To improve the implementation of the Federal responsibility for the care and education of 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.

IN THE HOUSE OF REPRESENTATIVES

MAY 1, 2001

Mr. George Miller of California (for himself, Mr. Pallone, Mr. Rahall, Mr. Kildee, Mr. Hayworth, Mr. Waxman, Mr. Oberstar, Mr. Piller, Mr. Bonior, Mrs. Mink of Hawaii, Mr. Carson of Oklahoma, Mr. Larsen of Washington, Mr. McDermott, Ms. Lee, Ms. Millender-McDonald, Mr. Baca, Mr. Abercrombie, Mrs. Bono, Mr. Kind, Mr. Frank, Mr. Stupak, Mr. Frost, Mr. Kennedy of Rhode Island, Mr. Udall of New Mexico, Mr. Inslee, Mr. Nethercutt, Mr. Baldacci, Mr. Paleomavaega, Mr. Blumenauer, Ms. Lofgren, Mr. Lantos, Mr. Jefferson, Mr. Cannon, Mr. Condit, Mr. Towns, Mr. Blagojevich, Mr. Taylor of North Carolina, Mr. Watkins, Mr. Allen, Mrs. Napolitano, Mr. Hinchey, Ms. McCollum, Mr. Udall of Colorado, Mr. Lucas of Oklahoma, Mr. Camp, Ms. Kilpatrick, and Mr. Honda) introduced the following bill; which was referred to the Committee on Resources, and in addition to the Committees on Energy and Commerce, Ways and Means, and Government Reform, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To improve the implementation of the Federal responsibility for the care and education of Indian people by improving the services and facilities of Federal Indian health pro-
grams 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,

SECTION 1. SHORT TITLE.

This Act may be cited as the “Indian Health Care Improvement Act Amendments of 2001”.

SEC. 2. INDIAN HEALTH CARE IMPROVEMENT ACT AMENDED.

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

“SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

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

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

1Sec. 1. Short title; table of contents.
1Sec. 2. Findings.
1Sec. 3. Declaration of health objectives.
1Sec. 4. Definitions.

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

1Sec. 101. Purpose.
1Sec. 102. General requirements.
1Sec. 103. Health professions recruitment program for Indians.
1Sec. 104. Health professions preparatory scholarship program for Indians.
1Sec. 105. Indian health professions scholarships.
1Sec. 106. American Indians into psychology program.
1Sec. 107. Indian health service extern programs.
1Sec. 108. Continuing education allowances.
1Sec. 109. Community health representative program.
1Sec. 110. Indian health service loan repayment program.
1Sec. 111. Scholarship and loan repayment recovery fund.
1Sec. 112. Recruitment activities.
1Sec. 113. Tribal recruitment and retention program.
"Sec. 114. Advanced training and research.
"Sec. 115. Quentin B. Burdick American Indians into Nursing Program.
"Sec. 116. Tribal cultural orientation.
"Sec. 117. INMED program.
"Sec. 118. Health training programs of community colleges.
"Sec. 119. Retention bonuses.
"Sec. 120. Nursing residency program.
"Sec. 121. Community health aide program for Alaska.
"Sec. 122. Tribal health program administration.
"Sec. 123. Health professional chronic shortage demonstration project.
"Sec. 124. Treatment of scholarships for certain purposes.
"Sec. 125. National health service corps.
"Sec. 126. Substance abuse counselor education demonstration project.
"Sec. 127. Mental health training and community education programs.
"Sec. 128. Authorization of appropriations.

"TITLE II—HEALTH SERVICES

"Sec. 201. Indian health care improvement fund.
"Sec. 203. Health promotion and disease prevention services.
"Sec. 204. Diabetes prevention, treatment, and control.
"Sec. 205. Shared services.
"Sec. 206. Health services research.
"Sec. 207. Mammography and other cancer screening.
"Sec. 208. Patient travel costs.
"Sec. 209. Epidemiology centers.
"Sec. 211. Indian youth program.
"Sec. 212. Prevention, control, and elimination of communicable and infectious diseases.
"Sec. 213. Authority for provision of other services.
"Sec. 214. Indian women’s health care.
"Sec. 215. Environmental and nuclear health hazards.
"Sec. 216. Arizona as a contract health service delivery area.
"Sec. 217. California contract health services program.
"Sec. 218. California as a contract health service delivery area.
"Sec. 219. Contract health services for the Trenton service area.
"Sec. 220. Programs operated by Indian tribes and tribal organizations.
"Sec. 221. Licensing.
"Sec. 222. Authorization for emergency contract health services.
"Sec. 223. Prompt action on payment of claims.
"Sec. 224. Liability for payment.
"Sec. 225. Authorization of appropriations.

"TITLE III—FACILITIES

"Sec. 301. Consultation; construction and renovation of facilities; reports.
"Sec. 302. Safe water and sanitary waste disposal facilities.
"Sec. 303. Preference to Indians and Indian firms.
"Sec. 304. Expenditure of nonservice funds for renovation.
"Sec. 305. Funding for the construction, expansion, and modernization of small ambulatory care facilities.
"Sec. 306. Indian health care delivery demonstration project.
"Sec. 307. Land transfer.
"Sec. 308. Leases.
Sec. 309. Loans, loan guarantees, and loan repayment.
Sec. 310. Tribal leasing.
Sec. 311. Indian health service/tribal facilities joint venture program.
Sec. 312. Location of facilities.
Sec. 313. Maintenance and improvement of health care facilities.
Sec. 314. Tribal management of federally owned quarters.
Sec. 315. Applicability of buy American requirement.
Sec. 316. Other funding for facilities.
Sec. 317. Authorization of appropriations.

TITLE IV—ACCESS TO HEALTH SERVICES

Sec. 401. Treatment of payments under medicare program.
Sec. 402. Treatment of payments under medicaid program.
Sec. 403. Report.
Sec. 404. Grants to and funding agreements with the service, Indian tribes, tribal organizations, and urban Indian organizations.
Sec. 405. Direct billing and reimbursement of medicare, medicaid, and other third-party payors.
Sec. 406. Reimbursement from certain third parties of costs of health services.
Sec. 407. Crediting of reimbursements.
Sec. 408. Purchasing health care coverage.
Sec. 409. Indian health service, department of veterans affairs, and other Federal agency health facilities and services sharing.
Sec. 410. Payor of last resort.
Sec. 411. Payment or reimbursement for services.
Sec. 412. Tuba city demonstration project.
Sec. 413. Access to Federal insurance.
Sec. 414. Consultation and rulemaking.
Sec. 415. Limitation on secretary’s waiver authority.
Sec. 416. Children’s health insurance program funds.
Sec. 417. Waiver of medicare and medicaid sanctions.
Sec. 418. Safe harbor.
Sec. 419. Cost sharing.
Sec. 420. Managed care.
Sec. 421. Navajo nation medicaid agency.
Sec. 422. Indian advisory committees.
Sec. 423. Limitation on charges.
Sec. 424. Authorization of appropriations.

TITLE V—HEALTH SERVICES FOR URBAN INDIANS

Sec. 501. Purpose.
Sec. 502. Contracts with, and grants to, urban Indian organizations.
Sec. 503. Contracts and grants for the provision of health care and referral services.
Sec. 504. Contracts and grants for the determination of unmet health care needs.
Sec. 505. Evaluations; renewals.
Sec. 506. Other contract and grant requirements.
Sec. 507. Reports and records.
Sec. 508. Limitation on contract authority.
Sec. 509. Facilities.
Sec. 510. Office of urban Indian health.
Sec. 511. Grants for alcohol and substance abuse related services.
Sec. 512. Treatment of certain demonstration projects.
Sec. 513. Urban NIAAA transferred programs.
Sec. 514. Consultation with urban Indian organizations.
Sec. 515. Federal tort claims act coverage.
Sec. 516. Urban youth treatment center demonstration.
Sec. 517. Use of Federal government facilities and sources of supply.
Sec. 518. Grants for diabetes prevention, treatment, and control.
Sec. 519. Community health representatives.
Sec. 520. Regulations.
Sec. 521. Authorization of appropriations.

"TITLE VI—ORGANIZATIONAL IMPROVEMENTS"

Sec. 601. Establishment of the Indian health service as an agency of the public health service.
Sec. 602. Automated management information system.
Sec. 603. Authorization of appropriations.

"TITLE VII—BEHAVIORAL HEALTH PROGRAMS"

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

"TITLE VIII—MISCELLANEOUS"

Sec. 801. Reports.
Sec. 802. Regulations.
Sec. 803. Plan of implementation.
Sec. 804. Availability of funds.
Sec. 805. Limitation on use of funds appropriated to the Indian health service.
Sec. 806. Eligibility of California Indians.
Sec. 807. Health services for ineligible persons.
Sec. 808. Reallocation of base resources.
Sec. 809. Results of demonstration projects.
Sec. 810. Provision of services in Montana.
Sec. 811. Moratorium.
Sec. 812. Tribal employment.
Sec. 813. Prime vendor.
Sec. 814. Severability provisions.
Sec. 815. Establishment of national bipartisan commission on Indian health care entitlement.
"Sec. 816. Appropriations; availability.
"Sec. 817. Authorization of appropriations.

1 "SEC. 2. FINDINGS.

2 "The Congress finds the following:

3 "(1) Federal delivery of health services and

4 funding of tribal and urban Indian health programs

5 to maintain and improve the health of the Indians

6 are consonant with and required by the Federal Gov-

7 ernment’s historical and unique legal relationship, as

8 reflected in the Constitution, treaties, Federal stat-

9 utes and the course of dealings of the United States

10 with Indian tribes and the United States resulting

11 Government to Government and trust responsibility

12 and obligations to the American Indian people.

13 "(2) From the time of European occupation

14 and colonization through the 20th century policies

15 and practices of the United States caused and/or

16 contributed to the severe health conditions of Indi-

17 ans.

18 "(3) Indian tribes, have, through the cession of

19 over 400,000,000 acres of land, to the United States

20 in exchange for promises, often reflected in treaties,

21 of health care secured a de facto contract which ent-

22 tles Indians to health care in perpetuity, based on

23 the moral legal and historic obligation of the United

24 States.

•HR 1662 IH
“(4) The population growth of the Indian people that began in the later part of the 20th century increases the need for Federal health care services.

“(5) 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 regardless of where they live to be raised to the highest possible level that is no less than that of the general population and to provide for the maximum participation of Indian tribes, tribal organizations, and urban Indian organizations in the planning, delivery and management of those services.

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

“(7) Despite such services, the unmet health needs of the American Indian people remain alarmingly severe, and even continue to decline, and the health status of Indians is far below the health status of the general population of the United States.

“(8) The disparity to be addressed is formidable. In death rates, for example, Indian people suffer a death rate for diabetes mellitus that is 249 percent higher than the all races rate for the United
States, a pneumonia and influenza death rate 71 percent greater, a tuberculosis death rate that is 533 percent greater, and a death rate from alcoholism that is 627 percent higher than that of the all races United States rate.

"SEC. 3. DECLARATION OF HEALTH OBJECTIVES.

“(a) The Congress hereby declares that it is the policy of this Nation, in fulfillment of its special trust responsibilities and legal obligations to the American Indian people—

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

“(2) to raise the health status of Indians by the year 2011 to at least the levels set forth in the goals contained within the Healthy People 2000 or successor standards;

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

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

“(5) to require meaningful consultation with Indian tribes, Indian organizations, and urban Indian organizations to implement this Act and the national policy of Indian self-determination; and

“(6) to provide for health care programs and facilities operated by Tribes and tribal organizations in amounts that are not less funds than are provided to programs and facilities operated directly by the Service.

“SEC. 4. DEFINITIONS.

“For purposes of this Act:

“(1) The term ‘accredited and accessible’ means a community college or other appropriate entity on or near a Reservation and accredited by a national or regional organization with accrediting authority.

“(2) The term ‘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.

“(3) The term ‘contract health service’ means health services provided at the expense of the Service, Indian tribe or tribal organization from public or
private medical providers or hospitals, other than
those funded under the Indian Self-Determination
and Education Assistance Act.

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

“(5) The term ‘Director’ means the Director of
the Indian Health Service.

“(6) The term ‘disease prevention’ is the reduc­
tion, limitation, and prevention of disease and its
complications and reduction in the consequences of
such diseases including, but not limited to—

“(A) controlling—

“(i) development of diabetes;
“(ii) high blood pressure;
“(iii) infectious agents;
“(iv) injuries;
“(v) occupational hazards and disabil­
ities;
“(vi) sexually transmittable diseases;

and

“(vii) toxic agents; and

“(B) providing—

“(i) fluoridation of water; and
“(ii) immunizations.
“(7) The term ‘fund’ or ‘funding’ means the transfer of moneys from the Department to any eligible entity or individual under this Act by any legal means, including funding agreements, contracts, memoranda of understanding, Buy Indian Act contracts or otherwise.

“(8) The term ‘funding agreement’ means any agreement to transfer funds for the planning, conduct, and administration of programs, functions, services and activities to Tribes and tribal organizations from the Secretary under the Indian Self-Determination and Education Assistance Act.

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

“(10) The ‘health promotion’ means fostering social, economic, environmental, and personal factors conducive to health, including raising people’s
awareness about health matters and enabling them
to cope with health problems by increasing their
knowledge and providing them with valid informa-
tion; encouraging adequate and appropriate diet, ex-
ercise, and enough sleep; promoting education and
work in conformity with physical and mental capac-
ity; making available suitable housing, safe water,
and sanitary facilities; improving the physical, eco-

demic, cultural, psychological, and social environ-
ment; and promoting adequate opportunity for spir-

tual, religious, and traditional practices; and ade-
quate and appropriate programs including, but not
limited to—

“(A) abuse prevention (mental and physi-

cal);

“(B) community health;

“(C) community safety;

“(D) consumer health education;

“(E) diet and nutrition;

“(F) disease prevention (communicable,

immunizations, HIV/AIDS);

“(G) environmental health;

“(H) exercise and physical fitness;

“(I) fetal alcohol disorders;

“(J) first aid and CPR education;
“(K) human growth and development;
“(L) injury prevention and personal safety;
“(M) mental health (emotional, self-worth);
“(N) personal health and wellness practices;
“(O) personal capacity building;
“(P) prenatal, pregnancy, and infant care;
“(Q) psychological well-being;
“(R) reproductive health (family planning);
“(S) safe and adequate water;
“(T) safe housing;
“(U) safe work environments;
“(V) stress control;
“(W) substance abuse;
“(X) sanitary facilities;
“(Y) tobacco use cessation and reduction;
“(Z) violence prevention; and
“(AA) such other activities identified by the Indian Health Service, or an Indian tribe or tribal organization, to promote achievement of any of the objectives described in section 3(b).
“(11) The term ‘Indians’ or ‘Indian’ shall have the same meaning as provided in the Indian Self-Determination and Education Assistance Act.
“(12) 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 organization pursuant to a funding agreement under—

“(I) the Indian Self-Determination and Educational Assistance Act; or

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

“(iii) by an urban Indian organization pursuant to title V of this Act.

“(13) The term ‘Indian tribe’ shall have the same meaning as provided in the Indian Self-Determination and Education Assistance Act.

“(14) The term ‘reservation’ means any federally recognized Indian tribe’s reservation, Pueblo or colony, including former reservations in Oklahoma, Alaska Native Regions established pursuant to the Alaska Native Claims Settlement Act, and Indian allotments.
“(15) The term ‘Secretary’, unless otherwise designated, means the Secretary of Health and Human Services.

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

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

“(18) The term ‘Service Unit’ means—

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

“(B) a Tribe or tribal organization operating health care programs or facilities with funds from the Service under the Indian Self-Determination and Education Assistance Act, through which services are provided, directly or by contract, to the eligible Indian population within a defined geographic area.

“(19) The term ‘traditional health care practices’ means the application by Native healing practitioners of the Native healing sciences (as opposed or in contradistinction to Western Healing Sciences) which embodies the influences or forces of innate tribal discovery, history, description, explanation and knowledge of the states of wellness and illness and which calls upon these influences or forces, including
physical, mental, and spiritual forces in the promotion, restoration, preservation and maintenance of health, well-being, and life’s harmony.

“(20) The term ‘tribal organization’ shall have the same meaning as provided in the Indian Self-Determination and Education Assistance Act.

“(21) 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)) and the definition contained in the Indian Land Grant Status Act (7 U.S.C. 301 note).

“(22) The term ‘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.

“(23) The term ‘urban Indian’ means any individual who resides in an urban center and who meets one or more of the following criteria:

“(A) Irrespective of whether the individual lives on or near a reservation, the individual is a member of a Tribe, band, or other organized group of Indians, including those Tribes, bands, or groups terminated since 1940.
“(B) The individual is an Eskimo or Aleut or other Alaskan Native.

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

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

“(24) The term ‘urban Indian organization’ means a nonprofit corporate body situated in an urban center, governed by an urban Indian controlled board of directors, and providing for the 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).

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

“SEC. 101. PURPOSE.

“The purpose of this title is to increase to the maximum feasible extent the number of Indians entering the health professions and providing health services, and to assure an optimum supply of health professionals to the
Service, Indian tribes, tribal organizations, and urban Indian organizations involved in the provision of health services to Indian people.

“SEC. 102. GENERAL REQUIREMENTS.

“(a) SERVICE AREA PRIORITIES.—(1) Unless otherwise specified, the funding for each program authorized by this title shall be allocated by service area by formula developed in consultation with Indian tribes, tribal organizations, and urban Indian organizations. Such formula shall consider the human resource and development needs in each service area.

“(2) Each Area Office shall undertake active and continuing consultation with representatives of Indian tribes, tribal organizations, and urban Indian organizations to prioritize the use of funds authorized and provided under this title within the service area.

“(3) Unless otherwise prohibited, the Area Office is authorized to reallocate the funds available to it pursuant to this title among the programs authorized by this title, excepted that scholarship and loan repayment funds may not be used for administrative functions.

“(b) All individual recipients of scholarships, loans, or other funding authorized by this title that exist on September 30, 1976 shall be excluded from operation of this subsection through to the completion of the individual’s
course of study supported by funds appropriated to carry out this title.

“SEC. 103. HEALTH PROFESSIONS RECRUITMENT PROGRAM FOR INDIANS.

“(a) Subject to the requirements of section 102, the Secretary shall make funds available to public or nonprofit private health 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 courses of study in such health professions; or

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

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

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

“(b)(1) Funds under this section shall require that an application has been submitted to, and approved by, the Secretary through the Area Office. Such application shall be in such form, submitted in such manner, and contain such information, as the Secretary shall by regulation prescribe pursuant to this Act. The Area Office shall give a preference to applications submitted by Indian tribes, tribal organizations, or urban Indian organizations.

“(2) The amount of funds provided to entities authorized under this section shall be determined by the Area Office. Payments pursuant to this section may be made in advance or by way of reimbursement, and at such intervals and on such conditions as provided for in regulations issued pursuant to this Act. To the extent not otherwise prohibited by law, funding commitments shall be for 3 years, as provided for in regulations published pursuant to this Act.

“(c) For purposes of this section and sections 104 and 105, the term ‘Indian’ or ‘Indians’ shall, in addition to the meaning contained in section 4, also mean any person 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;
“(2) is an Eskimo or Aleut or other Alaska Na-
tive;
“(3) is considered by the Secretary of the Inter-
rior to be an Indian for any purpose; or
“(4) is determined to be an Indian under regu-
lations promulgated by the Secretary.

“SEC. 104. HEALTH PROFESSIONS PREPARATORY SCHOL-
ARSHIP PROGRAM FOR INDIANS.
“(a) Subject to the requirements of section 102, the
Secretary shall provide scholarships to Indians who—
“(1) have successfully completed their high
school education or high school equivalency; and
“(2) have demonstrated the potential to suc-
cessfully complete courses of study in the health pro-
fessions.
“(b) Scholarships provided pursuant to this section
shall be for the following purposes:
“(1) Compensatory preprofessional education of
any recipient, such scholarship not to exceed 2 years
on a full-time basis (or the part-time equivalent
thereof, as determined by the Area Office pursuant
to regulations issued under this Act).
“(2) Pregraduate education of any recipient leading to a baccalaureate degree in an approved course of study preparatory to a field of study in a health profession, such scholarship not to exceed 4 years. An extension of up to 2-years (or the part-time equivalent thereof, as determined by the Area Office pursuant to regulations issued pursuant to this Act) may be approved.

“(c) Scholarships under this section—

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

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

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

“SEC. 105. INDIAN HEALTH PROFESSIONS SCHOLARSHIPS.

“(a) In order to meet the need for health professionals serving Indians, Indian tribes, tribal organizations, and urban Indian organizations, subject to the requirements of section 102. The administration of this section shall be a responsibility of the Director and shall not be
delegated in a funding agreement pursuant to the Indian Self-Determination and Education Assistance Act. The Secretary shall make scholarships to Indians who are enrolled full or part time in accredited schools 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. 254l), except as provided in subsection (b) of this section.

“(b)(1) An Indian shall be eligible for a scholarship under subsection (a) in any year in which such individual is enrolled full or part time in a course of study referred to in subsection (a).

“(2)(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. 254l) that an Indian has entered into under that section shall, if that individual is a recipient of an Indian Health Scholarship, be met in full-time practice on an equivalent year for year obligation, by service—

“(i) in the Indian Health Service;

“(ii) in a program conducted under a funding agreement entered into under the Indian Self-Determination and Education Assistance Act;
“(iii) in a program assisted under title V of this Act; or

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

“(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 an appropriate period (in years, as determined by the Secretary), subject to the following conditions:

“(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 than 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, or in a field or specialty where a need is determined to exist by the appropriate service area, in a manner consistent with clauses (i) through (iv) of subparagraph (A).

“(C) All new recipients of Indian Health Scholarships awarded after 2002 shall meet the active duty service obligation within the service area from which the scholarship was awarded. Priority shall be given to a program that funded the recipient. Under special circumstances, a recipient may be placed in a different service area by agreement between Areas or programs.

“(D) Subject to subparagraph (C), the Area Office, in making assignments of Indian Health Scholarship recipients required to meet the active duty service obligation 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 indi-
viduals having breached contracts entered into under this section.

“(3) In the case of an individual receiving a scholar-

ship under this section who is enrolled part time in an approved course of study—

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

“(B) the period of obligated service described in paragraph (2)(A) shall be equal to the greater of—

“(i) the part-time equivalent of one year for each year for which the individual was pro-
vided a scholarship (as determined by the Area Office); or

“(ii) 2 years; and

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

“(4)(A) An individual who has, on or after the date of the enactment of this paragraph, entered into a written contract with the Secretary under this section and who—
“(i) fails to maintain an acceptable level of academic standing in the educational institution in which he is enrolled (such level determined by the educational institution under regulations of the Secretary),

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

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

“(iv) fails to accept payment, or instructs the educational institution in which he is enrolled not to accept payment, in whole or in part, of a scholarship under such contract, in lieu of any service obligation arising under such contract, shall be liable to the United States for the amount which has been paid to him, or on his behalf, under the contract.

“(B) If for any reason not specified in subparagraph (A) an individual breaches a 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 for-
mula specified in subsection (l) of section 108 in the man-
ner provided for in such subsection.

“(C) Upon the death of an individual who receives
an Indian Health Scholarship, any obligation of that indi-
vidual for service or payment that relates to that scholar-
ship shall be canceled.

“(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, in consultation with the Area Office, In-
dian tribes, tribal organizations, and urban Indian organi-
zations, 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 obli-
gation or make that payment would result in ex-
treme 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 be released by a discharge in bankruptcy under title 11, United States Code, unless that discharge is granted after the expiration of the 5-year period beginning on the initial date on which that payment is due, and only if the bankruptcy court finds that the nondischarge of the obligation would be unconscionable.

“(c) FUNDING FOR TRIBES FOR SCHOLARSHIP PROGRAMS.—(1)(A) Subject to section 102, the Secretary shall make funds available 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.

“(B) Amounts available under subparagraph (A) for any fiscal year shall not exceed 5 percent of the amounts available for each fiscal year for Indian Health Scholarships under this section.

“(C) An application for funds under subparagraph (A) shall be in such form and contain such agreements, assurances, and information as consistent with this section.

“(2)(A) An Indian tribe or tribal organization receiving funds under paragraph (1) shall provide scholarships
to Indians in accordance with the requirements of this subsection.

“(B) With respect to costs of providing any scholar-
ship pursuant to subparagraph (A)—

“(i) 80 percent of the costs of the scholarship
shall be paid from the funds pursuant to subsection
(c)(1) provided to the Indian tribe or tribal organi-
ization; and

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

“(3) An Indian tribe or tribal organization shall pro-
vide scholarships under subsection (c) only to Indians en-
rolled or accepted for enrollment in a course of study (ap-
proved by the Secretary) in one of the health professions
contemplated by this Act.

“(4) In providing scholarships under paragraph (2),
the Secretary and the Indian tribe or tribal organization
shall enter into a written contract with each recipient of
such scholarship. Such contract shall—

“(A) obligate such recipient to provide service
in an Indian health program (as defined in section
109(a)(2)(A)), in the same service area where the
Indian tribe or tribal organization providing the
scholarship is located, for—
“(i) a number of years for which the scholarship is provided (or the part-time equivalent thereof, as determined by the Secretary), or for a period of 2 years, whichever period is greater; or

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

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

“(i) may only be expended for—

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

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

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

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

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

“(5)(A) An individual who has entered into a written contract with the Secretary and an Indian tribe or tribal organization under this paragraph and who—

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

“(ii) is dismissed from such educational institution for disciplinary reasons;
“(iii) voluntarily terminates the training in such
an educational institution for which he or she is pro-
vided 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 or she is enrolled
not to accept payment, in whole or in part, of a
scholarship under such contract, in lieu of any serv-

ice 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 her, or on
his or her behalf, under the contract.
“(B) If for any reason not specified in subparagraph
(A), an individual breaches his or her written contract by
failing to either begin such individual’s service obligation
required under such contract or to complete such service
obligation, the United States shall be entitled to recover
from the individual an amount determined in accordance
with the formula specified in subsection (l) of section 110
in the manner provided for in such subsection.
“(C) The Secretary may carry out this subsection on
the basis of information received from Indian tribes or
tribal organizations involved, or on the basis of informa-
tion collected through such other means as the Secretary
deems appropriate.
“(6) The recipient of a scholarship under paragraph (1) shall agree, in providing health care pursuant to the requirements herein—

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

“(B) 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.

“(7) The Secretary shall make payments under this paragraph 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 or-
ganization has not complied with the requirements of this subsection.

```
SEC. 106. AMERICAN INDIANS INTO PSYCHOLOGY PROGRAM.

“(a) Notwithstanding section 102, the Secretary shall provide funding
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. These programs shall be located at various
locations throughout the country to maximize their availability to
Indian students and new programs shall be established in different
locations from time to time.

“(b) 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 117(b), the Quentin N. Burdick American Indians
Into Nursing Program authorized under section 115(e), and existing
university research and communications networks.
```
“(c)(1) The Secretary shall issue regulations pursuant to this Act for the competitive awarding of funds provided under this section.

