rural Indian organizations to enter into contracts pursuant to this title. Such criteria shall, among other factors take into consideration--~~

~~(1) the extent of the unmet health care needs of urban Indians in the urban center or of rural Indians in the rural community involved;~~

~~(2) the size of the urban Indian population or the rural Indian community to receive assistance;~~

~~(3) the relative accessibility of health care services to such population in such urban center or rural community;~~

~~(4) the extent, if any, to which the activities set forth in subsection (a) would duplicate any previous or current public or private health services project in such urban center or rural community that was or is funded in a manner other than pursuant to this title;~~

~~(5) the appropriateness and likely effectiveness of the activities set forth in subsection (a) in such urban center or rural community;~~

~~(6) the existence of an urban Indian organization or a rural Indian organization capable of performing the activities set forth in subsection (a) and entering into a contract with the Secretary pursuant to this title; 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.~~

~~OTHER CONTRACT REQUIREMENTS~~

~~Sec. 504. (a) Contracts with urban Indian organizations or rural Indian organizations pursuant to this title shall be in accordance with all Federal contracting laws and regulations except that, in the discretion of the Secretary, such contracts may be negotiated without advertising and need not conform to the provisions of the Act of August 24, 1935 (49 Stat. 793), as amended.~~

~~(b) Payments under any contracts pursuant to this title may be made in advance or by way of reimbursement and in such installments and on such conditions as the Secretary deems necessary to carry out the purposes of this title.~~

~~(c) Notwithstanding any provision of law to the contrary, the Secretary may, at the request or consent of an urban Indian organization or a rural Indian organization, revise or amend any contract made by the Secretary with such organization under this title as necessary to carry out the purposes of this title. Provided, however, That whenever an urban Indian organization or a rural Indian organization requests retrocession of the Secretary for any contract entered into pursuant to this title, such retrocession shall become effective upon a date specified by the Secretary not more than one hundred and twenty days from the date of the request by the organization or at such later date as may be mutually agreed to by the Secretary and the organization.~~

~~(d) In connection with any contract made pursuant to this title, the Secretary may permit an urban Indian organization or a rural Indian organization to utilize, in carrying out such contract, existing facilities owned by the Federal government within the Secretary's jurisdiction under such terms and conditions as may be agreed upon for the use and maintenance of such facilities.~~

~~(e) Contracts with urban or rural Indian organizations and regulations adopted pursuant to this title shall include provisions to assure the fair and uniform provision to urban or rural Indians of services and assistance under such contracts by such organizations.~~

~~REPORTS AND RECORDS~~

~~Sec. 505. For each fiscal year during which an urban Indian organization or a rural Indian organization receives or expends funds pursuant to a contract under this title, such organization shall submit to the Secretary a report including information gathered pursuant to section 503(a) (7) and (8), information on activities conducted by the organization pursuant to the contract, an accounting of the amounts and purposes for which Federal funds were expended, and such other information as the Secretary may request. The reports and records of the urban Indian organization or the rural Indian organization with respect to such contract shall be subject to audit by the Secretary and the Comptroller General of the United States.~~

~~AUTHORIZATIONS~~

~~Sec. 506. (a) There are authorized to be appropriated for contracts with urban Indian organizations under this title $18,750,000 for the fiscal year ending September 30, 1981, $21,500,000 for the fiscal year ending September 30, 1982, $24,725,000 for the fiscal year ending September 30, 1983, and $28,500,000 for the fiscal year ending September 30, 1984.~~

~~(b) There are authorized to be appropriated for contracts with rural Indian organizations under this title$3,000,000 for the fiscal year ending September 30, 1981, $3,000,000 for the fiscal year ending September 30, 1982, $3,000,000 for the fiscal year ending September 30, 1983, and $3,000,000 for the fiscal year ending September 30, 1984.~~

~~REVIEW OF PROGRAM~~

~~Sec. 507. Not later than the date six months after September 30, 1983, the Secretary, acting through the Service and with the assistance of the urban and rural Indian organizations that have entered into contracts under this title, shall review the program established under this title and submit to the Congress an assessment thereof and recommendations for any further legislative efforts the Secretary deems necessary to meet the purpose of this title.~~

TITLE V--HEALTH SERVICES FOR URBAN INDIANS

P.L.100-713

PURPOSE

Sec. 501. The purpose of this title is to establish programs in urban centers to make health services more accessible to urban Indians. P.L.100-713

~~CONTRACTS WITH URBAN INDIAN ORGANIZATIONS~~ P.L.100-713
CONTRACTS WITH, AND GRANTS TO, URBAN INDIAN ORGANIZATIONS P.L.102-573

Sec. 502. Under authority of the Act of November 2, 1921 (25 U.S.C. 13), popularly known as the Snyder Act, the Secretary, through the Service, shall enter into ~~contracts with~~ contracts with, or make grants to, urban Indian organizations to assist such organizations in the establishment and administration, within the urban centers in which such organizations are situated, of programs which meet the requirements set forth in this title. The Secretary, through the Service, shall include such conditions as the Secretary considers necessary to effect the purpose of this title in any contract which the Secretary enters into with, or in any grant the Secretary makes to, any urban Indian organization pursuant to this title.

~~CONTRACTS FOR THE PROVISION OF HEALTH CARE AND REFERRAL SERVICES~~ P.L.100-713
CONTRACTS AND GRANTS FOR THE PROVISION OF HEALTH CARE AND REFERRAL SERVICES P.L.102-573

Sec. 503. (a) Under authority of the Act of November 2, 1921 (25 U.S.C. 13), popularly known as the Snyder Act, the Secretary, through the Service, shall enter into contracts with, make grants to, urban Indian organizations for the provision of health care and referral services for urban Indians residing in the urban centers in which such organizations are situated. 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 in which such organization is situated

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;

(3) estimate the current health care needs of urban Indians residing in such urban center;

(4) identify all public and private health services resources within such urban center which are or may be available to urban Indians;

(5) determine the use of public and private health services resources by the urban Indians residing in such urban center;

(6) assist such health services resources in providing services to urban Indians;

(7) assist urban Indians in becoming familiar with and utilizing such health services resources;

(8) provide basic health education, including health promotion and disease prevention education, to urban Indians;

(9) establish and implement training programs to accomplish the referral and education tasks set forth in paragraphs (6) through (8) of this subsection;

(10) identify gaps between unmet health needs of urban Indians and the resources available to meet such needs;

(11) 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

(12) where necessary, provide, or enter into contracts for the provision of, health care services for urban Indians.

(b) The Secretary, 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 involved;

(2) the size of the urban Indian population in the urban center involved;

(3) the accessibility to, and utilization of, health care services (other than services provided under this title) by urban Indians in the urban center involved;

(4) the extent, if any, to which the activities set forth in subsection (a) would duplicate--

(A) any previous or current public or private health services project in an urban center that was or is funded in a manner other than pursuant to this title; or

(B) any project funded under this title;

(5) 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;

(6) the satisfactory performance and successful completion by an urban Indian organization of other contracts with the Secretary under this title;

(7) the appropriateness and likely effectiveness of conducting the activities set forth in subsection (a) in an urban center; and

(8) 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) ~~(1)~~ 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 pursuant to this section or receiving grants under subsection (a). P.L.101-630 P.L.102-573

~~(2) There is authorized to be appropriated $1,000,000 for fiscal year 1992 to carry out this subsection.~~

(d)(1) 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 pursuant to this section or receiving grants under subsection (a). P.L.101-630 P.L.102-573

(2) In making any grant to carry out this subsection, the Secretary shall take into consideration--

(A) the size of the urban Indian population to be served;

(B) the immunization levels of the urban Indian population, particularly the immunization levels of infants, children, and the elderly;

(C) the utilization by the urban Indians of alternative resources from State and local governments for no-cost or low-cost immunization services to the general population; and

(D) the capability of the urban Indian organization to carry out services pursuant to this subsection.

(3) For purposes of this subsection, the term "immunization services" means services to provide without charge immunizations against vaccine-preventable diseases.

~~(4) There are authorized to be appropriated $1,000,000 for fiscal year 1992 to carry out this subsection.~~ P.L.102-573

(e)(1) The Secretary, acting through the Service, shall facilitate access to, or provide, mental health services for urban Indians through grants made to urban Indian organizations administering contracts entered into pursuant to this section or receiving grants under subsection (a). P.L.101-630 P.L.102-573

(2) 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 mental health needs of the urban Indian population concerned, the mental health services and other related resources available to that population, the barriers to obtaining those services and resources, and the needs that are unmet by such services and resources.

(3) Grants may be made under this subsection--

(A) to prepare assessments required under paragraph (2);

(B) to provide outreach, educational, and referral services to urban Indians regarding the availability of direct mental health services, to educate urban Indians about mental health issues and services, and effect coordination with existing mental health providers in order to improve services to urban Indians;

(C) to provide outpatient mental health services to urban Indians, including the identification and assessment of illness, therapeutic treatments, case management, support groups, family treatment, and other treatment; and

(D) to develop innovative mental health service delivery models which incorporate Indian cultural support systems and resources.

~~(4) There is authorized to be appropriated $500,000 for fiscal year 1991 and $2,000,000 for fiscal year 1992 to carry out this subsection.~~ P.L.102-573

(f)(1) 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 pursuant to this section or receiving grants under subsection (a) to prevent and treat child abuse (including sexual abuse) among urban Indians. P.L.101-630 P.L.102-573

(2) 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) Grants may be made under this subsection--

(A) to prepare assessments required under paragraph (2);

(B) for the development of prevention, training, and education programs for urban Indian populations, 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; and

(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) 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).

~~(5) there is authorized to be appropriated $500,000 for fiscal year 1991 and $2,000,000 for fiscal year 1992 to carry out this subsection.~~ P.L.102-573

~~CONTRACTS FOR THE DETERMINATION OF UNMET HEALTH CARE NEEDS~~ P.L.100-713

CONTRACTS AND GRANTS FOR THE DETERMINATION OF UNMET HEALTH CARE NEEDS P.L.102-573

~~Sec. 504. (a) Under authority of the Act of November 2, 1921 (25 U.S.C. 13), popularly known as the Snyder Act, the Secretary, through the Service, may enter into contracts with urban Indian organizations situated in urban centers for which contracts have not been entered into under section 503. The purpose of a contract under this section shall be the determination of the matters described in subsection (b)(1) in order to assist the Secretary in assessing the health status and health care needs or urban Indians in the urban center involved and determining whether the Secretary should enter into a contract under section 503 with the urban Indian organization with which the Secretary has entered into a contract under this section.~~

P.L.102-573

SEC. 504. (a) Under authority of the Act of November 2, 1921 (25 U.S.C. 13), popularly known as the Snyder Act, the Secretary, 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. The purpose of a contract or grant made under this section shall be the determination of the matters described in subsection (b)(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. P.L.102-573

(b) Any contract entered into, or grant made, by the Secretary under this section shall include requirements that-- P.L.102-573

(1) the urban Indian organization successfully undertake 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 clauses (2), (3), (4), and (8) of section 503(b); and

(2) the urban Indian organization complete performance of the contract ~~within one year after the date on which the Secretary and such organization enter into such contract.~~, or carry out the requirements of the grant, within one year after the date on which the Secretary and such organization enter into such contract, or within one year after such organization receives such grant, whichever is applicable. P.L.102-573

(c) The Secretary may not renew any contract entered into, or grant made, under this section. P.L.102-573

~~EVALUATIONS; CONTRACT RENEWALS~~ P.L.100-713

EVALUATIONS; RENEWALS P.L.102-573

Sec. 505. (a) The Secretary, through the Service, shall develop procedures to evaluate compliance with grant requirements under this title 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) The Secretary, through the Service shall conduct an annual onsite evaluation of each urban Indian organization which has entered into a contract or received a grant under section 503 for purposes of determining the compliance of such organization with, and evaluating the performance of such organization under, such contract or the terms of such grant.

