Regional Corporation (as defined in or established pursuant to the Alaskan Native Claims Settlement Act), which is recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians.

"(5) LOCAL EDUCATIONAL AGENCY. - The term 'local educational agency' means a public board of education or other public authority legally constituted within a State for either administrative control or direction of, or to perform a service function for, public elementary schools or secondary schools in a city, county, township, school district, or other political subdivision of a State or such combination of school districts or counties as are recognized in a State as an administrative agency for the State's public elementary schools or secondary schools. Such term includes any other public institution or agency having administrative control and direction of a public elementary school or secondary school.

"(6) SECRETARY. - The term 'Secretary' means the Secretary of the Interior.

"(7) TRIBAL GOVERNING BODY. - The term 'tribal governing body' means, with respect to any school that receives assistance under this Act, the recognized governing body of the Indian tribe involved.

"(8) TRIBAL ORGANIZATION. -

(A) IN GENERAL. - The term 'tribal organization' means-

(i) the recognized governing body of any Indian tribe; or

(ii) any legally established organization of Indians that-

(1) is controlled, sanctioned, or chartered by Indian tribe or tribes, or by Indian tribes in the area, for the purpose of managing, to any extent, programs of tribal health, education, or social services provided to the tribe, or to members of the tribe;

(2) is an association of states or local governments that manages to any extent programs of tribal health, education, or social services provided to the tribe, or to members of the tribe;

(3) is an association of organizations described in paragraph (1) or (2) of this subparagraph; or

(4) includes representatives of Indian tribes; and.

(B) FOR THE PURPOSES OF THIS SUBGRADE. - The term 'Indian tribe' means-

(i) a tribe, band, or other organized group of Indians, which is under the jurisdiction of the Federal government, or of the States, or of both the Federal government and the States;

(ii) the recognized governing body of any Indian tribe; or

(iii) the recognized governing body of any combination of Indian tribes.

The Indian Self-Determination and Tribal Organizational Assistance Act of 1975, the IHCIA, and the amendments to each implemented pursuant to the Alaskan Native Claims Settlement Act), which is recognized of Indians that -

The bill we introduced last year was the product of months-long consultation by a group of very dedicated individuals consisting of Indian Tribal leaders, health and legal professionals, and representatives of the private and public health care sectors. The group reviewed existing law and has proposed changes to improve the current system by stressing local flexibility and choice, and making it more responsive to the health needs of Indian people.

By introducing the IHCIA reauthorization bill, we reaffirm Indian Self-Determination and the principles of the IHCIA (1) that the provision of Federal health services is consistent with the federal-tribal relationship; (2) that a goal of the U.S. is to provide the quantity and quality of services to raise the health status of Indians; (3) that Indian participation in the planning and management of health services should be maximized; and (4) that the numbers of American Indians and Alaska Natives trained in health professions be maximized.

Before the passage of the Act in 1976 the mortality rate for Indian infants was 25 percent higher than that of non-Indian babies. The death rates for mothers was 82 percent higher and the mortality rates from infectious disease-causing diarrhea and dehydration was 138 percent greater.

Today we can see marked improvements. Infant mortality rates have been reduced by 54 percent, maternal mortality rates have been reduced by 65 percent, tuberculosis mortality by 80 percent and overall mortality rates have been reduced by 42 percent.

While encouraging, these statistics mask the fact that the health status of Native people in America is still poor and below that of all other racial and ethnic groups.

While we will continue to push forward on all fronts in seeking to improve Indian health services, I believe that there are three emergent issues that we need to address: urban Indian health care; Indian health facilities construction needs; and the booming problem of diabetes.

Undoubtedly the 2000 decennial census will likely show what past counts have shown—that more than one-half of the 2.3 million American Indians and Alaska Natives reside off-reservation. Though the health services framework that now exists has slowly begun to acknowledge this trend, I am concerned that urban Indian health care needs require a more focused and vigorous approach.

Another problem that must be addressed is the growing backlog in health care facilities construction. Recent estimates show that there is some $900 million in unmet facilities needs. The dogged approach to eliminating this backlog by relying on federal appropriations will not work, and I strongly believe that innovative proposals need to be made, refined and perfected in order to accomplish our common goal.

I am heartened by the cooperative federal-tribal efforts in making the Joint Venture Program a success and look forward to building on this success in the coming years.