“(2) Applicants 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 accredited and accessible community colleges 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 stipends to undergraduate and graduate students to pursue a career in psychology;

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

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

“(F) 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 who receives a stipend described in subsection (e)(2)(D) that is funded under this section. Such obligation shall be met by service—

“(1) in the Indian Health Service;

“(2) in a program conducted under a funding agreement entered into under the Indian Self-Determination and Education Assistance 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.

“SEC. 107. INDIAN HEALTH SERVICE EXTERN PROGRAMS.

“(a) Any individual who receives a scholarship pursuant to section 105 shall be given preference for employment in the Service, or may be employed by a program of an Indian tribe, tribal organization, or urban Indian organization, or other agencies of the Department as available, during any nonacademic period of the year. Pe-
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 course of study in the health professions may be employed by the Service or by an Indian tribe, tribal organization, or urban Indian organization during any nonacademic period of the year. Any such employment shall not exceed 120 days during any calendar year.

“(c) Any individual in a high school program authorized under section 103(a) may be employed by the Service or by an Indian tribe, or tribal organization or urban Indian organization during any nonacademic period of the year, not to exceed 120 days during a calendar year.

“(d) Any employment pursuant to this section shall be made without regard to any competitive personnel system or agency personnel limitation and to a position which will enable the individual so employed to receive practical experience in the health profession in which he or she is engaged in study. Any individual so employed shall receive payment for his or her services comparable to the salary he or she would receive if he or she were employed in the competitive system. Any individual so employed shall not be counted against any employment ceiling affecting the Service or the Department.
“SEC. 108. CONTINUING EDUCATION ALLOWANCES.

“In order to encourage health professionals, including for purposes of this section, community health representatives and emergency medical technicians, to join or continue in the Service or program of an Indian tribe, tribal organization, or urban Indian organization and to provide their services in the rural and remote areas where a significant portion of the Indian people reside, the Secretary, subject to section 102, acting through the service area, may provide allowances to health professionals employed in the Service or program of an Indian tribe, tribal organization, or urban Indian organization 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.

“SEC. 109. COMMUNITY HEALTH REPRESENTATIVE PROGRAM.

“(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, Indian tribes, and tribal organizations—

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

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

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

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

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

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

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

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

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

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

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

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

“(a)(1) Subject to section 102, the Secretary shall es-
tablish a program to be known as the Indian Health Serv-
ice Loan Repayment Program (hereinafter referred to as
the ‘Loan Repayment Program’) in order to ensure an
adequate supply of trained health professionals necessary
to maintain accreditation of, and provide health care serv-
ices to Indians through, Indian health programs.

“(2) For the purposes of this section 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 Repay-
ment Program, an individual must—
“(1)(A) be enrolled—

“(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

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

“(B) have—

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

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

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

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

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

“(D) be employed in an Indian health program without a service obligation; and

“(3) submit to the Secretary an application for a contract described in subsection (f).
“(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 (I) 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) Consistent with section 102 and subsection
(k), the Secretary shall annually—

“(A) identify the positions in each Indian
health program for which there is a need or a va-
cancy; and

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

“(2) Consistent with the priority determined under
paragraph (1), the Secretary, in determining which appli-
cations under the Loan Repayment Program to approve
(and which contracts to accept), shall give priority to ap-
plications made by—

“(A) Indians; and

“(B) individuals recruited through the efforts of
an Indian tribe, tribal organization, or urban Indian
organization.

“(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).

“(2) The Secretary shall provide written notice to an
individual within 21 days on—

“(A) the Secretary’s approving, under para-
graph (1), of the individual’s participation in the

•HR 1662 IH
Loan Repayment Program, including extensions resulting in an aggregate period of obligated service in excess of 4 years; or

“(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, tribal organization, or urban 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 des-
cribed in subsection (b)(1)—

“(I) to maintain enrollment in a
course of study or training described
in subsection (b)(1)(A) until the indi-
vidual completes the course of study
or training, and

“(II) while enrolled in such
course of study or training, to main-
tain an acceptable level of academic
standing (as determined under regula-
tions of the Secretary by the edu-
cational institution offering such
course of study or training); and

“(iii) to serve for a time period (here-
inafter in this section referred to as the
‘period of obligated service’) equal to 2
years or such longer period as the indi-
vidual may agree to serve in the full-time
clinical practice of such individual’s profes-
sion in an Indian health program to which
the individual may be assigned by the Sec-
retary;

“(2) a provision permitting the Secretary to ex-
tend for such longer additional periods, as the indi-
vidual 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 in-
dividual 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 li-
abilities 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 Pro-
gram shall consist of payment, in accordance with para-
graph (2), on behalf of the individual of the principal, in-
terest, and related expenses on government and commer-
cial loans received by the individual regarding the under-
graduate 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) For each year of obligated service that an individual 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, whichever is more, on behalf of the individual for loans described in paragraph (1). In making a determination of the amount to pay for a year of such service by an individual, the Secretary shall consider the extent to which each such determination—

“(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) 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 counted against any employment ceiling affecting the Department.

“(i) The Secretary shall conduct recruiting programs for the Loan Repayment Program and other Service manpower programs of the Service 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 pe-
period of obligated service under the Loan Repayment Pro-
gram.

“(k) The Secretary, in assigning individuals to serve
in Indian health programs pursuant to contracts entered
into under this section, shall—

“(1) ensure that the staffing needs of Indian
health programs administered by an Indian tribe or
tribal organization receive consideration on an equal
basis with programs that are administered directly
by the Service; and

“(2) give priority to assigning individuals to In-
dian health programs that have a need for health
professionals to provide health care services as a re-
sult of individuals having breached contracts entered
into under this section.

“(l)(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—

“(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:

\[ A = Z (t-s/t) \]

in which—

“(A) ‘A’ is the amount the United States is entitled to recover;
“(B) ‘Z’ is the sum of the amounts paid under this section to, or on behalf of, the individual and the interest on such amounts which would be payable if, at the time the amounts were paid, they were loans bearing interest at the maximum legal prevailing rate, as determined by the Secretary of the Treasury;

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

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

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.

“(B) If damages described in subparagraph (A) are delinquent for 3 months, the Secretary shall, for the purpose of recovering such damages—
“(i) use collection agencies contracted with by the Administrator of General Services; or

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

“(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 re-
leased 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 ob-
ligation would be unconscionable.

“(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 pre-
vious fiscal year which sets forth by service area—

“(1) the health professional positions main-
tained by the Service or by tribal or Indian organi-
zations for which recruitment or retention is dif-
ficult;

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

“(3) the number of contracts described in sub-
section (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 scholarships that are provided under section 105 with respect to each health profession;

“(6) the amount of scholarship grants provided under section 105, 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 3 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 organizations, or urban Indian organization for which recruitment or retention is difficult.

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

“(a) Notwithstanding section 102 of this title, there is established in the Treasury of the United States a fund to be known as the Indian Health Scholarship and Loan Repayment Recovery Fund (hereafter in this section referred to as the ‘LRRF’). The LRRF shall consist of such amounts as may be collected from individuals under sections 105(b)(4)(A) and (B) and 110(1) for breach of con-
tract, such funds as may be appropriated to the LRRF, and such interest earned on amounts in the LRRF, and all amounts collected, appropriated, or earned relative to the LRRF shall remain available until expended.

“(b)(1) Amounts in the LRRF may be expended by the Secretary, subject to the provisions of section 102, to make payments to the Service or to an Indian tribe or tribal organization administering a health care program pursuant to a funding agreement entered into under the Indian Self-Determination and Education Assistance Act—

“(A) to which a scholarship recipient under section 105 or a loan repayment program participant under section 110 has been assigned to meet the obligated service requirements pursuant to such sections; and

“(B) that has a need for a health professional to provide health care services as a result of such recipient or participant having breached the contract entered into under section 105 or section 110.

“(2) An Indian tribe or tribal organization receiving payments pursuant to paragraph (1) may expend the payments to provide scholarships or recruit and employ, directly or by contract, health professionals to provide health care services.
“(c)(1) The Secretary of the Treasury shall invest such amounts of the LRRF as the Secretary determines are not required to meet current withdrawals from the LRRF. Such investments may be made only in interest-bearing obligations of the United States. For such purpose, such obligations may be acquired on original issue at the issue price, or by purchase of outstanding obligations at the market price.

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

“SEC. 112. RECRUITMENT ACTIVITIES.

“(a) The Secretary may reimburse health professionals seeking positions with the Service, Indian tribes, tribal organizations, or urban Indian organizations, including unpaid student volunteers and individuals considering entering into a contract under section 110, and their spouses, for actual and reasonable expenses incurred in traveling to and from their places of residence to an area in which they may be assigned for the purpose of evaluating such area with respect to such assignment.

“(b) The Secretary shall assign one individual in each Area Office to be responsible on a full-time basis for recruitment activities.
“SEC. 113. TRIBAL RECRUITMENT AND RETENTION PROGRAM.

“(a) Subject to section 102, the Secretary shall fund innovative demonstration projects for a period not to exceed 3 years to enable Indian tribes, tribal organizations, and urban Indian organizations to recruit, place, and retain health professionals to meet the staffing needs of Indian health programs (as defined in section 110(a)(2)(A)).

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

“SEC. 114. ADVANCED TRAINING AND RESEARCH.

“(a) The Secretary shall establish a demonstration project to enable health professionals who have worked in an Indian health program (as defined in section 110 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 pe-
period of service remaining. In such event, with respect to individuals entering the program after the date of the enactment of the Indian Health Care Improvement Act Amendments of 2001, the United States shall be entitled to recover from such individual an amount to be determined in accordance with the formula specified in subsection (l) of section 110 in the manner provided for in such subsection.

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

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

“(a) Notwithstanding section 102, the Secretary 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

“(3) nurse midwife programs, and advance practice nurse programs, that are provided by any

•HR 1662 IH
tribal college accredited nursing program, in the absence of such, any other 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 advanced practice nurses,

“(2) provide scholarships to Indian 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 advanced practice nurses 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 advanced practice nurses, or
“(5) provide any program that is designed to achieve the purpose described in subsection (a).

“(c) Each application for funding 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 advanced practice nurses,

“(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 117(b) and the
Quentin N. Burdick American Indians Into Psychology

Program established under section 106(b).

“(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—

“(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 de-
termined by the Secretary, in accordance with guide-
lines 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.

“SEC. 116. TRIBAL CULTURAL ORIENTATION.

“(a) The Secretary, pursuant to the requirements of
section 102, shall require that appropriate employees of
the Service who serve Indian tribes in each service area
receive educational instruction in the history and culture
of such Tribes and their relationship to the Service.

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

“(1) be developed in consultation with the af­
acted tribal governments, tribal organizations, and
urban Indian organizations,

“(2) 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 post­
secondary vocational institutions (as defined in sec­
section 390(2) of the Tribally Controlled Vocational In­
stitutions Support Act of 1990 (20 U.S.C.
2397h(2)),

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

“(4) the use and place of traditional health care
practices in the tribe.

“SEC. 117. INMED PROGRAM.

“(a) The Secretary is authorized to provide grants
to colleges and universities for the purpose of maintaining
and expanding the Native American health careers recruit­
ment program known as the ‘Indians into Medicine Pro­
gram’ (hereinafter in this section referred to as ‘INMED’)

•HR 1662 IH
as a means of encouraging Indians to enter the health profes-
sions.

“(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 106(b) and the Quentin N. Burdick American Indians Into Nursing Program established under section 115.

“(c)(1) The Secretary, pursuant to this Act, shall de-
velop regulations to govern grants pursuant to this sec-
tion.

“(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.

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

“(a)(1) Subject to the requirements of section 102, the Secretary shall award grants to accredited and accessible community colleges for the purpose of assisting such community colleges in the establishment of programs which provide education in a health profession leading to a degree or diploma in a health profession for individuals who desire to practice such profession on an Indian reservation, in the Service, or in a tribal health program.

“(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 shall award grants to accredited and accessible community colleges that have established a program described in subsection (a)(1) for the purpose of maintaining the program and recruiting students for the program.

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

“(A) is accredited,

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

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

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

“(ii) stipulate certifications necessary to approve internship and field placement opportunities at health programs of the Service or tribal health programs,
“(D) has a qualified staff which has the appropriate certifications,

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

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

“(c) 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 college, or

“(B) a junior or community college.

“(2) The term ‘tribally controlled college’ has the meaning given to ‘tribally controlled community college’ 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)).

“(4) Where the requirements of subsection (b) are met, funding priority shall be provided to tribally controlled colleges in service areas where they exist.

“SEC. 119. RETENTION BONUS.

“(a) The Secretary may pay a retention bonus to any health professional employed by, or assigned to, and serving in, the Service and Indian tribes, tribal organizations, or urban Indian organizations either as a civilian employee
or as a commissioned officer in the Regular or Reserve Corps of the Public Health Service who—

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

“(2) the Secretary determines is needed by the Service, tribes, tribal organizations, and urban Indian organizations,

“(3) has—

“(A) completed 3 years of employment with the Service, or Indian tribe, or tribal organization, or urban Indian organization, or

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

“(i) any Federal scholarship program, or

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

“(4) enters into an agreement with the Service, or Indian tribe, or tribal organization, or urban Indian organization for continued employment for a period of not less than 1 year.

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

“(c) Any health professional failing to complete the
agreed upon term of service, except where such failure is
through no fault of the individual, shall be obligated to
refund to the Government the full amount of the retention
bonus for the period covered by the agreement, plus inter­
est as determined by the Secretary in accordance with sec­
tion 110(l)(2)(B).

“(d) The Secretary may pay a retention bonus to any
health professional employed by an organization providing
health care services to Indians pursuant to a funding
agreement under the Indian Self-Determination and Edu­
cation Assistance Act if such health professional is serving
in a position which the Secretary determines is—

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

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

“SEC. 120. NURSING RESIDENCY PROGRAM.

“(a) The Secretary shall establish a program to en­
able Indians who are licensed practical nurses, licensed vo­
cational nurses, and registered nurses who are working in
an Indian health program (as defined in section
1 110(a)(2)(A)), and have done so for a period of not less
2 than one year, to pursue advanced training.
3 “(b) Such program shall include a combination of
4 education and work study in an Indian health program
5 (as defined in section 110(a)(2)(A)) leading to an asso-
6 ciate or bachelor’s degree (in the case of a licensed prac-
7 tical nurse or licensed vocational nurse) or a bachelor’s
8 degree (in the case of a registered nurse), or advanced
9 degrees in nursing and public health.
10 “(c) An individual who participates in a program
11 under subsection (a), where the educational costs are paid
12 by the Service, shall incur an obligation to serve in an
13 Indian health program for a period of obligated service
14 equal to the amount of time during which the individual
15 participates in such program. In the event that the indi-
16 vidual fails to complete such obligated service, the United
17 States shall be entitled to recover from such individual an
18 amount determined in accordance with the formula speci-
19 fied in subsection (l) of section 110 in the manner pro-
20 vided for in such subsection.
21 “SEC. 121. COMMUNITY HEALTH AIDE PROGRAM FOR
22 ALASKA.
23 “(a) Under the authority of the Act of November 2,
24 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.

“(c) Subject to section 102, the Secretary shall develop and operate a National Community Health Aide Program based on the elements contained in this section.

“SEC. 122. TRIBAL HEALTH PROGRAM ADMINISTRATION.

“Subject to section 102, the Secretary shall, by funding agreement or otherwise, provide training for Indians in the administration and planning of tribal health programs.

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

“(a) Subject to section 102, the Secretary may fund pilot programs for tribes and tribal organizations to address the chronic shortages of health professionals.

“(b) The purposes of the health profession demonstration program established herein are—
“(1) to provide direct clinical and practical experience at a service unit to health profession students and residents from medical schools;

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

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

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

“SEC. 124. TREATMENT OF SCHOLARSHIPS FOR CERTAIN PURPOSES.

“Scholarships provided to individuals pursuant to this title shall be deemed ‘qualified Scholarships’ for purposes of section 117 of the Internal Revenue Code of 1986.

“SEC. 125. NATIONAL HEALTH SERVICE CORPS.

“(a) The Secretary shall not—

“(1) remove a member of the National Health Service Corps from a health program operated by
the Indian Health Service or by a tribe or tribal organization under funding agreement with the Service under the Indian Self-Determination and Education Assistance Act, or by urban Indian organizations, or

“(2) withdraw funding used to support such member,

unless the Secretary, acting through the Service, tribes, or tribal organizations, has ensured that the Indians receiving services from such member will experience no re-
duction in services.

“(b) All service areas served by programs operated by the Service or by tribes or tribal organizations under the Indian Self-Determination and Education Assistance Act or by urban Indian organizations shall be designated under 42 U.S.C. 254c(a) as Health Professional Shortage areas.

“(c) National Health Service Corps scholars qualifying for the Commissioned Corps in the United States Public Health Service shall be exempt from the full-time equivalent limitations of the National Health Service Corps and the Service when serving as a commissioned corps officer in a health program operated by an Indian tribe or tribal organization under the Indian Self-Determination and Education Assistance Act or by urban In-
dian organizations.
“SEC. 126. SUBSTANCE ABUSE COUNSELOR EDUCATION DEMONSTRATION PROJECT.

“(a) The Secretary may enter into contracts with, or make grants to, accredited tribally controlled community colleges, tribally controlled postsecondary vocational institutions, and eligible accredited and accessible community colleges to establish demonstration projects to develop educational curricula for substance abuse counseling.

“(b) Funds provided under this section shall be used only for developing and providing educational curriculum for substance abuse counseling (including paying salaries for instructors). Such curricula may be provided through satellite campus programs.

“(c) 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 accredited and accessible community colleges, shall develop and issue criteria for the review and approval of applications for funding (including applications for renewals of funding) under this section. Such criteria shall ensure that dem-

--HR 1662 IH--
onstration 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 re-
cipients 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 2000 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 ‘tribally controlled postsecondary
vocational institution’ has the meaning given such
term in section 390(2) of the Tribally Controlled Vo-
cational Institutions Support Act of 1990 (20 U.S.C.
2397h(2)).
SEC. 127. MENTAL HEALTH TRAINING AND COMMUNITY EDUCATION PROGRAMS.

(a)(1) The Secretary and the Secretary of the Interior, in consultation with Indian tribes and tribal organizations, shall conduct a study and compile a list of the types of staff positions specified in subsection (b) whose qualifications include, or should include, training in the identification, prevention, education, referral, or treatment of mental illness, or dysfunctional and self-destructive behavior.

(2) The positions referred to in subsection (a) 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 within the Service; and

(C) staff positions similar to those identified in subsection (b) established and maintained by Indian tribes, tribal organizations, and urban Indian organizations, including positions established pursuant to funding agreements pursuant to the Indian
Self-Determination and Education Assistance Act, and this Act.

“(3) The appropriate Secretary shall provide training criteria appropriate to each type of position identified in subsection (b)(1) and ensure that appropriate training has been, or shall be provided to any individual in any such position. With respect to any such individual in a position identified pursuant to subsection (b)(3), the respective Secretaries shall provide appropriate training to, or provide funds to an Indian tribe, tribal organization, or urban Indian organization for training of appropriate individuals. In the case of a funding agreement, the appropriate Secretary shall ensure that such training costs are included in the funding agreement, if necessary.

“(4) Position-specific training criteria shall be culturally relevant to Indians and Indian tribes and shall ensure that appropriate information regarding traditional health care practices is provided.

“(5) The Service shall develop and implement, or on request of an Indian tribe or tribal organization, assist an Indian tribe or tribal organization, to develop and implement, a program of community education on mental illness. In carrying out this subsection, the Service shall, upon request of an Indian tribe or tribal organization, provide technical assistance to an Indian tribe or tribal orga-
nization to obtain and develop community educational ma-
terials on the identification, technical assistance to the In-
dian tribe or tribal organization to obtain or develop mate-
rials on the identification, prevention, referral, and treat-
ment of mental illness, dysfunctional, and self-destructive behavior.

“(b)(1) Within 90 days after the date of the enact-
ment of the Indian Health Care Improvement Act Amend-
ments of 2001, the Secretary shall develop a plan under
which the Service will increase the health care staff pro-
viding mental health services by at least 500 positions
within 5 years after the date of enactment of this section,
with at least 200 of such positions devoted to child, adoles-
cent, and family services. The allocation of such positions
shall be subject to the provisions of section 102(a).

“(2) The plan developed under paragraph (1) shall
be implemented under the Act of November 2, 1921 (25

“SEC. 128. AUTHORIZATION OF APPROPRIATIONS.

“There are authorized to be appropriated such sums
as may be necessary for each fiscal year through fiscal
year 2013 to carry out this title.
“TITLE II—HEALTH SERVICES

“SEC. 201. INDIAN HEALTH CARE IMPROVEMENT FUND.

“(a) The Secretary is authorized to expend funds, di­rectly or under the authority of the Indian Self-Deter­mination and Education Assistance Act, which are appro­priated under the authority of this section, for the purpose of—

“(1) eliminating the deficiencies in health sta­
tus and resources of all Indian tribes,

“(2) eliminating backlogs in the provision of

health care services to Indians,

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

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

“(5) augmenting the ability of the Service to

meet the following health service responsibilities,
with respect to those Indian tribes with the highest
levels of health status deficiencies and resource defi­
ciencies:

“(A) Clinical care, including, but not lim­
ited to, inpatient care, outpatient care (includ­
ing audiology, clinical eye and vision care), pri-
mary care, secondary and tertiary care, and
long-term care.

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

“(C) Dental care.

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

“(E) Emergency medical services.

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

“(G) Accident prevention programs.

“(H) Home health care.

“(I) Community health representatives.

“(J) Maintenance and repair.

“(K) Traditional health care practices.

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

“(2)(A) Funds appropriated under the authority of this section shall be allocated to service units or Indian tribes or tribal organizations. The funds allocated to each Tribe, tribal organization, or service unit under this subparagraph shall be used by the Tribe, tribal organization, or service unit under this subparagraph to improve the health status and reduce the resource deficiency of each Tribe served by such service unit, Tribe, or tribal organization.

“(B) The apportionment of funds allocated to a service unit, Tribe, or tribal organization 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 in accordance with the provisions of this section and such rulemaking as is permitted under title VIII of this Act.

“(c) For purposes of this section:

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

“(A) the health status objectives set forth in section 3(b) are not being achieved; and
“(B) the Indian tribe or tribal organization
does not have available to it the health re-
sources it needs, taking into account the actual
cost of providing health care services given local
geographic, climatic, rural, or other cir-
cumstances.

“(2) The health resources available to an In-
dian tribe or tribal organization include health re-
sources provided by the Service as well as health re-
sources used by the Indian tribe or tribal organiza-
tion, including services and financing systems pro-
vided by any Federal programs, private insurance,
and programs of State or local governments.

“(3) The Secretary shall establish procedures
which allow any Indian tribe or tribal organization
to petition the Secretary for a review of any deter-
mination of the extent of the health status and re-
source deficiency of such Tribe or tribal organiza-
tion.

“(d) Programs administered by any Indian tribe or
tribal organization under the authority of the Indian Self-
Determination and Education Assistance Act shall be eli-
gible for funds appropriated under the authority of this
section on an equal basis with programs that are adminis-
tered directly by the Service.
“(e) By no later than the date that is 3 years after the date of enactment of the Indian Health Care Improve-
ment Act of 2001, the Secretary shall submit to the Con-
gress the current health status and resource deficiency re-
port of the Service for each Indian tribe or service unit, 
including newly recognized or acknowledged Indian tribes. 
Such report shall set out—

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

“(2) the extent of the health status and re-
source deficiency of each Indian tribe served by the 
Service;

“(3) the amount of funds necessary to eliminate 
the health status and resource deficiencies of all In-
dian tribes served by the Service; and

“(4) an estimate of—

“(A) the amount of health service funds 
appropriated under the authority of this Act, or 
any other Act, including the amount of any 
funds transferred to the Service, for the pre-
ceding fiscal year which is allocated to each 
service unit, Indian tribe, or comparable entity;
“(B) the number of Indians eligible for health services in each service unit or Indian tribe or tribal organization; and

“(C) the number of Indians using the Service resources made available to each service unit or Indian tribe or tribal organization, and, to the extent available, information on the waiting lists and number of Indians turned away for services due to lack of resources.

“(f) Funds appropriated under this section for any fiscal year shall be included in the base budget of the Service for the purpose of determining appropriations under this section in subsequent fiscal years.

“(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 equity among Indian tribes and tribal organizations.

“(h) Any funds appropriated under the authority of this section shall be designated as the ‘Indian Health Care Improvement Fund’.
"SEC. 202. CATASTROPHIC HEALTH EMERGENCY FUND.

(a)(1) There is hereby established an Indian Cata-

cstrophic Health Emergency Fund (hereafter in this sec-

tion referred to as the ‘CHEF’) consisting of—

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

(B) the amounts appropriated under sub-

section (e) to CHEF under this section.

(2) CHEF shall be administered by the Secretary,

solely for the purpose of meeting the extraordinary med-

ical costs associated with the treatment of victims of disas-

ters or catastrophic illnesses who are within the responsi-

bility of the Service.

(3) CHEF shall be equitably allocated, apportioned,
or delegated on a service unit or Area Office basis, based

upon a formula developed in consultation with the Indian

tribes and tribal organizations through negotiated rule-

making under title VIII of this Act, which formula shall

take into account the added needs of service areas which

are contract health-service dependent.

(4) No part of CHEF or its administration shall be

subject to contract or grant under any law, including the

Indian Self-Determination Act, and shall be administered

by the Area Offices based upon priorities determined by

the Indian tribes and tribal organizations within each Area

including consideration of the needs of Indian tribes and
tribal organizations which are contract health service-dependent.

“(b) The Secretary shall, through the negotiated rule-making process under title VIII of this Act, promulgate 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, Indian tribe, or tribal organization shall not be eligible for reimbursement for the cost of treatment from CHEF until its cost of treating any victim of such catastrophic illness or disaster has reached a certain threshold cost which the Secretary shall establish at—

“(A) the 2000 level of $19,000; and

“(B) for any subsequent year, not less than the threshold cost of the previous year increased by the percentage increase in the medical care expenditure category of the consumer price index for all urban consumers (United States city average) for the 12-month period ending with December of the previous year; and
“(3) establish a procedure for the reimbursement of the portion of the costs incurred by—

“(A) service units, Indian tribes or tribal organizations, 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 CHEF in cases in which the exigencies of the medical circumstances warrant treatment prior to the authorization of such treatment by the Service; and

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

“(c) Amounts appropriated to CHEF under this section shall not be used to offset or limit appropriations made to the Service under the authority of the Act of November 2, 1921 (25 U.S.C. 13), popularly known as the Snyder Act, or any other law.

“(d) There shall be deposited into CHEF all reimbursements to which the Service is entitled from any Fed-
eral, State, local, or private source (including third-party insurance) by reason of treatment rendered to any victim of a disaster or catastrophic illness the cost of which was paid from CHEF.

“SEC. 203. HEALTH PROMOTION AND DISEASE PREVENTION SERVICES.

“(a) The Congress finds that health promotion and disease prevention activities will—

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

“(2) reduce the expenses for health care of Indians.

“(b) The Secretary, acting through the Service, and through willing Indian tribes and tribal organizations, shall provide health promotion and disease prevention services to Indians so as to achieve the health status objectives set forth in section 3(b).