(c) 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 such organization the areas of noncompliance or unsatisfactory performance and modify such contract or grant to prevent future occurrences of such noncompliance or unsatisfactory performance. If the Secretary determines that such noncompliance or unsatisfactory performance cannot be resolved and prevented in the future, the Secretary shall not renew such contract or grant with such 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) 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, in the case of a renewal of a contract or grant under section 503, shall consider the results of the onsite evaluations conducted under subsection (b).

~~OTHER CONTRACT REQUIREMENTS~~ P.L.100-713
OTHER CONTRACT AND GRANT REQUIREMENTS P.L.102-573

Sec. 506. (a) Contracts with urban Indian organizations entered into pursuant to this title shall be in accordance with all Federal contracting laws and regulations except that, in the discretion of the Secretary, such contracts may be negotiated without advertising and need not conform to the provisions of the Act of August 24, 1935 (40 U.S.C. 270a, et seq.).

(b) Payments under any contracts or grants pursuant to this title may be made in advance or by way of reimbursement and in such installments and on such conditions as the Secretary deems necessary to carry out the purposes of this title.

(c) Notwithstanding any provision of law to the contrary, the Secretary may, at the request or 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) In connection with any contract or grant entered into pursuant to this title, the Secretary may permit an urban Indian organization to utilize, in carrying out such contract or grant, existing facilities owned by the Federal Government within the Secretary's jurisdiction under such terms and conditions as may be agreed upon for the use and maintenance of such facilities.

(e) 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.

(f) Urban Indians, as defined under section 4(f) of this Act, shall be eligible for health care or referral services provided pursuant to this title.

REPORTS AND RECORDS P.L.100-713

Sec. 507. (a) 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 organization shall submit to the Secretary a quarterly report including-- P.L.102-573

(1) in the case of a contract or grant under section 503, information gathered pursuant to clauses (10) and (11) of subsection (a) of such section; P.L.102-573

(2) information on activities conducted by the organization pursuant to the contract or grant; P.L.102-573

(3) an accounting of the amounts and purpose for which Federal funds were expended; and

(4) such other information as the Secretary may request.

(b) 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. P.L.102-573

(c) The Secretary shall allow as a cost of any contract or grant entered into under section 503 the cost of an annual private audit conducted by a certified public accountant.

(d)(1) The Secretary, acting through the Service, shall submit a report to the Congress not later than March 31, 1992, evaluating-- P.L.101-630

(A) the health status of urban Indians;

(B) the services provided to Indians through this title;

(C) areas of unmet needs in urban areas served under this title; and

(D) areas of unmet needs in urban areas not served under this title.

(2) In preparing the report under paragraph (1), the Secretary shall consult with urban Indian health providers and may contract with a national organization representing urban Indian health concerns to conduct any aspect of the report.

(3) The Secretary and the Secretary of the Interior shall--

(A) assess the status of the welfare of urban Indian children, including the volume of child protection cases, the prevalence of child sexual abuse, and the

extent of urban Indian coordination with tribal authorities with respect to child sexual abuse; and

(B) submit a report on the assessment required under subparagraph (A), together with recommended legislation to improve Indian child protection in urban Indian populations, to the Congress no later than March 31, 1992.

LIMITATION ON CONTRACT AUTHORITY P.L.100-713

Sec. 508. The authority of the Secretary to enter into contracts under this title shall be to the extent, and in an amount, provided for in appropriation Acts.

~~[NOTE: P.L. 101-630, section 506(c) amended title V by adding at the end a new section numbered "409". Proper designation should have been section "509".~~

~~Sec. 409. FACILITIES RENOVATION.~~ P.L.101-630

P.L.102-573

FACILITIES RENOVATION

Sec. 509. The Secretary may make funds available to contractors or grant recipients under this title for minor renovations to facilities, including leased facilities, to assist such contractors or grant recipients in meeting or maintaining the Joint Commission for Accreditation of Health Care Organizations (JCAHO) standards. ~~There is authorized to be appropriated $1,000,000 for fiscal year 1992 to carry out this section.~~

~~Sec. 511. URBAN HEALTH PROGRAMS BRANCH~~ P.L.101-630

P.L.102-573

URBAN HEALTH PROGRAMS BRANCH

Sec. 510. (a) Establishment.--There is hereby established within the Service a Branch of Urban Health Programs which shall be responsible for carrying out the provisions of this title and for providing central oversight of the programs and services authorized under this title.

(b) Staff, Services, and Equipment.--The Secretary shall appoint such employees to work in the branch, including a program director, and shall provide such services and equipment, as may be necessary for it to carry out its responsibilities. The Secretary shall also analyze the need to provide at least one urban health program analyst for each area office of the Indian Health Service and shall submit his findings to the Congress as a part of the Department's fiscal year 1993 budget request.

GRANTS FOR ALCOHOL AND SUBSTANCE ABUSE RELATED SERVICES P.L.102-573

SEC. 511. (a) GRANTS.--The Secretary may make grants for the provision of health-related services in prevention of,

treatment of, rehabilitation of, or school and community-based education in, alcohol and substance abuse in urban centers to those urban Indian organizations with whom the Secretary has entered into a contract under this title or under section 201.

(b) GOALS OF GRANT.--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-

(1) size of the urban Indian population;

(2) accessibility to, and utilization of, other health resources available to such population;

(3) duplication of existing Service or other Federal grants or contracts;

(4) capability of the organization to adequately perform the activities required under the grant;

(5) satisfactory performance standards for the organization in meeting the goals set forth in such grant, which standards shall be negotiated and agreed to between the Secretary and the grantee on a grant-by-grant basis; and

(6) identification of need for services.

The Secretary shall develop a methodology for allocating grants made pursuant to this section based on such criteria.

(d) TREATMENT OF FUNDS RECEIVED BY URBAN INDIAN ORGANIZATIONS.-- Any funds 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).

TREATMENT OF CERTAIN DEMONSTRATION PROJECTS P.L.102-573

SEC. 512. (a) Notwithstanding any other provision of law, the Oklahoma City Clinic demonstration project and the Tulsa Clinic demonstration project shall be treated as service units in the allocation of resources and coordination of care and shall not be subject to the provisions of the Indian Self-Determination Act for the term of such projects. The Secretary shall provide assistance to such projects in the development of resources and equipment and facility needs.

(b) The Secretary shall submit to the President, for inclusion in the report required to be submitted to the Congress under section 801 for fiscal year 1999, a report on the findings and conclusions derived from the demonstration projects specified in subsection (a).

SEC. 513. (a) The Secretary shall, within the Branch of Urban Health Programs of the Service, make grants or enter into contracts 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) 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) Urban Indian organizations that operate Indian alcohol programs originally funded under NIAAA and subsequently transferred to the Service are eligible for grants or contracts under this section.

(d) For the purpose of carrying out this section, the Secretary may combine NIAAA alcohol funds with other substance abuse funds currently administered through the Branch of Urban Health Programs of the Service.

(e) The Secretary shall evaluate and report to the Congress on the activities of programs funded under this section at least every two years.

AUTHORIZATION OF APPROPRIATIONS

SEC. 514. There are authorized to be appropriated such sums as may be necessary for each fiscal year through fiscal year 2000 to carry out this title.

[NOTE: Subsections 506(a) and (b) of P.L. 101-630, did not amend Title V but did establish certain one time requirements for the Title V program and are presented here for your convenience.

{Sec. 506. FACILITIES ASSESSMENT}

{(a) Survey.--The Secretary shall conduct a survey of all facilities used by contractors under title V of the Indian Health Care Improvement Act and shall submit a report to the Congress on such survey not later than one year after the date of enactment of this Act. The report shall, at a minimum, contain the following information for each location:

(1) the extent to which the facility meet the safety and building codes and, if direct care is provided, the extent of compliance with Joint Commission Accreditation of Health Care Organizations (JCAHO) standards.

(2) The extent to which improvements, expansions, or relocation is necessary to meet program requirements, provide adequate services, or achieve building code compliance.

(3) Any lease restriction that would hamper accomplishment of needed improvement, expansion, or relocation.

(4) The term of the lease, if appropriate, the age of the structure, and the structure's life expectancy with and without improvement.

(5) An assessment of the deficiencies of the facility.

{(b) Report.--The report shall contain general recommendations for addressing the deficiencies of facilities in which programs funded under title V of the Indian Health Care Improvement Act are located and shall propose specific policies for accomplishing those recommendations.

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~~TITLE VI--AMERICAN INDIAN SCHOOL OF MEDICINE, FEASIBILITY STUDY~~ P.L.96-537 P.L.100-713

~~FEASIBILITY STUDY~~

~~Sec. 601. The Secretary, in consultation with Indian tribes and appropriate Indian organizations, shall conduct a study to determine the need for, and the feasibility of, establishing a school of medicine to train Indians to provide health services for Indians. Within one year of the date of the enactment of this Act the Secretary shall complete such study and shall report to the Congress findings and recommendations based on such study.~~

TITLE VI--ORGANIZATIONAL IMPROVEMENTS P.L.100-713

ESTABLISHMENT OF THE INDIAN HEALTH SERVICE AS AN AGENCY OF THE PUBLIC HEALTH SERVICE

Sec. 601. (a) 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 the Federal statute or treaties, there is established within the Public Health Service of the Department of Health and Human Services the Indian Health Service. The indian Health Service shall be administered by a Director, who shall be appointed by the ~~Secretary~~ President, by and with advice and consent of the Senate. P.L.102-573
The Director of the Indian Health Service shall report to the Secretary through the Assistant Secretary for Health of the Department of Health and Human Services. Effective with respect to an individual appointed by the President, by and with the advice P.L.102-573
and consent of the Senate, after January 1, 1993, the term of service of the Director shall be 4 years. A Director may serve more than 1 term.

(b) The Indian Health Service shall be an agency within the Public Health Service of the Department of Health and Human Services, and shall not be an office, component, or unit of any other agency of the Department.

(c) The Secretary shall carry out through the Director of the Indian Health Service--

(1) all functions which were, on the day before the date of enactment of the Indian Health Care Amendments of 1988, carried out by or under the direction of the individual serving as Director of the Indian Health Service on such day;

(2) 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; ~~and~~

(3) all health programs under which health care is provided to Indians based upon their status s Indians which are administered by the Secretary, including (but not limited to 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 (~~25 U.S.C. 2005, et seq.~~ 42 U.S.C. et seq.); ~~and~~ P.L.102-573

(E) the Indian Self-Determination Act (25 U.S.C. 450f, et seq.)~~.~~; and

(4) all scholarship and loan functions carried out under title I. P.L.102-573

(d)(1) The Secretary, acting through the Director of the Indian Health Service, shall have the authority--

(A) except to the extent provided 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) Notwithstanding any other 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).