Aliments of affluence continue to seep into Native communities and erode the quality of life and very social fabric that holds these communities together. Alcohol and substance abuse continue to take a heavy toll and diabetes is reaching alarmingly high rates. Most troubling is the increasing obesity and diabetes that is occurring with alarming frequency in Native youngsters.

It is now time to make the extra effort to look at the positive things we have accomplished and build upon them.

This bill is a step in the right direction on these and other health matters. The bill we introduced last year was the product of months-long consultations by a group of very dedicated individuals consisting of Indian Tribal leaders, health and legal professionals, and representatives of the private and public health care sectors. The group reviewed existing law and has proposed changes to improve the current system by stressing local flexibility and choice, and making it more responsive to the health needs of Indian people.

I am hopeful that in moving forward this year we can draw from the hearing record built after no fewer than five hearings on the bill that was introduced in the 106th Congress, S. 2526.

I urge my colleagues to join me in supporting this key measure. I ask unanimous consent that a copy of the bill be printed in the RECORD.

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

S. 212

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,
CONGRESSIONAL RECORD — SENATE January 30, 2001

S736

TITLE I—REAUTHORIZATION AND REVISIONS OF THE INDIAN HEALTH CARE IMPROVEMENT ACT

Sec. 101. Amendment to the Indian Health Care Improvement Act.

Sec. 102. Limitations on charges.

Sec. 103. Qualified Indian health program.

Sec. 104. Direct funding of State children's health insurance program.

Sec. 105. AUTHORIZATION OF APPROPRIATIONS.

Sec. 106. Repeals.

Sec. 107. Severability provisions.

Sec. 108. Effective date.

TITLE II—HEALTH SERVICES

Sec. 201. Limitations on charges.

Sec. 202. Qualified Indian health program.

Sec. 203. Direct funding of State children's health insurance program.

Sec. 204. AUTHORIZATION OF APPROPRIATIONS.

Sec. 205. Repeals.

Sec. 206. Severability provisions.

Sec. 207. Effective date.

TITLE III—MISCELLANEOUS PROVISIONS

Sec. 301. Repeals.

Sec. 302. Severability provisions.

Sec. 303. Effective date.

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 or tribal organizations, and urban Indian organizations.

Sec. 405. Direct billing and reimbursement of expenses of care, 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. Right to recover from Federal health care programs.

Sec. 412. Tuba City demonstration project.

Sec. 413. Access to Federal insurance.

Sec. 414. Consultation and rulemaking.

Sec. 415. Limitations on charges.

Sec. 416. Limitation on Secretary's waiver authority.

Sec. 417. Waiver of medicare and medicaid sanctions.

Sec. 418. Meaning of 'remuneration' for purposes of safe harbor provisions and tax exempt immunity.

Sec. 419. Co-insurance, co-payments, deductibles and premiums.

Sec. 420. Inclusion of income and resources for purposes of medically needy medicaid eligibility.

Sec. 421. Estate recovery provisions.

Sec. 422. Medical child support.

Sec. 423. Provisions relating to managed care.

Sec. 424. Navajo Nation medicaid agency.

Sec. 425. Indian advisory committees.

Sec. 426. 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 rehabilitation 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.
January 30, 2001

CONGRESSIONAL RECORD—SENATE
S737

"Sec. 810. Provision of services in Mon­ increased the proportion of all de­
tance areas. The term 'fund' or 'funding' means the transfer of monies from the De­
"Sec. 809. Results of demonstration projects. to the Department of the Interior, to increase the proportion of all de­
"Sec. 811. Moratorium. in the health professions in each geographic area raised to at least the level of that of the general population. To increase the proportion of all de­
"Sec. 812. Tribal employment. gree in the health professions in each geographic area raised to at least the level of that of the general population, to increase the proportion of all degrees in the health professions awarded to Indians so that the proportion of Indian health professionals in each geographic area raised to at least the level of that of the general population. To increase the proportion of all degrees in the health professions awarded to Indians so that the proportion of Indian health professionals in each geographic area raised to at least the level of that of the general population.
"Sec. 813. Prime vendor. 
"Sec. 814. National Bi-Partisan Commis­ sion on Indian Health Care Ent­ erprises. 
"Sec. 815. Appropriations; availability. 
"Sec. 816. Authorization of appropria­tions. 

"Sec. 514. Consultation with urban In­
"Sec. 518. Grants for diabetes preven­
"Sec. 519. Community health representa­
"Sec. 520. Indian allocations. 
"Sec. 521. Authorization of appropria­tions. 