“(c) The Secretary, after obtaining input from the affected Indian tribes and tribal organizations, shall submit to the President for inclusion in each statement which is required to be submitted to the Congress under section 801 an evaluation of—

“(1) the health promotion and disease prevention needs of Indians;
“(2) the health promotion and disease prevention activities which would best meet such needs;
“(3) the internal capacity of the Service 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.

“SEC. 204. DIABETES PREVENTION, TREATMENT, AND CONTROL.

“(a) The Secretary, in consultation with the Indian tribes and tribal organizations, shall determine—
“(1) by tribe, tribal organization, and by Service unit of the Service, the incidence of, and the types of complications resulting from, diabetes among Indians; and
“(2) based on 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 Indian tribes within that Service unit.
“(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 and Education Assistance Act.

“(c) The Secretary shall continue to fund through fis-
cal year 2013 each model diabetes project in existence on
the date of the enactment of the Indian Health Amend-
ments of 2001 and any such other diabetes programs op-
erated by the Secretary or Indian tribes and tribal organi-
zations and any additional programs added to meet exist-
ing needs. Indian tribes and tribal organizations shall re-
ceive recurring funding for the diabetes programs which
they operate pursuant to this section.

“(d) The Secretary shall provide funding through the
Service, Indian tribes, and tribal organizations to establish
dialysis programs, including funding to purchase dialysis
equipment and provide necessary staffing.

“(e) The Secretary shall, to the extent funding is
available—

“(1) in each Area Office of the Service, consult
with Indian tribes and tribal organizations regarding
programs 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 inci-
dence of diabetes and the complications from dia-

"(3) ensure that data collected in each Area Of-

office regarding diabetes and related complications

among Indians is disseminated to all other Area Of-

fices.

"SEC. 205. SHARED SERVICES.

"(a) The Secretary is authorized to enter into fund-

ing agreements or other arrangements with Indian tribes

or tribal organizations for the delivery of long-term care

and similar services to Indians. Such projects shall provide

for the sharing of staff or other services between a Service

or tribal facility and a long-term care or other similar fa-

cility owned and operated (directly or through funding

agreement) by such Indian tribe or tribal organization.

"(b) A funding agreement or other arrangement en-

tered 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 neces-

sary to carry out the purposes of this section;

"(2) shall provide that expenses (including sala-

ries) relating to services that are shared between the

Service and the tribal facility be allocated propor-
tionately between the Service and the tribe or tribal organization; and

“(3) may authorize such tribe or tribal organization to construct, renovate, or expand a long-term care or other similar facility (including the construction of a facility attached to a Service facility).

“(c) The Secretary shall provide such technical and other assistance as may be necessary to enable applicants to comply with the provisions of this section.

“(d) The Secretary shall encourage the use for long-term or similar care of existing facilities that are underused or allow the use of swing beds for such purposes.

“SEC. 206. HEALTH SERVICES RESEARCH.

“The Secretary shall make funding available for research to further the performance of the health service responsibilities of the Service, Indian tribes, and tribal organizations and shall coordinate the activities of other agencies within the Department of Health and Human Services to address these research needs. The funding shall be divided equitably among the Area Offices and then each Area Office shall award the funds competitively within that Area. Indian tribes and tribal organizations receiving funding from the Service under the authority of the Indian Self-Determination and Education Assistance Act shall be
given an equal opportunity to compete for, and receive, research funds under this section. This funding may be used for both clinical and nonclinical research by Indian tribes and tribal organizations and shall be distributed to the Area Offices which may make grants from these funds within each Area.

“SEC. 207. MAMMOGRAPHY AND OTHER CANCER SCREENING.

“The Secretary, through the Service or through Indian tribes or tribal organizations, shall provide for screening, as follows:

“(1) Mammography (as defined in section 1861(jj) of the Social Security Act) for Indian women at a frequency appropriate to such women under national standards, and under such terms and conditions as are consistent with standards established by the Secretary to ensure the safety and accuracy of screening mammography under part B of title XVIII of the Social Security Act.

“(2) Other cancer screening meeting national standards.

“SEC. 208. PATIENT TRAVEL COSTS.

“The Secretary, acting through the Service and willing Indian tribes and tribal organizations, shall provide funds for the following patient travel costs, including ap-
appropriate and necessary qualified escorts, associated with
receiving health care services provided (either through di-
rect or contract care or through funding agreements en-
tered into pursuant to the Indian Self-Determination and
Education Assistance Act) under this Act—

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

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

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

“SEC. 209. EPIDEMIOLOGY CENTERS.

“(a)(1) In addition to those centers already estab-
lished at the time of enactment of this Act (including those
for which funding is currently being provided in funding
agreements under the Indian Self-Determination and
Education Assistance Act), within 180 days of enactment
of the Indian Health Care Improvement Act Amendments
of 2001, the Secretary shall establish and fund an epide-
miology center in each service area which does not yet
have one to carry out the functions described in paragraph
(2). Any new centers so established may be operated by
Indian tribes or tribal organizations pursuant to funding
agreements under the Indian Self-Determination and Education Assistance Act, but such funding may not be divisible.

“(2) In consultation with and upon the request of Indian tribes, tribal organizations, and urban Indian organizations, each area epidemiology center established under this subsection shall, with respect to such area carry out—

“(A) collect data relating to, and monitor progress made toward meeting, each of the health status objectives of the Indian Health Service, the Indian tribes, tribal organizations, and urban Indian organizations in the Area;

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

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

“(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) provide requested 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; and

“(G) provide disease surveillance and assist Indian tribes, tribal organizations, and urban Indian organizations to promote public health.

“(3) The Director of the Centers for Disease Control and Prevention shall provide technical assistance to the centers in carrying out the requirements of this subsection.

“(b) The Secretary may make funding available to Indian tribes, tribal organizations, and urban Indian organizations to conduct epidemiological studies of Indian communities.

“SEC. 210. COMPREHENSIVE SCHOOL HEALTH EDUCATION PROGRAMS.

“(a) The Secretary shall provide funding to Indian tribes, tribal organizations and urban Indian organizations to develop comprehensive school health education programs for children from preschool through grade 12 in schools for the benefit of Indian and urban Indian children.
“(b) Funding provided under this section may be used for purposes which may include, but are not limited to the following:

“(1) Developing and implementing health education curricula both for regular school programs and after-school programs.

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

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

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

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

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

“(7) Developing mental health wellness programs.

“(8) Developing chronic disease prevention programs.

“(9) Developing substance abuse prevention programs.
“(10) Developing injury prevention and safety education programs.

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

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

“(13) Violence prevention.

“(14) Such other health issues as are appropriate.

“(c) Upon request, the Secretary shall provide technical assistance to Indian tribes, tribal organizations, and urban Indian organizations in the development of comprehensive health education plans, and the dissemination of comprehensive health education materials and information on existing health programs and resources.

“(d) The Secretary, in consultation with Indian tribes, tribal organizations, and urban Indian organizations, shall establish criteria for the review and approval of applications for funding provided pursuant to this section.

“(e)(1) The Secretary of the Interior, acting through the Bureau of Indian Affairs and in cooperation with the Secretary and the affected Indian tribes and tribal organizations, shall develop a comprehensive school health edu-
cation program for children from preschool through grade 12 in schools operated by the Bureau of Indian Affairs.

“(2) Such programs shall include—

“(A) school programs on nutrition education, personal health, oral health, and fitness;

“(B) mental health wellness programs;

“(C) chronic disease prevention programs;

“(D) substance abuse prevention programs;

“(E) injury prevention and safety education programs; and

“(F) activities for the prevention and control of communicable diseases.

“(3) 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.

“SEC. 211. INDIAN YOUTH PROGRAM.

“(a) The Secretary is authorized to provide funding to Indian tribes, tribal organizations, and urban Indian organizations for innovative mental and physical disease prevention and health promotion and treatment programs
for Indian and urban Indian preadolescent and adolescent youths.

“(b)(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 health care practitioners; 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 707(c).

“(c) The Secretary shall—

“(1) disseminate to Indian tribes, tribal organizations, and urban Indian organizations information regarding models for the delivery of comprehensive health care services to Indian and urban Indian adolescents;

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

“(3) at the request of an Indian tribe, tribal organization, or urban Indian organization, provide technical assistance in the implementation of such models.
“(d) The Secretary, in consultation with Indian tribes, tribal organizations, and urban Indian organizations, shall establish criteria for the review and approval of applications or proposals under this section.

SEC. 212. PREVENTION, CONTROL, AND ELIMINATION OF COMMUNICABLE AND INFECTIOUS DISEASES.

“(a) The Secretary, after consultation with Indian tribes, tribal organizations, and urban Indian organizations, and the Centers for Disease Control and Prevention, may make funding available to Indian tribes and tribal organizations for—

“(1) projects for the prevention, control, and elimination of communicable and infectious diseases including, but not limited to, tuberculosis, hepatitis, HIV, respiratory syncitial virus, hanta virus, sexually transmitted diseases, and H. Pylori;

“(2) public information and education programs for the prevention, control, and elimination of communicable and infectious diseases; and

“(3) education, training, and clinical skills improvement activities in the prevention, control, and elimination of communicable and infectious diseases for health professionals, including allied health professionals.
“(b) The Secretary may provide funding under subsection (a) only if an application or proposal for funding is submitted to the Secretary.

“(c) Indian tribes and tribal organizations receiving funding under this section are encouraged to coordinate their activities with the Centers for Disease Control and Prevention and State and local health agencies.

“(d) In carrying out this section, the Secretary—

“(1) may, at the request of an Indian tribe or tribal organization, provide technical assistance; and

“(2) shall prepare and submit a report to the Congress biennially on the use of funds under this section and on the progress made toward the prevention, control, and elimination of communicable and infectious diseases among Indians and urban Indians.

“SEC. 213. AUTHORITY FOR PROVISION OF OTHER SERVICES.

“(a) The Secretary, acting through the Service and willing tribes and tribal organizations, may provide funding under this Act to meet the objectives set forth in section 3 of this Act through health care related services and programs not otherwise described in this Act, which shall include, but not be limited to—

“(1) hospice care and assisted living;
“(2) long-term health care;
“(3) home- and community-based services;
“(4) public health functions; and
“(5) traditional health care practices.

“(b) At the discretion of the Service, Indian tribes, or tribal organizations, services provided for hospice care, home health care (under section 201 of this Act), home- and community-based care, assisted living, and long-term care may be provided (on a cost basis) to persons otherwise ineligible for the health care benefits of the Service. Any funds received under this subsection shall not be used to offset or limit the funding allocated to a tribe or tribal organization.

“(c) For the purposes of this section, the following definitions shall apply:

“(1) The term ‘hospice care’ means the items and services specified in subparagraphs (A) through (H) of section 1861(dd)(1) of the Social Security Act (42 U.S.C. 1395x(dd)(1)), and such other services which a tribe or tribal organization determines are necessary and appropriate to provide in furtherance of this care.

“(2) The term ‘home- and community-based services’ means 1 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) Training for family members.

“(F) Adult day care.

“(G) Such other home- and community-based services as the Secretary or a tribe or tribal organization may approve.

“(3) The term ‘public health functions’ means the provision of public health related programs, functions, and services including, but not limited to, assessment, assurance, and policy development which Indian tribes and tribal organizations are authorized and encouraged, in those circumstances where it meets their needs, to do by forming collaborative relationships with all levels of local, State, and Federal Government.

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

“The Secretary, acting through the Service and willing Indian tribes, tribal organizations, and urban Indian organizations, shall provide funding to monitor and im-
prove the quality of health care for Indian women of all ages through the planning and delivery of programs administered by the Service, in order to improve and enhance the treatment models of care for Indian women.

“SEC. 215. ENVIRONMENTAL AND NUCLEAR HEALTH HAZARDS.

“(a) The Secretary and the Service shall conduct, in conjunction with other appropriate Federal agencies and in consultation with concerned Indian tribes and tribal organizations, studies and ongoing monitoring programs to determine trends in the health hazards to Indian miners and to Indians on or near Indian reservations and in Indian communities as a result of environmental hazards which may result in chronic or life-threatening health problems, such as nuclear resource development, petroleum contamination, and contamination of water source and of the food chain. Such study shall include—

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

“(2) an analysis of the potential effect of ongoing and future environmental resource development on or near Indian reservations and communities including the cumulative effect over time on health;
“(3) an evaluation of the types and nature of activities, practices, and conditions causing or affecting such health problems including, but not limited to, uranium mining and milling, uranium mine tailing deposits, nuclear power plant operation and construction, and nuclear waste disposal; oil and gas production or transportation on or near Indian reservations or communities; and other development that could affect the health of Indians and their water supply and food chain;

“(4) a summary of any findings and recommendations provided in Federal and State studies, reports, investigations, and inspections during the 5 years prior to the date of 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 resource and economic development companies to effectively carry out an education program for such Indians regarding the health and safety hazards of such development.

“(b) Upon completion of such study the Secretary and the Service shall take into account the results of such study and, in consultation with Indian tribes and tribal
organizations, develop health care plans to address the health problems studied under subsection (a). The plans shall include—

“(1) methods for diagnosing and treating Indians currently exhibiting such health problems;

“(2) preventive care and testing for Indians who may be exposed to such health hazards, including the monitoring of the health of individuals who have or may have been exposed to excessive amounts of radiation, or affected by other activities that have had or could have a serious impact upon the health of such individuals; and

“(3) a program of education for Indians who, by reason of their work or geographic proximity to such nuclear or other development activities, may experience health problems.

“(c) The Secretary and the Service shall submit to Congress the study prepared under subsection (a) no later than the date 18 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 1 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 ac-
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 or other environmental hazards 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 ensure that current and future health problems resulting from nuclear resource or other 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 or near any other environ-
mental hazard, 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 or entity responsible for the environmental hazard,

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 or entity from such operator or entity. 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.

“SEC. 216. ARIZONA AS A CONTRACT HEALTH SERVICE DELIVERY AREA.

“(a) For fiscal years beginning with the fiscal year ending September 30, 1983, and ending with the fiscal year ending September 30, 2013, the State of Arizona shall be designated as a contract health service delivery area by the Service for the purpose of providing contract health care services to members of federally recognized Indian tribes of Arizona.
“(b) 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).

“SEC. 217. CALIFORNIA CONTRACT HEALTH SERVICES PROGRAM.

“(a) The Secretary is authorized to fund a program using California Rural Indian Health Board as a contract care intermediary to improve the accessibility of health services to California Indians.

“(b)(1) 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 pursuant to this section, 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 218 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 pro-
vided hereunder to the extent payment may be made for
such treatment under the Catastrophic Health Emergency
Fund described in section 202 or from amounts appro-
priated or otherwise made available to the California con-
tract 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 rep-
resentatives, selected by the California Rural Indian
Health Board, from not less than 8 tribal health programs
serving California Indians covered under such demonstra-
tion, at least one-half of whom are not affiliated with the
California Rural Indian Health Board.

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

“The State of California, excluding the Counties of
Alameda, Contra Costa, Los Angeles, Marin, Orange, Sac-
ramento, San Francisco, San Mateo, Santa Clara, Kern,
Merced, Monterey, Napa, San Benito, San Joaquin, San
Luis Obispo, Santa Cruz, Solano, Stanislaus, and Ven-
tura, shall be designated as a contract health service deliv-
ery area by the Service for the purpose of providing con-
tract health services to Indians in such State. However,
any of the counties herein may be included in the contract health services delivery area if funding is specifically provided by the Service for such services in those counties.

“SEC. 219. CONTRACT HEALTH SERVICES FOR THE TRENTON SERVICE AREA.

“(a) The Secretary 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.

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

“The Service shall provide funds for health care programs and facilities operated by Indian tribes and tribal organizations under funding agreements with the Service entered into under the Indian Self-Determination and Education Assistance Act on the same basis as such funds

•HR 1662 IH
are provided to programs and facilities operated directly by the Service.

“SEC. 221. LICENSING.

“Health care professionals employed by Indian tribes and tribal organizations to carry out agreements under the Indian Self-Determination and Education Assistance Act, shall, if licensed in any other State, be exempt from the licensing requirements of the State in which the agreement is performed.

“SEC. 222. AUTHORIZATION FOR EMERGENCY CONTRACT HEALTH SERVICES.

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

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

“(a) 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 valid contract care serv-
ice claim within 30 days after completion of the claim.

“SEC. 224. LIABILITY FOR PAYMENT.

“(a) A patient who receives contract health care serv-
ices 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 pro-
vider 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.

“(c) Following receipt of the notice provided by sub-
section (a) of this section, or, if a claim has been deemed
accepted under section 223(b), the provider shall have no
further recourse against the patient who received the serv-
ices.

“SEC. 225. AUTHORIZATION OF APPROPRIATIONS.

“There are authorized to be appropriated such sums
as may be necessary for each fiscal year through fiscal
year 2013 to carry out this title.
“TITLE III—FACILITIES

“SEC. 301. CONSULTATION; CONSTRUCTION AND RENOVA-
TION OF FACILITIES; REPORTS.

“(a) Prior to the expenditure of, or the making of
any binding commitment to expend, any funds appro-
priated for the planning, design, construction, or renova-
tion of facilities pursuant to the Act of November 2, 1921
(25 U.S.C. 13), popularly known as the Snyder Act, the
Secretary 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 fa-
cility meets the construction standards of any na-
tionally recognized accrediting body by not later
than 1 year after the date on which the construction
or renovation of such facility is completed.

“(b)(1) Notwithstanding any provision of law other
than this subsection, no Service hospital or outpatient
health care facility or any inpatient service or special care
facility operated by the Service may be closed if the Sec-
retary has not submitted to the Congress at least 1 year
prior to the date of such proposed closure 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;

“(E) the views of the Indian tribes served by
such hospital or facility concerning such closure;

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

“(G) the distance between such hospital or fa-
cility 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 con-
struction safety reasons.

“(e)(1)(A) The Secretary shall establish a health care
facility priority system, which shall—
“(i) be developed with Indian tribes and tribal organizations by negotiated rulemaking under section 802;

“(ii) give Indian tribes’ needs the highest priority; and

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

“(B) The priority of any project established under the construction priority system in effect on the date of the Indian Health Care Improvement Act Amendments of 2001 shall not be affected by any change in the construction priority system taking place thereafter if the project was identified as one of the top ten priority inpatient projects or one of the top ten outpatient projects in the fiscal year 2001 Indian Health Service budget justification, or if the project had completed both Phase I and Phase II of the construction priority system in effect on the date of the enactment of such Act.

“(2) 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—

“(A) a description of the health care facility priority system of the Service, established under paragraph (1) of this subsection;
“(B) health care facilities lists, including but not limited to—

“(i) the total health care facilities planning, design, construction, and renovation needs for Indians;

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

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

“(iv) the 10 top-priority specialized care facilities (such as long-term care and alcohol and drug abuse treatment);

“(v) any staff quarters associated with such prioritized facilities;

“(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 care facility priority system.

“(3) In preparing each report required under paragraph (2) (other than the initial report), the Secretary shall annually—

“(A) consult with and obtain information on all health care facilities needs from Indian tribes and tribal organizations, including those tribes or tribal
organizations operating health programs or facilities
under any funding agreement entered into with the
Service under the Indian Self-Determination and
Education Assistance Act; and

“(B) review the total unmet needs of all tribes
and tribal organizations for health care facilities (includ­ing
including staff quarters), including needs for renovation
and expansion of existing facilities.

“(4) For purposes of this subsection, the Secretary
shall, in evaluating the needs of facilities operated under
any funding agreement entered into with the Service
under the Indian Self-Determination and Education As­sistance Act, use the same criteria that the Secretary uses
in evaluating the needs of facilities operated directly by
the Service.

“(5) The Secretary shall ensure that the planning,
design, construction, and renovation needs of Service and
non-Service facilities, operated under funding agreements
in accordance with the Indian Self-Determination and
Education Assistance Act, are fully and equitably in­
grated into the health care facility priority system.

“(d) REVIEW OF NEED FOR FACILITIES.—

“(1) Beginning in the year 2001, the Secretary
shall annually submit to the President, for inclusion
in the report required to be transmitted to the Con-
gress under section 801 of this Act, a report which
sets forth the needs of the Indian Health Service
and all Indian tribes and tribal organizations, in­
cluding urban Indian organizations, for inpatient,
outpatient, and specialized care facilities, including
the needs for renovation and expansion of existing
facilities .

“(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 organi­
zations operating health programs or facilities under
any funding agreement entered into with the Service
under the Indian Self-Determination and Education
Assistance Act (25 U.S.C. 450f et seq.), and with
urban Indian organizations.

“(3) For purposes of this subsection, the Sec­
retary shall, in evaluating the needs of facilities op­
erated under any funding agreement entered into
with the Service under the Indian Self-Determina­
tion and Education Assistance Act, use the same cri­
teria that the Secretary uses in evaluating the needs
of facilities operated directly by the Service.

“(4) The Secretary shall ensure that the plan­
ing, design, construction, and renovation needs of
facilities operated under funding agreements, in ac-
cordance with the Indian Self-Determination and
Education Assistance Act, are fully and equitably in-
tegrated into the development of the health facility
priority system.

“(5) Each fiscal year, the Secretary shall pro-
vide an opportunity for nomination of planning, de-
sign, and construction projects by the Indian Health
Service and all tribes and tribal organizations for
consideration under the health care facility priority
system.

“(e) All funds appropriated under the Act of Novem-
ber 2, 1921 (25 U.S.C. 13), for the planning, design, con-
struction, or renovation of health facilities for the benefit
of an Indian tribe or Tribes shall be subject to the provi-
sions of section 102 of the Indian Self-Determination and
Education Assistance Act.

“(f) The Secretary shall consult and cooperate with
Indian tribes, tribal organizations, and urban Indian orga-
nizations in developing innovative approaches to address
all or part of the total unmet need for construction of
health facilities, including those provided for in other sec-
tions of this title and other approaches.
“SEC. 302. SAFE WATER AND SANITARY WASTE DISPOSAL FACILITIES.

“(a) The Congress hereby finds and declares that—

“(1) the provision of safe water supply facilities and sanitary sewage and solid waste disposal facilities is primarily a health consideration and function;

“(2) Indian people suffer an inordinately high incidence of disease, injury, and illness directly attributable to the absence or inadequacy of such facilities;

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

“(4) many Indian homes and communities still lack safe water supply facilities and sanitary sewage and solid waste disposal facilities; 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 facilities and sanitary sewage waste disposal facilities.

“(b)(1) In furtherance of the findings and declarations made in subsection (a), Congress reaffirms the pri-
mary 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 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 In-
dian tribes, tribal organizations, and Indian commu-
nities in the establishment, training, and equipping
of utility organizations to operate and maintain In-
dian sanitation facilities, including the provision of
existing plans, standard details, and specifications
available in the department, to be used at the option
of the tribe or tribal organization;

“(B) ongoing technical assistance and training
in the management of utility organizations which op-
erate and maintain sanitation facilities; and

“(C) priority funding for operation and mainte-
nance assistance for, and emergency repairs to, trib-
al sanitation facilities when necessary to avoid an
imminent health threat or to protect the investment
in sanitation facilities and the investment in the
health benefits gained through the provision of sani-
tation facilities.
“(3) Notwithstanding any other provision of law—

“(A) the Secretary of Housing and Urban Development is authorized to transfer funds appropriated under the Native American Housing Assistance and Self-Determination Act of 1996 to the Secretary of Health and Human Services,

“(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) unless specifically authorized when funds are appropriated, the Secretary of Health and Human Services shall not use funds appropriated under section 7 of the Act of August 5, 1954 (42 U.S.C. 2004a) to provide sanitation facilities to new homes constructed using funds provided by the Department of Housing and Urban Development,

“(D) the Secretary of Health and Human Services is authorized to accept all Federal funds that are for the purpose of providing sanitation facilities and related services and place those funds into funding agreements, authorized under the Indian Self-Determination and Education Assistance Act (25
U.S.C. 450f et seq.), between the Secretary and Indian tribes and tribal organizations,

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

“(F) the Secretary may allow funds appropriated under the authority of section 7 of the Act of August 5, 1954 (42 U.S.C. 2004a), to be used to meet matching or cost participation requirements under other Federal and non-Federal programs for new projects to construct eligible sanitation facilities,

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

“(H) The Secretary of Health and Human Services shall enter into interagency agreements with the Bureau of Indian Affairs, the Department of Housing and Urban Development, the Department of Agriculture, the Environmental Protection
Agency, and other appropriate Federal agencies, for
the purpose of providing financial assistance for safe
water supply and sanitary sewage disposal facilities
under this Act, and

“(I) the Secretary of Health and Human Serv-
ices shall, by regulation developed through rule-
making under section 802, establish standards appli-
cable to the planning, design, and construction of
water supply and sanitary sewage and solid waste
disposal facilities funded under this Act.

“(c) The Secretary, in consultation with Indian tribes
and tribal organizations, shall develop and begin imple-
mentation of a 10-year funding plan to provide safe water
supply and sanitary sewage and solid waste disposal facili-
ties serving existing Indian homes and communities and
new and renovated Indian homes.

“(d) The financial and technical capability of an In-
dian tribe or community to safely operate and maintain
a sanitation facility shall not be a prerequisite to the provi-
sion or construction of sanitation facilities by the Sec-
retary.

“(e) The Secretary is authorized to provide financial
assistance to Indian tribes, tribal organizations, and com-
munities for operation, management, and maintenance of
their sanitation facilities.
“(f) The Indian family, community, or Tribe has the primary responsibility to establish, collect, and use reasonable user fees, or otherwise set aside funding, for the purpose of operating and maintaining sanitation facilities. If a community facility is threatened with imminent failure and there is a lack of tribal capacity to maintain the integrity or the health benefits of the facility, then the Secretary is authorized to assist the Tribe in the resolution of the problem on a short-term basis through cooperation with the emergency coordinator or by providing operation and maintenance service.

“(g) Programs administered by Indian tribes or tribal organizations under the authority of the Indian Self-Determination and Education Assistance Act shall be eligible for—

“(1) any funds appropriated pursuant to this section, and

“(2) any funds appropriated for the purpose of providing water supply, sewage disposal, or solid waste facilities,

on an equal basis with programs that are administered directly by the Service.

“(h)(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—

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

“(B) the methodology for determining sanitation deficiencies;

“(C) the level of initial and final sanitation deficiency for each type of sanitation facility for each project of each Indian tribe or community; and

“(D) the amount of funds necessary to reduce the identified sanitation deficiency levels of all Indian tribes and communities to level I sanitation deficiency as defined in subsection (h)(4)(A) of this section.

“(2) In preparing each report required under paragraph (1), the Secretary shall consult with Indian tribes and tribal organizations (including those tribes or tribal organizations operating health care programs or facilities under any funding agreement entered into with the Service under the Indian Self-Determination and Education Assistance Act) to determine the sanitation needs of each tribe and in developing the criteria on which the needs will be evaluated through a process of negotiated rulemaking.
“(3) The methodology used by the Secretary in determining, preparing cost estimates for and reporting sanitation deficiencies for purposes of paragraph (1) shall be applied uniformly to all Indian tribes and communities.