[NOTE: Sec. 602 of P.L. 102-573 has a number of free-standing provisions that affect but are not part of Sec. 601 of P.L. 94-437 (above). For your convenience these provisions follow.]

{Sec. 602. DIRECTOR OF INDIAN HEALTH SERVICE P.L.102-573

{(a) CONFIRMATION BY SENATE

{....

(2) EFFECTIVE DATE.--The amendment made by paragraph (1) [requiring President's appointment and Senate confirmation] shall take effect January 1, 1993.

{(b) INTERIM APPOINTMENT.--The President may appoint an individual to serve as Interim Director of the Service from January 1, 1993, until such time as a Director is appointed

and confirmed as provided in section 601(a) of the Indian Health Care Improvement Act (25 U.S.C. 1601 et seq.)...."}

[NOTE: Sec. 601 of P.L. 100-713 has a number of free-standing provisions that affect but are not part of Section 601 of P.L. 94-437 (above). For your convenience these provisions follow.]

ESTABLISHMENT OF THE INDIAN HEALTH SERVICE AS AN AGENCY OF THE PUBLIC HEALTH SERVICE

{"Sec. 601.
{....

{(b) All personnel, records, equipment, facilities, and interests in property that are administered by the Indian Health Service on the day before the date on which the amendments made by this section take effect shall be transfered to the Indian Health Service established by the amendment made by subsection (a) of this section. All transfers must be accomplished within 9 months of the date of enactment of this section. The Secretary is authorize to waive the Indian preference laws on a case-by-case basis for temporary transfers involved in implementing this section during such 9-month period.

{(c)(1) Except as provided in paragraph (2), section 601 of the Indian Health Care Improvement Act added by subsection (a) of this section shall take effect 9 months from the date of the enactment of this section.

(2) Nothwithstanding subsections (b) and (c)(1), any action which carries out such section 601 that is taken by the Secretary before the effective date of such section 601 shall be effective beginning on the date such action was taken.

{(d) Section 5316 of title 5, United States Code, is amended by adding at the end thereof the following:

"Director, Indian Health Service, Department of Health and Human Services.".}

AUTOMATED MANAGEMENT INFORMATION SYSTEM P.L.102-573

Sec. 602. (a)(1) The Secretary shall establish an automated management information system for the Service.

(2) 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, and

(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.

(3) By no later than September 30, 1989, the Secretary shall submit a report to Congress setting forth-- P.L.102-573

(A) the activities which have been undertaken to establish an automated management information system,

(B) the activities, if any, which remain to be undertaken to complete the implementation of an automated management information system, and

(C) the amount of funds which will be needed to complete the implementation of a management information system in the succeeding fiscal years.

(b)(1) The Secretary shall provide each Indian tribe and tribal organization that provides health services under a contract entered into with the Service under the Indian Self-Determination Act automated management information systems which--

(A) meet the management information needs of such Indian tribe or tribal organization with respect to the treatment by the Indian tribe or tribal organization patients of the Service, and

(B) meet the management information needs of the Service.

(2) The Secretary shall provide systems under paragraph (1) to Indian tribes and tribal organizations providing health services in California by no later than September 30,1 990.

(c) 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.

AUTHORIZATION OF APPROPRIATIONS P.L.102-573

Sec. 603. There are authorized to be appropriated such sums as may be necessary for each fiscal year through fiscal year 2000 to carry out this title.

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TITLE VII--SUBSTANCE ABUSE PROGRAMS

P.L.102-573

NOTE:All material formalto Title VII was moved to Title VIII by P.L. 102-57

INDIAN HEALTH SERVICE RESPONSIBILITIES

SEC. 701. The Memorandum of Agreement entered into pursuant to section 4205 of the Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986 (25 U.S.C. 2411) 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 Indian people, 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.

P.L.102-573

INDIAN HEALTH SERVICE PROGRAM

SEC. 702. (a) COMPREHENSIVE PREVENTION AND TREATMENT PROGRAM.--

(1) The Secretary, acting through the Service, shall provide a program of comprehensive alcohol and substance abuse prevention and treatment which shall include--

(A) prevention, through educational intervention, in Indian communities;

(B) acute detoxification and treatment;

(C) community-based rehabilitation;

(D) community education and involvement, including extensive training of health care, educational, and community-based personnel; and

(E) residential treatment programs for pregnant and post partum women and their children.

(2) The target population of such program shall be members of Indian tribes. Efforts to train and educate key members of the Indian community shall target employees of health, education, judicial, law enforcement, legal, and social service programs.

(b) CONTRACT HEALTH SERVICES.--(1) The Secretary, acting through the Service, may enter into contracts with public or private providers of alcohol and substance abuse treatment services for the purpose of assisting the Service in carrying out the program required under subsection (a).

(2) In carrying out this subsection, the Secretary shall provide assistance to Indian tribes to develop criteria for the certification of alcohol and substance abuse service providers and accreditation of service facilities which meet minimum standards for such services and facilities as may be determined pursuant to section 4205(a)(3) of the Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986 (25 U.S.C. 2411(a)(3)).

(c) GRANTS FOR MODEL PROGRAM.--(1) The Secretary, acting through the Service shall make a grant to the Standing Rock Sioux Tribe to develop a community-based demonstration project to reduce drug and alcohol abuse on the Standing Rock Sioux Reservation and to rehabilitate Indian families afflicted by such abuse.

(2) Funds shall be used by the Tribe to--

(A) develop and coordinate community-based alcohol and substance abuse prevention and treatment services for Indian families;

(B) develop prevention and intervention models for Indian families;

(C) conduct community education on alcohol and substance abuse; and

(D) coordinate with existing Federal, State, and tribal services on the reservation to develop a comprehensive alcohol and substance abuse program that assists in the rehabilitation of Indian families that have been or are afflicted by alcoholism.

(3) The Secretary shall submit to the President for inclusion in the report to be transmitted to the Congress under section 801 for fiscal year 1995 an evaluation of the demonstration project established under paragraph (1).

INDIAN WOMEN TREATMENT PROGRAMS

SEC. 703. (a) The Secretary may make grants to Indian tribes and tribal organizations to develop and implement a comprehensive alcohol and substance abuse 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. P.L.102-573

(b) Grants made pursuant to this section may be used to--

(1) develop and provide community training, education, and prevention programs for Indian women relating to alcohol

and substance abuse issues, including fetal alcohol syndrome and fetal alcohol effect;

(2) identify and provide appropriate 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 healers, cultural values, and community and family involvement.

(c) The Secretary shall establish criteria for the review and approval of applications for grants under this section.

(d) (1) There are authorized to be appropriated to carry out this section $10,000,000 for fiscal year 1993 and such sums as are necessary for each of the fiscal years 1994, 1995, 1996, 1997, 1998, 1999, and 2000.

(2) Twenty percent of the funds appropriated pursuant to this subsection shall be used to make grants to urban Indian organizations funded under title V.

INDIAN HEALTH SERVICE YOUTH PROGRAM

SEC. 704. (a) DETOXIFICATION AND REHABILITATION.--The Secretary shall develop and implement a program for acute detoxification and treatment for Indian youth who are alcohol and substance abusers. The program shall include regional treatment centers designed to include detoxification and rehabilitation for both sexes on a referral basis. These regional centers shall be integrated with the intake and rehabilitation programs based in the referring Indian community. P.L.102-573

(b) TREATMENT CENTERS OR FACILITIES.--(1) The Secretary shall construct, renovate, or, as necessary, purchase, and appropriately staff and operate, a youth regional treatment center in each area under the jurisdiction of an area office. For the purposes of this subsection, the area offices of the Service in Tucson and Phoenix, Arizona, shall be considered one area office and the area office in California shall be considered to be two area offices, one office whose jurisdiction shall be considered to encompass the northern area of the State of California, and one office whose jurisdiction shall be considered to encompass the remainder of the State of California.

(2) 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) 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 tribes to be served by such center.

(4) (A) 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 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(l) of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450b(l)).

(B) 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 youth residing in such State.

(c) FEDERALLY OWNED STRUCTURES.--

(1) The Secretary, acting through the Service, shall, in consultation with Indian tribes--

(A) identify and use, where appropriate, federally owned structures suitable as local residential or regional alcohol and substance abuse treatment centers for Indian youth; and

(B) establish guidelines for determining the suitability of any such federally owned structure to be used as a local residential or regional alcohol and substance abuse treatment center for Indian youth.

(2) 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.

(d) REHABILITATION AND AFTERCARE SERVICES.--

(1) The Secretary, in cooperation with the Secretary of the Interior, shall develop and implement within each Service service unit community-based rehabilitation and follow-up services for Indian youth who are alcohol or substance abusers which are designed to integrate long-term treatment and to monitor and support the Indian youth after their return to their home community.

(2) Services under paragraph (1) shall be administered within each service unit by trained staff within the community who can assist the Indian youth in continuing development of self-image, positive problem-solving skills, and nonalcohol or substance abusing behaviors. Such staff shall include alcohol and substance abuse counselors, mental health professionals, and other health professionals and paraprofessionals, including community health representatives.

(e) INCLUSION OF FAMILY IN YOUTH TREATMENT PROGRAM.--In providing the treatment and other services to Indian youth authorized by this section, the Secretary shall provide for the inclusion of family members of such youth 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 (d) shall be used for outpatient care of adult family members related to the treatment of an Indian youth under that subsection.

(f) MULTIDRUG ABUSE STUDY.--(1) The Secretary shall conduct a study to determine the incidence and prevalence of the abuse of multiple forms of drugs, including alcohol, among Indian youth residing on Indian reservations and in urban areas and the interrelationship of such abuse with the incidence of mental illness among such youth.

(2) The Secretary shall submit a report detailing the findings of such study, together with recommendations based on such findings, to the Congress no later than two years after the date of the enactment of this section.

TRAINING AND COMMUNITY EDUCATION

SEC. 705. (a) COMMUNITY EDUCATION.--The Secretary, in cooperation with the Secretary of the Interior, shall develop and implement within each service unit 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 in alcohol and substance abuse to political leaders, tribal judges, law enforcement personnel, members of tribal health and education boards, and other critical members of each tribal community. P.L.102-573

(b) TRAINING.--The Secretary shall, either directly or by contract, provide instruction in the area of alcohol and substance abuse, including instruction in crisis intervention and family relations in the context of alcohol and substance abuse, youth alcohol and substance abuse, and the causes and effects of fetal alcohol syndrome 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) COMMUNITY-BASED TRAINING MODELS.--In carrying out the education and training programs required by this section, the Secretary, acting through the Service and in consultation with tribes 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 substance abuse faced by children of alcoholics;

(2) the cultural and multigenerational aspects of alcohol and substance abuse prevention and recovery; and

(3) community-based and multidisciplinary strategies for preventing and treating alcohol and substance abuse.