"TITLE VII—ORGANIZATIONAL IMPROVEMENTS. 

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

"Sec. 602. Automated management in­
formation system. 

"Sec. 603. Authorization of appropria­tions. 

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

"Sec. 702. Memorandum of agreement with the Department of the Interior. 

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

"Sec. 704. Mental health technician pro­
grams. 

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

"Sec. 706. Indian women treatment pro­
grams. 

"Sec. 707. Indian youth program. 

"Sec. 708. Inpatient and community­
based mental health facilities design, construction and staffing assessment. 

"Sec. 709. Training and community edu­
cation. 

"Sec. 710. Behavioral health program. 

"Sec. 711. Fetal alcohol disorder fund­ing. 

"Sec. 712. Child sexual abuse and prevent­
tion treatment programs. 

"Sec. 713. Behavioral mental health re­
search. 

"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 app­
propriated to the Indian Health Service. 

"Sec. 806. Eligibility of California Indian­
ians. 

"Sec. 807. Health services for ineligible persons. 

"Sec. 808. Reallocation of base re­
sources. 

"Sec. 809. Results of demonstration projects. 

"Sec. 810. Provision of services in Mon­
tana. 

in the goals contained within the Healthy People 2010, or any successor standards thereto, to permit Indian Tribes and tribal organizations to set priorities for health care services and activities to Tribes and tribal organizations from the Secretary under the authority of the Indian Self-Determination and Education Assistance Act or under this Act.

"Sec. 803. Limitation on use of funds ap­
propriated to the Indian Health Service. 

"Sec. 804. Availability of funds. 

"Sec. 816. Authorization of appropria­tions. 

"(5) The department shall provide for the maximum participation of Indian tribes, tribal organizations, and urban Indian organizations in the planning, delivery, and management of these services.

"Sec. 817. National Bi-Partisan Commis­sion on Indian Health Care Ent­ erprises. 

"Sec. 818. National Bi-Partisan Commis­sion on Indian Health Care Ent­ erprises. 

"Sec. 819. Health professionals associated with the American Indian health professions associated with the American Indian health professions.

"Sec. 820. Physicians and other health profes­sionals. 

"Sec. 821. Dental professionals. 

"Sec. 822. Nondiscrimination. 

"Sec. 823. Health education, research, and demonstra­tion projects. 

"Sec. 824. Health professionals in mon­tana.

"(4) Federal health services to Indians is to provide the quality and quantity of health services which will permit the health status of Indians, regardless of where they live, to be raised to the highest possible level of 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 these services.

"(5) A major national goal of the United States is to provide the quality and quantity of health services which will permit the health status of Indians, regardless of where they live, to be raised to the highest possible level of 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 these 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 alarming. Indian health status is far below the health status 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 these services.

"(4) Federal health services to Indians has 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 alarming. Indian health status is far below the health status of the general population.

"Sec. 807. Behavioral health prevention and treatment services. 

"Sec. 808. Indian women treatment pro­
culting. 

"Sec. 809. Child sexual abuse and prevent­
tion treatment programs. 

"Sec. 810. Provision of services in Mon­
tana.

in the goals contained within the Healthy People 2010, or any successor standards thereto, to permit Indian Tribes and tribal organizations to set priorities for health care services and activities to Tribes and tribal organizations from the Secretary under the authority of the Indian Self-Determination and Education Assistance Act or under this Act.

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

"Sec. 801. Reports. 

"Sec. 802. Regulations. 

"Sec. 803. Plan of implementation. 

"Sec. 804. Availability of funds. 

"Sec. 805. Limitation on use of funds app­
propriated to the Indian Health Service. 

"Sec. 806. Eligibility of California Indian­
ians. 

"Sec. 807. Health services for ineligible persons. 

"Sec. 808. Reallocation of base re­
sources. 

"Sec. 809. Results of demonstration projects. 

"Sec. 810. Provision of services in Mon­
tana. 

in the goals contained within the Healthy People 2010, or any successor standards thereto, to permit Indian Tribes and tribal organizations to set priorities for health care priorities and establish goals that reflect their unmet needs;
"(10) INDIAN.—The term 'Indian' and 'Indians' shall have meanings given such terms for purposes of the Indian Self-Determination and Education Assistance Act.

"(11) INDIAN HEALTH PROGRAM.—The term 'Indian Health Program' shall have the meaning given such term in section 110(a)(3)(A).