“(4) For purposes of this subsection, the sanitation deficiency levels for an individual or community sanitation facility serving Indian homes are as follows:

“(A) A level I deficiency is a sanitation facility serving an individual or community—

“(i) which complies with all applicable water supply, pollution control, and solid waste disposal laws, and

“(ii) in which the deficiencies relate to routine replacement, repair, or maintenance needs.

“(B) A level II deficiency is a sanitation facility serving an individual or community—

“(i) which substantially or recently complied with all applicable water supply, pollution control, and solid waste laws, in which the deficiencies relate to small or minor capital improvements needed to bring the facility back into compliance;

“(ii) in which the deficiencies relate to capital improvements that are necessary to enlarge or improve the facilities in order to meet the
current needs for domestic sanitation facilities;

or

“(iii) in which the deficiencies relate to the lack of equipment or training by an Indian tribe or community to properly operate and maintain the sanitation facilities.

“(C) A level III deficiency is an individual or community facility with water or sewer service in the home, piped services, or a haul system with holding tanks and interior plumbing, or where major significant interruptions to water supply or sewage disposal occur frequently, requiring major capital improvements to correct the deficiencies. There is no access to or no approved or permitted solid waste facility available.

“(D) A level IV deficiency is an individual or community facility where there is no piped water or sewer facilities in the home or the facility has become inoperable due to major component failure or where only a washeteria or central facility exists.

“(E) A level V deficiency is the absence of a sanitation facility, where individual homes do not have access to safe drinking water or adequate wastewater disposal.

“(i) For purposes of this section—
“(1) the terms ‘facility’ and ‘facilities’ have the same meanings as the terms ‘system’ and ‘systems’ unless the context requires otherwise; and

“(2) the term ‘Indian community’ means a geographic area, a significant proportion of whose inhabitants are Indians and which is served by or capable of being served by a facility described in this section.

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

“(a) The Secretary may use 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 currently federally recognized Indian tribes in the State of New York (hereinafter referred to as an ‘Indian firm’) in the construction and renovation of Service facilities pursuant to section 301 and in the construction of 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, construction or renovation of facilities constructed or renovated in whole or in part by funds made available pursuant to this title are exempt from the Act of March 3, 1931 (40 U.S.C. 276a–276a–5, known as the Davis-Bacon Act.) For all health facilities, staff quarters, and sanitation facilities, construction and renovation subcontractors shall be paid wage rates not less than the prevailing wages on similar construction in the locality, as determined by the Indian tribe, Tribes, or tribal organizations served by such facilities.

“SEC. 304. EXPENDITURE OF NONSERVICE FUNDS FOR RENOVATION.

“(a)(1) Notwithstanding any other provision of law, the Secretary is authorized to accept any major expansion, renovation, or modernization by any Indian tribe of any Service facility, or of any other Indian health facility operated pursuant to a funding agreement entered into under
the Indian Self-Determination and Education Assistance Act, including—

“(A) any plans or designs for such expansion, renovation, or modernization; and

“(B) any expansion, renovation, or modernization for which funds appropriated under any Federal law were lawfully expended,

but only if the requirements of subsection (b) are met.

“(2) The Secretary shall maintain a separate priority list to address the needs for increased operating expenses, personnel, or equipment for such facilities. The methodology for establishing priorities shall be developed by negotiated rulemaking under section 802. The list of priority facilities will be revised annually in consultation with Indian tribes and tribal organizations.

“(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 expansion, renovation, or modernization if—

“(1) the tribe or tribal organization—

“(A) provides notice to the Secretary of its intent to expand, renovate, or modernize; and
“(B) applies to the Secretary to be placed
on a separate priority list to address the needs
of such new facilities for increased operating ex­
penses, personnel, or equipment; and
“(2) the expansion, renovation, or
modernization—
“(A) is approved by the appropriate area
director of the Service for Federal facilities; and
“(B) is administered by the Indian tribe or
tribal organization in accordance with any ap­
plicable regulations prescribed by the Secretary
with respect to construction or renovation of
Service facilities.
“(c) If any Service facility which has been expanded,
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 expansion, ren­
ovation, 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
expansion, renovation, or modernization (less the total
amount of any funds provided specifically for such facility
under any Federal program that were expended for such
expansion, renovation, or modernization) bore to the value
of such facility at the time of the completion of such ex-
pansion, renovation, or modernization.

"SEC. 305. FUNDING FOR THE CONSTRUCTION, EXPANSION,
AND MODERNIZATION OF SMALL AMBULA-
TORY CARE FACILITIES.

“(a)(1) The Secretary, in consultation with Indian
tribes and tribal organizations, shall make funding avail-
able to Tribes and tribal organizations for the construc-
tion, expansion, or modernization of facilities for the provi-
sion of ambulatory care services to eligible Indians (and
noneligible persons as provided in subsections (e)(1)(C)
and (b)(2) of this section). Funding made under this sec-
tion may cover up to 100 percent of the costs of such con-
struction, expansion, or modernization. For the purposes
of this section, the term ‘construction’ includes the re-
placement of an existing facility.

“(2) Funding under paragraph (1) may only be made
available to an Indian tribe or tribal organization oper-
ating an Indian health facility (other than a facility owned
or constructed by the Service, including a facility origi-
nally owned or constructed by the Service and transferred
to an Indian tribe or tribal organization) pursuant to a
funding agreement entered into under the Indian Self-Der-
termination and Education Assistance Act.
“(b)(1) Funding 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) provide annually no less than 500 patient visits by eligible Indians and other users who are eligible for services in such facility in accordance with section 807(b)(1)(B); and

“(iii) provide ambulatory care in a service area (specified in the funding agreement entered into under the Indian Self-Determination and Education Assistance Act) with a population of no fewer than 1,500 eligible Indians and other users who are eligible for services in such facility in accordance with section 807(b)(1)(B).
“(2) Funding provided under this section may be used only for the cost of that portion of a construction, expansion, or modernization project that benefits the service population identified above in subsection (b)(1)(C)(ii) and (iii). The requirements of clauses (ii) and (iii) of paragraph (1)(C) shall not apply to a Tribe or tribal organization applying for funding under this section whose principal office for health care administration is located on an island or when such office is not located on a road system providing direct access to an inpatient hospital where care is available to the service population.

“(c)(1) No funding may be made available under this section unless an application or proposal for such funding has been submitted to and approved by the Secretary. An application or proposal for funding under this section shall be submitted in accordance with applicable regulations 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 funding received under this section—

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

“(B) such facility will be available to eligible Indians without regard to ability to pay or source of payment; and
“(C) such facility will, as feasible without diminishing the quality or quantity of services provided to eligible Indians, serve noneligible persons on a cost basis.

“(2) In awarding funding 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.

“(3) The Secretary may provide for the establishment of peer review panels, as necessary, to review and evaluate applications and proposals and to advise the Secretary regarding such applications using the criteria developed pursuant to paragraph (1).

“(d) If any facility (or portion thereof) with respect to which funds have been paid under this section, ceases, within 5 years after completion of the construction, expansion, or modernization carried out with such funds, to be used for the purposes of providing health care services to eligible Indians, all of the right, title, and interest in and to such facility (or portion thereof) shall transfer to the United States unless otherwise negotiated by the Service and the Indian tribe or tribal organization.
“(e) Funding provided to Indian tribes and tribal organizations under this section shall be nonrecurring and shall not be available for inclusion in any individual Tribe’s tribal share for an award under the Indian Self-Determination and Education Assistance Act or for reallocation or redesign thereunder.

“SEC. 306. INDIAN HEALTH CARE DELIVERY DEMONSTRATION PROJECT.

“(a) Health Care Demonstration Projects.—The Secretary, in consultation with Indian tribes and tribal organizations, is authorized to enter into funding agreements with, or make grants or loan guarantees to, Indian tribes or tribal organizations for the purpose of carrying out a health care delivery demonstration project to test alternative means of delivering health care and services through facilities, including but not limited to hospice, traditional Indian health, and child care 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 other available funds;

“(4) permit the use of funds or property donated from any source for project purposes;

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

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

“(c) CRITERIA.—(1) The Secretary shall develop and publish regulations, through rulemaking under section 802, for the review and approval of applications submitted under this section. The Secretary may enter into a contract or funding agreement 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 or the reorientation of an existing facility or program.

“(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.

“(D) The project is economically viable.

“(E) The Indian tribe or tribal organization has the administrative and financial capability to administer the project.
“(F) 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 and using the criteria developed pursuant to paragraph (1).

“(3) The Secretary shall give priority to applications for demonstration projects in each of the following service units to the extent that such applications are timely filed and meet the criteria specified in paragraph (1):

“(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.

“(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 author-
ity to provide services to persons otherwise ineligible
for the health care benefits of the Service and the author-
ity to extend hospital privileges in Service facilities to non-
Service health practitioners as provided in section 807
may be included, subject to the terms of such section, in
any demonstration project approved pursuant to this sec-
tion.

“(f) EQUITABLE TREATMENT.—For purposes of sub-
section (c)(1)(A), the Secretary shall, in evaluating facili-
ties operated under any funding agreement entered into
with the Service under the Indian Self-Determination and
Education Assistance 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, con-
struction, renovation, and expansion needs of Service and
non-Service facilities which are the subject of a funding
agreement for health services entered into with the Service
under the Indian Self-Determination and Education As-
sistance Act, are fully and equitably integrated into the
implementation of the health care delivery demonstration
projects under this section.
“SEC. 307. LAND TRANSFER.

“(a) 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.

“(b) Notwithstanding any other provision of law, the Bureau of Indian Affairs and all other agencies and departments of the United States are authorized to transfer, at no cost, land and improvements to the Service for the provision of health care services. The Secretary is authorized to accept such land and improvements for such purposes.

“SEC. 308. LEASES.

“(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 and tribal organizations for periods not in excess of 20 years. Property leased by the Secretary from an Indian tribe or tribal organization may be reconstructed or renovated by the Secretary pursuant to an agreement with such Indian tribe or tribal organization.
“(b) The Secretary may enter into leases, contracts, and other legal agreements with Indian tribes or tribal organizations which hold title to—

“(1) a leasehold interest in; or

“(2) 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, and such leases shall be considered as operating leases for the purposes of scoring under the Budget Enforcement Act of 1990, notwithstanding any other provision of law. Such costs include 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 pursuant to regulations under section 105(l) of the Indian Self-Determination and Education Assistance Act.
“(a) There is established in the Treasury of the United States a fund to be known as the Health Care Facilities Loan Fund (hereinafter referred to as the ‘HCFLF’) to provide to Indian tribes and tribal organizations direct loans, or guarantees for loans, for construction of health care facilities (including but not limited to inpatient facilities, outpatient facilities, associated staff quarters and specialized care facilities such as behavioral health and elder care facilities).

“(b) The Secretary is authorized to issue regulations, developed through rulemaking as set out in section 802, to provide standards and procedures for governing such loans and loan guarantees, subject to the following conditions:

“(1) The principal amount of a loan or loan guarantee may cover 100 percent of eligible costs, including but not limited to planning, design, financing, site land development, construction, rehabilitation, renovation, conversion, improvements, medical equipment and furnishings, other facility-related costs and capital purchase (but excluding staffing).

“(2) The cumulative total of the principal of direct loans and loan guarantees, respectively, out-
standing at any one time shall not exceed such limitations as may be specified in appropriation Acts.

“(3) In the discretion of the Secretary, the program may be administered by the Service or the Health Resources and Services Administration (which shall be specified by regulation).

“(4) The Secretary may make or guarantee a loan with a term of the useful estimated life of the facility, or 25 years, whichever is shorter.

“(5) The Secretary may allocate up to 100 percent of the funds available for loans or loan guarantees in any year for the purpose of planning and applying for a loan or loan guarantee.

“(6) The Secretary may accept an assignment of the revenue of an Indian tribe or tribal organization as security for any direct loan or loan guarantee under this section.

“(7) In the planning and design of health facilities under this section, users eligible under section 807(b) may be included in any projection of patient population.

“(8) The Secretary shall not collect loan application, processing, or other similar fees from Indian tribes or tribal organizations applying for direct loans or loan guarantees under this section.
“(9) Service funds authorized under loans or loan guarantees in this section shall be eligible for use in matching other Federal funds.

“(c)(1) The HCFLF shall consist of—

“(A) such sums as may be initially appropriated to the HCFLF and as may be subsequently appropriated to the fund under paragraph (2);

“(B) such amounts as may be collected from borrowers; and

“(C) all interest earned on amounts in the HCFLF.

“(2) There are authorized to be appropriated such sums as may be necessary to initiate the HCFLF. For each fiscal year after the initial year in which funds are appropriated to the HCFLF, there is authorized to be appropriated an amount equal to the sum of the amount collected by the HCFLF during the preceding fiscal year, and all accrued interest.

“(3) All amounts appropriated, collected, or earned relative to the HCFLF shall remain available until expended.

“(d) Amounts in the HCFLF and available pursuant to appropriation Acts may be expended by the Secretary to make loans under this section to an Indian tribe or tribal organization pursuant to a funding agreement entered
into under the Indian Self-Determination and Education Assistance Act.

“(e) The Secretary of the Treasury shall invest such amounts of the HCFLF as such Secretary determines are not required to meet current withdrawals from the HCFLF. 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. Any obligation acquired by the fund may be sold by the Secretary of the Treasury at the market price.

“(f) The Secretary is authorized to establish a program to provide grants to Indian tribes and tribal organizations for the purpose of repaying all or part of any loan obtained by an Indian tribe or tribal organization for construction and renovation of health care facilities (including inpatient facilities, outpatient facilities, associated staff quarters and specialized care facilities). Loans eligible for such repayment grants shall include loans that have been obtained under this section or otherwise.

“SEC. 310. TRIBAL LEASING.

“Indian tribes and tribal organizations providing health care services pursuant to a funding agreement entered into under the Indian Self-Determination and Edu-
cation Assistance Act may lease permanent structures for
the purpose of providing such health care services without
obtaining advance approval in appropriation Acts.

“SEC. 311. INDIAN HEALTH SERVICE/TRIBAL FACILITIES
JOINT VENTURE PROGRAM.

“(a) The Secretary shall make arrangements with In-
dian tribes and tribal organizations to establish joint ven-
ture demonstration projects under which an Indian tribe
or tribal organization shall expend tribal, private, or other
available funds, for the acquisition or construction of a
health facility for a minimum of 10 years, under a no-
cost lease, in exchange for agreement by the Service to
provide the equipment, supplies, and staffing for the oper-
ation and maintenance of such a health facility. A Tribe
or tribal organization may use tribal funds, private sector,
or other available resources, including loan guarantees, to
fulfill its commitment under this subsection. A Tribe that
has begun and substantially completed the process of ac-
quision or construction of a health facility shall be eligi-
ble to establish a joint venture project with the Service
using such health facility.

“(b)(1) The Secretary shall make such an arrange-
ment with an Indian tribe or tribal organization only if—

“(A) the Secretary first determines that the In-
dian tribe or tribal organization has the administra-
tive and financial capabilities necessary to complete
the timely acquisition or construction of the health
facility described in paragraph (1), and
“(B) the Indian tribe or tribal organization
meets the need criteria which shall be developed
through the negotiated rulemaking process provided
for under section 802.
“(2) The Secretary shall negotiate an agreement with
the Indian tribe or tribal organization regarding the con-
tinued operation of the facility at the end of the initial
10 year no-cost lease period.
“(c) 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 tribal
organization, or paid to a third party on the Tribe’s or
tribal organization’s behalf, under the agreement. The
Secretary has the right to recover tangible property (in-
cluding 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.
“(d) RECOVERY FOR NONUSE.—An Indian tribe or
tribal organization that has entered into a written agree-
ment with the Secretary under this subsection shall be en-
titled to recover from the United States an amount that
is proportional to the value of such facility should at any
time within 10 years the Service ceases to use the facility
or otherwise breaches the agreement.
“(e) Wherever ‘health facility’ or ‘health facilities’ is
used in this section, they may include quarters needed to
provide housing for staff of the tribal health program.

“SEC. 312. LOCATION OF FACILITIES.
“(a) The Bureau of Indian Affairs and the Service
shall, in all matters involving the reorganization or devel-
opment of Service facilities, or in the establishment of re-
lated employment projects to address unemployment con-
ditions in economically depressed areas, give priority to
locating such facilities and projects on Indian lands if re-
quested by the Indian owner and the Indian tribe with
jurisdiction over such lands or other lands owned or leased
by the Indian tribe or tribal organization, provided that
priority shall be given to Indian land owned by an Indian
tribe or Tribes.
“(b) For purposes of this section, the term ‘Indian
lands’ means—
“(1) all lands within the exterior boundaries of any Indian reservation;

“(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; and

“(3) all lands in Alaska owned by any Alaska Native village, or village or regional corporation under the Alaska Native Claims Settlement Act, or any land allotted to any Alaska Native.

“SEC. 313. MAINTENANCE AND IMPROVEMENT OF HEALTH CARE FACILITIES.

“(a) The Secretary shall submit to the President, for inclusion in the report required to be transmitted to the Congress under section 801, a report which identifies the backlog of maintenance and repair work required at both Service and tribal facilities, including new facilities expected to be in operation in the next fiscal year. The report shall also identify the need for renovation and expansion of existing facilities to support the growth of health care programs.

“(b) The Secretary is authorized to expend maintenance and improvement funds to support maintenance of
newly constructed space only if such space falls within the approved supportable space allocation for the Tribe or tribal organization. ‘Supportable space allocation’ shall be defined through the negotiated rulemaking process provided for under section 802.

“(c) In addition to using maintenance and improvement funds for renovation, modernization, and expansion of facilities, an Indian tribe or tribal organization may use maintenance and improvement funds for construction of a replacement facility if the costs of renovation of such facility would exceed a maximum renovation cost threshold. The ‘maximum renovation cost threshold’ shall be determined through the negotiated rulemaking process provided for under section 802.

“SEC. 314. TRIBAL MANAGEMENT OF FEDERALLY OWNED QUARTERS.

“(a)(1) Notwithstanding any other provision of law, an Indian tribe or tribal organization which operates a hospital or other health facility and the federally owned quarters associated therewith pursuant to a funding agreement under the Indian Self-Determination and Education Assistance Act shall have the authority to establish the rental rates charged to the occupants of such quarters by providing notice to the Secretary of its election to exercise such authority.
“(2) In establishing rental rates pursuant to authority of this subsection, an Indian tribe or tribal organization shall endeavor to achieve the following objectives:

“(A) To base such rental rates on the reasonable value of the quarters to the occupants thereof.

“(B) To generate sufficient funds to prudently provide for the operation and maintenance of the quarters, and, subject to the discretion of the Indian tribe or tribal organization, to supply reserve funds for capital repairs and replacement of the quarters.

“(3) Any quarters whose rental rates are established by an Indian tribe or tribal organization pursuant to authority of this subsection shall remain eligible for quarters improvement and repair funds to the same extent as all federally owned quarters used to house personnel in Indian Health Services-supported programs;

“(4) An Indian tribe or tribal organization which exercises the authority provided under this subsection shall provide occupants with no less than 60 days notice of any change in rental rates.

“(b)(1) Notwithstanding any other provision of law, and subject to paragraph (2) hereof, an Indian tribe or a tribal organization which operates federally owned quarters pursuant to a funding agreement under the Indian Self-Determination and Education Assistance Act shall
have the authority to collect rents directly from Federal
employees who occupy such quarters in accordance with
the following:

“(A) The Indian tribe or tribal organization
shall notify the Secretary and the subject Federal
employees of its election to exercise its authority to
collect rents directly from such Federal employees.

“(B) Upon receipt of a notice described in sub-
paragraph (A), the Federal employees shall pay
rents for occupancy of such quarters directly to the
Indian tribe or tribal organization and the Secretary
shall have no further authority to collect rents from
such employees through payroll deduction or other-
wise.

“(C) Such rent payments shall be retained by
the Indian tribe or tribal organization and shall not
be made payable to or otherwise be deposited with
the United States.

“(D) Such rent payments shall be deposited
into a separate account which shall be used by the
Indian tribe or tribal organization for the mainte-
nance (including capital repairs and replacement)
and operation of the quarters and facilities as the
Indian tribe or tribal organization shall determine.
“(2) If an Indian tribe or tribal organization which has made an election under paragraph (1) hereof requests retrocession of its authority to directly collect rents from Federal employees occupying federally owned quarters, such retrocession shall become effective on the earlier of—

“(A) the first day of the month that begins no less than 180 days after the Indian tribe or tribal organization notifies the Secretary of its desire to retrocede; or

“(B) such other date as may be mutually agreed by the Secretary and the Indian tribe or tribal organization.

“(c) To the extent that an Indian tribe or tribal organization, pursuant to authority granted in subsection (a) hereof, establishes rental rates for federally owned quarters provided to a Federal employee in Alaska, such rents may be based on the cost of comparable private rental housing in the nearest established community with a year-round population of 1,500 or more individuals.

“SEC. 315. APPLICABILITY OF BUY AMERICAN REQUIREMENT.

“(a) The Secretary shall ensure that the requirements of the Buy American Act apply to all procurements made with funds provided pursuant to the authorization contained in section 318, provided that Indian tribes and
tribal organizations shall be exempt from these requirements.

“(b) 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.

“(c) For purposes of this section, the term ‘Buy American Act’ means title III of the Act entitled ‘An Act making appropriations for the Treasury and Post Office Departments for the fiscal year ending June 30, 1934, and for other purposes’, approved March 3, 1933 (41 U.S.C. 10a et seq.).

“SEC. 316. OTHER FUNDING FOR FACILITIES.

“Notwithstanding any other provision of law—

“(1) the Secretary is authorized to accept from any source, including Federal and State agencies, funds that are available for the construction of health care facilities and use such funds to plan, de-
sign, and construct health care facilities for Indians
and to place such funds into funding agreements au-
thorized under the Indian Self-Determination and
Education Assistance Act (25 U.S.C. 450f et seq.)
between the Secretary and an Indian tribe or tribal
organization, provided that receipt of such funds
shall have not an effect on the priorities established
pursuant to section 301;

“(2) the Secretary is authorized to enter into
interagency agreements with other Federal agencies
or State agencies and other entities and to accept
funds from such Federal or State agencies or other
sources to provide for the planning, design, and con-
struction of health care facilities to be administered
by the Service or by Indian tribes or tribal organiza-
tions under the Indian Self-Determination and Edu-
cation Assistance Act in order to carry out the pur-
poses of this Act, together with the purposes for
which such funds are appropriated to such other
Federal department or State agency or for which the
funds were otherwise provided;

“(3) any Federal agency to which funds for the
construction of health care facilities are appropriated
is authorized to transfer such funds to the Secretary
for the construction of health care facilities to carry
out the purposes of this Act as well as the purposes for which such funds are appropriated to such other Federal agency; and

“(4) the Secretary, through the Service, shall establish standards by regulation, developed by rule-making under section 802, for the planning, design, and construction of health care facilities serving Indians under this Act.

“SEC. 317. AUTHORIZATION OF APPROPRIATIONS.

“There are authorized to be appropriated such sums as may be necessary for each fiscal year through fiscal year 2013 to carry out this title.

“TITLE IV—ACCESS TO HEALTH SERVICES

“SEC. 401. TREATMENT OF PAYMENTS UNDER MEDICARE PROGRAM.

“(a) Any payments received by the Service or by an Indian tribe or tribal organization pursuant to a funding agreement under the Indian Self-Determination and Education Assistance Act or by an urban Indian organization pursuant to title V of this 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.

“(c) Notwithstanding any other provision of this title or of title XVIII of the Social Security Act, payments to which facility of the Service is entitled by reason of this section shall be placed in a special fund to be held by the Secretary and first used (to such extent or in such amounts as are provided in appropriation Acts) for the purpose of making any improvements in the programs of the Service which may be necessary to achieve or maintain compliance with the applicable conditions and requirements of this title and of title XVIII of the Social Security Act. Any funds to be reimbursed which are in excess of the amount necessary to achieve or maintain such conditions and requirements shall, subject to the consultation with Tribes being served by the service unit, be used for reducing the health resource deficiencies of the Indian tribes. This paragraph shall not apply upon the election of an Indian tribe or tribal organization under section 405 of the Indian Health Care Improvement Act to receive payments directly.
“SEC. 402. TREATMENT OF PAYMENTS UNDER MEDICAID PROGRAM.

“(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 first used (to such extent or in such amounts as are provided in appropriation Acts) for the purpose of making any improvements in the facilities of such Service which may be necessary to achieve or maintain compliance with the applicable conditions and requirements of such title. Any payments which are in excess of the amount necessary to achieve or maintain such conditions and requirements shall, subject to the consultation with Tribes being served by the service unit, be used for reducing the health resource deficiencies of the Indian tribes. In making payments from such fund, the Secretary shall ensure that each service unit of the Service receives 100 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. This subsection shall not apply to Indian tribes and tribal orga-
organizations that elect under section 405 to receive payments
directly.

“(b) Any payments received under section 1911 of
the Social Security Act 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.

“(c) For provisions relating to the authority of cer-
tain Indian tribes and tribal organizations to elect to di-
rectly bill for, and receive payment for, health care services
provided by a hospital or clinic of such Tribes or tribal
organizations and for which payment may be made under
this title, see section 405 of the Indian Health Care Im-
provement Act.

“SEC. 403. REPORT.

“(a) 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 titles
XVIII and XIX of the Social Security Act, as amended.

“(b) If an Indian tribe or tribal organization receives
funding from the Service under the Indian Self-Deter-
mination and Education Assistance Act or an urban In-
dian organization receives funding from the Indian Health
Service under title V of the Indian Health Care Improvement Act receives reimbursements or payments under title XVIII (medicare), title XIX (medicaid), or title XXI (children’s health insurance program) of the Social Security Act, such Indian tribe, tribal organization, or urban Indian organization shall provide to the Service a list of each provider enrollment number (or other identifier) under which it receives payments.

“SEC. 404. GRANTS TO AND FUNDING AGREEMENTS WITH THE SERVICE, INDIAN TRIBES, TRIBAL ORGANIZATIONS, AND URBAN INDIAN ORGANIZATIONS.

“(a) The Secretary shall make grants to or enter into funding agreements with Indian tribes and 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 premiums for coverage; and

“(3) apply for medical assistance provided pursuant to title XIX (medicaid) and XXI (children’s health insurance program).
health insurance program) of the Social Security Act.

“(b) The Secretary shall place conditions as deemed necessary to effect the purpose of this section in any funding agreement or grant which the Secretary makes with any Indian tribe or 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, XIX, and XXI of the Social Security Act;

“(2) assist individual Indians in becoming familiar with and using such benefits;

“(3) provide transportation to such individual Indians to the appropriate offices for enrollment or applications for medical assistance; and

“(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 pro-
vided under titles XVIII, XIX, and XXI of the Social Security Act.