GALLUP ALCOHOL AND SUBSTANCE ABUSE TREATMENT CENTER

SEC. 706. (a) GRANTS FOR RESIDENTIAL TREATMENT.--The Secretary shall make grants to the Navajo Nation for the purpose of providing residential treatment for alcohol and substance abuse for adult and adolescent members of the Navajo Nation and neighboring tribes. P.L.102-573

(b) PURPOSES OF GRANTS.--Grants made pursuant to this section shall (to the extent appropriations are made available) be used to--

(1) provide at least 15 residential beds each year for adult long-term treatment, including beds for specialized services such as polydrug abusers, dual diagnosis, and specialized services for women with fetal alcohol syndrome children;

(2) establish clinical assessment teams consisting of a clinical psychologist, a part-time addictionologist, a master's level assessment counselor, and a certified medical records technician which shall be responsible for conducting individual assessments and matching Indian clients with the appropriate available treatment;

(3) provide at least 12 beds for an adolescent shelterbed program in the city of Gallup, New Mexico, which shall serve as a satellite facility to the Acoma/Canoncito/Laguna Hospital and the adolescent center located in Shiprock, New Mexico, for emergency crisis services, assessment, and family intervention;

(4) develop a relapse program for the purposes of identifying sources of job training and job opportunity in the Gallup area and providing vocational training, job placement, and job retention services to recovering substance abusers; and

(5) provide continuing education and training of treatment staff in the areas of intensive outpatient services, development of family support systems, and case management in cooperation with regional colleges, community colleges, and universities.

(c) CONTRACT FOR RESIDENTIAL TREATMENT.--The Navajo Nation, in carrying out the purposes of this section, shall enter into a contract with an institution in the Gallup, New Mexico, area which is accredited by the Joint Commission of the Accreditation of Health Care Organizations to provide comprehensive alcohol and drug treatment as authorized in subsection (b).

(d) AUTHORIZATION OF APPROPRIATIONS.--There are authorized to be appropriated-- <u>for each of fiscal years 1996 through 2000, such sums as may be necessary to carry out subsection (b).</u>

~~(1) to carry out the purposes of subsection (b)(1)--~~ P.L.104-313

~~(A) $400,000 for fiscal year 1993;~~

~~(B) $400,000 for fiscal year 1994; and~~

~~(C) $500,000 for fiscal year 1995;~~

~~(2) to carry out the purposes of subsection (b)(2)--~~

~~(A) $100,000 for fiscal year 1993;~~

~~(B) $125,000 for fiscal year 1994; and~~

~~(C) $150,000 for fiscal year 1995;~~

~~(3) to carry out the purposes of subsection (b)(3)--~~

~~(A) $75,000 for fiscal year 1993;~~

~~(B) $85,000 for fiscal year 1994; and~~

~~(C) $100,000 for fiscal year 1995;~~

~~(4) to carry out the purposes of subsection (b)(4), $150,000 for each of fiscal years 1993, 1994, and 1995; and~~

~~(5) to carry out the purposes of subsection (b)(5)--~~

~~(A) $75,000 for fiscal year 1993;~~

~~(B) $90,000 for fiscal year 1994; and~~

~~(C) $100,000 for fiscal year 1995.~~

REPORTS

SEC. 707. (a) COMPILATION OF DATA.--The Secretary, with respect to the administration of any health program by a service unit, directly or through contract, including a contract under the Indian Self-Determination Act, shall require the compilation of data relating to the number of cases or incidents in which any Service personnel or services were involved and which were related, either directly or indirectly, to alcohol or substance abuse. Such report shall include the type of assistance provided and the disposition of these cases. P.L.102-573

(b) REFERRAL OF DATA.--The data compiled under subsection (a) shall be provided annually to the affected Indian tribe and Tribal Coordinating Committee to assist them in developing or modifying a Tribal Action Plan under section 4206 of the Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986 (25 U.S.C. 2471 et seq.).

(c) COMPREHENSIVE REPORT.--Each service unit director shall be responsible for assembling the data compiled under this section and section 4214 of the Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986 (25 U.S.C. 2434) into an annual tribal comprehensive report. Such report shall be provided to the affected tribe and to the Director of the Service who shall develop and publish a biennial national report based on such tribal comprehensive reports.

FETAL ALCOHOL SYNDROME AND FETAL ALCOHOL EFFECT GRANTS

SEC. 708. (a)(1) The Secretary may make grants to Indian tribes and tribal organizations to establish fetal alcohol syndrome and fetal alcohol effect programs as provided in this section for the purposes of meeting the health status objectives specified in section 3(b). P.L.102-573

(2) Grants made pursuant to this section shall be used to--

(A) develop and provide community and in-school training, education, and prevention programs relating to FAS and FAE;

(B) identify and provide alcohol and substance abuse treatment to high-risk women;

(C) identify and provide appropriate educational and vocational support, counseling, advocacy, and information to FAS and FAE affected persons and their families or caretakers;

(D) develop and implement counseling and support programs in schools for FAS and FAE affected children;

(E) develop prevention and intervention models which incorporate traditional healers, cultural values and community involvement;

(F) develop, print, and disseminate education and prevention materials on FAS and FAE; and

(G) develop and implement, through the tribal consultation process, culturally sensitive assessment and diagnostic tools for use in tribal and urban Indian communities.

(3) The Secretary shall establish criteria for the review and approval of applications for grants under this section.

(b) The Secretary, acting through the Service, shall--

(1) develop an annual plan for the prevention, intervention, treatment, and aftercare for those affected by FAS and FAE in Indian communities;

(2) conduct a study, directly or by contract with any organization, entity, or institution of higher education with significant knowledge of FAS and FAE and Indian communities, of the special educational, vocational, school-to-work transition, and independent living needs of adolescent and adult Indians and Alaska Natives with FAS or FAE; and

(3) establish a national clearinghouse for prevention and educational materials and other information on FAS and FAE effect in Indian and Alaska Native communities and ensure access to clearinghouse materials by any Indian tribe or urban Indian organization.

(c) The Secretary shall establish a task force to be known as the FAS/FAE Task Force to advise the Secretary in carrying out subsection (b). Such task force shall be composed of representatives from the National Institute on Drug Abuse, the National Institute on Alcohol and Alcoholism, the Office of Substance Abuse Prevention, the National Institute of Mental Health, the Service, the Office of Minority Health of the Department of Health and Human Services, the Administration for Native Americans, the Bureau of Indian Affairs, Indian tribes, tribal organizations, urban Indian communities, and Indian FAS/FAE experts.

(d) The Secretary, acting through the Substance Abuse and Mental Health Services Administration, shall make grants to Indian tribes, tribal organizations, universities working with Indian tribes on cooperative projects, and urban Indian organizations for applied research projects which propose to elevate the understanding of methods to prevent, intervene, treat, or provide aftercare for Indians and urban Indians affected by FAS or FAE.

(e)(1) 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 status of FAS and FAE in the Indian population. Such report shall include, in addition to the information required under section (3)(d) with respect to the health status objective specified in section (3)(b)(27), the following:

(A) The progress of implementing a uniform assessment and diagnostic methodology in Service and tribally service delivery systems.

(B) The incidence of FAS and FAE babies born for all births by reservation and urban-based sites.

(C) The prevalence of FAS and FAE affected Indian persons in Indian communities, their primary means of support, and recommendations to improve the support system for these individuals and their families or caretakers.

(D) The level of support received from the entities specified in subsection (c) in the area of FAS and FAE.

(E) The number of inpatient and outpatient substance abuse treatment resources which are specifically designed to meet the unique needs of Indian women, and the volume of care provided to Indian women through these means.

(F) Recommendations regarding the prevention, intervention, and appropriate vocational, educational and other support services for FAS and FAE affected individuals in Indian communities.

(2) The Secretary may contract the production of this report to a national organization specifically addressing FAS and FAE in Indian communities.

(f)(1) There are authorized to be appropriated to carry out this section $22,000,000 for fiscal year 1993 and such sums as may be necessary for each of the fiscal years 1994, 1995, 1996, 1997, 1998, 1999, and 2000.

(2) Ten percent of the funds appropriated pursuant to this section shall be used to make grants to urban Indian organizations funded under title V.

PUEBLO SUBSTANCE ABUSE TREATMENT PROJECT FOR SAN JUAN PUEBLO, NEW MEXICO

SEC. 709. The Secretary, acting through the Service, shall continue to make grants, through fiscal year 1995, to the Northern Indian Pueblos Council, San Juan Pueblo, New Mexico, for the purpose of providing substance abuse treatment services to Indians in need of such services. P.L.102-573

THUNDER CHILD TREATMENT CENTER

SEC. 710. (a) The Secretary, acting through the Service, shall make a grant to the Intertribal Addictions Recovery Organization, Inc. (commonly known as the Thunder Child Treatment Center) at Sheridan, Wyoming, for the completion of construction of a multiple approach substance abuse treatment center which specializes in the treatment of alcohol and drug abuse of Indians. P.L.102-573

(b) For the purposes of carrying out subsection (a), there are authorized to be appropriated $2,000,000 for fiscal years 1993 and 1994. No funding shall be available for staffing or operation of this facility. None of the funding appropriated to carry out subsection (a) shall be used for administrative purposes.

SUBSTANCE ABUSE COUNSELOR EDUCATION DEMONSTRATION PROJECT

SEC. 711. (a) The Secretary, acting through the Service, may enter into contracts with, or make grants to, accredited tribally controlled community colleges, tribally controlled postsecondary vocational institutions, and eligible community colleges to establish demonstration projects to develop educational curricula for substance abuse counseling. P.L.102-573

(b) Funds provided under this section shall be used only for developing and providing educational curricula for substance abuse counseling (including paying salaries for instructors). Such curricula may be provided through satellite campus programs.

(c) A contract entered into or a grant provided under this section shall be for a period of one year. Such contract or grant may be renewed for an additional one year period upon the approval of the Secretary.

(d) Not later than 180 days after the date of the enactment of this section, the Secretary, after consultation with Indian tribes and administrators of accredited tribally controlled

community colleges, tribally controlled postsecondary vocational institutions, and eligible 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 projects established under this section promote the development of the capacity of such entities to educate substance abuse counselors.

(e) 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) The Secretary shall submit to the President, for inclusion in the report which is required to be submitted under section 801 for fiscal year 1999, a report on the findings and conclusions derived from the demonstration projects conducted under this section.

(g) For the purposes of this section, the following definitions apply:

(1) The term "educational curriculum" means one or more of the following:

(A) Classroom education.

(B) Clinical work experience.

(C) Continuing education workshops.

(2) The term "eligible community college" means an accredited community college that--

(i) is located on or near an Indian reservation;

(ii) has entered into a cooperative agreement with the governing body of such Indian reservation to carry out a demonstration project under this section; and

(iii) has a student enrollment of not less than 10 percent Indian.

(3) The term "tribally controlled community college" has the meaning given such term in section 2(a)(4) of the Tribally Controlled Community College Assistance Act of 1978 (25 U.S.C. 1801(a)(4)).

(4) The term "tribally controlled postsecondary vocational institution" has the meaning given such term in section 390(2) of the Tribally Controlled Vocational Institutions Support Act of 1990 (20 U.S.C. 2397h(2)).