"(12) INDIAN TRIBE.—The term 'Indian tribe' shall have the meaning given such term in section 4(1) of the Indian Self-Determination and Education Assistance Act.

"(13) RESERVATION.—The term 'reservation' means any Federally recognized Indian reservation, Pueblo reservation, or area consisting of, including former reservations in Oklahoma, Alaska Native Regions established pursuant to the Alaska Native Claims Settlement Act, and Indian allotments.

"(14) SECRETARY.—The term 'Secretary', unless specifically provided otherwise, means the Secretary of Health and Human Services.

"(15) SERVICE.—The term 'Service' means the Indian Health Service.

"(16) SERVICE AREA.—The term 'service area' means the geographical area served by each area office.

"(17) SERVICE UNIT.—The term service unit means—

"(A) an administrative entity within the Indian Health Service; or

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

"(18) TRIBAL ORGANIZATION.—The term 'tribal organization' means any individual who—

"(A) resides in an urban Indian control board of directors, and providing for the participation of all interested Indian groups and individuals, and which is capable of legally cooperating with other public and private entities for the purpose of performing the activities described in section 205(a).

"TITLE I—INDIAN HEALTH, HUMAN RESOURCES AND DEVELOPMENT

"SEC. 101. PURPOSE.

"The purpose of this title is to increase, to the extent maximum feasible, 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.—Unless specifically provided otherwise, amounts appropriated for programs carried out under this title shall be allocated by the Secretary to the service office of each service area using a formula—

"(1) to be consistent with Indian Tribes, tribal organizations and urban Indian organizations;

"(2) that takes into account the human resource and assessment needs in each such service area;

"(3) that assigns the weight of allocations appropriated in favor of those service areas where the health status of Indians within the service area, as measured by life expectancy based upon the most recent data available, is significantly lower than the average health status for Indians in all service areas, except that amounts allocated to each such area using such a weighted allocation formula shall not be re-allocated to such service area in the previous fiscal year.

"(b) CONSULTATION.—Each area office receiving funds under this title shall actively and continuously consult with representatives of Indian tribes, tribal organizations, and urban Indian organizations to prioritize the use of funds under this title within the service area.

"(c) REALLOCATION.—Unless specifically prohibited, an area office may reallocate funds provided under this title among the programs authorized by this title, except that scholarship and loan repayment funds shall not be used for administrative functions or expenses.

"(d) LIMITATION.—This section shall not apply with respect to individual recipients of scholarships described in section 104(g)(a) whose funds provided under this title (as this title existed 1 day prior to the date of enactment of this Act) until such time as the individual completes the course of study that is supported through the use of such funds.

"SEC. 103. HEALTH PROFESSIONS RECRUITMENT PROGRAM FOR INDIANS

"(a) IN GENERAL.—The Secretary, acting through the Service, shall provide scholarships through the area offices to Indians who—

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

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

"(b) PURPOSE.—Scholarships provided under this section shall be for the following purposes:

"(1) to support the education of any recipient, who shall not exceed 2 years on a full-time basis (or the part-time equivalent thereof, as determined by the area office pursuant to regulations promulgated under this Act).

"(2) to provide educational benefits to any recipient leading to a baccalaureate degree in an approved course of study preparatory to the field of study in which the recipient, if scholarship not to exceed 4 years (or the part-time equivalent thereof, as determined by the area office pursuant to regulations promulgated under this Act) except that an extension of up to 2 years may be approved by the Secretary.

"SEC. 104. HEALTH PROFESSIONS PREPARATORY SCHOLARSHIP PROGRAM FOR INDIANS

"(a) IN GENERAL.—The Secretary, acting through the Service, shall provide scholarships through the area offices to Indians who—

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

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

"(b) PURPOSE.—Scholarships provided under this section shall be for the following purposes:

"(1) to provide educational benefits to any recipient, who shall not exceed 2 years on a full-time basis (or the part-time equivalent thereof, as determined by the area office pursuant to regulations promulgated under this Act).

"(2) to provide educational benefits to any recipient leading to a baccalaureate degree in an approved course of study preparatory to the field of study in which the recipient, if scholarship not to exceed 4 years (or the part-time equivalent thereof, as determined by the area office pursuant to regulations promulgated under this Act) except that an extension of up to 2 years may be approved by the Secretary.