“(c) The Secretary 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 titles XVIII and XXI of the Social Security Act by a Service facility or a health care program administered by such Indian tribe, tribal organization, or urban Indian organization pursuant to a funding agreement under the Indian Self-Determination and Education Assistance Act or a grant or contract entered into with an urban Indian organization under title V of this Act. Notwithstanding any other provision of law, such agreements shall provide for reimbursement of the cost of outreach, education regarding eligibility and benefits, and translation when such services are provided. The reimbursement may be included in an encounter rate or be made on a fee for service basis as appropriate for the provider. When necessary to carry out the terms of this section, the Secretary, acting through the Health Care Financing Administration or the Service, may enter into agreements with a State (or political subdivision thereof) to facilitate cooperation between the State and the Service, Indian tribe, or tribal organization.
“(d)(1) The Secretary shall make grants or enter into contracts with urban Indian organizations to assist such organizations in establishing and administering programs to assist individual urban Indians to—

“(A) enroll under section 1818 of part A and sections 1836 and 1837 of part B of title XVIII (medicare) of the Social Security Act;

“(B) pay premiums on behalf of such individuals for coverage under title XVIII of the Social Security Act; and

“(C) apply for medical assistance provided under title XIX (medicaid) of the Social Security Act and for child health assistance under title XXI (child health insurance program) of the Social Security Act.

“(2) The Secretary shall include in the grants or contracts made or entered into under paragraph (1) requirements that are—

“(A) consistent with the requirements imposed by the Secretary under subsection (b);

“(B) appropriate to urban Indian organizations and urban Indians; and

“(C) necessary to effect the purposes of this section.
SEC. 405. DIRECT BILLING AND REIMBURSEMENT OF MEDICARE, MEDICAID, AND OTHER THIRD-PARTY PAYORS.

(a)(1) An Indian tribe or tribal organization may directly bill for, and receive payment for, health care services provided by such health program for which payment is made under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.) (medicare), under a State plan for medical assistance approved under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) (medicaid), under a State’s children’s health insurance plan approved under title XXI of the Social Security Act (42 U.S.C. 1397aa et seq.) or from any other third-party payor.

(2) The third sentence of section 1905(b) of the Social Security Act (42 U.S.C. 1396d(b)) and the second sentence of section 2101(c) of the Social Security Act (42 U.S.C. 1397aa(e)) shall apply for purposes of reimbursement under the medicaid or children’s health insurance program for health care services directly billed under the program established under this section.

(b)(1) Each Indian tribe or tribal organization exercising the option described in subsection (a) of this section shall be reimbursed directly under the medicare, medicaid, and children’s health insurance programs for services furnished, without regard to the provisions of section 1880(c)

of the Social Security Act (42 U.S.C. 1395qq(e)) and sec-
tion 402(a) of this title, but all funds so reimbursed shall first be used by the health program for the purpose of making any improvements in the facility or health programs that may be necessary to achieve or maintain compliance with the conditions and requirements applicable generally to such health services under the medicare, medicaid, or children’s health insurance program. Any funds so reimbursed which are in excess of the amount necessary to achieve or maintain such conditions or requirements shall be used to provide additional health services, improvements in its health care facilities, or otherwise to achieve the health objectives provided for under section 3 of this Act.

“(2) The amounts paid to the health programs exercising the option described in subsection (a) of this section shall be subject to all auditing requirements applicable to programs administered directly by the Service and to facilities participating in the medicare, medicaid, and children’s health insurance programs.

“(3) Notwithstanding section 1880(e) of the Social Security Act (42 U.S.C. 1395qq(e)) or section 402(a) of this title, no payment may be made out of the special fund described in section 1880(e) of the Social Security Act (42 U.S.C. 1395qq(e)), or section 402(a) of this title, for the benefit of any health program exercising the option de-
scribed in subsection (a) of this section during the period of such participation.

“(c) The Secretary, and with the assistance of the Administrator of the Health Care Financing Administration, shall examine on an ongoing basis and implement any administrative changes that may be necessary to facilitate direct billing and reimbursement under the program established under this section, including any agreements with States that may be necessary to provide for direct billing under the medicaid or children’s health insurance program.

“(d) A participant in the program established under this section may withdraw from participation in the same manner and under the same conditions that an Indian tribe or tribal organization may retrocede a contracted program to the Secretary under authority of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.). All cost accounting and billing authority under the program established under this section shall be returned to the Secretary upon the Secretary’s acceptance of the withdrawal of participation in this program.

“SEC. 406. REIMBURSEMENT FROM CERTAIN THIRD PARTIES OF COSTS OF HEALTH SERVICES.

“(a) Except as provided in subsection (g), the United States, an Indian tribe, or tribal organization shall have
the right to recover the reasonable charges billed or 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 non-governmental provider of such services, would be eligible to receive reimbursement or indemnification for such charges or expenses if—

“(1) such services had been provided by a non-governmental provider, and

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

“(b) Except as provided in subsection (g), an urban Indian organization shall have the right to recover the reasonable charges billed or expenses incurred by the organization in providing health services to any individual to the same extent that such individual, or any other nongovernmental provider of such services, would be eligible to receive reimbursement or indemnification for such charges or expenses if such individual had been required to pay such charges or expenses and did pay such charges or expenses.

“(c) Subsections (a) and (b) shall provide a right of recovery against any State, only if the injury, illness, or
disability for which health services were provided is covered under—

“(1) workers’ compensation laws, or

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

“(d) 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) or an urban Indian organization under subsection (b).

“(e) No action taken by the United States, an Indian tribe, or tribal organization to enforce the right of recovery provided under subsection (a), or by an urban Indian organization to enforce the right of recovery provided under subsection (b), 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).

“(f) The United States, an Indian tribe, or tribal organization may enforce the right of recovery provided under subsection (a), and an urban Indian organization may enforce the right of recovery provided under subsection (b), by—
“(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, tribal organization, or urban Indian organization; or

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

“(2) instituting a civil action.

All reasonable efforts shall be made to provide notice of such action to the individual to whom health services were provided, either before or during the pendency of such action.

“(g) Absent specific written authorization by the governing body of an Indian tribe for the period of such authorization which may not be for a period of more than one year, and which may be revoked at any time upon written notice by the governing body to the Service, the United States shall not have a right of recovery under this section if the injury, illness, or disability for which health services were provided is covered under a self-insurance plan funded by an Indian tribe, tribal organization, or urban Indian organization. However, where such tribal authorization is provided, the Service may receive and ex-
pend such funds for the provision of additional health services.

“(h) In any action brought to enforce the provisions of this section, a prevailing plaintiff shall be awarded its reasonable attorneys fees and costs of litigation.

“(i) Where an insurance company or employee benefit plan fails or refuses to pay the amount due under subsection (a) of this section for services provided to an individual who is a beneficiary, participant, or insured of such company or plan, the United States, Indian tribe, or tribal organization shall have a right to assert and pursue all the claims and remedies against such company or plan, and against the fiduciaries of such company or plan, that the individual could assert or pursue under applicable Federal, State, or tribal law.

“(j) Where an insurance company or employee benefit plan fails or refuses to pay the amounts due under subsection (b) for health services provided to an individual who is a beneficiary, participant, or insured of such company or plan, the urban Indian organization shall have a right to assert and pursue all the claims and remedies against such company or plan, and against the fiduciaries of such company or plan, that the individual could assert or pursue under applicable Federal or State law.
“(k) Notwithstanding any other provision in law, the Service, an Indian tribe, tribal organization, or an urban Indian organization shall have a right of recovery for any otherwise reimbursable claim filed on a current HCFA–1500 or UB–92 form, or the current electronic format, or their successors. No health plan shall deny payment because a claim has not been submitted in a unique format that differs from such forms.

“SEC. 407. CREDITING OF REIMBURSEMENTS.

“(a) Except as provided in section 202(d), this title, and section 807, 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 an Indian tribe or tribal organization under a funding agreement pursuant to the Indian Self-Determination and Education Assistance Act or by an urban Indian organization funded under title V 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.

“(b) The Service may not offset or limit the amount of funds obligated to any service unit or entity receiving
funding from the Service because of the receipt of reim-
bursements under subsection (a).

"SEC. 408. PURCHASING HEALTH CARE COVERAGE.

"Tribes, tribal organizations, and urban Indian orga-
nizations are authorized to use funding from the Secretary
under this Act to purchase managed care coverage for In-
dian Health Services beneficiaries (including authority to
purchase insurance to limit the financial risks of such enti-
ties) from—

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

"(2) a State or locally authorized or licensed
managed care plan; or

"(3) a health insurance provider.

"SEC. 409. INDIAN HEALTH SERVICE, DEPARTMENT OF VET-
ERANS AFFAIRS, AND OTHER FEDERAL AGEN-
CY HEALTH FACILITIES AND SERVICES SHAR-
ING.

"(a) The Secretary shall examine the feasibility of en-
tering into arrangements or expanding existing arrange-
ments for the sharing of medical facilities and services be-
tween the Indian Health Service and the Veterans Admin-
istration, and other appropriate Federal agencies, includ-
ing those within the Department, and shall, in accordance
with subsection (b), prepare a report on the feasibility of
such an arrangement and submit such report to the Con-
gress by no later than September 30, 2001, provided that
the Secretary may not finalize any such agreement with­
out first consulting with the affected Indian tribes.

“(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 Administra-
tion;

“(4) the quality of health care services provided
to any veteran by the Veterans 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 vet-
eran to receive health services through the Veterans
Administration (provided that the Service, the In-
dian tribe or tribal organization shall be reimbursed
by the Veterans Administration where services are
provided through the Service, Indian tribes or tribal
organizations to beneficiaries eligible for services
from the Veterans Administration, notwithstanding
any other provision of law).

“(c) The Director is authorized to enter into agree­
ments with other Federal agencies to assist in achieving
parity in services for Indians. Nothing in this section may
be construed as creating any right of a veteran to obtain
health services from the Indian Health Service.

“SEC. 410. PAYOR OF LAST RESORT.

“The Indian Health Service, and programs operated
by Tribes, tribal organizations, or urban Indian organiza­
tions shall be the payor of last resort for services provided
to persons eligible for services from these programs, not­
withstanding any Federal, State, or local law to the con­
trary, unless such law explicitly provides otherwise.

“SEC. 411. PAYMENT OR REIMBURSEMENT FOR SERVICES.

“Notwithstanding any other provision of law, the In­
dian Health Service, Indian tribes, tribal organizations,
and urban Indian organizations (notwithstanding limita­
tions on who is eligible to receive services from such enti­
y) shall be eligible to receive payment or reimbursement
for services provided by such entities from any federally
funded health care program, unless there is an explicit
prohibition on such payments in the applicable authorizing
statute.

"SEC. 412. TUBA CITY DEMONSTRATION PROJECT.

"Notwithstanding any other provision of law, includ­
ing the Anti-Deficiency Act, provided the Indian tribes to
be served approve, the Service in the Tuba City Service
Unit is authorized to enter into a demonstration project
with the State of Arizona under which the Service would
provide certain specified medicaid services to Indian
Health Services/medicaid eligibles in return for payment
on a capitated basis from the State of Arizona and is au­
thorized to purchase insurance to limit its financial risks
under this project. This project may be extended to other
service units in Arizona, subject to the approval of the In­
dian tribes to be served in such service units, the Service,
and the State of Arizona.

"SEC. 413. ACCESS TO FEDERAL INSURANCE.

"Notwithstanding the provisions of title 5, United
States Code, executive order, or administrative regulation,
an Indian tribe or tribal organization carrying out pro­
grams under the Indian Self-Determination and Edu­
cation Assistance Act or an urban Indian organization car­
rying out programs under title V of this Act shall be enti­
tled to purchase coverage, rights, and benefits for the em­
ployees of such Indian tribe, tribal organization, or urban
Indian organization under chapter 89 of title 5, United States Code, (relating to health insurance) and chapter 87 of title 5, United States Code, (relating to life insurance) if necessary employee deductions and agency contributions in payment for the coverage, rights, and benefits for the period of employment with such Indian tribe, tribal organization, or urban Indian organization are currently deposited in the applicable Employee’s Fund under title 5, United States Code.

"SEC. 414. CONSULTATION AND RULEMAKING.

(a) Consultation.—Prior to the adoption of any policy or regulation by the Health Care Financing Administration, the Secretary shall—

(1) identify the impact such policy or regulation may have on the Service, Indian tribes, tribal organizations, and urban Indian organizations;

(2) provide to the Service, Indian tribes, tribal organizations, and urban Indian organizations the information described in paragraph (1); and

(3) engage in consultation with the Service, Indian tribes, tribal organizations, and urban Indian organizations prior to enacting any such policy or regulation. Such consultation shall be consistent with the requirements of Executive Order 13084 of May 14, 1998.
“(b) RULEMAKING.—The Health Care Financing Administration shall participate in the negotiated rulemaking provided for under title VIII of this Act with regard to any regulations necessary to implement the provisions of this title that relate to the Social Security Act.”.

“SEC. 415. LIMITATION ON SECRETARY’S WAIVER AUTHORITY.

“Notwithstanding any other provision of law, the Secretary may not waive the application of section 1902(a)(13)(D) to any State Plan under title XIX of the Social Security Act.

“SEC. 416. CHILDREN’S HEALTH INSURANCE PROGRAM FUNDS.

“(a) DIRECT FUNDING.—The Secretary is authorized to enter into agreements directly with the Indian Health Service and Indian tribes and tribal organizations under which such entities will provide children’s health insurance program-like services to Indians who reside in a service area on or near an Indian reservation. Such agreements may provide for funding under a block grant or such other mechanism as is agreed upon by the Secretary and the Indian Health Service, Indian tribe, or tribal organization. Such agreements may not be made contingent on the approval of the State in which the Indians to be served reside.
“(b) Transfer.—Notwithstanding any other provision of law, a State may transfer funds to which it is, or would otherwise be, entitled under title XXI of the Social Security Act to the Indian Health Service, Indian tribes, and tribal organizations to be administered to achieve the purposes and objectives of such title under agreements between the State and recipient entity or under an agreement directly between the recipient entity and the Health Care Financing Administration.

“SEC. 417. WAIVER OF MEDICARE AND MEDICAID SANCTIONS.

“Notwithstanding any other provision of law, the Indian Health Service or an Indian tribe or tribal organization operating a health program under the Indian Self-Determination and Education Assistance Act shall be entitled to seek a waiver of sanctions imposed under title XVIII, XIX, or XXI of the Social Security Act as if it were directly responsible for administering the State health care program.

“SEC. 418. SAFE HARBOR.

“(a) The term ‘remuneration’ as used in sections 1128A and 1128B of the Social Security Act (42 U.S.C. 1320a–7a and 1320a–7b) shall not include any exchange of anything of value between or among—
“(1) any Indian tribe or tribal organization that administers health programs under the authority of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.);

“(2) any such Indian tribe or tribal organization and the Indian Health Service;

“(3) any such Indian tribe or tribal organization and any patient served or eligible for service under such programs, including patients served or eligible for service pursuant to section 813 of Public Law 94–437 (25 U.S.C. 1680c); or

“(4) any such Indian tribe or tribal organization and any third party required by contract, section 206 or 207 of Public Law 94–437 (42 U.S.C. 1621e or 1621f), or other applicable law, to pay or reimburse the reasonable health care costs incurred by the United States or any such Indian tribe or tribal organization;

if the exchange arises from or relates to such health programs.

“(b) An Indian tribe, tribal organization, or urban Indian organization that administers health programs under the authority of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.) or title V of the Indian Health Care Improvement Act shall be
deemed to be an agency of the United States and immune from liability under the Sherman Act (15 U.S.C. 1 et seq.), the Clayton Act (15 U.S.C. 12 et seq.), the Robinson-Patman Act, the Federal Trade Commission Act (15 U.S.C. 41 et seq.), and any other Federal, State, or local antitrust laws, with regard to any transaction, agreement, or conduct that relates to such programs.

“SEC. 419. COST SHARING.

“(a) **Coinsurance, Copayments, and Deductibles.**—Notwithstanding any other provision of Federal or State law, no Indian who is eligible for services under title XVIII, XIX, or XXI of the Social Security Act, or any other federally funded health programs may be charged a deductible, copayment, or coinsurance for any service provided by or through the Indian Health Service, an Indian tribe, tribal organization, or urban Indian organization, nor may the payment or reimbursement due to the Indian Health Service or an Indian tribe, tribal organization, or urban Indian organization be reduced by the amount of the deductible, copayment, or coinsurance that would be due from the Indian but for the operation of this section. For the purposes of this section, ‘through’ shall include services provided directly, by referral, or under contracts or other arrangements between the Indian
Health Service, Indian tribe, tribal organization, or urban Indian organization and another health provider.

“(b) PREMIUMS.—

“(1) MEDICAID AND CHILD HEALTH INSURANCE PROGRAM.—Notwithstanding any other provision of Federal or State law, no Indian who is otherwise eligible for services under title XIX (medicaid) or title XXI (children’s health insurance program) of the Social Security Act may be charged a premium as a condition of receiving benefits from the program.

“(2) MEDICARE ENROLLMENT PREMIUM PENALTIES.—Notwithstanding any other provision of Federal or State law, no Indian (as that term is defined in section 4 of the Indian Health Care Improvement Act) who is eligible for Medicare, but for the payment of premiums, shall be charged a penalty for enrolling in Medicare at a time later than the person might otherwise have been eligible. This prohibition applies whether the Indian pays for the premiums directly or the premiums are paid by another person or entity, including a State, the Indian Health Service, an Indian tribe, tribal organization, or an urban Indian organization.
“(c) MEDICALLY NEEDY PROGRAM SPEND-DOWN.—
For the purposes of any medically needy option under a
State’s Medicaid plan under title XIX of the Social Secu­
rity Act, the cost of providing services to an Indian in a
health program of the Indian Health Service, an Indian
tribe, tribal organization, or urban Indian organization
shall be deemed to have been an expenditure for health
care by the person applying for Medicaid.

“(d) ESTATE RECOVERY.—Notwithstanding any
other provision of Federal or State law, the following prop­
erty may not be included when determining eligibility for
services or implementing estate recovery rights under title
XVIII, XIX, or XXI of the Social Security Act, or other
health care programs funded in whole or part with Federal
moneys—

“(1) income derived from rents, leases, or royal­
ties of property held in trust for individuals by the
Federal Government;

“(2) income derived from rents, leases, royal­
ties, or natural resources (including timber and fish­
ing activities) resulting from the exercise of federally
protected rights, whether collected by an individual
or tribal group, and distributed to individuals;

“(3) property, including interests in real prop­
erty currently or formerly held in trust by the Fed­
er al Government which is protected under applicable
Federal, State or tribal law or custom from recourse
and including public domain allotments; and

“(4) property that has unique religious or cul-
tural significance or that supports subsistence or
cultural lifestyle according to applicable tribal law
or custom.

“(e) Medical Child Support Recovery.—Not-
withstanding any other provision of law, a parent shall not
be responsible for reimbursing a State or the Federal Gov-
ernment for the cost of medical services provided to a child
by or through the Indian Health Service, an Indian tribe,
tribal organization, or urban Indian organization. For the
purposes of this subsection, ‘through’ shall include services
provided directly, by referral, or under contracts or other
arrangements between the Indian Health Service, Indian
tribe, tribal organization or urban Indian organization and
another health provider.

“SEC. 420. MANAGED CARE.

“(a) Recovery From Managed Care Plans.—(1)
Notwithstanding any other provision in law, the Indian
Health Service, an Indian tribe, tribal organization, or
urban Indian organization shall have a right of recovery
under section 408 of this title from all private and public
health plans, including medicare, medicaid, children’s
health insurance, and privately managed care plans for the
reasonable costs of delivering health services to Indians
entitled to receive services from the Service, an Indian
tribe, tribal organization, or urban Indian organization.

“(2) No provision of a contract, regulation or statute
may be relied upon or interpreted to deny or reduce pay-
ments otherwise due under this section, except to the ex-
tent the Service, Indian tribe, tribal organization, or urban
Indian organization has entered into an agreement with
the managed care plan regarding services to be provided
or rates to be paid, provided that such an agreement may
not be made a prerequisite for such payments to be made.

“(3) Payments due under this section may not be less
than those paid to a ‘preferred provider’ under the man-
aged care plan or, in the event there is no such rate, the
usual and customary fee for equivalent services.

“(4) A managed care plan may not deny payment
under this section because the insured or covered bene-
iciary of the plan has not submitted a claim.

“(5) Notwithstanding paragraphs (1) through (4) of
this section, the Indian Health Service, an Indian tribe,
tribal organization, or urban Indian organization that pro-
vides a health service to an Indian entitled under title XIX
(medicaid) or enrolled under title XXI (children’s health
insurance program) of the Social Security Act to receive
such services shall have the right to be paid directly by
the State’s Medicaid or children’s health insurance pro-
gram notwithstanding any agreements the State may have
entered into with managed care organizations or pro-
viders.

“(6) A managed care organization that is enrolled in
a State Medicaid program must as a condition of such
enrollment offer a contract to health programs adminis-
tered by the Indian Health Service, an Indian tribe, tribal
organization, or urban Indian organization that provides
health services in the geographic area served by the man-
aged care organization and such contract (or other pro-
vider participation agreement) shall contain terms and
conditions of participation and payment no more restric-
tive or onerous than those provided for in this section.

“(b) Prohibit Auto- and Default Assignment.—Notwithstanding any other provision of law or
any waiver granted by the Secretary, no Indian may be
assigned automatically or by default under any managed
care plan paid under title XIX (medicaid) or title XXI
(children’s health insurance program) of the Social Secu-
Rity Act unless the person had the option of enrolling in
a managed care plan or health program administered by
the Service, an Indian tribe, tribal organization, or urban
Indian organization in which case an Indian may be as-
signed only to such a managed care plan or health program.

“(c) INDIAN MANAGED CARE PLANS.—Notwithstanding any other provision of law, any State entering into agreements with one or more managed care organizations to provide services under title XIX or title XXI of the Social Security Act must enter into such an agreement with the Service, an Indian tribe, tribal organization, or urban Indian organization that can provide services to Indians who may be eligible or required to enroll in such a managed care plan similar to those to be offered by other managed care organizations. The Secretary and the State are hereby authorized to waive requirements regarding discrimination, capitalization, and other matters that might otherwise prevent the Indian managed care organization or health program from meeting Federal or State standards applicable to such organizations, provided such Indian managed care organization or health program must be able to offer its Indian enrollees services of an equivalent quality to that required of other managed care organizations.

“(d) ADVERTISING.—A managed care organization entering into contracts to provide services to Indians on or near an Indian reservation shall provide a certificate of coverage or similar type of document that is written
in the Indian language of the majority of the Indian population residing on such reservation.

"SEC. 421. NAVAJO NATION MEDICAID AGENCY.

“(a) Notwithstanding any other provision of law, the Secretary is authorized to treat the Navajo Nation as a State for the purposes of title XIX of the Social Security Act, to provide services to Indians living within the boundaries of the Navajo Nation.

“(b) Notwithstanding any other provision of law, the Secretary shall have the authority to assign and pay all funds for the provision of services to Indians living within the boundaries of the Navajo Nation under title XIX of the Social Security Act and related administrative funds under title XIX (medicaid) of the Social Security Act, which are currently paid to or would otherwise be paid to the States of Arizona, New Mexico, and Utah, to an entity established by the Navajo Nation and approved by the Secretary, which shall be denominated the Navajo Nation Medicaid Agency.

“(c) The Navajo Nation Medicaid Agency shall serve Indians living within the boundaries of the Navajo Nation and shall have the same authority and perform the same functions as other single State medicaid agencies.

“(d) The Secretary is authorized to directly assist the Navajo Nation in the development and implementation of
a Navajo Nation Medicaid Agency for the administration, eligibility, payment, and delivery of Medicaid eligible services, including western and traditional Navajo healing services, within the Navajo Nation.

“(e) Notwithstanding section 1905(b) of the Social Security Act, the Federal medical assistance percentage shall be 100 per centum with respect to amounts the Navajo Nation Medicaid Agency expends for medical assistance for services and for related administrative costs.

“(f) The Secretary is further authorized to assist the Navajo Nation by providing funding including demonstration grant funding for this project.

“(g) The Secretary shall have the authority to waive applicable provisions of title XIX of the Social Security Act to establish, develop, and implement the Navajo Nation Medicaid Agency.

“(h) In the option of the Navajo Nation, the Secretary is authorized to treat the Navajo Nation as a State for the purposes of title XXI (children’s health insurance program) under terms equivalent to those described in subsections (a) through (g) of this section.

“SEC. 422. INDIAN ADVISORY COMMITTEES.

“(a) NATIONAL INDIAN TECHNICAL ADVISORY GROUP.—The Health Care Financing Administration shall establish and fund the expenses of a National Indian
Technical Advisory Group which shall have no fewer than
14 members including at least 1 member designated by
the Indian tribes and tribal organizations in each service
area, 1 urban Indian organization representative, and 1
member representing the Indian Health Service. The
scope of the activities of such group shall be established
under section 802. Such scope shall include providing com­
ment on and advice regarding the programs funded under
titles XVIII, XIX, and XXI of the Social Security Act or
any other health care program funded (in whole or part)
by the Health Care Financing Administration.

“(b) INDIAN MEDICAID ADVISORY COMMITTEES.—
The Health Care Financing Administration shall establish
and provide funding for an Indian Medicaid Advisory
Committee made up of designees of the Indian Health
Service, Indian tribes, tribal organizations, and urban In­
dian organizations in each State in which the Indian
Health Service directly operates a health program or in
which there is 1 or more Indian tribe, tribal organization,
or urban Indian organization.

“SEC. 423. LIMITATIONS ON CHARGES.

“[No provider of health services that is eligible to re­
ceive payments or reimbursements from under title XVIII,
XIX, or XXI of the Social Security Act or from any feder-
ally funded (whether in whole or part) health care pro-
gram may seek to recover payment for services—

“(1) that are covered under and furnished to an individual eligible for the contract health services program operated by the Indian Health Service, by an Indian tribe or tribal organization or furnished to an urban Indian eligible for health services pur-
chased by an urban Indian organization (as those terms are defined in section 4 of the Indian Health Care Improvement Act), an amount in excess of the lowest amount paid by any other payor for com-
parable services; or

“(2) for examinations or other diagnostic pro-
dures that are not medically necessary if such pro-
dures have already been performed by the referring Indian health program and reported to the provider.

“SEC. 424. AUTHORIZATION OF APPROPRIATIONS.

“There are authorized to be appropriated such sums as may be necessary for each fiscal year through fiscal year 2013 to carry out this title.
“TITLE V—HEALTH SERVICES
FOR URBAN INDIANS

“SEC. 501. PURPOSE.
“The purpose of this title is to establish programs in urban centers to make health services more accessible and available to urban Indians.

“SEC. 502. CONTRACTS WITH, AND GRANTS TO, URBAN INDIAN ORGANIZATIONS.
“Under authority of the Act of November 2, 1921 (25 U.S.C. 13), popularly known as the Snyder Act, the Secretary, through the Service, shall enter into contracts with, or make grants to, urban Indian organizations to assist such organizations in the establishment and administration, within urban centers, of programs which meet the requirements set forth in this title. The Secretary, through the Service, subject to subsection 506, 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.