(h) There are authorized to be appropriated for each of the fiscal years ~~1993, 1994, 1995, 1996, and 1997,~~ 1996 through 2000 such sums as may be necessary to carry out the purposes of this section. Such sums shall remain available until expended.

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GILA RIVER ALCOHOL AND SUBSTANCE ABUSE TREATMENT FACILITY

P.L.102-573

SEC.712. (a) The Secretary, acting through the Service, shall establish a regional youth alcohol and substance abuse prevention and treatment center in Sacaton, Arizona, on the Gila River Indian Reservation. The center shall be established within facilities leased, with the consent of the Gila River Indian Community, by the Service from such Community.

(b) The center established pursuant to this section shall be known as the "Regional Youth Alcohol and Substance Abuse Prevention and Treatment Center".

(c) The Secretary, acting through the Service, shall establish, as a unit of the regional center, a youth alcohol and substance abuse prevention and treatment facility in Fallon, Nevada.

ALASKA NATIVE DRUG AND ALCOHOL ABUSE DEMONSTRATION PROJECT

SEC. 713. (a) The Secretary, acting through the Service, shall make grants to the Alaska Native Health Board for the conduct of a two-part community-based demonstration project to reduce drug and alcohol abuse in Alaska Native villages and to rehabilitate families afflicted by such abuse. Sixty percent of such grant funds shall be used by the Health Board to stimulate coordinated community development programs in villages seeking to organize to combat alcohol and drug use. Forty percent of such grant funds shall be transferred to a qualified nonprofit corporation providing alcohol recovery services in the village of St. Mary's, Alaska, to enlarge and strengthen a family life demonstration program of rehabilitation for families that have been or are afflicted by alcoholism.

(b) The Secretary shall submit to the President for inclusion in the report required to be submitted to the Congress under section 801 for fiscal year 1995 an evaluation of the demonstration project established under subsection (a).

AUTHORIZATION OF APPROPRIATIONS

P.L.102-573

SEC. 714. Except as provided in sections 703, 706, 708, 710, and 711, there are authorized to be appropriated such sums as may be necessary for each fiscal year through fiscal year 2000 to carry out the provisions of this title.

[NOTE: Sections 702(B) of P.L. 102-573 repealed Part 6 of the Indian Alcohol and Substance Abuse Prevention and Treatment Act, P.L. 99-570 except for section 4224 which was redesignated as section 4208A and moved to Part II. Title VII above now includes former Part 6 Provisions as amended by P.L. 102-573.]

~~TITLE VII--MISCELLANEOUS~~
TITLE VIII--MISCELLANEOUS

P.L.102-573

REPORTS

~~Sec. 701. The Secretary shall report annually to the President and the Congress on progress made in effecting the purposes of this Act. Within three months after the end of fiscal year 1979, the Secretary shall review expenditures and progress made under this Act and make recommendations to the Congress concerning any additional authorizations for fiscal years 1981 through 1984 for programs authorized under this Act which he deems appropriate. In the event the Congress enacts legislation authorizing appropriations for programs under this Act for fiscal years 1981 through 1984, within three months after the end of fiscal year 1983, the Secretary shall review programs established or assisted pursuant to this Act and shall submit to the Congress his assessment and recommendations of additional programs or additional assistance necessary to, at a minimum, provide health services to Indians, and insure a health status for Indians, which are at a parity with the health services available to, and the health status, of the general population.~~ P.L.102-573

Sec. 801. The President shall, at the time the budget is submitted under section 1105 of title 31, United States Code, for each fiscal year transmit to the Congress a report containing-- P.L.102-573

(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 an assessment 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 to address such impact;

(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; and

(D) comparing such rates of use with rates of use among comparable non-Indian populations.

(4) a separate statement which specifies the amount of funds requested to carry out the provisions of section 201;

(5) a separate statement of the total amount obligated or expended in the most recently completed fiscal year to achieve each of the objectives described in section 814, relating to infant and maternal mortality and fetal alcohol syndrome;

(6) the reports required by sections 3(d), 108(n), 203(b), 209(j), 301(c), 302(g), 305(a)(3), 403, 708(e), and 817(a), and 822(f);

(7) for fiscal year 1995, the report required by sections 702(c)(3) and 713(b);

(8) for fiscal year 1997, the interim report required by section 307(h)(1); and

(9) for fiscal year 1999, the reports required by sections 307(h)(2), 512(b), 711(f), and 821(g).

REGULATIONS

~~Sec. 702.(a)(1) Within six months from the date of enactment of this Act, the Secretary shall, to the extent practicable, consult with national and regional Indian organizations to consider and formulate appropriate rules and regulations to implement the provisions of this Act.~~ P.L.102-573

~~(2) Within eight months from the date of enactment of this Act, the Secretary shall publish proposed rules and regulations in the Federal Register for the purpose of receiving comments from interested parties.~~

~~(3) Within ten months from the date of enactment of this Act, the Secretary shall promulgate rules and regulations to implement the provisions of this Act.~~

~~(b) The Secretary is authorized to revise and amend any rules or regulations promulgated pursuant to this Act. *Provided,* That, prior to any revision of or amendment to such rules or regulations, the Secretary shall, to the extent practicable, consult with appropriate national or regional Indian organizations and shall publish any proposed revision or amendment in the Federal Register not less than sixty days prior to the effective date of such revision or amendment in order to provide adequate notice to, and receive comments from, other interested parties.~~

Sec. 802. Prior to any revision of or amendment to rules or regulations promulgated pursuant to this Act, the Secretary shall consult with Indian tribes and appropriate national or regional Indian organizations and shall publish any proposed revision or amendment in the Federal Register not less than sixty days prior to the effective date of such revision or amendment in order to provide adequate notice to, and receive comments from, other interested parties. P.L.102-573

PLAN OF IMPLEMENTATION

~~Sec. 703.~~ Sec. 803. Within two hundred and forty days after enactment of this Act, a plan will be prepared by the Secretary and will be submitted to the Congress. The plan will explain the manner and schedule (including a schedule of appropriation requests), by title and section, by which the Secretary will implement the provisions of this Act. P.L.102-573

LEASES WITH INDIAN TRIBES P.L.96-537

~~Sec. 704.~~Sec. 804. ~~Notwithstanding~~(a) Notwithstanding any other provision of law, the Secretary is authorized , in carrying out the purposes of this Act, to enter into leases with Indian tribes for periods not to excess of twenty years. Property leased by the Secretary from an Indian tribe may be reconstructed or renovated by the Secretary pursuant to an agreement with such Indian tribe. P.L.102-573 P.L.100-713 P.L.96-537

(b) The Secretary may enter into leases, contracts, and other legal agreements with Indian tribes or tribal organizations which hold-- P.L.100-713

(1) title to;

(2) a leasehold interest in; or

(3) a beneficial interest in (where title is held by the United States in trust for the benefit of a tribe);

facilities used for the administration and delivery of health services by the Service or by programs operated by Indian tribes or tribal organizations to compensate such Indian tribes or tribal organizations for costs associated with the use of such facilities for such purposes. Such costs includ rent, depreciation based on the useful life of the building, principal and interest paid or accrued, operation and maintenance expenses, and other expenses determined by regulation to be allowable.

AVAILABILITY OF FUNDS

~~Sec. 705.~~ Sec. 805 The funds appropriated pursuant to this Act shall remain available until expended. P.L.102-573

~~RESOURCE ALLOCATION PLAN~~ P.L.100-713

~~Sec. 706. Within one year from the date of the enactment of this section, the Secretary shall submit to the Congress a resource allocation plan. Such plan shall explain the future allocation of services and funds among the service population of the Service and shall provide a schedule for reducing deficiencies in resources of tribes and nontribal specific entities.~~

LIMITATION ON USE OF FUNDS APPROPRIATED TO THE INDIAN HEALTH SERVICE P.L.100-713

~~Sec. 706~~. Sec. 806. Any limitation on the use of funds contained in an Act providing appropriations for the Department of Health and Human Services 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 Indian Health Service. P.L.102-573

NUCLEAR RESOURCE DEVELOPMENT HEALTH HAZARDS P.L.96-537

~~Sec. 707~~. Sec. 807. (a) The Secretary and the Service shall conduct, in conjunction with other appropriate Federal agencies and in consultation with concerned Indian tribes and organizations, a study of the health hazards to Indian miners and Indians on or near Indian reservations and in Indian communities as a result of nuclear resource development. Such study shall include- P.L.102-573

(1) an evaluation of the nature and extent of nuclear resource development related health problems currently exhibited among Indians and the causes of such health problems;

(2) an analysis of the potential effect of ongoing and future nuclear resource development on or near Indian reservations and communities;

(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;

(4) a summary of any findings and recommendations provided in Federal and State studies, reports, investigations, and inspections during the five years prior to the date of the enactment of this section 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 mining and milling companies to effectively carry out an education program for such Indians regarding the health and safety hazards of such nuclear resource development.

(b) Upon completion of such study the Secretary and the Service shall take into account the results of such study and develop a health care plan to address the health problems studied under subsection (a). The plan shall include--

(1) methods for diagnosing and treating Indians currently exhibiting such health problems;

(2) preventive care 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 nuclear development 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 development activities, may experience health problems.

(c) The Secretary and the Service shall submit to Congress the study prepared under subsection (a) no later than the date eighteen months after the date of enactment of this section. The health care plan prepared under subsection (b) shall be submitted in a report no later than the date one year after the date that 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)(1) There is established an Intergovernmental Task Force to be composed of the following individuals (or their designees): The Secretary of Energy, the Administrator of the Environmental Protection Agency, the Director of the Bureau of Mines, the Assistant Secretary for Occupational Safety and Health, and the Secretary of the Interior.

(2) The Task Force shall identify existing and potential operations related to nuclear resource development that affect or may affect the health of Indians on or near an Indian reservation or in an Indian community and enter into activities to correct existing health hazards and insure that current and future health problems resulting from nuclear resource development activities are minimized or reduced.

(3) The Secretary shall be Chairman of the Task Force. The Task Force shall meet at least twice each year. Each member of the Task Force shall furnish necessary assistance to the Task Force.

(e) In the case of any Indian who--

(1) as a result of employment in or near a uranium mine or mill, suffers from a work related illness or condition;

(2) is eligible to receive diagnosis and treatment services from a Service facility; and

(3) by reason of such Indian's employment, is entitled to medical care at the expense of such mine or mill operator,

the Service shall, at the request of such Indian, render appropriate medical care to such Indian for such illness or condition and may recover the costs of any medical care so rendered to which such Indian is entitled at the expense of such operator from such operator. Nothing in this subsection shall affect the rights of such Indian to recover damages other than such costs paid to the Service from the employer for such illness or condition.

~~(f) There is authorized to be appropriated $300,000 to carry out the study as provided in subsection (a), such amount to be~~ P.L.102-573

~~expended by the date eighteen months after the date of the enactment of this section.~~

ARIZONA AS A CONTRACT HEALTH SERVICE DELIVERY AREA P.L.96-537

~~Sec. 708~~ Sec. 808. (a) For fiscal years beginning P.L.102-573
with the fiscal year ending September 30, 1983, and ending with the fiscal year ending September 30, ~~1984~~ ~~1991~~ 2000, the State of P.L.102-573
Arizona shall be designated as a contract health service delivery area by the Service for the purpose of providing contract health care services to ~~Indians in such State~~ members of federally P.L.100-713
recognized Indian tribes of Arizona.