"SEC. 105. USE OF SCHOLARSHIP.—Scholarships made under this section may be used to cover costs of tuition, books, transportation, board, and other necessary related expenses of a recipient while attending school.
(d) LIMITATIONS.—Scholarship assistance to an eligible applicant under this section shall not be denied solely on the basis of—

(1) the applicant's scholastic achievement if that applicant has been admitted to, or maintained good standing at, an accredited institution; or

(2) the applicant's eligibility for assistance or benefits under any other Federal program.

SEC. 103. INDIAN HEALTH PROFESSIONS SCHOLARSHIPS.

(a) SCHOLARSHIPS.—

(1) IN GENERAL.—In order to meet the needs of Indians, Indian tribes, tribal organizations, and urban Indian organizations for health professionals, the Secretary, acting through the Service and in accordance with this section, may provide scholarships to an eligible applicant under this section.

(2) SERVICE OBLIGATION.—

(A) IN GENERAL.—An Indian who has, on or after the date of enactment of this section, entered into a written contract under paragraph (1) shall be required to meet the active duty service obligation described in subparagraph (B) if that contract is with an eligible beneficiary under this section.

(B) FAILURE TO PERFORM SERVICE OBLIGATION.—No obligee, in any case of extreme hardship or for other good cause shown, may waive or discharge in accordance with the Secretary, in consultation with the appropriate area office, Indian tribe, tribal organization, and urban Indian organization, the service obligation of the individual who receives an Indian Health Scholarship under this section.

(c) FUNDING FOR TRIBES FOR SCHOLARSHIP PROGRAMS.—

(1) PROVISION OF FUNDS.—

(A) IN GENERAL.—The Secretary shall make funds available, through area offices, 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) LIMITATION.—The Secretary shall ensure that amounts available for grants under subparagraph (A) for any fiscal year shall not exceed an amount equal to 5 percent of the net annual budget available for Indian Health Scholarships under this section.

(e) FUNDING.—An Indian Tribe or tribal organization shall provide scholarships referred to in subparagraph (A) to the Indian Tribe or tribal organization receiving funds under paragraph (1) to the Indian Tribe or tribal organization under section 338A of the Public Health Service Act (42 U.S.C. 256j). The amount provided under this paragraph, any obligation of that individual for service required under such scholarship, any obligation of that individual for service required under such scholarship, and any obligation of that individual under this section, shall not be required to meet that obligation or make that payment; or

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

(f) BANKRUPTCY.—Notwithstanding any other provision of law, with respect to a recipient of an Indian Health Scholarship, no obligation for payment may be released by a judgment 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 judgment is due, and only in cases of extreme hardship or for other good cause shown, the Secretary may, in consultation with the appropriate area office, Indian tribe, tribal organization, and urban Indian organization, discharge that obligation.

(g) SCHOLARSHIP CONTRACTS.—

(1) ELIGIBILITY.—An Indian Tribe or tribal organization shall provide scholarships under paragraph (1) to the Indian Tribe or tribal organization under section 338A of the Public Health Service Act (42 U.S.C. 256j) only in cases of extreme hardship or for other good cause shown, the Secretary may, in consultation with the appropriate area office, Indian tribe, tribal organization, and urban Indian organization, discharge that obligation.

(h) SCHOLARSHIP CONTRACTS.—

(1) ELIGIBILITY.—An Indian Tribe or tribal organization shall provide scholarships under paragraph (1) to the Indian Tribe or tribal organization under section 338A of the Public Health Service Act (42 U.S.C. 256j) only in cases of extreme hardship or for other good cause shown, the Secretary may, in consultation with the appropriate area office, Indian tribe, tribal organization, and urban Indian organization, discharge that obligation.

(i) SCHOLARSHIP CONTRACTS.—

(1) ELIGIBILITY.—An Indian Tribe or tribal organization shall provide scholarships under paragraph (1) to the Indian Tribe or tribal organization under section 338A of the Public Health Service Act (42 U.S.C. 256j) only in cases of extreme hardship or for other good cause shown, the Secretary may, in consultation with the appropriate area office, Indian tribe, tribal organization, and urban Indian organization, discharge that obligation.

(j) SCHOLARSHIP CONTRACTS.—

(1) ELIGIBILITY.—An Indian Tribe or tribal organization shall provide scholarships under paragraph (1) to the Indian Tribe or tribal organization under section 338A of the Public Health Service Act (42 U.S.C. 256j) only in cases of extreme hardship or for other good cause shown, the Secretary may, in consultation with the appropriate area office, Indian tribe, tribal organization, and urban Indian organization, discharge that obligation.