“SEC. 503. CONTRACTS AND GRANTS FOR THE PROVISION OF HEALTH CARE AND REFERRAL SERVICES.
“(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, and make grants to, urban Indian organizations for
the provision of health care and referral services for urban
Indians. Any such contract or grant shall include require­
ments that the urban Indian organization successfully un­
dertake to—

“(1) estimate the population of urban Indians
residing in the urban center or centers that the or­
ganization proposes to serve who are or could be re­
cipients of health care or referral services;

“(2) estimate the current health status of
urban Indians residing in such urban center or cen­
ters;

“(3) estimate the current health care needs of
urban Indians residing in such urban center or cen­
ters;

“(4) provide basic health education, including
health promotion and disease prevention education,
to urban Indians;

“(5) make recommendations to the Secretary
and Federal, State, local, and other resource agen­
cies on methods of improving health service pro­
grams to meet the needs of urban Indians; and
“(6) where necessary, provide, or enter into contracts for the provision of, health care services for urban Indians.

“(b) The Secretary, through the Service, shall by regulation adopted pursuant to section 520 prescribe the criteria for selecting urban Indian organizations to enter into contracts or receive grants under this section. Such criteria shall, among other factors, include—

“(1) the extent of unmet health care needs of urban Indians in the urban center or centers involved;

“(2) the size of the urban Indian population in the urban center or centers involved;

“(3) the extent, if any, to which the activities set forth in subsection (a) would duplicate any project funded under this title;

“(4) the capability of an urban Indian organization to perform the activities set forth in subsection (a) and to enter into a contract with the Secretary or to meet the requirements for receiving a grant under this section;

“(5) the satisfactory performance and successful completion by an urban Indian organization of other contracts with the Secretary under this title;
“(6) the appropriateness and likely effectiveness of conducting the activities set forth in subsection (a) in an urban center or centers; and

“(7) the extent of existing or likely future participation in the activities set forth in subsection (a) by appropriate health and health-related Federal, State, local, and other agencies.

“(c) The Secretary 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).

“(d)(1) The Secretary shall facilitate access to, or provide, immunization services for urban Indians through grants made to urban Indian organizations administering contracts entered into or receiving grants under this section.

“(2) For purposes of this subsection, the term ‘immunization services’ means services to provide without charge immunizations against vaccine-preventable diseases.

“(e)(1) The Secretary 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).
“(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 behavioral health services, to educate urban Indians about behavioral health issues and services, and effect coordination with existing behavioral health providers in order to improve services to urban Indians;

“(C) to provide outpatient behavioral health services to urban Indians, including the identification and assessment of illness, therapeutic treatments, case management, support groups, family treatment, and other treatment; and
“(D) to develop innovative behavioral health service delivery models which incorporate Indian cultural support systems and resources.

“(f)(1) The Secretary 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.

“(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).

“(g) The Secretary, through the Service, may enter into a contract with, or make grants to, an urban Indian
organization that provides or arranges for the provision
of health care services (through satellite facilities, provider
networks, or otherwise) to urban Indians in more than 1
urban center.

“SEC. 504. CONTRACTS AND GRANTS FOR THE DETERMINA-
TION OF UNMET HEALTH CARE NEEDS.

“(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 situ-
ated 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 as-
sessing 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.

“(b) Any contract entered into, or grant made, by
the Secretary under this section shall include requirements
that—
“(1) the urban Indian organization successfully undertakes to—

“(A) document the health care status and unmet health care needs of urban Indians in the urban center involved; and

“(B) with respect to urban Indians in the urban center involved, determine the matters described in paragraphs (2), (3), (4), and (7) of section 503(b); and

“(2) the urban Indian organization complete performance of the contract, or carry out the requirements of the grant, within 1 year after the date on which the Secretary and such organization enter into such contract, or within 1 year after such organization receives such grant, whichever is applicable.

“(c) The Secretary may not renew any contract entered into, or grant made, under this section.

“SEC. 505. EVALUATIONS; RENEWALS.

“(a) The Secretary 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 shall evaluate the compliance of each urban Indian organization which has entered into a contract or received a grant under section 503 with the terms of such contract or grant. For purposes of this evaluation, the Secretary, in determining the capacity of an urban Indian organization to deliver quality patient care shall, at the option of the organization—

“(1) through the Service conduct an annual onsite evaluation of the organization; or

“(2) accept in lieu of such onsite evaluation evidence of the organization’s provisional or full accreditation by a private independent entity recognized by the Secretary for purposes of conducting quality reviews or providers participating in the Medicare program under title XVIII of the Social Security Act.

“(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 or accreditations under subsection (b).

“SEC. 506. OTHER CONTRACT AND GRANT REQUIREMENTS.

“(a) Contracts with urban Indian organizations entered into pursuant to this title shall be in accordance with all Federal contracting laws and regulations relating to procurement except that in the discretion of the Secretary, such contracts may be negotiated without advertising and need not conform to the provisions of the Act of August 24, 1935 (40 U.S.C. 270a et seq.).
“(b) Payments under any contracts or grants pursuant to this title shall, notwithstanding any term or condition of such contract or grant—

“(1) be made in their entirety by the Secretary to the urban Indian organization by no later than the end of the first 30 days of the funding period with respect to which the payments apply, unless the Secretary determines through an evaluation under section 505 that the organization is not capable of administering such payments in their entirety; and

“(2) if unexpended by the urban Indian organization during the funding period with respect to which the payments initially apply, shall be carried forward for expenditure with respect to allowable or reimbursable costs incurred by the organization during one or more subsequent funding periods without additional justification or documentation by the organization as a condition of carrying forward the expenditure of such funds.

“(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) 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.

“(e) Urban Indians, as defined under section 4(t) of this Act, shall be eligible for health care or referral services provided pursuant to this title.

“SEC. 507. REPORTS AND RECORDS.

“(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 on a basis no more frequent than every 6 months, including—

“(1) in the case of a contract or grant under section 503, information gathered pursuant to paragraph (5) of subsection (a) of such section;

“(2) information on activities conducted by the organization pursuant to the contract or grant;

“(3) an accounting of the amounts and purpose for which Federal funds were expended; and

“(4) a minimum set of data, using uniformly defined elements, that is specified by the Secretary
in consultation consistent with section 514, with
urban Indian organizations.

“(b) The reports and records of the urban Indian or-
ganization with respect to a contract or grant under this
title shall be subject to audit by the Secretary and the
Comptroller General of the United States.

“(c) The Secretary shall allow as a cost of any con-
tract or grant entered into or awarded under section 502
or 503 the cost of an annual independent financial audit
conducted by—

“(1) a certified public accountant; or

“(2) a certified public accounting firm qualified
to conduct Federal compliance audits.

“SEC. 508. LIMITATION ON CONTRACT AUTHORITY.

“The authority of the Secretary to enter into con-
tracts or to award grants under this title shall be to the
extent, and in an amount, provided for in appropriation
Acts.

“SEC. 509. FACILITIES.

“(a) The Secretary may make grants to contractors
or grant recipients under this title for the lease, purchase,
renovation, construction, or expansion of facilities, includ-
ing leased facilities, in order to assist such contractors or
grant recipients in complying with applicable licensure or
certification requirements.
“(b) The Secretary, acting through the Service or through the Health Resources and Services Administration, may provide to contractors or grant recipients under this title loans from the Urban Indian Health Care Facilities Revolving Loan Fund (hereinafter in this section referred to as the ‘URLF’) described in subsection (c), or guarantees for loans, for the construction, renovation, expansion, or purchase of health care facilities, subject to the following requirements:

“(1) The principal amount of a loan or loan guarantee may cover 100 percent of the costs (other than staffing) relating to the facility, including planning, design, financing, site land development, construction, rehabilitation, renovation, conversion, medical equipment, furnishings, and capital purchase.

“(2) The total of the principal of loans and loan guarantees, respectively, outstanding at any one time shall not exceed such limitations as may be specified in appropriation Acts.

“(3) The loan or loan guarantee may have a term of the shorter of the estimated useful life of the facility, or 25 years.

“(4) An urban Indian organization may assign, and the Secretary may accept assignment of, the
revenue of the organization as security for a loan or
loan guarantee under this subsection.

“(5) The Secretary shall not collect application,
processing, or similar fees from urban Indian organi-
zations applying for loans or loan guarantees under
this subsection.

“(c)(1) There is established in the Treasury of the
United States a fund to be known as the Urban Indian
Health Care Facilities Revolving Loan Fund. The URLF
shall consist of—

“(A) such amounts as may be appropriated to
the URLF;

“(B) amounts received from urban Indian orga-
nizations in repayment of loans made to such orga-
nizations under paragraph (2); and

“(C) interest earned on amounts in the URLF
under paragraph (3).

“(2) Amounts in the URLF may be expended by the
Secretary, acting through the Service or the Health Re-
sources and Services Administration, to make loans avail-
able to urban Indian organizations receiving grants or con-
tacts under this title for the purposes, and subject to the
requirements, described in subsection (b). Amounts appro-
piated to the URLF, amounts received from urban In-
dian organizations in repayment of loans, and interest on
amounts in the URLF shall remain available until expended.

“(3) The Secretary of the Treasury shall invest such amounts of the URLF as such Secretary determines are not required to meet current withdrawals from the URLF. 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. Any obligation acquired by the URLF may be sold by the Secretary of the Treasury at the market price.

“SEC. 510. OFFICE OF URBAN INDIAN HEALTH.

“There is hereby established within the Service an Office of Urban Indian Health, which shall be responsible for—

“(1) carrying out the provisions of this title;

“(2) providing central oversight of the programs and services authorized under this title; and

“(3) providing technical assistance to urban Indian organizations.

“SEC. 511. GRANTS FOR ALCOHOL AND SUBSTANCE ABUSE RELATED SERVICES.

“(a) The Secretary may make grants for the provision of health-related services in prevention of, treatment
of, rehabilitation of, or school and community-based edu-

cation in, alcohol and substance abuse in urban centers
to those urban Indian organizations with which the Sec-
retary has entered into a contract under this title or under
section 201.

“(b) 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) The Secretary shall establish criteria for the
grants made under subsection (a), including criteria relat-
ing to the—

“(1) size of the urban Indian population;
“(2) capability of the organization to adequately
perform the activities required under the grant;
“(3) satisfactory performance standards for the
organization in meeting the goals set forth in such
grant, which standards shall be negotiated and
agreed to between the Secretary and the grantee on
a grant-by-grant basis; and
“(4) identification of need for services.

The Secretary shall develop a methodology for allocating
grants made pursuant to this section based on such cri-
teria.
'(d) 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 (e).

"SEC. 512. TREATMENT OF CERTAIN DEMONSTRATION PROJECTS.

"(a)(1) Notwithstanding any other provision of law, the Oklahoma City Clinic demonstration project shall be treated as a service unit in the allocation of resources and coordination of care and shall not be subject to the provisions of the Indian Self-Determination and Education Assistance Act for the term of such project. The Secretary shall provide assistance to such project in the development of resources and equipment and facility needs.

"(2) 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 2000, a report on the findings and conclusions derived from the demonstration project specified in paragraph (1).

"(b) Notwithstanding any other provision of law, the Tulsa Clinic demonstration project shall become permanent programs within the Service’s direct care program and continue to be treated as service units in the allocation of resources and coordination of care, and shall continue to meet the requirements and definitions of an urban In-
dian organization in this title, and as such will not be sub-
ject to the provisions of the Indian Self-Determination and
Education Assistance Act.

“SEC. 513. URBAN NIAAA TRANSFERRED PROGRAMS.

“(a) The Secretary shall, through the Office of Urban
Indian Health of the Service, make grants or enter into
contracts effective no later than September 30, 2002, with
urban Indian organizations for the administration of
urban Indian alcohol programs that were originally estab-
lished under the National Institute on Alcoholism and Al-
cohol 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 con-
tinuation 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 the NIAAA and
subsequently transferred to the Service are eligible for
grants or contracts under this section.

“(d) The Secretary shall evaluate and report to the
Congress on the activities of programs funded under this
section at least every 5 years.
“SEC. 514. CONSULTATION WITH URBAN INDIAN ORGANIZATIONS.

“(a) The Secretary shall ensure that the Service, the Health Care Financing Administration, and other operating divisions and staff divisions of the Department consult, to the greatest extent practicable, with urban Indian organizations (as defined in section 4(w)) prior to taking any action, or approving Federal financial assistance for any action of a State, that may affect urban Indians or urban Indian organizations.

“(b) For purposes of subsection (a), consultation is the open and free exchange of information and opinion among urban Indian organizations and the operating and staff divisions of the Department which leads to mutual understanding and comprehension and which emphasizes trust, respect, and shared responsibility.

“SEC. 515. FEDERAL TORT CLAIMS ACT COVERAGE.

“For purposes of section 224 of the Public Health Service Act of July 1, 1944 (42 U.S.C. 233(a)) with respect to claims by any person, initially filed on or after October 1, 2000, whether or not such person is an Indian or Alaska Native or is served on a fee basis or under other circumstances as permitted by Federal law or regulations, for personal injury, including death, resulting from the performance prior to, including, or after October 1, 2000, of medical, surgical, dental, or related functions, including
the conduct of clinical studies or investigations, or for pur-
poses of section 2679 of title 28, United States Code, with
respect to claims by any such person, on or after October
1, 2000, for personal injury, including death, resulting
from the operation of an emergency motor vehicle, an
urban Indian organization that has entered into a contract
or received a grant pursuant to this title is deemed to be
part of the Public Health Service in the Department of
Health and Human Services while carrying out any such
contract or grant and its employees (including those act-
ing on behalf of the organization as provided in section
2671 of title 28, United States Code, and including an
individual who provides health care services pursuant to
a personal services contract with an urban Indian organi-
zation for the provision of services in any facility owned,
operated, or constructed under the jurisdiction of the In-
dian Health Service) are deemed employees of the Service
while acting within the scope of their employment in car-
yring out the contract or grant. Such employees shall be
deemed to be acting within the scope of their employment
in carrying out the contract or grant when they are re-
quired, by reason of their employment, to perform medical,
surgical, dental, or related functions at a facility other
than a facility operated by the urban Indian organization
pursuant to such contract or grant, but only if such em-
ployees are not compensated for the performance of such
functions by a person or entity other than the urban In-
dian organization.

"SEC. 516. URBAN YOUTH TREATMENT CENTER DEM-
ONSTRATION.

"(a) The Secretary shall, through grant or contract,
make payment for the construction and operation of at
least 2 residential treatment centers in each State de-
scribed in subsection (b) to demonstrate the provision of
alcohol and substance abuse treatment services to urban
Indian youth in a culturally competent residential setting.

"(b) A State described in this subsection is a State
in which—

"(1) there reside urban Indian youth with need
for alcohol and substance abuse treatment services
in a residential setting; and

"(2) there is a significant shortage of culturally
competent residential treatment services for urban
Indian youth.

"SEC. 517. USE OF FEDERAL GOVERNMENT FACILITIES AND
SOURCES OF SUPPLY.

"(a) The Secretary shall permit an urban Indian or-
ganization that has entered into a contract or received a
grant pursuant to this title, in carrying out such contract
or grant, to use existing facilities and all equipment there-
in or pertaining thereto and other personal property
owned by the Federal Government within the Secretary’s
jurisdiction under such terms and conditions as may be
agreed upon for their use and maintenance.

“(b) Subject to subsection (d), the Secretary may do-
nate to an urban Indian organization that has entered into
a contract or received a grant pursuant to this title any
personal or real property determined to be excess to the
needs of the Indian Health Service or the General Services
Administration for purposes of carrying out the contract
or grant.

“(c) The Secretary may acquire excess or surplus
government personal or real property for donation, subject
to subsection (d), to an urban Indian organization that
has entered into a contract or received a grant pursuant
to this title if the Secretary determines that the property
is appropriate for use by the urban Indian organization
for a purpose for which a contract or grant is authorized
under this title.

“(d) In the event that the Secretary receives a re-
quest for a specific item of personal or real property de-
scribed in subsection (b) or (c) from an urban Indian orga-
nization and from an Indian tribe or tribal organization,
the Secretary shall give priority to the request for dona-
tion of the Indian tribe or tribal organization if the Sec-
Secretary receives the request from the Indian tribe or tribal organization before the date the Secretary transfers title to the property or, if earlier, the date the Secretary transfers the property physically, to the urban Indian organization.

“(e) For purposes of section 201(a) of the Federal Property and Administrative Services Act of 1949 (40 U.S.C. 481(a)) (relating to Federal sources of supply, including lodging providers, airlines, and other transportation providers), an urban Indian organization that has entered into a contract or received a grant pursuant to this title shall be deemed an executive agency when carrying out such contract or grant, and the employees of the urban Indian organization shall be eligible to have access to such sources of supply on the same basis as employees of an executive agency have such access.

“SEC. 518. GRANTS FOR DIABETES PREVENTION, TREATMENT, AND CONTROL.

“(a) The Secretary may make grants to those urban Indian organizations that have entered into a contract or have received a grant under this title for the provision of services for the prevention, treatment, and control of the complications resulting from, diabetes among urban Indians.
“(b) Each grant made pursuant to subsection (a) shall set forth the goals to be accomplished under the grant. The goals shall be specific to each grant as agreed to between the Secretary and the grantee.

“(c) The Secretary shall establish criteria for the grants made under subsection (a) relating to—

“(1) the size and location of the urban Indian population to be served;

“(2) the need for prevention of, treatment of, and control of the complications resulting from diabetes among the urban Indian population to be served;

“(3) performance standards for the organization in meeting the goals set forth in such grant that are negotiated and agreed to by the Secretary and the grantee;

“(4) the capability of the organization to adequately perform the activities required under the grant; and

“(5) the willingness of the organization to collaborate with the registry, if any, established by the Secretary under section 204(e) in the Area Office of the Service in which the organization is located.

“(d) Any funds received by an urban Indian organization under this Act for the prevention, treatment, and con-
trol of diabetes among urban Indians shall be subject to
the criteria developed by the Secretary under subsection
(c).

“SEC. 519. COMMUNITY HEALTH REPRESENTATIVES.

“The Secretary, through the Service, may enter into
contracts with, and make grants to, urban Indian organi-
izations for the use of Indians trained as health service
providers through the Community Health Representatives
Program under section 107(b) in the provision of health
care, health promotion, and disease prevention services to
urban Indians.

“SEC. 520. REGULATIONS.

“(a) The amendments to this title made by the Indian
Health Care Improvement Act Amendments of 2001 shall
be effective on the date of enactment of such amendments,
regardless of whether the Secretary has promulgated regu-
lations implementing such amendments have been promul-
gated.

“(b) The Secretary may promulgate regulations to
implement the provisions of this title.

“(1) Proposed regulations to implement this
Act shall be published in the Federal Register by the
Secretary no later than 270 days after the date of
enactment of this Act and shall have no less than a
120-day comment period.
“(2) The authority to promulgate regulations under this Act shall expire 18 months from the date of enactment of this Act.

“(c) The negotiated rulemaking committee described in this section shall be established pursuant to section 565 of title 5, United States Code, and shall have as the majority of its members representatives of urban Indian organizations from each service area in addition to Federal representatives.

“(d) The Secretary shall adapt the negotiated rulemaking procedures to the unique context of this Act.

“SEC. 521. AUTHORIZATION OF APPROPRIATIONS.

“There are authorized to be appropriated such sums as may be necessary for each fiscal year through fiscal year 2013 to carry out this title.

“TITLE VI—ORGANIZATIONAL IMPROVEMENTS

“SEC. 601. ESTABLISHMENT OF THE INDIAN HEALTH SERVICE AS AN AGENCY OF THE PUBLIC HEALTH SERVICE.

“(a) In order to more effectively and efficiently carry out the responsibilities, authorities, and functions of the United States to provide health care services to Indians and Indian tribes, as are or may be hereafter provided by Federal statute or treaties, there is established within
the Public Health Service of the Department of Health
and Human Services the Indian Health Service. The In-
dian Health Service shall be administered by a Director,
who shall be appointed by the President, by and with the
advice and consent of the Senate. The Director of the In-
dian 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 ad-
vice 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 Depart-
ment.

“(c) The Secretary shall carry out through the Direc-
tor 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 use of, health services for Indians;
“(3) all health programs under which health
care is provided to Indians based upon their status
as 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 (42
U.S.C. 2005 et seq.); and
“(E) the Indian Self-Determination and
Education Assistance Act (25 U.S.C. 450f et
seq.); and
“(4) all scholarship and loan functions carried
out under title I.
“(d)(1) The Director 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).

“(e) All personnel, records, equipment, facilities, and interests in property that are administered by the Indian Health Service shall be transferred 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.

“(f)(1) Except as provided in paragraph (2), section 601 of the Indian Health Care Improvement Act shall take effect 9 months from the date of the enactment of this section.
“(2) Notwithstanding subsections (e) and (f)(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.

“SEC. 602. AUTOMATED MANAGEMENT INFORMATION SYSTEM.

“(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;

“(D) a services-based cost accounting component that provides estimates of the costs associated with the provision of specific medical treatments or services in each Area Office of the Service;

“(E) an interface mechanism for patient billing and accounts receivable system; and

“(F) a training component.
“(b) 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 and Education Assistance Act automated management information systems which—

“(1) meet the management information needs of such Indian tribe or tribal organization with respect to the treatment by the Indian tribe or tribal organization of patients of the Service; and

“(2) meet the management information needs of the Service.

“(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.

“(d) The Director shall have the authority to enter into contracts, agreements, or joint ventures with other Federal agencies, States, private and nonprofit organizations, for the purpose of enhancing information technology in Indian health programs and facilities.

“SEC. 603. AUTHORIZATION OF Appropriations.

“There are authorized to be appropriated such sums as may be necessary for each fiscal year through fiscal year 2013 to carry out this title.
“TITLE VII—BEHAVIORAL HEALTH PROGRAMS

“SEC. 701. BEHAVIORAL HEALTH PREVENTION AND TREATMENT SERVICES.

“(a) The purposes of this section are to—

“(1) authorize and direct the Secretary, acting through the Indian Health Service, and willing Indian tribes, tribal organizations, and urban Indian organizations, to develop a comprehensive behavioral health prevention and treatment program which emphasizes collaboration among alcohol and substance abuse, social services, and mental health programs;

“(2) provide information, direction, and guidance relating to mental illness and dysfunction and self-destructive behavior, including child abuse and family violence, to those Federal, tribal, State, and local agencies responsible for programs in Indian communities in areas of health care, education, social services, child and family welfare, alcohol and substance abuse, law enforcement, and judicial services;

“(3) 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 programs which include identification, prevention, education, referral, and treatment services, including through multidisciplinary 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 behavioral health services to which all citizens have access; and

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

“(b)(1) The Secretary, acting through the Service, and willing Indian tribes, tribal organizations, and urban Indian organizations, shall encourage Indian tribes and tribal organizations to develop tribal plans, and urban Indian organizations to develop local plans, and for all such groups to participate in developing area-wide plans for Indian Behavioral Health Services. The plans shall include, to the extent feasible, the following components:

“(A) An assessment of the scope of the problem of alcohol or other substance abuse, mental illness, and dysfunctional and self-destructive behavior, i-
including suicide, child abuse, and family violence, among Indians, including—

“(i) the number of Indians served who are directly or indirectly affected by such illness or behavior, 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, including an assessment of the progress toward achieving the availability of the full continuum of care described in subsection (c).

“(C) An estimate of the additional funding needed by the Service, Indian tribes, tribal organizations, and urban Indian organizations to meet their responsibilities under the plans.

“(2) The Secretary shall establish a national clearing-house of plans and reports on the outcomes of such plans developed by Indian tribes, tribal organizations, and by Areas relating to Behavioral Health. The Secretary shall ensure access to these plans and outcomes by any Indian tribe, tribal organization, urban organization, or the Service.
“(3) The Secretary shall provide technical assistance to Indian tribes, tribal organizations, and urban Indian organizations in preparation of their plans and in developing standards of care that may be used and adopted locally.

“(c) The Secretary, acting through the Service and willing Indian tribes and tribal organizations, shall provide, to the extent feasible and funding is available, programs including, but not limited to, the following:

“(1) A comprehensive continuum of behavioral health care which provides—

“(A) community-based prevention, intervention, outpatient, and behavioral health aftercare;

“(B) detoxification (social and medical);

“(C) acute hospitalization;

“(D) intensive outpatient/day treatment;

“(E) residential treatment;

“(F) transitional living for those needing a temporary stable living environment that is supportive of treatment/recovery goals;

“(G) emergency shelter;

“(H) intensive case management; and

“(I) traditional health care practices.
“(2) Behavioral health services by the following services and populations:

“(A) Child Behavioral Health Services for persons from birth through age 17, including—

“(i) preschool and school age fetal alcohol disorder services, including assessment and behavioral intervention;

“(ii) mental health/substance abuse services (emotional, organic, alcohol, drug, inhalant and, tobacco);

“(iii) co-occurring disorders (multiple diagnosis);

“(iv) prevention focused on ages 5 through 10 (alcohol, drug, inhalant, and tobacco);

“(v) early intervention, treatment and aftercare focused on ages 11–17;

“(vi) healthy choices/lifestyle (related to sexually transmitted diseases, domestic violence, sexual abuse; suicide, teen pregnancy, obesity, and other risk/safety issues); and

“(vii) co-morbidity.

“(B) Adult Behavioral Health Services (ages 18 through 55):
“(i) Early intervention, treatment, and aftercare.

“(ii) Mental health/substance abuse services (emotional, alcohol, drug, inhalant and tobacco).

“(iii) Co-occurring disorders (dual diagnosis) and co-morbidity.

“(iv) Healthy choices/lifestyle (related to parenting, partners, domestic violence, sexual abuse, suicide, obesity, and other risk-related behavior).

“(v)(I) Treatment services for women at risk of giving birth to a child with a fetal alcohol disorder.

“(II) Treatment for substance abuse requiring gender-specific services.

“(III) Treatment for sexual assault and domestic violence.

“(IV) Healthy choices/lifestyle (parenting, partners, obesity, suicide, and other related behavioral risk).

“(vi) Men-specific:

“(I) Treatment for substance abuse requiring gender-specific services.
“(II) Treatment for sexual assault and domestic violence.

“(III) Healthy choices/lifestyle (parenting, partners, obesity, suicide, and other risk-related behavior).

“(C) Family Behavioral Health Services:

“(i) Early intervention, treatment, and aftercare for affected families.

“(ii) Treatment for sexual assault and domestic violence.

“(iii) Healthy choices/lifestyle (related to parenting, partners, domestic violence, and other abuse issues).

“(D) Elder Behavioral Health Services (age 56 and above):

“(i) Early intervention, treatment, and aftercare.

“(I) Mental health/substance abuse services (emotional, alcohol, drug, inhalant, and tobacco).

“(II) Co-occurring disorders (dual diagnosis) and co-morbidity.
“(III) Healthy choices/lifestyle (managing conditions related to aging).
“(ii) Elder women-specific:
“(I) Treatment for substance abuse requiring gender-specific services.
“(II) Treatment for sexual assault, domestic violence, and neglect.
“(iii) Elder men-specific:
“(I) Treatment for substance abuse requiring gender-specific services.
“(II) Treatment for sexual assault, domestic violence, and neglect.
“(iv) Dementias regardless of cause.
“(d)(1) The governing body of any Indian tribe, or tribal organization, or urban Indian organization may, at its discretion, adopt a resolution for the establishment of a community behavioral health plan providing for the identification and coordination of available resources and programs to identify, prevent, or treat alcohol and other substance abuse, mental illness, or dysfunctional and self-destructive behavior, including child abuse and family violence, among its members or its service population. This
plan should include, but not be limited to, behavioral health services, social services, intensive outpatient services, and continuing after care.