(b) The Service shall not curtail any health care services provided to Indians residing on Federal 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).

~~(c) There are authorized to be appropriated to carry out this section $2,000,000 for the fiscal year ending September 30, 1982, $2,000,000 for the fiscal year ending September 30, 1983, and $2,000,000 for the fiscal year ending September 30, 1984.~~ P.L.100-713

~~CALIFORNIA FORMER FEDERALLY RECOGNIZED TRIBES~~ P.L.96.-537 P.L.100-713

~~Sec. 709. Indians in the State of California who are members or descendants of members of former federally recognized tribes of the State of California shall be eligible for services from the Service in the fiscal year beginning with the fiscal year ending September 30, 1982, and ending with the fiscal year ending Septmber 30, 1984.~~

ELIGIBILITY OF CALIFORNIA INDIANS P.L.100-713

~~Sec. 709~~ Sec. 809. (a)(1) In order to provide the P.L.102-573
Congress with sufficient data to determine which Indians in the State of California should be eligible for health services provided by the Service, the Secrtary shall, by no later than the date that is 3 years after the date of enactment of the Indian Health Care Amendments of 1988, prepare and submit to the Congress a report which sets forth--

(A) a determination by the Secretary of the number of Indians described in subsection (b)(2), and the number of Indians described in (b)(3), who are not members of an Indian tribe recognized by the Federal Government,

(B) the geographic locatio of such Indians,

(C) the Indian tribes of which such Indians are members,

(D) an assessment of the current health status, and health care needs, of such Indians, and

(E) an assessment of the actual availability and accessibility of alternative resources for the health care of such Indians that such Indians would have to rely on if the Service did not provide for the health care of such Indians.

(2) The report required under paragraph (1) shall be prepared by the Secretary--

(A) in consultation with the Secretary of the Interior, and

(B) with the assistance of the tribal health programs providing services to the Indians described in paragraph (2) or (3) of subsection (b) who are not members of any Indian tribe recognized by the Federal Government.

(b) Until such time as any subsequent law may otherwise provide, 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 1,1952, but only if such descendant--

(A) is living in California,

(B) is a member of the Indian community served by a local program of the Service, and

(C) 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 Indian reservation allotments in California.

(4) Any Indian in California who is listed on the plans for distribution of the assets of California rancherias and reservations under the Act of August 18, 1958 (72 Stat. 619), and any descendant of such an Indian.

(c) 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.

~~PERSONNEL CEILINGS DEMONSTRATION PROJECT~~

P.L.96-537
P.L.100-713

~~Sec. 710. (a) In order to determine whether the Service can be better managed through fiscal controls without personnel ceilings, the Service shall, in conjunction with the Office of Personnel Management and the Secretary, conduct a demonstration project in which certain personnel ceilings in the Service are lifted. Such demonstration project shall be conducted in two of the Indian Health Service areas and shall be closely monitored by the Service.~~

~~(b) Not later than the date 2 years after the date of the enactment of this section, the Service shall submit a report to Congress regarding the demonstration project carried out under subsection (a). Such report shall include a discussion of whether the lifting of personnel ceilings would improve the Service's ability to deliver services, what potential negative impact the lifting of personnel ceilings might have on the control of Federal employment, and a determination as to whether the lifting of personnel ceilings should be expended to the entire Service.~~

CALIFORNIA AS A CONTRACT HEALTH SERVICE DELIVERY AREA P.L.100-713

~~Sec. 710~~ Sec. 810. 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 Indians in such State. P.L.102-573

CONTRACT HEALTH FACILITIES P.L.100-713

~~Sec. 711~~ Sec. 811. The Service shall provide funds for health care programs and facilities operated by tribes and tribal organizations under contracts with the Service entered into under the Indian Self-Determination Act-- P.L.102-573

(1) for the maintenance and repair of clinics owned or leased by such tribes or tribal organizations,

(2) for employee training,

(3) for cost-of-living increases for employees, and

(4) for any other expenses relating to the provision of health services,

on the same basis as such funds are provided to programs and facilities operated directly by the Service.

NATIONAL HEALTH SERVICE CORPS P.L.100-713

~~Sec. 712~~ Sec. 812. The Secretary of Health and Human Services shall not-- P.L.102-573

(1) remove a member of the National Health Services Corps from a health facility operated by the Indian Health Service or by a tribe or tribal organization under contract with the Indian Health Service under the Indian Self-Determination Act, 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.

HEALTH SERVICES FOR INELIGIBLE PERSONS P.L.100-713

~~Sec. 713~~ Sec. 813. (a)(1) Any individual who-- P.L.102-573

(A) has not attained 19 years of age,

(B) is the natural or adopted child, step-child, foster-child, legal ward, or orphan of an eligible Indian, and

(C) 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 one year after the date of such disability has been removed.

(2) Any spouse of an eligible Indian who is not an Indian, or who is of Indian descent but not otherwise eligible for the health services provided by the Service, shall be eligible for such health services if all of such spouses are made eligible, as a class, by an appropriate resolution of the governing body of the Indian tribe of the eligible Indian. 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.

(b)(1)(A) The Secretary is authorized to provide health services under this subsection through health facilities operated directly by the Service to individuals who reside within the service area of a service unit and who are not eligible for such health services under any other subsection of this section or under any other provision of law if--

(i) the Indian tribe (or, in the case of a multi-tribal service area, all the Indian tribes) served by such service unit requests such provision of health services to such individuals, and

(ii) the Secretary and the Indian tribe or 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 facility or services, within or without the

service area of such service unit, available to meet the health needs of such individuals.

(B) In the case of health facilities operated under a contract entered into under the Indian Self-Determination Act, the governing body of the Indian tribe or tribal organization providing health services under such contract 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 in 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 subparagraph (A)(ii).

(2)(a) Persons receiving health services provided by the Service by reason of 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 1880(c) of the Social Security Act, section ~~402(c)~~ 402(a) of this Act, or any other provision of law, amounts collected under this subsection, including medicare or medicaid reimbursements under titles XVIII and XIX of the Social Security Act, shall be credited to the account of the facility providing the service and shall be used solely for the provision of health services within that facility. Amounts collected under this subsection shall be available for expenditure within such facility for not to exceed one fiscal year after the fiscal year in which collected. P.L.102-573

(B) Health services may be provided by the Secretary through the Service under this subsection to an indigent person who would not be 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 person.

(3)(A) In the case of a service area which serves only one Indian tribe, the authority of the Secretary to provide health services under paragraph (1)(A) 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) In the case of a multi-tribal service area,the authority of the Secretary to provide health services under paragraph (1)(A) 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.

(c) 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 subsection of this section or 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 post partum, or

(4) provide care to immediate family members of an eligible person if such care is directly related to the treatment of the eligible person.

(d) Hospital privileges in health facilities operated and maintained by the Service or operated under a contract entered into under the Indian Self-Determination Act may be extended to non-Service health care practitioners who provide services to persons described in subsection (a) or (b). Such non-Service health care practitioners may be regarded 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 persons as a part of the conditions under which such hospital privileges are extended.

(e) 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.

INFANT AND MATERNAL MORTALITY; FETAL ALCOHOL SYNDROME P.L.100-713

~~Sec. 714~~ Sec. 814. ~~(a)~~ By no later than January 1, 1990, the Secretary shall develop and begin implementation of a plan to achieve the following objectives by January 1, 1994: P.L.102-573

(1) reduction of the rate of Indian infant mortality in each area office of the Service to the lower of--

(A) twelve deaths per one thousand live births, or

(B) the rate of infant mortality applicable to the United States population as a whole;

(2) reduction of the rate of maternal mortality in each area office of the Service to the lower of--

(A) five deaths per one hundred thousand live births, or

(B) the rate of maternal mortality applicable to the United States population as a whole; and

(3) reduction of the rate of fetal alcohol syndrome among Indians served by, or on behalf of, the Service to one per one thousand live births.

~~(b) The President shall include with the budget submitted under section 1105 of title 31, United States Code, for each fiscal year a separate statement which specifies the total amount obligated or expended in the most recently completed fiscal year to achieve each of the objectives described in subsection (a).~~ P.L.102-573

CONTRACT HEALTH SERVICES FOR THE TRENTON SERVICE AREA P.L.100-713

~~Sec. 715~~ Sec. 815. (a) 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) 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.

~~INDIAN HEALTH SERVICE AND VETERANS' ADMINISTRATION HEALTH FACILITIES AND SERVICES SHARING~~ P.L.100-713

INDIAN HEALTH SERVICE AND DEPARTMENT OF VETERAN'S AFFAIRS HEALTH FACILITIES AND SERVICES SHARING P.L.102-573

~~Sec. 716~~ Sec. 816. (a) The Secretary shall examine the feasibility of entering into an arrangement for the sharing of medical facilities and services between the Indian Health Service and the Veterans' Administration and shall, in accordance with subsection (b), prepare a report on the feasibility of such an arrangement and submit such report to the Congress by no later than September 30, 1990. P.L.102-573

(b) 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 Indian Health Service;

(2) the quality of health care services provided to any Indian through the Indian Health Service;

(3) the priority access of any veteran to health care services provided by the Veterans' Administration;

(4) the quality of health care services provided to any veteran by the Veteran's Administration;

(5) the eligibility of any Indian to receive health services through the Indian Health Service; or

(6) the eligibility of any Indian who is a veteran to receive health services through the Veterans' Administration.

(c)(1) Within 30 days after the date of enactment of this section, the Director of the Indian Health Service and the Administrator of Veterans' Affairs are authorized and directed to implement an agreement which--

(A) individuals in the vicinity of Roosevelt, Utah, who are eligible for health care from the Veterans' Administration could obtain health care services at the

facilities of the Indian Health Service located at Fort Duchesne, Utah; and

(B) individuals eligible for health care from the Indian Health Service at Fort Duchesne, Utah, could obtain health care services at the Veterans' Administration medical center located in Salt Lake City, Utah.

(2) Not later than 2 years after the date of enactment of this section, the Secretary and the Administrator of Veterans' Affairs shall jointly submit a report to the Congress on the health care services provided as a result of paragraph (1).

(d) Nothing in this section may be construed as creating any right of a veteran to obtain health services from the Indian Health Service except as provided in an agreement under subsection (c).

REALLOCATION OF BASE RESOURCES. P.L.100-713

~~Sec. 717~~ Sec. 817. (a) Notwithstanding any other P.L.102-573
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 the Congress~~ Secretary has submitted to the President, P.L.102-573
for inclusion in the report required to be transmitted to the 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) Subsection (a) shall not apply if the total amount appropriated to the Service for a fiscal year is less than the amount appropriated to the Service for previous fiscal year.

DEMONSTRATION PROJECTS FOR TRIBAL MANAGEMENT OF HEALTH CARE SERVICES P.L.100-713

~~Sec. 718~~ Sec. 818. (a)(1) The Secretary, acting P.L.102-573
through the Service, shall make grants to Indian tribes to establish demonstration projects under which the Indian tribe will develop and test a phased approach to assumption by the Indian tribe of the health care delivery system of the Service for members of the Indian tribe living on or near the reservations of the Indian tribe through the use of Service, tribal, and private sector resources.