(k) SCHOLARSHIP CONTRACTS.—

(1) ELIGIBILITY.—An Indian Tribe or tribal organization shall provide scholarships under paragraph (1) to the Indian Tribe or tribal organization under section 338A of the Public Health Service Act (42 U.S.C. 256j) only in cases of extreme hardship or for other good cause shown, the Secretary may, in consultation with the appropriate area office, Indian tribe, tribal organization, and urban Indian organization, discharge that obligation.
in one of the health professions described in this Act.

(4) CONTRACTS.—In providing scholarships under paragraph (1), 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 110(a)(2)(A) in the same service area as the Indian Tribe or tribal organization providing the scholarship is located, for—

(i) a number of years equal to the number of years 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) the total amount required for the year for which the scholarship is provided and

(B) require the recipient of such scholarship—

(i) to only be expended for—

(1) 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 in subsection (k) of the Public Health Service Act (42 U.S.C. 234k(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 in any year of attendance which the scholarship is provided, the total amount required for the year for the purposes authorized in this clause; and

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

(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 the health profession involved.

(5) BREACH OF CONTRACT.—

(A) IN GENERAL.—An individual who has entered into a contract with the Secretary and an Indian Tribe or tribal organization under this subsection and who—

(i) fails to maintain an acceptable level of academic standing; or

(ii) is dismissed from such education for disciplinary reasons;

(iii) voluntarily terminates the training in such an educational institution for which he or she has been 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 or she is enrolled not to accept payment, in whole or in part, of a scholarship under such contract, in lieu of any service obligation arising from 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 such contract.

(B) FAILURE TO PERFORM SERVICE OBLIGATION.—If for any reason not specified in subparagraph (A), an individual breaches his or her obligation under such 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 (i) of section 110 in the manner provided for in such subsection.

(C) INFORMATION.—The Secretary may carry out this subsection on the basis of information received from Indian Tribes or tribal organizations or on the basis of information collected through such other means as the Secretary deems appropriate.

(6) REQUIRED AGREEMENTS.—The recipient of a scholarship under paragraph (1) shall—

(A) agree, in providing health care pursuant to the requirements of this subsection—

(i) 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 not be made pursuant to the program established in title XIX of the Social Security Act or pursuant to the programs established in title X of such Act; and

(ii) comply with the requirements of section 110(b) of the Social Security Act for all services for which payment may be made under part C of title XVIII of such Act, and

(B) agree 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) PAYMENTS.—The Secretary, through the area office, shall make payments under this subsection to an Indian Tribe or tribal organization on or after the first fiscal year of such payments unless the Secretary or area office determines that, for the immediately preceding fiscal year, the Tribe or tribal organization has not complied with the requirements of this subsection.

SEC. 105. AMERICAN INDIANS INTO PSYCHOLOGY PROGRAM.

(a) IN GENERAL.—Notwithstanding section 102, the Secretary shall provide funds 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 developed by various colleges and universities throughout the country to maximize their availability to Indian students and new programs shall be established in areas where there is an immediate need for Indians to enter the mental health field.

(b) QUENTIN N. BURDICK AMERICAN INDIANS INTO PSYCHOLOGY PROGRAM.—The Secretary shall provide funds under subsection (a) to 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 American Indians Into Nursing Program authorized under section 115, the Quentin N. Burdick Indians Into Health Programs authorized under section 117, and existing university research and communications networks.

(b) REQUIREMENTS.—

(1) REQUIREMENTS.—The Secretary shall promulgate regulations pursuant to this Act for the competitive awarding of funds under this section.

(2) PROGRAM.—Applicants for funds 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 summer enrichment programs to expose Indian students to the various fields of psychology research, career options, and experiential activities;

(D) provides stipends to undergraduate and graduate students to pursue a career in psychology.

(3) DEVELOP AFFILIATION AGREEMENTS WITH TRIBAL COMMUNITY COLLEGES.—The Secretary may enter into affiliation agreements with tribal community colleges, the Service, university affiliated programs, and other appropriate accredited and accessible entities to ensure that students are provided service in an Indian health program (as defined in section 110(a)(2)(A)) in the same service area as the Indian Tribe or tribal organization providing the scholarship is located.