“(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 Indian tribe or tribal organization in the development of such plan. Upon the establishment of such a plan and at the request of the Indian tribe or tribal organization, such officials shall cooperate with the Indian tribe or tribal organization in the implementation of such plan.

“(3) The Secretary may make funding available to Indian tribes and tribal organizations 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.

“(e) The Secretary, acting through the Service and willing Indian tribes, tribal organizations, and urban Indian organizations, shall coordinate behavioral health planning, to the extent feasible, with other Federal agencies and with State agencies, to encourage comprehensive
behavioral health services are available to Indians without regard to their place of residence.

“(f) Within 1 year after the date of the enactment of the Indian Health Care Improvement Act Amendments of 2001, the Secretary shall make an assessment of the need for inpatient mental health care among Indians and the availability and cost of inpatient mental health facilities which can meet such need. In making such assessment, the Secretary shall consider the possible conversion of existing, underused service hospital beds into psychiatric units to meet such need.

“SEC. 702. MEMORANDA OF AGREEMENT WITH THE DEPARTMENT OF THE INTERIOR.

“(a) Not later than 12 months after the date of the enactment of the Indian Health Care Improvement Act Amendments of 2001, the Secretary and the Secretary of the Interior shall develop and enter into memoranda of agreement, or review and update any existing memoranda of agreement, as required by section 4205 of the Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986 (25 U.S.C. 2411) and under which the Secretaries address—

“(1) the scope and nature of mental illness and dysfunctional and self-destructive behavior, including child abuse and family violence, among Indians;
“(2) the existing Federal, tribal, State, local, and private services, resources, and programs available to provide mental health services for Indians;

“(3) the unmet need for additional services, resources, and programs necessary to meet the needs identified pursuant to paragraph (1);

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

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

“(6) 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 sub-

stance abuse programs of the Service, the Bu-

reau of Indian Affairs, and the various Indian

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 diag-
nosed individuals requiring mental health and

substance abuse treatment; and

“(B) ensuring that the Bureau of Indian

Affairs and Service programs and services (in-

cluding multi-disciplinary resource teams) ad-

dressing child abuse and family violence are co-

ordinated 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 community

behavioral health plans adopted under section 701(e)

and section 4206 of the Indian Alcohol and Sub-
stance Abuse Prevention and Treatment Act of 1986 (25 U.S.C. 2412); and

“(8) provide for an annual review of such agreement by the 2 Secretaries which shall be pro­

vided to Congress and the Indian tribes.

“(b) The memoranda of agreement updated or en­
tered into pursuant to subsection (a) shall include specific provisions pursuant to which the Service shall assume re­

sponsibility for—

“(1) the determination of the scope of the prob­

lem of alcohol and substance abuse among Indian

people, including the number of Indians within the

jurisdiction of the Service who are directly or indi­

rectly 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 af­

fected by alcohol and substance abuse; and

“(3) an estimate of the funding necessary to

adequately support a program of prevention of alco­

hol and substance abuse and treatment of Indians

affected by alcohol and substance abuse.

“(c) The Secretary and the Secretary of the Interior

shall, in developing the memoranda of agreement under
subsection (a) of this section, consult with and solicit the comments of—

“(1) Indian tribes and tribal organizations;

“(2) Indian individuals;

“(3) urban Indian organizations and other Indian organizations; and

“(4) behavioral health service providers.

“(d) The memoranda of agreement under subsection (a) of this section shall be published in the Federal Register. At the same time as publication in the Federal Register, the Secretary shall provide a copy of such memoranda to each Indian tribe, tribal organization, and urban Indian organization.

“SEC. 703. COMPREHENSIVE BEHAVIORAL HEALTH PREVENTION AND TREATMENT PROGRAM.

“(a)(1) The Secretary, acting through the Service and willing Indian tribes, and tribal organizations, consistent with section 701, shall provide a program of comprehensive behavioral health, prevention, treatment, and aftercare, including traditional health care practices, which shall include—

“(A) prevention, through educational intervention, in Indian communities;
“(B) acute detoxification and psychiatric hospitalization and treatment (residential and intensive outpatient);
“(C) community-based rehabilitation and aftercare;
“(D) community education and involvement, including extensive training of health care, educational, and community-based personnel; and
“(E) specialized residential treatment programs for high-risk populations, including but not limited to 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)(1) The Secretary, acting through the Service and willing Indian tribes and tribal organizations, may, enter into contracts with public or private providers of behavioral health treatment services for the purpose of carrying out the program required under subsection (a).
“(2) In carrying out this subsection, the Secretary shall provide assistance to Indian tribes and tribal organizations to develop criteria for the certification of behav-
ioral health service providers and accreditation of service
facilities which meet minimum standards for such services
and facilities.

SEC. 704. MENTAL HEALTH TECHNICIAN PROGRAM.

“(a) Under the authority of the Snyder Act of No-
vember 2, 1921 (25 U.S.C. 13), the Secretary shall estab-
lish and maintain a mental health technician program
within the Service which—

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

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

“(b) In carrying out subsection (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 men-
tal health care with supervised practical experience in the
provision of such care.

“(c) The Secretary shall supervise and evaluate the
mental health technicians in the training program.
“(d) The Secretary shall ensure that the program established pursuant to this subsection involves the use and promotion of the traditional health care practices of the Indian tribes to be served.

“SEC. 705. LICENSING REQUIREMENT FOR MENTAL HEALTH CARE WORKERS.

“Subject to the provisions of section 220, 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 funding agreement pursuant to the Indian Self-Determination and Education Assistance Act shall—

“(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 su-
pervision of a licensed marriage and family ther­apist.

“SEC. 706. INDIAN WOMEN TREATMENT PROGRAMS.

“(a) The Secretary, consistent with section 701, shall make funding available to Indian tribes, tribal organiza­tions, and urban Indian organizations to develop and im­plement a comprehensive behavioral health program of prevention, intervention, treatment, and relapse preven­tion services that specifically addresses the spiritual, cul­tural, historical, social, and child care needs of Indian women, regardless of age.

“(b) Funding made available pursuant to this section may be used to—

“(1) develop and provide community training, education, and prevention programs for Indian women relating to behavioral health issues, including fetal alcohol disorders;

“(2) identify and provide psychological services, counseling, advocacy, support, and relapse preven­tion to Indian women and their families; and

“(3) develop prevention and intervention models for Indian women which incorporate traditional health care practices, cultural values, and commu­nity and family involvement.
“(c) The Secretary, in consultation with Indian tribes and tribal organizations, shall establish criteria for the review and approval of applications and proposals for funding under this section.

“(d) Twenty percent of the funds appropriated pursuant to this section shall be used to make grants to urban Indian organizations funded under title V.

“SEC. 707. INDIAN YOUTH PROGRAM.

“(a) The Secretary, consistent with section 701, shall develop and implement a program for acute detoxification and treatment for Indian youth, including behavioral health services. The program shall include regional treatment centers designed to include detoxification and rehabilitation for both sexes on a referral basis and programs developed and implemented by Indian tribes or tribal organizations at the local level under the Indian Self-Determination and Education Assistance Act. Regional centers shall be integrated with the intake and rehabilitation programs based in the referring Indian community.

“(b)(1) The Secretary, acting through the Service or willing Indian tribes, or tribal organizations, shall construct, renovate, or, as necessary, purchase, and appropriately staff and operate, at least 1 youth regional treatment center or treatment network in each area under the jurisdiction of an Area Office. For the purposes of this
subsection, the Area Office in California shall be consid-
ered to be 2 Area Offices, 1 office whose jurisdiction shall
be considered to encompass the northern area of the State
of California, and 1 office whose jurisdiction shall be con-
sidered to encompass the remainder of the State of Cali-
forina for the purpose of implementing California treat-
ment networks.

“(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 pur-
chased under this subsection shall be constructed or pur-
chased at a location within the area described in para-
graph (1) agreed upon (by appropriate tribal resolution)
by a majority of the Indian 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, Incor-
porated, for the purpose of leasing, constructing,
renovating, operating, and maintaining a residential
youth treatment facility in Fairbanks, Alaska; and
“(ii) the Southeast Alaska Regional Health Corporation to staff and operate a residential youth treatment facility without regard to the proviso set forth in section 4(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)(1) The Secretary, acting through the Service and willing Indian tribes and tribal organizations, may provide intermediate behavioral health services, which may incorporate traditional health care practices, to Indian children and adolescents, including—

“(A) pretreatment assistance;

“(B) inpatient, outpatient, and after-care services;

“(C) emergency care;

“(D) suicide prevention and crisis intervention; and

“(E) prevention and treatment of mental illness and dysfunctional and self-destructive behavior, including child abuse and family violence.
“(2) Funds provided under this subsection may be used—

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

“(B) to hire behavioral health professionals;

“(C) to staff, operate, and maintain an intermediate mental health facility, group home, sober housing, transitional housing or similar facilities, or youth shelter where intermediate behavioral health services are being provided;

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

“(E) for intensive home- and community-based services.

“(3) The Secretary shall, in consultation with Indian tribes and tribal organizations, establish criteria for the review and approval of applications or proposals for funding made available pursuant to this subsection.

“(d)(1) The Secretary, in consultation with Indian tribes and tribal organizations, shall—

“(A) identify and use, where appropriate, federally owned structures suitable for local residential or
regional behavioral health treatment for Indian youth; and

“(B) establish guidelines, in consultation with Indian tribes and tribal organizations, for determining the suitability of any such federally owned structure to be used for local residential or regional behavioral health treatment 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 and any Tribe or tribal organization operating the program.

“(e)(1) The Secretary, Indian tribes or tribal organizations, in cooperation with the Secretary of the Interior, shall develop and implement within each service unit, community-based rehabilitation and follow-up services for Indian youth who are having significant behavioral health problems, and require long-term treatment, community re-integration, and monitoring to support the Indian youth after their return to their home community.