(2) A grant may be awarded to an Indian tribe under paragraph (1) only if the Secretary determines that the Indian tribe has the administrative and financial capabilities necessary to conduct a demonstration project described in paragraph (1).

(b) During the period in which a demonstration project established under subsection (a) is being conducted by an Indian tribe, the Secretary shall award all health care contracts, including community, behavioral, preventive health care contracts, to the Indian tribe, in the form of a single grant to which the

regulations prescribed under part A of title XIX of the Public Health Service Act (as modified as necessary by any agreement entered into between the Secretary and the Indian tribe to achieve the purposes of the demonstration project established under subsection (a)) shall apply.

(c) The Secretary may waive such provisions of Federal procurement law as are necessary to enable any Indian tribe to develop and test administrative systems under the demonstration project established under subsection (a), but only if such waiver does not diminish or endanger the delivery of health care services to Indians.

(d)(1) The demonstration project established under subsection (a) shall terminate on September 30, 1993 or, in the case of a demonstration project for which a grant is made after September 30, 1990, three years after date on which such grant is made. P.L.102-573

(2) By no later than September 30, ~~1994~~ 1996, the Secretary shall evaluate the performance of each Indian tribe that has participated in a demonstration project established under subsection (a) and shall submit to the Congress a report on such evaluations and demonstration projects. P.L.102-573

~~(e) There are authorized to be appropriated such sums as may be necessary to carry out the purposes of this section.~~ P.L.102-573

(e)(1) The Secretary, acting through the Service, shall make arrangements with Indian tribes to establish joint venture demonstration projects under which an Indian tribe shall expend tribal, private, or other available nontribal funds, for the acquisition or construction of a health facility for a minimum of 20 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. A tribe may utilize tribal funds, private sector, or other available resources, including loan guarantees, to fulfill its commitment under this subsection. P.L.102-573

(2) The Secretary shall make such an arrangement with an Indian tribe only if the Secretary first determines that the Indian tribe has the administrative and financial capabilities necessary to complete the timely acquisition or construction of the health facility described in paragraph (1).

(3) An Indian tribe or tribal organization that has entered into a written agreement with the Secretary under this subsection, 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 tribe, or paid to a third party on the tribe'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, or for personnel or staffing, shall be recoverable.

CHILD SEXUAL ABUSE TREATMENT PROGRAMS P.L.96-537

~~Sec. 719. (a) The Secretary and the Secretary of the Interior shall, for each of the fiscal years 1989, 1990, and 1991, continue to provide through the Hopi Tribe and the Assiniboine and Sioux Tribes of the Fort Peck Reservation the demonstration programs involving treatment for child sexual abuse that were conducted during fiscal year 1988 through such tribes.~~ P.L.102-573

~~(b) There are authorized to be appropriated for each of the fiscal years 1989, 1990, and 1991 such sums as may be necessary to carry out the provisions of this section.~~

Sec. 819. (a) The Secretary and the Secretary of the Interior shall, for each fiscal year through fiscal year 1995, continue the demonstration programs involving treatment for child sexual abuse provided through the Hopi Tribe and the Assiniboine and Sioux Tribes of the Fort Peck Reservation. P.L.102-573

(b) Beginning October 1, 1995, the Secretary and the Secretary of the Interior may establish, in any service area, demonstration programs involving treatment for child sexual abuse, except that the Secretaries may not establish a greater number of such programs in one service area than in any other service area until there is an equal number of such programs established with respect to all service areas from which the Secretary receives qualified applications during the application period (as determined by the Secretary).

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~~PUEBLO SUBSTANCE ABUSE TREATMENT PROJECT FOR SAN JUAN PUEBLO, NEW MEXICO~~

~~Sec. 720. (a) The Secretary, through the Service, shall make grants to the Eight Northern Pueblos Council, San Juan Pueblo, New Mexico, for the purpose of providing substance abuse treatment services to Indians in need of such services.~~

~~(b) There are authorized to be appropriated to carry out this section $250,000 for each of the fiscal years 1990 and 1991.~~

TRIBAL LEASING P.L.102-573

Sec. 820. Indian tribes providing health care services pursuant to a contract entered into under the Indian Self-Determination Act may lease permanent structures for the purpose of roviding such health care services without obtaining advance approval in appropriation Acts.

HOME- AND COMMUNITY-BASED CARE DEMONSTRATION PROJECT P.L.102-573

Sec. 821. (a) The Secretary, acting through the Service, is authorized to enter into contracts with, or make grants to, Indian tribes or tribal organizations providing health care

services pursuant to a contract entered into under the Indian Self-Determination Act, to establish demonstration projects for the delivery of home- and community-based services to functionally disabled Indians.

(b)(1) Funds provided for a demonstration project under this section shall be used only for the delivery of home- and community-based services (including transportation services) to functionally disabled Indians.

(2) Such funds may not be used--

(A) to make cash payments to functionally disabled Indians;

(B) to provide room and board for functionally disabled Indians;

(C) for the construction or renovation of facilities or the purchase of medical equipment; or

(D) for the provision of nursing facility services.

(c) Not later than 180 days after the date of the enactment of this section, the Secretary, after consultation with Indian tribes and tribal organizations, shall develop and issue criteria for the approval of applications submitted under this section. Such criteria shall ensure that demonstration projects established under this section promote the development of the capacity of tribes and tribal organizations to deliver, or arrange for the delivery of, high quality, culturally appropriate home- and community-based services to functionally disabled Indians;

(d) 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) At the discretion of the tribe or tribal organization, services provided under a demonstration project established under this section may be provided (on a cost basis) to persons otherwise ineligible for the health care benefits of the Service.

(f) The Secretary shall establish not more than 24 demonstration projects under this section. The Secretary may not establish a greater number of demonstration projects under this section in one service area than in any other service area until there is an equal number of such demonstration projects established with respect to all service areas from which the Secretary receives applications during the application period (as determined by the Secretary) which meet the criteria issued pursuant to subsection (c).

(g) The Secretary shall submit to the President, for inclusion in the report which is required to be submitted under section 801 for fiscal year 1999, a report on the findings and conclusions derived from the demonstration projects conducted under this section, together with legislative recommendations.

(h) For the purposes of this section, the following definitions shall apply:

(1) The term "home-and community-based services" means one or more of the following:

(A) Homemaker/home health aide services.

(B) Chore services.

(C) Personal care services.

(D) Nursing care services provided outside of a nursing facility by, or under the supervision of, a registered nurse.

(E) Respite care.

(F) Training for family members in managing a functionally disabled individual.

(G) Adult day care.

(H) Such other home and community-based services as the Secretary may approve.

(2) The term "functionally disabled" means an individual who is determined to require home- and community-based services based on an assessment that uses criteria (including, at the discretion of the tribe or tribal organization, activities of daily living) developed by the tribe or tribal organization.

(i) There are authorized to be appropriated for each of the fiscal years ~~1993, 1994, 1995, 1996, and 1997~~ 1996 through 2000 such sums as may be necessary to carry out this section. Such sums shall remain available until expended. P.L.104-313

SHARED SERVICES DEMONSTRATION PROJECT P.L.102-573

Sec. 822. (a) The Secretary, acting through the Service and notwithstanding any other provision of law, is authorized to enter into contracts with Indian tribes or tribal organizations to establish not more than 6 shared services demonstration projects for the delivery of long-term care to Indians. Such projects shall provide for the sharing of staff or other services between a Service facility and a nursing facility owned and operated (directly or by contract) by such Indian tribe or tribal organization.

(b) A contract entered into pursuant to subsection (a)--

(1) may, at the request of the Indian tribe or tribal organization, delegate to such 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 facility and the tribal facility be allocated proportionately between the Service and the tribe or tribal organization; and

(3) may authorize such tribe or tribal organization to construct, renovate, or expand a nursing facility (including the construction of a facility attached to a Service facility), except that no funds appropriated for the Service shall be obligated or expended for such purpose.

(c) To be eligible for a contract under this section, a tribe or tribal organization, shall, as of the date of the enactment of this Act--

(1) own and operate (directly or by contract) a nursing facility;

(2) have entered into an agreement with a consultant to develop a plan for meeting the long-term needs of the tribe or tribal organization; or

(3) have adopted a tribal resolution providing for the construction of a nursing facility.

(d) Any nursing facility for which a contract is entered into under this section shall meet the requirements for nursing facilities under section 1919 of the Social Security Act.

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

(f) 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 findings and conclusions derived from the demonstration projects conducted under this section.

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RESULTS OF DEMONSTRATION PROJECTS

Sec. 823. The Secretary shall provide for the dissemination to Indian tribes of the findings and results of demonstration projects conducted under this Act.

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PRIORITY FOR INDIAN RESERVATIONS

Sec. 824. (a) Beginning on the date of the enactment of this section, the Bureau of Indian Affairs and the Service shall, 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, give priority to locating such facilities and projects on Indian lands if requested by the Indian tribe with jurisdiction over such lands.

(b) For purposes of this section, the term "Indian lands" means--

(1) all lands within the limits of any Indian 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 and over which an Indian tribe exercises governmental power.

AUTHORIZATION OF APPROPRIATIONS P.L.102-573

Sec. 825. Except as provided in section 821, there are authorized to be appropriated such sums as may be necessary for each fiscal year through fiscal year 2000 to carry out this title.

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FREE-STANDING PROVISIONS

Note: The Indian Health Care Amendments of 1988, P.L. 100-713 contained a number of free-standing provisions. Some of these were noted in the foregoing codification of P.L. 94-437. Others that may still have relevance are presented below for your convenience. Citations refer to P.L. 100-713 not P.L. 94-437.

REFERENCES

Sec. 3. Except as otherwise specifically provided, whenever in this Act an amendment or repeal is expressed in terms of an amendment to, or a repeal of, a section or other provision, the reference shall be considered to be made to a section or other provision of the Indian Health Care Improvement Act (25 U.S.C. 1601, et seqq.).

APPROPRIATIONS; AVAILABILITY

Sec. 4. Any new spending authority (described in subsection (c)(2) (A) or (B) of section 401 of the Congressional Budget Act of 1974) 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.

PROVISION OF SERVICES IN MONTANA

Sec. 712. (a) The Secretary of Health and Human Services, acting through the Indian Health 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 for McNabb v. Bowen, 829 F.2d 787 (9th Cr. 1987).

(b) The provisions of subsection (a) shall not be construed to be an expression of the sense of the 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.

[ELIGIBILITY MORATORIUM AND STUDY]

Sec. 719. (a) During the period of the moratorium imposed by Public Law 100-446 on implementation of the final rule published in the Federal Register on September 16, 1987, by the Health Resources and Services Administration of the Public Health Service, 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 section 709 of the Indian Health Care Improvement Act, as amended by this Act.

(b) The Secretary of Health and Human Services, acting through the Indian Health Service, shall, by contract or any other means, conduct a study to determine the impact of the final rule described in subsection (a) and of any other proposed rules which would change the eligibility criteria for medical services provided by the Indian Health Service.