(4) CONTRACTS.—In providing scholarships under section 105(a) may be employed by a program of an Indian tribe, tribal organization, or urban Indian organization, as determined by the Department as may be appropriate and available, during any nonacademic period of the year.

(5) REQUIREMENTS.—The program established under title V, or (4) in the private practice of psychology if, as determined by the Secretary, in accordance with guidelines promulgated by the Secretary, such practice would contribute to the recruitment of Indians or other health professional shortage area and addresses the health care needs of a substantial number of Indians.

SEC. 107. INDIAN HEALTH SERVICE EXTERNAL PROGRAMS.

(a) IN GENERAL.—Any individual who receives a scholarship pursuant to section 105 shall be entitled to perform service to the Service, or may be employed by a program of an Indian tribe, tribal organization, or urban Indian organization, as determined by the Department as may be appropriate and available, during any nonacademic period of the year.

(b) ELIGIBILITY.—Any individual who has been provided a scholarship under this section shall be eligible to receive such scholarship under this section in his or her second academic year.

(c) REQUIREMENTS.—The Secretary shall—

(1) consult with the National Indian Council and the Tribal Councils before promulgating regulations pursuant to this Act for the competitive awarding of funds under this section;

(2) provide for such programs to be made without regard to any competitive personnel system or agency personal selection procedures; and

(3) give priority to programs that—

(A) involves the development of affiliation agreements with other Indian health programs to ensure that a maximum number of Indians is served;

(B) involves the development of affiliation agreements with Indian health programs to ensure that a maximum number of Indians is served;

(C) involves the development of affiliation agreements with Indian health programs to ensure that a maximum number of Indians is served;

(D) involves the development of affiliation agreements with Indian health programs to ensure that a maximum number of Indians is served;
emergency medical technicians, to join or continue service in any 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, acting through the area offices, may provide allowances to health professionals employed in the Service or such other professionals to take leave of their duty stations for a period of time each year (as prescribed by regulations of the Secretary for professional consultant or project director training courses). [SEC. 106. COMMUNITY HEALTH REPRESENTATIVE PROGRAM.] [SEC. 109. INDIAN HEALTH SERVICE LOAN REPAYMENT PROGRAM.] [SEC. 110. INDIAN HEALTH PROGRAM. (A) ESTABLISHMENT.—(1) IN GENERAL.—The Secretary, acting through the Service, shall establish a program to be known as the Indian Health Service Loan Repayment Program (referred to in this Act as the 'Loan Repayment Program') in order to assure an adequate supply of trained health professionals necessary to maintain accreditation of, and provide quality health care, health promotion, and disease prevention services to Indian communities. (2) ACTIVITIES.—The Secretary, acting through the Community Health Representative Program under which the Service, Indian tribes and tribal organizations— (i) provide for the training of Indians as community health representatives; and (ii) use such community health representatives in the provision of health care, health promotion, and disease prevention services to Indian communities. (B) PROVISION OF SERVICES.—[SEC. 111. COMMUNITY HEALTH REPRESENTATIVE PROGRAM.] (1) IN GENERAL.—Under the authority of the Act of November 2, 1921 (25 U.S.C. 13) (commonly known as the Snyder Act), the Secretary shall maintain a Community Health Representative Program under which the Service, Indian tribes and tribal organizations— (i) provide for the training of Indians as community health representatives; and (ii) use such community health representatives in the provision of health care, health promotion, and disease prevention services to Indian communities. (2) ACTIVITIES.—The Secretary, acting through the Community Health Representative Program, shall— (i) provide a high standard of training for community health representatives to ensure that such health representatives provide quality health care, health promotion, and disease prevention services to the Indian communities served by such Program; and (ii) 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; (iii) maintain a system which identifies the needs of community health representatives for continuing education in health care, health promotion, and disease prevention and maintain programs that meet the needs for such continuing education; (iv) maintain a system that provides close supervision of community health representatives; (v) maintain a system under which the work of community health representatives is reviewed and evaluated; and (vi) promote traditional health care practices of the Indian tribes served consistent with the Service standards for the provision of health care, health promotion, and disease prevention. (B) PAYMENT PROGRAM. (1) IN GENERAL.—The term 'Loan Repayment 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 Indian organization pursuant to a funding agreement under— (I) the Indian Self-Determination and Education Assistance Act; or (II) section 23 of the Act of April 30, 1908 (25 U.S.C. 47) (commonly known as the 'Buy-Indian Act'); or (iii) the Indian health programs pursuant to title V. (2) STATE.—The term 'State' has the same meaning given such term in section 133 of title 42 of the United States Code. (3) ELIGIBILITY.—To be eligible to participate in the Loan Repayment Program, an individual— (I) may 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 in a State; (3) PAYMENT.—The Secretary shall pay (A) to an Indian tribe, tribal organization, or urban Indian organization; and (B) other individuals based on the priority rankings under paragraph (1). (C) CONTRACTS.— (1) IN GENERAL.—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 (b). (2) NOTICE.—Not later than 21 days after considering an individual for participation in the Loan Repayment Program under paragraph (1), the Secretary shall provide written notice to the individual— (A) the Secretary's approving of the individual's participation in the Loan Repayment Program, including the date resulting in an aggregate period of obligated services in excess of 4 years; or (B) the Secretary's disapproving an individual's participation in the Loan Repayment Program. (D) WRITTEN CONTRACT.—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 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)(i); and (ii) to accept loan payments on behalf of the individual; (2) to promote the education and training of health professionals to serve the Indian Health Service; or (3) to serve for a time period (referred to in this section as the ‘period of obligated service’) equal to 2 years or such longer period as required by the Secretary; and (4) subject to paragraph (3), the Secretary agrees— (i) to accept loan payments on behalf of the individual; (ii) to serve for a time period (referred to in this section as the ‘period of obligated service’) equal to 2 years or such longer period as required by the Secretary; and (iii) to extend for such additional periods, as the individual may agree to, the period of obligated service specified by the individual under paragraph (1)(B)(ii); (2) a provision permitting the Secretary to extend for such additional periods, as the individual may agree to, the period of obligated service specified by the individual under paragraph (1)(B)(ii); (3) a provision that any financial obligation of the United States arising out of a contract entered into under this section and any obligation of the individual which is conditioned thereon is contingent upon funds being appropriated for loan repayments under this section;
(1) a statement of the damages to which the United States is entitled under subsection (l) of the individual's breach of the contract; and