“(2) Services under paragraph (1) shall be administered within each service unit or tribal program by trained staff within the community who can assist the Indian youth in continuing development of self-image, positive problem-solving skills, and non-
alcohol or substance abusing behaviors. Such staff
may include alcohol and substance abuse counselors,
mental health professionals, and other health profes­
sionals and paraprofessionals, including community
health representatives.
```
(f) In providing the treatment and other services to
Indian youth authorized by this section, the Secretary, In­
dian tribes, and tribal organizations shall provide for the
inclusion of family members of such youth in the treat­
ment programs or other services as may be appropriate.
Not less than 10 percent of the funds appropriated for
the purposes of carrying out subsection (e) shall be used
for outpatient care of adult family members related to the
treatment of an Indian youth under that subsection.
```
```
(g) The Secretary, acting through the Service and
willing Indian tribes, tribal organizations, and urban In­
dian organizations, shall provide, consistent with section
701, programs and services to prevent and treat the abuse
of multiple forms of substances, including, but not limited
to, alcohol, drugs, inhalants, and tobacco, among Indian
youth residing in Indian communities, on Indian reserva­
tions, and in urban areas and provide appropriate mental
health services to address the incidence of mental illness
among such youth.
“SEC. 708. INPATIENT AND COMMUNITY-BASED MENTAL HEALTH FACILITIES DESIGN, CONSTRUCTION, AND STAFFING.

"Within 1 year after the date of enactment of the Indian Health Care Improvement Act Amendments of 2001, the Secretary, acting through the Service and willing Indian tribes and tribal organizations, shall provide, in each area of the Service, not less than 1 inpatient mental health care facility, or the equivalent, for Indians with behavioral health problems. For the purposes of this subsection, California shall be considered to be 2 Area Offices, 1 office whose location shall be considered to encompass the northern area of the State of California and 1 office whose jurisdiction shall be considered to encompass the remainder of the State of California. The Secretary shall consider the possible conversion of existing, underused service hospital beds into psychiatric units to meet such need.

“SEC. 709. TRAINING AND COMMUNITY EDUCATION.

“(a) The Secretary, in cooperation with the Secretary of the Interior, shall develop and implement or provide funding for Indian tribes and tribal organizations to develop and implement within each service unit or tribal program a program of community education and involvement which shall be designed to provide concise and timely information to the community leadership of each tribal com-
munity. Such program shall include education about be-

havioral health issues to political leaders, tribal judges,

law enforcement personnel, members of tribal health and

education boards, health care providers including tradi-
tional practitioners, and other critical members of each

tribal community. Community-based training (oriented to-
ward local capacity development) shall also include tribal

community provider training (designed for adult learners

from the communities receiving services for prevention,

intervention, treatment and aftercare).

“(b) The Secretary shall, either directly or through

Indian tribes and tribal organizations, provide instruction

in the area of behavioral health issues, including instruc-
tion in crisis intervention and family relations in the con-
text of alcohol and substance abuse, child sexual abuse,
youth alcohol and substance abuse, and the causes and
effects of fetal alcohol disorders to appropriate employees

of the Bureau of Indian Affairs and the Service, and to

personnel in schools or programs operated under any con-
tract 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

“(c) In carrying out the education and training pro-
grams required by this section, the Secretary, in consulta-
tion with Indian tribes, tribal organizations, Indian behav-
ioral health experts, and Indian alcohol and substance
abuse prevention experts, shall develop and provide com-
community-based training models. Such models shall
address—

“(1) the elevated risk of alcohol and behavioral
health problems faced by children of alcoholics;
“(2) the cultural, spiritual and
multigenerational aspects of behavioral health prob-
lem prevention and recovery; and
“(3) community-based and multidisciplinary
strategies for preventing and treating behavioral
health problems.

“SEC. 710. BEHAVIORAL HEALTH PROGRAM.

“(a) The Secretary, acting through the Service or
willing Indian tribes or tribal organizations, consistent
with section 701, may plan, develop, implement, and carry
out programs to deliver innovative community-based be-
behavioral health services to Indians.

“(b) The Secretary may award such funding for a
project under subsection (a) to an Indian tribe or tribal
organization and may consider the following criteria:
“(1) The project will address significant unmet behavioral health needs among Indians.

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

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

“(4) The Tribe or tribal organization has the administrative and financial capability to administer the project.

“(5) The project may deliver services in a manner consistent with traditional health care practices.

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

“(c) For purposes of this subsection, the Secretary shall, in evaluating applications or proposals for funding for projects to be operated under any funding agreement entered into with the Service under the Indian Self-Determination and Education Assistance Act, use the same criteria that the Secretary uses in evaluating any other application or proposal for such funding.

“SEC. 711. FETAL ALCOHOL DISORDER FUNDING.

“(a)(1) The Secretary, consistent with section 701, acting through willing Indian tribes, tribal organizations, and urban Indian organizations, shall establish and operate fetal alcohol disorders programs as provided in this
section for the purposes of meeting the health status ob-
jectives specified in section 3(b).

“(2) Funding provided pursuant to this section shall be used to—

“(A) develop and provide community and in-
school training, education, and prevention programs relating to fetal alcohol disorders;

“(B) identify and provide behavioral health treatment to high-risk women;

“(C) identify and provide appropriate psycho-
logical services, educational and vocational support, counseling, advocacy, and information to fetal alco-
hol disorder affected persons and their families or caretakers;

“(D) develop and implement counseling and support programs in schools for fetal alcohol dis-
order affected children;

“(E) develop prevention and intervention mod-
els which incorporate traditional practitioners, cul-
tural and spiritual values, and community involve-
ment;

“(F) develop, print, and disseminate education and prevention materials on fetal alcohol disorders;

“(G) develop and implement, through the tribal consultation process, culturally sensitive assessment
and diagnostic tools including dysmorphology clinics
and multidisciplinary fetal alcohol disorder clinics
for use in tribal and urban Indian communities;

“(H) develop early childhood intervention
projects from birth on to mitigate the effects of fetal
alcohol disorders; and

“(I) develop and fund community-based adult
fetal alcohol disorder housing and support services.

“(3) The Secretary shall establish criteria for the re-
view and approval of applications for funding under this
section.

“(b) The Secretary, acting through the Service and
willing Indian tribes, tribal organizations, and urban In-
dian organizations, shall—

“(1) develop and provide services for the pre-
vention, intervention, treatment, and aftercare for
those affected by fetal alcohol disorders in Indian
communities; and

“(2) provide supportive services, directly or
through an Indian tribe, tribal organization, or
urban Indian organization, including, which services
shall include but not be limited to, meeting the spe-
cial educational, vocational, school-to-work transi-
tion, and independent living needs of adolescent and
adult Indians with fetal alcohol disorders.
“(c) The Secretary shall establish a task force to be known as the Fetal Alcohol Disorders 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 National Institute of Child Health and Human Development (NICHD), the Centers for Disease Control and Prevention, the Bureau of Indian Affairs, Indian tribes, tribal organizations, urban Indian communities, and Indian fetal alcohol disorders experts.

“(d) The Secretary, acting through the Substance Abuse and Mental Health Services Administration, shall make funding available to Indian tribes, tribal organizations, and urban Indian organizations for applied research projects which propose to elevate the understanding of methods to prevent, intervene, treat, or provide rehabilitation and behavioral health aftercare for Indians and urban Indians affected by fetal alcohol disorders.

“(e) Ten percent of the funds appropriated pursuant to this section shall be used to make grants to urban Indian organizations funded under title V.
"SEC. 712. CHILD SEXUAL ABUSE AND PREVENTION TREATMENT PROGRAMS.

(a) The Secretary and the Secretary of the Interior, acting through the Service and willing Indian tribes and tribal organizations, shall establish, consistent with section 701, in every service area, programs involving treatment for—

(1) victims of child sexual abuse; and

(2) perpetrators of child sexual abuse.

(b) Funding provided pursuant to this section shall be used to—

(1) develop and provide community education and prevention programs related to child sexual abuse;

(2) identify and provide behavioral health treatment to children who are victims of sexual abuse and to their families who are affected by sexual abuse;

(3) develop prevention and intervention models which incorporate traditional health care practitioners, cultural and spiritual values, and community involvement;

(4) develop and implement, through the tribal consultation process, culturally sensitive assessment and diagnostic tools for use in tribal and urban Indian communities; and
“(5) identify and provide behavioral health treatment to perpetrators—

“(A) efforts will be made to begin offender and behavioral health treatment while the perpetrator is incarcerated or at the earliest possible date if the perpetrator is not incarcerated; and

“(B) treatment should be provided after release to the community, until it is determined that the perpetrator is not a threat to children.

“SEC. 713. BEHAVIORAL HEALTH RESEARCH.

“The Secretary, in consultation with appropriate Federal agencies, shall provide funding to Indian tribes, tribal organizations, and urban Indian organizations or, enter into contracts with, or make grants to appropriate institutions for the conduct of research on the incidence and prevalence of behavioral health problems among Indians served by the Service, Indian tribes, or tribal organizations and among Indians in urban areas. Research priorities under this section shall include—

“(1) the interrelationship and interdependence of behavioral health problems with alcoholism and other substance abuse, suicide, homicides, other injuries, and the incidence of family violence; and
“(2) the development of models of prevention
techniques.

The effect of the interrelationships and interdependencies
referred to in paragraph (1) on children, and the develop-
ment of prevention techniques under paragraph (2) appli-
cable to children, shall be emphasized.

“SEC. 714. DEFINITIONS.

“For the purpose of this title, the following defini-
tions shall apply:

“(1) ‘Assessment’ means the systematic collect-
ion, analysis, and dissemination of information on
health status, health needs, and health problems.

“(2) ‘Alcohol related neurodevelopmental dis-
orders’ or ‘ARND’ means with a history of maternal
alcohol consumption during pregnancy, central nerv-
ous system involvement such as developmental delay,
intellectual deficit, or neurologic abnormalities. Be-
behaviorally, there can be problems with irritability,
and failure to thrive as infants. As children become
older there will likely be hyperactivity, attention def-
icit, language dysfunction, and perceptual and judg-
ment problems.

“(3) ‘Behavioral health’ means the blending of
substances (alcohol, drugs, inhalants, and tobacco)
abuse and mental health prevention and treatment,
for the purpose of providing comprehensive services. This can include the joint development of substance abuse and mental health treatment planning and coordinated case management using a multidisciplinary approach.

“(4) ‘Behavioral health aftercare’ includes those activities and resources used to support recovery following inpatient, residential, intensive substance abuse, or mental health outpatient or outpatient treatment. The purpose is to help prevent or deal with relapse by ensuring that by the time a client or patient is discharged from a level of care, such as outpatient treatment, an aftercare plan has been developed with the client. An aftercare plan may use such resources as community-based therapeutic group, transitional living, a 12-step sponsor, a local 12-step or other related support group, and other community-based providers (mental health professionals, traditional health care practitioners, community health aides, community health representatives, mental health technicians, ministers, etc.)

“(5) ‘Dual diagnosis’ means coexisting substance abuse and mental illness conditions or diagnosis. Patients/clients are sometimes referred to as mentally ill chemical abusers (MICAs).
“(6) ‘Fetal alcohol disorders’ means fetal alco-
hol syndrome, partial fetal alcohol syndrome and al-
cohol related neural developmental disorder
(ARNDD).

“(7) ‘Fetal alcohol syndrome’ or ‘FAS’ means
a syndrome in which with a history of maternal alco-
hol consumption during pregnancy, the following cri-
teria should be met:

“(A) Central nervous system involvement
such as developmental delay, intellectual deficit,
microcephaly, or neurologic abnormalities.

“(B) Craniofacial abnormalities with at
least 2 of the following: microphthalmia, short
palpebral fissures, poorly developed philtrum,
thin upper lip, flat nasal bridge, and short
upturned nose.

“(C) Prenatal or postnatal growth delay.

“(8) ‘Partial FAS’ means with a history of ma-
ternal alcohol consumption during pregnancy having
most of the criteria of FAS, though not meeting a
minimum of at least 2 of the following: microoph-
thalmia, short palpebral fissures, poorly developed
philtrum, thin upper lip, flat nasal bridge, short
upturned nose.
“(9) ‘Rehabilitation’ means to restore the ability or capacity to engage in usual and customary life activities through education and therapy.

“(10) ‘Substance abuse’ includes inhalant abuse.

“SEC. 715. AUTHORIZATION OF APPROPRIATIONS.

“There are authorized to be appropriated such sums as may be necessary for each fiscal year through fiscal year 2013 to carry out the provisions of this title.

“TITLE VIII—MISCELLANEOUS

“SEC. 801. REPORTS.

“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—

“(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 including
specific comparisons of appropriations provided and
those required for such parity;

“(2) a report on whether, and to what extent,
new national health care programs, benefits, initia-
tives, or financing systems have had an impact on
the purposes of this Act and any steps that the Sec-
retary may have taken to consult with Indian tribes,
tribal organizations, and urban Indian organizations
to address such impact, including a report on pro-
posed changes in allocation of funding pursuant to
section 808;

“(3) a report on the use of health services by
Indians—

“(A) on a national and area or other rel-
evant geographical basis;

“(B) by gender and age;

“(C) by source of payment and type of
service;

“(D) comparing such rates of use with
rates of use among comparable non-Indian pop-
ulations; and

“(E) on the services provided under fund-
ing agreements pursuant to the Indian Self-De-
termination and Education Assistance Act;
“(4) a report of contractors to the Secretary on Health Care Educational Loan Repayments every 6 months required by section 110;

“(5) a General Audit Report of the Secretary on the Health Care Educational Loan Repayment Program as required by section 110(n);

“(6) a separate statement which specifies the amount of funds requested to carry out the provisions of section 201;

“(7) a biennial report to Congress on infectious diseases as required by section 212;

“(8) a report on environmental and nuclear health hazards as required by section 214;

“(9) an annual report on the status of all health care facilities needs as required by section 301(e)(2) and 301(d);

“(10) reports on safe water and sanitary waste disposal facilities as required by section 302(h)(1);

“(11) an annual report on the expenditure of nonservice funds for renovation as required by sections 305(a)(2) and 305(a)(3);

“(12) a report identifying the backlog of maintenance and repair required at Service and tribal facilities required by section 314(a);
'“(13) a report providing an accounting of reimbursement funds made available to the Secretary under titles XVIII and XIX of the Social Security Act required by section 403(a);

“(14) a report on services sharing of Indian Health Service, Veterans Affairs, and other Federal agency health programs as required by section 412(c)(2);

“(15) a report on evaluation and renewal of urban Indian programs as required by section 505;

“(16) a report on the findings and conclusions derived from the demonstration project as required by section 512(a)(2);

“(17) a report on the evaluation of programs as required by section 513; and

“(18) a report on alcohol and substance abuse as required by section 701(f).

“SEC. 802. REGULATIONS.

“(a)(1) Not later than 90 days after the date of enactment of this Act, the Secretary shall initiate procedures under subchapter III of chapter 5 of title 5, United States Code, to negotiate and promulgate such regulations or amendments thereto that are necessary to carry out the Indian Health Care Improvement Act, as amended.
“(2) Proposed regulations to implement this Act shall be published in the Federal Register by the Secretary no later than 270 days after the date of enactment of this Act and shall have no less than a 120-day comment period.

“(3) The authority to promulgate regulations under this Act shall expire 18 months from the date of enactment of this Act.

“(b) COMMITTEE.—A negotiated rulemaking committee established pursuant to section 565 of title 5, United States Code, to carry out this section shall have as its members only representatives of the Federal Government and representatives of Indian tribes, and tribal organizations, a majority of whom shall be nominated by and be representatives of Indian tribes, tribal organizations, and urban Indian organizations from each service area.

“(c) ADAPTATION OF PROCEDURES.—The Secretary shall adapt the negotiated rulemaking procedures to the unique context of self-governance and the government-to-government relationship between the United States and Indian tribes.

“(d) The lack of promulgated regulations shall not limit the effect of this Act.
“(e) The provisions of this Act shall supersede any conflicting provisions of law (including any conflicting regulations) in effect on the day before the date of enactment of the Indian Self-Determination Contract Reform Act of 1994, and the Secretary is authorized to repeal any regulation inconsistent with the provisions of this Act.

“SEC. 803. PLAN OF IMPLEMENTATION.

“Within 240 days after the date of the enactment of the Indian Health Care Improvement Act Amendments of 2001, a plan will be prepared by the Secretary in consultation with Indian tribes, tribal organizations, and urban Indian organizations, 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.

“SEC. 804. AVAILABILITY OF FUNDS.

“The funds appropriated pursuant to this Act shall remain available until expended.

“SEC. 805. LIMITATION ON USE OF FUNDS APPROPRIATED TO THE INDIAN HEALTH SERVICE.

“Any limitation on the use of funds contained in an Act providing appropriations for the Department for a period with respect to the performance of abortions shall apply for that period with respect to the performance of
abortions using funds contained in an Act providing ap-
propriations for the Indian Health Service.

“SEC. 806. ELIGIBILITY OF CALIFORNIA INDIANS.

“(a) Until such time as any subsequent law may oth-
erwise provide, the following California Indians shall be
eligible for health services provided by the Service:

“(1) Any member of a federally recognized In-
dian tribe.

“(2) Any descendant of an Indian who was re-
siding in California on June 1, 1852, but only if
such descendant—

“(A) is a member of the Indian community
served by a local program of the Service; and

“(B) is regarded as an Indian by the com-
munity 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.

“(b) Nothing in this section may be construed as ex-
panding the eligibility of California Indians for health
services provided by the Service beyond the scope of eligibility for such health services that applied on May 1, 1986.

“SEC. 807. HEALTH SERVICES FOR INELIGIBLE PERSONS.

“(a)(1) Any individual who—

“(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 1 year after the date of a determination of competency.

“(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 such spouses or
spouses who are married to members of the Indian tribe(s) being served are made eligible, as a class, by an appropriate resolution of the governing body of the Indian tribe or tribal organization providing such services. The health needs of persons made eligible under this paragraph shall not be taken into consideration by the Service in determining the need for, or allocation of, its health resources.

“(b)(1)(A) The Secretary is authorized to provide health services under this subsection through health programs operated directly by the Service to individuals who reside within the service 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 program, 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 programs operated under
a contract entered into under the Indian Self-Determina-
tion and Education Assistance 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
funding agreement 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 con-
siderations 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 judg-
ment 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(a) of this Act, or any
other provision of law, amounts collected under this sub-
section, including medicare or medicaid reimbursements
under titles XVIII and XIX of the Social Security Act,
shall be credited to the account of the program providing
the service and shall be used solely for the provision of
health services within that program. Amounts collected
under this subsection shall be available for expenditure
within such program.

“(B) Health services may be provided by the Sec­
etary through the Service under this subsection to an in­
digent 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 ter­
minate at the end of the fiscal year succeeding the fiscal
year in which the governing body of the Indian tribe re­
vokes its concurrence to the provision of such health serv­
ices.

“(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 and Education Assistance 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.

“SEC. 808. REALLOCATION OF BASE RESOURCES.

“(a) Notwithstanding any other provision of law, any allocation of Service funds for a fiscal year that reduces by 5 percent or more from the previous fiscal year the funding for any recurring program, project, or activity of a service unit may be implemented only after the Secretary has submitted to the President, 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 the previous fiscal year.
“SEC. 809. RESULTS OF DEMONSTRATION PROJECTS."

“The Secretary shall provide for the dissemination to Indian tribes of the findings and results of demonstration projects conducted under this Act.

“SEC. 810. PROVISION OF SERVICES IN MONTANA."

“(a) The Secretary 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 Cir. 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.

“SEC. 811. MORATORIUM."

“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 sections 806 and 807 of the Indian Health Care Improvement
Act, as amended by this Act until such time as new criteria governing eligibility for services are developed in accordance with section 802 of this Act.

"SEC. 812. TRIBAL EMPLOYMENT.

“For purposes of section 2(2) of the Act of July 5, 1935, as amended (49 Stat. 450, chapter 372), an Indian tribe or tribal organization carrying out a funding agreement under the Indian Self-Determination and Education Assistance Act shall not be considered an ‘employer’.

"SEC. 813. PRIME VENDOR.

“For purposes of section 4 of Public Law 102–585 (38 U.S.C. 812) tribes and tribal organizations carrying out a grant, cooperative agreement of funding agreement under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.) shall be deemed to be an executive agency and part of the Indian Health Service in the Department of Health and Human Services and, as such, may act as an ordering agent of the Indian Health Service and the employees of the tribe or tribal organization may order supplies on behalf thereof on the same basis as employees of the Indian Health Service.

"SEC. 814. SEVERABILITY PROVISIONS.

“If any provision of this Act, any amendment made by the Act, or the application of such provision or amendment to any person or circumstances is held to be invalid,
the remainder of this Act, the remaining amendments
made by this Act, and the application of such provisions
to persons or circumstances other than those to which it
is held invalid, shall not be affected thereby.

"SEC. 815. ESTABLISHMENT OF NATIONAL BIPARTISAN
COMMISSION ON INDIAN HEALTH CARE ENTITLE-
MENT.

“(a) There is hereby established the National Bipar-
tisan Indian Health Care Entitlement Commission (the
‘Commission’).

“(b) DUTIES OF COMMISSION.—The Commission
shall—

“(1) review and analyze the recommendations
of the report of the Study Committee, as established
below, to the Commission;

“(2) make recommendations to the Congress
for providing health services for Indian persons as
an entitlement, giving due regard to the effects of
such a program on existing health care delivery sys-
tems for Indian persons and the effect of such a pro-
gram on the sovereign status of Indian tribes;

“(3) establish a Study Committee composed of
those members of the Commission appointed by the
Director of the Indian Health Service and at least
4 members of Congress from among the members of
the Commission which shall—

“(A) to the extent necessary to carry out
its duties, collect and compile data necessary to
understand the extent of Indian needs with re­
gard to the provision of health services, regard­
less of the location of Indians, including holding
hearings and soliciting the views of Indians, In­
dian tribes, tribal organizations, and urban In­
dian organizations, and which may include au­
thorizing and funding feasibility studies of var­
ious models for providing and funding health
services for all Indian beneficiaries including
those who live outside of a reservation, tempo­
rarily or permanently;

“(B) make recommendations to the Com­
mission for legislation that will provide for the
delivery of health services for Indians as an en­
titlement, which will address, among other
things, issues of eligibility, benefits to be pro­
vided, including recommendations regarding
from whom such health services are to be pro­
vided and the cost, including mechanisms for
funding of the health services to be provided;
“(C) determine the effect of the enactment of such recommendations on the existing system of delivery of health services for Indians;

“(D) determine the effect of a health services entitlement program for Indian persons on the sovereign status of Indian tribes;

“(E) not later than 12 months after the appointment of all members of the Commission, shall make a written report of its findings and recommendations to the full Commission, which report shall include a statement of the minority and majority position of the Committee and which shall be disseminated, at a minimum, to every federally recognized Indian tribe, tribal organization, and urban Indian organization for comment to the Commission; and

“(F) report regularly to the full Commission regarding the findings and recommendations developed by the Study Committee in the course of carrying out its duties under this section.

“(4) By not later than 18 months following the date of appointment of all members of the Commission, submit a written report to Congress containing a recommendation of policies and legislation to im-
plement a policy that would establish a health care system for Indians based on delivery of health services as an entitlement, together with a determination of the implications of such an entitlement system on existing health care delivery systems for Indians and on the sovereign status of Indian tribes.

“(c)(1) The Commission shall be composed of 25 members, selected by as follows:

“(A) 10 members of Congress, including 3 from the United States House of Representatives and 2 from the United States Senate, appointed by their respective majority leaders, and 3 from the United States House of Representatives and 2 from the United States Senate, appointed by their respective minority leaders, and who shall be members of the standing committees of Congress that consider legislation affecting health care to Indians.

“(B) 12 persons chosen by the Congressional members of the Commission, 1 from each Indian health care service area as currently designated by the Director of the Indian Health Service, to be chosen from among 3 nominees from each area put forward by the Tribes within the area, with due regard being given to the experience and expertise of the nominees in the provision of health care to Indians.
and with due regard being given to a reasonable rep-
resentation on the commission of members who are
familiar with various health care delivery modes and
who represent Tribes of various size populations.

“(C) 3 persons appointed by the Director of the
Indian Health Service who are knowledgeable about
the provision of health care to Indians, at least one
of whom shall be appointed from among 3 nominees
put forward by those programs whose funding is
provided in whole or in part by the Indian Health
Service primarily or exclusively for the benefit of
urban Indians.

“(D) All those persons chosen by the Congres-
sional members of the Commission and by the Presi-
dent shall be members of federally recognized Indian
tribes.

“(E) The Chairman and Vice Chairman of the
Commission shall be selected by the Congressional
members of the Commission.

“(c)(1) The terms of members of the Commission
shall be for the life of the Commission.

“(2) Congressional members of the Commission shall
be appointed not later than 90 days after the approval
of this Act, and the remaining members of the Commis-
1 sion shall be appointed not later than 60 days following
2 the appointment of the Congressional members.
3 “(3) A vacancy in the Commission shall be filled in
4 the manner in which the original appointment was made.
5 “(d)(1) Each Congressional member of the Commis-
6 sion shall receive no additional pay, allowances, or benefits
7 by reason of their service on the Commission and shall
8 receive travel expenses and per diem in lieu of subsistence
9 in accordance with sections 5702 and 5703 of title 5,
10 United States Code.
11 “(2) Remaining members of the Commission,
12 while serving on the business of the Commission (in-
13 cluding travel time) shall be entitled to receive com-
14 pensation at the per diem equivalent of the rate pro-
15 vided for level IV of the Executive Schedule under
16 section 5315 of title 5, United States Code, and
17 while so serving away from home and the member’s
18 regular place of business, a member may be allowed
19 travel expenses, as authorized by the Chairman of
20 the Commission. For purpose of pay (other than pay
21 of members of the Commission) and employment
22 benefits, rights, and privileges, all personnel of the
23 Commission shall be treated as if they were employ-
24 ees of the United States Senate.

•HR 1662 IH
“(e)(1) The Commission shall meet at the call of the Chairman.

“(2) A quorum of the Commission shall consist of not less than 15 members, provided that no less than 6 of the members of Congress who are Commission members are present and no less than 9 of the members who are Indians are present.


“(B) The executive director shall be paid the rate of basic pay for level V of the Executive Schedule.

“(2) With the approval of the Commission, the executive director may appoint such personnel as the executive director deems appropriate.

“(3) The staff of the Commission shall be appointed without regard to the provisions of title 5, United States Code, governing appointments in the competitive service, and shall be paid without regard to the provisions of chapter 51 and subchapter III of chapter 53 of such title (relating to classification and General Schedule pay rates).

“(4) With the approval of the Commission, the executive director may procure temporary and intermittent services under section 3109(b) of title 5, United States Code.
“(5) The Administrator of General Services shall locate suitable office space for the operation of the Commission. The facilities shall serve as the headquarters of the Commission and shall include all necessary equipment and incidentals required for the proper functioning of the Commission.

“(g)(1) For the purpose of carrying out its duties, the Commission may hold such hearings and undertake such other activities as the Commission determines to be necessary to carry out its duties, provided that at least 6 regional hearings are held in different areas of the United States in which large numbers of Indians are present. Such hearings are to be held to solicit the views of Indians regarding the delivery of health care services to them. To constitute a hearing under this subsection, at least 5 members of the Commission, including at least 1 member of Congress, must be present. Hearings held by the Study Committee established in this section may count towards the number of regional hearings required by this subsection.

“(2) Upon request of the Commission, the Comptroller General shall conduct such studies or investigations as the Commission determines to be necessary to carry out its duties.
“(3)(A) The Director of the Congressional Budget Office or the Chief Actuary of the Health Care Financing Administration, or both, shall provide to the Commission, upon the request of the Commission, such cost estimates as the Commission determines to be necessary to carry out its duties.

“(B) The Commission shall reimburse the Director of the Congressional Budget Office for expenses relating to the employment in the office of the Director of such additional staff as may be necessary for the Director to comply with requests by the Commission under subparagraph (A).

“(4) Upon the request of the Commission, the head of any Federal agency is authorized to detail, without reimbursement, any of the personnel of such agency to the Commission to assist the Commission in carrying out its duties. Any such detail shall not interrupt or otherwise affect the civil service status or privileges of the Federal employee.

“(5) Upon the request of the Commission, the head of a Federal agency shall provide such technical assistance to the Commission as the Commission determines to be necessary to carry out its duties.

“(6) The Commission may use the United States mails in the same manner and under the same conditions
as Federal agencies and shall, for purposes of the frank,
be considered a commission of Congress as described in
section 3215 of title 39, United States Code.

“(7) The Commission may secure directly from any
Federal agency information necessary to enable it to carry
out its duties, if the information may be disclosed under
section 552 of title 4, United States Code. Upon request
of the Chairman of the Commission, the head of such
agency shall furnish such information to the Commission.

“(8) Upon the request of the Commission, the Ad­
ministrator of General Services shall provide to the Com­
mission on a reimbursable basis such administrative sup­
port services as the Commission may request.

“(9) For purposes of costs relating to printing and
binding, including the cost of personnel detailed from the
Government Printing Office, the Commission shall be
deemed to be a committee of the Congress.

“(h) There are authorized to be appropriated
$4,000,000 to carry out the provisions of this section,
which sum shall not be deducted from or affect any other
appropriation for health care for Indian persons.

“SEC. 816. APPROPRIATIONS; AVAILABILITY.

“Any new spending authority (described in subsection
(c)(2)(A) or (B) of section 401 of the Congressional Budg­
et 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.

“SEC. 817. AUTHORIZATION OF APPROPRIATIONS.

“There are authorized to be appropriated such sums as may be necessary for each fiscal year through fiscal year 2013 to carry out this title.”.

SEC. 3. SOBOBA SANITATION FACILITIES.

The Act of December 17, 1970 (84 Stat. 1465), is amended by adding at the end the following new section:

“Sec. 9. Nothing in this Act shall preclude the Soboba Band of Mission Indians and the Soboba Indian Reservation from being provided with sanitation facilities and services under the authority of section 7 of the Act of August 5, 1954 (68 Stat 674), as amended by the Act of July 31, 1959 (73 Stat. 267).”.

SEC. 4. SOCIAL SECURITY ACT AMENDMENTS.

(a) Section 1866(a)(1) of the Social Security Act (42 U.S.C. 1395cc(a)(1)) is amended by adding at the end the following new subparagraph:

“(T) in the case of hospitals and critical access hospitals which provide inpatient hospital services for which payment may be made under this title, to accept as payment in full for services that are covered under and furnished to an individual eligible for the contract health serv-
ices program operated by the Indian Health
Service, by an Indian tribe or tribal organiza-
ton or furnished to an urban Indian eligible for
health services purchased by an urban Indian
organization (as those terms are defined in sec-
tion 4 of the Indian Health Care Improvement
Act), in accordance with such admission prac-
tices, and such payment methodology and
amounts, as are prescribed under regulations
issued by the Secretary in implementation of
such section.”.

(b) Section 1880 of the Social Security Act is amend-
ed to read as follows:

“SEC. 1880. INDIAN HEALTH PROGRAMS.

“(a) The Indian Health Service and an Indian tribe
or tribal organization (as those terms are defined in sec-
tion 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 the conditions and requirements for such payments
which are applicable generally to the service or provider
type for which it seeks payment under this title and for
services and provider types provided by a qualified Indian
health program under section 1880A.
“(b) Notwithstanding subsection (a), if the Indian Health Service or an Indian tribe, tribal organization, or urban Indian organization, does not meet all of the conditions and requirements of this title which are applicable generally to such service or provider type submits to the Secretary within 6 months after the date on which it first sought reimbursement for the service or provider type an acceptable plan for achieving compliance with such conditions and requirements, it 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 12 months after the month in which such plan is submitted.

“(c) For provisions relating to the authority of certain Indian tribes and tribal organizations to elect to directly bill for, and receive payment for, health care services provided by a hospital or clinic of such Tribes or tribal organizations and for which payment may be made under this title, see section 405 of the Indian Health Care Improvement Act.

“(d) The Indian Health Service, an Indian tribe, or tribal organization providing a service otherwise eligible for payment under this section through the use of a community health aide or practitioner certified under the pro-
visions of section 121 of the Indian Health Care Improve-
ment Act (25 U.S.C. 1616l) shall be paid for such services
on the same basis that such services are reimbursed under
State Plans approved under title XIX of the Social Secu-

rity Act.

“(e) Notwithstanding any other provision of law, a
health program operated by the Indian Health Service, an
Indian tribe, or tribal organization, which collaborates
with a hospital operated by the Indian Health Service or
an Indian tribe or tribal organization, shall, at the option
of the Indian tribe or tribal organization, be paid for serv-
ices for which it would otherwise be eligible under this sec-
tion as if it were an outpatient department of the hospital.
In situations where the health program is on a separate
campus from the hospital, billing as an outpatient depart-
ment of the hospital shall not subject such a health pro-
gram to the requirements of section 1867 (42 U.S.C.
1395dd) (the Emergency Medical Treatment and Active
Labor Act).

“(f) The Indian Health Service, an Indian tribe, or
tribal organization providing visiting nurse services in a
Home Health Agency Shortage Area shall be paid for such
services on the same basis that such services are reim-
bursed for other primary care providers.
“(g) Notwithstanding any other provision of law, the Secretary shall have broad authority to identify and implement alternative methods of reimbursing Indian health programs for Medicare services provided to Indians. The Indian tribe, tribal organization, or urban Indian organization may opt to receive reimbursement under reimbursement methodologies applicable to other providers of similar services, provided that the amount of reimbursement resulting under such alternative methodology shall not be less than 100 percent of the reasonable cost of the service to which the methodology applies under section 1861(v).”.

(c) Title XVIII of the Social Security Act is amended by adding after section 1880A the following new section:

“SEC. 1880B. QUALIFIED INDIAN HEALTH PROGRAM.

“(a) A qualified Indian health program shall be eligible for payments under this title, notwithstanding sections 1814(c) and 1835(d), if and for so long as it meets all the conditions and requirements set forth in this section.

“(b)(1) The term ‘qualified Indian health program’ means a health program operated by—

“(A) the Indian Health Service;

“(B) an Indian tribe, tribal organization, or urban Indian organization (as those terms are defined in section 4 of the Indian Health Care Improvement Act) and which is funded in whole or part...
by the Indian Health Service under the Indian Self-
Determination and Education Assistance Act; and

“(C) an urban Indian organization (as that
term is defined in section 4 of the Indian Health
Care Improvement Act) and which is funded in
whole or part under title V of the Indian Health
Care Improvement Act.

“(2) A qualified Indian health program may include
one or more hospitals, nursing homes, home health pro-
grams, clinics, ambulance services, or other health pro-
grams providing a service for which payments may be
made under this title and which is covered in the Medicare
or Medicaid cost report for such qualified Indian health
program.

“(c)(1) Notwithstanding any other provision in the
law, a qualified Indian health program shall be entitled
to receive payment based on an all-inclusive rate which
shall be calculated to provide full cost recovery for the cost
of furnishing services provided under this section.

“(2) The term ‘full cost recovery’ shall mean—

“(A) the direct costs, which are reasonable,
adequate, and related to the cost of furnishing such
services, taking into account the unique nature, loca-
tion, and service population of the qualified Indian
health program, and which shall include direct pro-
gram, administrative, and overhead costs, without regard to the customary or other charge or any fee schedule that would otherwise be applicable, plus

“(B) indirect costs which for a qualified Indian health program operated by—

“(i) an Indian tribe or tribal organization for which an indirect cost rate (as that term is defined in section 4(g) of the Indian Self-Determination and Education Assistance Act) has been established or an urban Indian organization for which an indirect cost rate has otherwise been established shall be not less than an amount determined on the basis of the indirect cost rate; or

“(ii) the Indian Health Service, an Indian tribe, tribal organization, or urban Indian organization for which no such rate has been established shall be not less than the administrative costs specifically associated with the delivery of the services being provided.

“(C) Notwithstanding any other provision of law, the amount determined to be payable as full cost recovery may not be reduced for coinsurance, copayments or deductibles when the service was provided to an Indian entitled under Federal law to re-
receive service from the Indian Health Service, an In-
dian tribe, or tribal organization, or an urban Indian
organization or because of any limitations on pay-
ment provided for in any managed care plan.

“(3) In addition to full cost recovery, a qualified In-
dian health program shall be entitled to reasonable
outstationing costs, which shall include all administrative
costs associated with outreach and acceptance of eligibility
applications for any Federal or State health program in-
cluding, but not limited to medicare, medicaid, and the
Children’s Health Insurance Program.

“(4) Costs identified for services addressed in a cost
report submitted by the qualified Indian health program
shall be used to determine an all-inclusive encounter or
per diem payment amount for such services. Not all health
programs provided or administered by the Indian Health
Service, an Indian tribe or tribal organization, or an urban
Indian organization must be combined into a single cost
report. A full cost recovery payment for services not cov-
ered by such cost report shall be made on a fee-for-service,
encounter, or per diem basis.

“(5) The full cost recovery rate provided for in para-
graphs (1) through (3) of this subsection may be deter-
mined, at the election of the qualified Indian health pro-
gram, by the Health Care Financing Administration or by
a State Medicaid agency and shall be valid for reimbursement made under title XVIII (medicare), title XIX (medicaid), and title XXI (children’s health insurance program) purposes. The costs described in subparagraph (A) of paragraph (2) shall be calculated under whatever methodology yields the greatest aggregate payment for the cost reporting period, provided that such methodology shall be adjusted to include adjustments to such payment to take into account for those qualified Indian health programs that include hospitals—

“(A) a significant decrease in discharges;

“(B) costs for graduate medical education programs;

“(C) additional payment as a disproportionate share hospital with a payment adjustment factor of 10; and

“(D) payment for outlier cases.

“(6) A qualified Indian health program may elect to receive payment for services provided under this section—

“(A) on the full cost recovery basis provided in subsection (c)(1)–(5)

“(B) on the basis of the inpatient or outpatient encounter rates established for Indian Health Service facilities and published annually in the Federal Register;
“(C) on the same basis as other providers are reimbursed under this title, provided that to this amount shall be added the amounts determined under subparagraph (B) of subsection (c)(2);

“(D) on the basis of any other rate or methodology applicable to the Service, an Indian tribe, or tribal organization; or

“(E) on the basis of any rate or methodology negotiated with the agency responsible for making payment.

“(d) A qualified Indian health program may under this section provide and be reimbursed for any service the Indian Health Service, an Indian tribe, or tribal organization or an urban Indian organization may be reimbursed under section 1880 for the Medicare program and section 1911 for the Medicaid program, provided that in either event such services may also include, at the election of the qualified Indian health program—

“(1) any service when furnished by an employee of the qualified Indian health program who is licensed or certified to perform such a service to the same extent that such service would be reimbursable if performed by a physician and any service or supplies furnished as incident to a physician’s service as
would otherwise be covered if furnished by a physi-
cian or as an incident to a physician’s service;

“(2) screening, diagnostic, and therapeutic out-
patient services including, but not limited to, part-
time or intermittent screening, diagnostic and therapeu-
tic skilled nursing care and related medical sup-
plies (other than drugs and biologicals), furnished by
an employee of the qualified Indian health program
who is licensed or certified to perform such a service
for an individual in the individual’s home or in a
community health setting under a written plan of
treatment established and periodically reviewed by a
physician, when furnished to an individual as an
outpatient of a qualified Indian health program;

“(3) preventive primary health services as de-
scribed under sections 329, 330, and 340 of the
Public Health Service Act, when provided by an em-
ployee of the qualified Indian health program who is
licensed or certified to perform such a service, re-
gardless of the location in which the service is pro-
vided;

“(4) for children, all services specified as part
of the State medicaid plan, Children’s Health Insur-
ance Program, and EPSDT;
“(5) influenza and pneumococcal immunizations;

“(6) other immunizations for prevention of communicable diseases when targeted; and

“(7) the cost of transportation for providers or patients necessary to facilitate access for patients.”.

(d) Section 1902(a)(13) of the Social Security Act is amended by adding at the end the following:

“(D)(i) for payment for services described in subparagraph (C) of section 1905(a)(2) under the plan furnished by an Indian tribe, tribal organization, or urban Indian organization (as defined in section 4 of the Indian Health Care Improvement Act) of 100 percent of costs which are reasonable and related to the cost of furnishing such services or based on other tests of reasonableness as the Secretary prescribes in regulations under section 1833(a)(3), or, in the case of services to which those regulations do not apply, the same methodology used under section 1833(a)(3).

“(ii) in carrying out clause (i) in the case of services furnished by a federally qualified health center that is operated by an Indian tribe, tribal organization or urban Indian orga-
(e) Section 1902(a) of the Social Security Act is amended by adding at the end the following:

“(66) if the Indian Health Service operates or funds health programs in the State or if there are Indian tribes, tribal organizations or urban Indian organizations (as those terms are defined in section 4 of the Indian Health Care Improvement Act) present in the State, provide for meaningful consultation with such entities prior to the submission of, and as a precondition of approval of, any proposed amendment, waiver, demonstration project, or other request that would have the effect of changing any aspect of the State’s administration of the Medicaid program, provided that ‘meaningful consultation’ shall be defined through the negotiated rule-making provided for under section 802 of the Indian Health Care Improvement Act) pursuant to a contract between the center and an organization under section 1903(m), for payment to the center at least quarterly by the State of a supplemental payment equal to the amount (if any) by which the amount determined under clause (i) exceeds the amount of the payments provided under such contract.”.
Health Care Improvement Act, provided that such
consultation must be carried out in collaboration
with the Indian Medicaid Advisory Committee estab-
lished under section 415(a)(3) of the Indian Health
Care Improvement Act.’’.

(f) The last sentence of section 1905(b) of the Social
Security Act is amended to read as follows: ‘‘Notwith-
standing the first sentence of this section, the Federal
medical assistance percentage shall be 100 percent with
respect to amounts expended as medical assistance for
services which are received through the Indian Health
Service or an Indian tribe, tribal organization, or urban
Indian organization (as defined in section 4 of the Indian
Health Care Improvement Act) under section 1911 of the
Social Security Act. ‘‘Through’’ in this subsection shall in-
clude services provided directly, by referral, or under con-
tracts or other arrangements between the Indian Health
Service, Indian tribe, tribal organization, or urban Indian
organization and another health provider.’’.

(g) Section 1911 of the Social Security Act is amend-
ed to read as follows:

‘‘SEC. 1911. INDIAN HEALTH SERVICE PROGRAMS.

‘‘(a) The Indian Health Service and an Indian tribe,
tribal organization, or urban Indian 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 provides services or provider types of a type otherwise covered under the State plan and meets the conditions and requirements which are applicable generally to the service for which it seeks reimbursement under this title and for services provided by a qualified Indian health program under section 1880A.

“(b) Notwithstanding subsection (a), if the Indian Health Service, an Indian tribe, or tribal organization, which provides services of a type otherwise covered under the State plan, does not meet all of the conditions and requirements of this title which are applicable generally to such services submits to the Secretary within 6 months after the date on which it first sought reimbursement for the service an acceptable plan for achieving compliance with such conditions and requirements, it 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 12 months after the month in which such plan is submitted.

“(c) The Secretary is authorized to enter into agreements with the State agency for the purpose of reimbursing such agency for health care and services provided by
the Indian Health Service, Indian tribes, tribal organizations, and urban Indian organizations, directly, through referral, or under contracts or other arrangements between the Indian Health Service, Indian tribe, tribal organization, or urban Indian organization and another health provider to Indians who are eligible for medical assistance under the State plan.”.

(h) Section 2101(c) of the Social Security Act is amended by adding at the end the following: “Without regard to which option a State chooses under section 2101(a), the Federal medical assistance percentage shall be 100 per centum with respect to amounts expended as medical assistance for services which are provided through a health program operated by the Indian Health Service, an Indian tribe, or tribal organization (as those terms are defined in section 4 of the Indian Health Care Improvement Act).”.

SEC. 5. REPEAL OF FACILITIES SURVEY AND REPORTING REQUIREMENT.

Subsections (a) and (b) of section 506 of P.L. 101–630 are repealed.