(c) The study conducted under subsection (b) shall include-

(1) full participation and consultation with Indian and Alaskan Native tribal governments and representatives of urban Indian health care programs:

(2) statistics for each of the service areas of the Indian Health Service on the number of Indians who are currently eligible for the services of the Indian Health Service;

(3) statistics for each of the service areas of the Indian Health Service on the number of Indians who would be eligible for such services if the final rule described in subsection (a), or any alternative rule changing eligibility, were implemented;

(4) consideration of the financial impact of such final rule or any other proposed rule on the contract health care budget and on the clinical services budget of the Indian Health Service;

(5) consideration of the health status, cultural, social, and economic impact on Indian reservations and urban Indian populations of such final rule or any other rule changing the eligibility criteria;

(6) consideration of the alternatives, if any, that would be available to those Indians who would not be eligible for such services by reason of any such final rule; and

(7) consideration of the program changes that the Indian Health Service would be required to make if the eligibility requirements for such services that were in effect on September 15, 1987, were modified.

(d) The Secretary of Health and Human Services shall submit to the Congress a report on the study required under subsection (b).

(e) Before submitting to Congress the report on the study required under subsection (b), the Secretary of Health and Human Services shall provide Indian tribes, Alaska Native villages and urban Indian health care programs an opportunity to comment on the report and shall incorporate the comments of such Indian groups into the report.

(f) There are hereby authorized to be appropriated such sums as are necessary to carry out the provisions of this section.

SEVERABILITY PROVISIONS

Sec. 801. 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.

Note: The Indian Health Amendments of 1992, P.L. 102-573 had a number of free-standing provisions. Some of these were noted in the foregoing codification of P.L. 94-437. Others that may still have relevance are presented below for your convenience. Citations refer to P.L. 102-573 not P.L. 94-437.

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. 701. REDESIGNATION OF EXISTING TITLE VII.

....

(d) REFERENCES-Any reference in a provision of law other than the Indian Health Care Improvement Act to sections redesignated by subsection (b) shall be deemed to refer to the section as so redesignated.

[NOTE: P.L. 102-573, title VIII, also amended title III of the Indian Self-Determination and Education Assistance Act, P.L. 93-638. For your convenience, title III, **Tribal Self-Governance Demonstration Project is printed below.]**

TITLE III - TRIBAL SELF-GOVERNANCE DEMONSTRATION PROJECTS

Sec. 301. ***The Secretary of the Interior and the Secretary of Health and Human Services (hereinafter in this title referred to as "the Secretaries") each shall, for a period not to exceed eight years following enactment of this title, conduct a research and demonstration project to be known as the Tribal Self-Governance Project according to the provisions of this title.*** P.L.102-573

Sec. 302. ***(a) The ~~Secretary~~ Secretaries shall select thirty tribes to participate in the demonstration project, as follows:*** P.L.102-573

(1) a tribe that successfully completes a Self-Governance Planning Grant authorized by Conference Report 100-498 to accompany H.J.Res. 395, One Hundredth Congress, first session, shall be selected to participate in the demonstration project; and

(2) the ~~Secretary~~ Secretaries shall select, in such a manner as to achieve geographic representation, the remaining tribal participants from the pool of qualified applicants. In order to be in the pool of qualified applicants-- P.L.102-573

(A) the governing body of the tribe shall request participation in the demonstration project;

(B) such tribe shall have operated two or more mature contracts; and

(C) such tribe shall have demonstrated, for the previous three fiscal years, financial stability and financial management capability as evidence by such tribe having no significant and material audit exceptions in the required annual audit of such tribe's self-determination contracts.

Sec. 303. ***(a) The ~~Secretary~~ Secretaries is directed to negotiate, and to enter into, an annual written funding agreement with the governing body of a participating tribal government that successfully completes its Self-Governance Planning Grant. Such annual written funding agreement--*** P.L.102-573

(1) shall authorize the tribe to plan, conduct, consolidate, and administer programs, services and functions of the Department of the Interior and the Indian Health Service of the Department of Health and Human Services that are otherwise available to Indian tribes or Indians, including but not limited to, the Act of April 16, 1934 (48 Stat. 596) [25 U.S.C.S. @@ 455 et seq.], as amended, and the Act of November 2, 1921 (42 Stat. 208) [25 U.S.C.S. @@ 13 and former 52a]; P.L.102-573

(2) subject to the terms of the written agreement authorized by this title shall authorize the tribe to redesign programs, activities, functions or services and to reallocate funds for such programs, activities, functions or services;

(3) shall not include funds provided pursuant to the Tribally-Controlled Community College Assistance Act (Public Law 95-471 [25 U.S.C.S. @@ 1801 et seq., generally; for full classification, consult U.S.C.S. Tables volumes]), for elementary and secondary schools under the Indian School Equalization Formula pursuant to title XI of the Education Amendments of 1978 (Public Law 95-561 [Act November 1, 1978, P.L. 95-561, title XI, 92 Stat. 2313; for full classification, consult U.S.C.S Tables volumes], as amended), or for either the Flathead Agency Irrigation Division or the Flathead Agency Power Division: Provided, That nothing in this section shall affect the contractibility of such divisions under section 102 of this Act [25 U.S.C.S. @ 450f];

(4) shall specify the services to be provided, the functions to be performed, and the responsibilities of the tribe and the ~~Secretary~~ Secretaries pursuant to this agreement; P.L.102-573

(5) shall specify the authority of the tribe and the ~~Secretary~~ Secretaries, and the procedures to be used, to reallocate funds or modify budget allocations within any project year; P.L.102-573

(6) shall, except as provided in paragraphs (1) and (2), provide for payment by the ~~Secretary~~ Secretaries to the tribe of funds from one or more programs, services, functions, or activities in an amount equal to that which the tribe would have been eligible to receive under contracts and grants under this Act, including direct program costs, and for any funds which are specifically related to the provision by the ~~Secretary~~ Secretaries of services and benefits to the tribe and is members: Provided, however, that Funds for trust services to individual Indians are available under this written agreement only to the extent that the same services which would have been provided by the ~~Secretary~~ Secretaries are provided to individual Indians by the tribe; P.L.102-573 P.L.102-573 P.L.102-573

(7) shall not allow the ~~Secretary~~ Secretaries to waive, modify or diminish in any way the trust responsibility of the United States with respect to Indian tribes and individual Indians which exists under treaties, Executive orders, and Acts of Congress; P.L.102-573

(8) shall allow for retrocession of programs or portions thereof pursuant to section 105(e) of this Act

[25 U.S.C.S. @ 450j(e)]; and

(9) shall be submitted by the ~~Secretary~~ Secretaries ninety days in advance of the proposed effective date of the agreement to each tribe which is served by the agency which is serving the tribe which is a party to the funding agreement and to the Congress for review by the Select Committee on Indian Affairs of the Senate and the Committee on Interior and Insular Affairs of the House of Representatives. P.L.102-573

(b) For the year for which, and to the extent to which, funding is provided to a tribe pursuant to this title, such tribe--

(1) shall not be entitled to contract with the ~~Secretary~~ Secretaries for such funds under section 102 [25 U.S.C.S @ 450f], except that such tribe shall be eligible for new programs on the same basis as other tribes; and P.L.102-573

(2) shall be responsible for the administration of programs, services and activities pursuant to agreements under this title.

(c) At the request of the governing body of the tribe and under the terms of an agreement pursuant to subsection (a), the ~~Secretary~~ Secretaries shall provide funding to such tribe to implement the agreement. P.L.102-573

(d) For the purpose of section 110 of this Act [25 U.S.C.S @ 450m-1] the term "contract" shall also include agreements to authorized by this title except that for the term of the authorized agreements under this title, the provisions of section 2103 of the Revised Statutes of the United States (25 U.S.C. 81), and section 16 of the Act of June 18, 1934 (25 U.S.C. 476), shall not apply to attorney and other professional contracts by participating Indian tribal governments operating under the provisions of this title.

(e) To the extent feasible, the ~~Secretary~~ Secretaries shall interpret Federal laws and regulations in a manner that will facilitate the agreements authorized by this title. P.L.102-573

(f) To the extent feasible, the ~~Secretary~~ Secretaries shall interpret Federal laws and regulations in a manner that will facilitate the inclusion of activities, programs, services, and functions in the agreements authorized by this title. P.L.102-573

Sec. 304. *The ~~Secretary~~ Secretaries shall identify, in the President's annual budget request to the Congress, any funds proposed to be included in the Tribal Self-Governance Project. The use of funds pursuant to this title shall be subject to specific directives or limitations as may be included in applicable appropriations Acts.* P.L.102-573

Sec 305. *The ~~Secretary~~ Secretaries shall submit to the Congress a written report on July 1 and January 1 of each of the five years following the date of enactment of this title on the relative costs and benefits of the Tribal Self-Governance Project. Such report shall be based on mutually determined* P.L.102-573

baseline measurements jointly developed by the ~~Secretary~~ Secretaries and participating tribes, and shall separately include the views of the tribes. P.L.102-573

Sec. 306. *Nothing in this title shall be construed to limit or reduce in any way the services, contracts or funds that any other Indian tribe or tribal organization is eligible to receive under section 102 [25 U.S.C.S. @ 450f] or any other applicable Federal law and the provisions of section 110 of this Act [25 U.S.C.S. @ 450m-1] shall be available to any tribe or Indian organization which alleges that a funding agreement is in violation of this section.*

Sec. 307. *For the purpose of providing planning and negotiation grants to the ten tribes added by section 3 of the Tribal Self-Governance Demonstration Project Act [Act of December 4, 1991, P.L. 102-184 @ 3, 105 Stat. 1278] to the number of tribes set forth by section 302 of this Act (as in effect before the date of enactment of this section), there is authorized to be appropriated $700,000.* P.L.102-573

Sec. 308. *(a) The Secretary of Health and Human Services, in consultation with the Secretary of the Interior and Indian tribal governments participating in the demonstration project under this title, shall conduct a study for the purpose of determining the feasibility of extending the demonstration project under this title to the activities, programs, functions, and services of the Indian Health Service. The Secretary shall report the results of such study, together with his recommendations, to the Congress within the 12 month period following the date of the enactment of the Tribal Self-Governance Demonstration Project [enacted December 4, 1991].* P.L.102-573

(b) The Secretary of Health and Human Services may establish within the Indian Health Service an office of self-governance to be responsible for coordinating the activities necessary to carry out the study required under subsection (a).

Sec. 309. *The Secretary of the Interior shall conduct a study for the purpose of determining the feasibility of including in the demonstration project under this title those programs and activities excluded under section 303(a)(3). The Secretary of the Interior shall report the results of such study, together with his recommendations, to the Congress within the 12-month period following the date of the enactment of the Tribal Self-Governance Demonstration Project Act [enacted December 4, 1991].* P.L.102-573

Sec. 310. *For the purposes of providing one year planning and negotiations grants to the Indian tribes identified by section 302, with respect to the programs, activities, functions, or services of the Indian Health Service, there are authorized to be appropriated such sums as may be necessary to carry out such purposes. Upon completion of an authorized planning activity or a comparable planning activity by a tribe, the Secretary is authorized to negotiate and implement a Compact of Self-Governance and Annual Funding Agreement with such tribe.* P.L.102-573