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

(g) LOAN REPAYMENTS.—

(1) IN GENERAL.—A loan repayment program under a written contract under the Loan Repayment Program shall consist of payment, in accordance with paragraph (2), on behalf of the individual of

(2) any other provision of law, individual's period of obligated service for a year of obligated service shall be

(c) reasonableness of living expenses as determined by the Secretary.

(2) The Secretary shall by regulation provide for the

(d) transaction entered into with the individual during their period of obligated service under the Loan Repayment Program.

(e) COUNTING OF INDIVIDUALS.—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.

(1) RECRUITING PROGRAMS.—The Secretary shall conduct recruiting programs for the Loan Repayment Program and other health professions of the Service at educational institutions training health professionals or specialists identified in subsection (a).

(j) NONAPPLICATION OF CERTAIN PROVISIONS.—Section 214 of the Public Health Services Act (42 U.S.C. 238c) shall not apply to individuals during their period of obligated service under the Loan Repayment Program.

(k) ASSIGNMENT OF INDIVIDUALS.—The Secretary shall assign individuals to serve in Indian health programs pursuant to this section in any case of extreme hardship or other good cause shown, as determined by the Secretary.

(l) REPORT.—The Secretary shall submit to the President, for inclusion in each report required to be submitted to the Congress under section 801, a report concerning the previous fiscal year which sets forth—

(4) the amount of loan payments made under this section in any case of extreme hardship or other good cause shown, as determined by the Secretary.

(5) the number of contracts described in subsection (c) that are entered into with respect to each health profession;

(6) the amount of loan payments made under this section in any case of extreme hardship or other good cause shown, as determined by the Secretary.

(7) the number of contracts described in subsection (c) that are entered into with respect to each health profession;

(8) the number of scholarship grants that are provided under section 105 with respect to each health profession;

(9) the number of scholarship grants provided under section 105, in total and by health profession;

(10) the number of providers of health care that will be needed in Indian health programs, by location and profession, during the 3 fiscal years beginning after the date the report is filed; and

(11) the measures the Secretary plans to take to fill the health professional positions maintained by the Service or by tribes, tribal organizations, or urban Indian organizations for which recruitment or retention is difficult.
"SEC. 111. SCHOLARSHIP AND LOAN REPAYMENT RECOVERY FUND.

(a) Establishment.—Notwithstanding section 102, there is established in the Treasury of the United States a fund to be known as the Scholarship and Loan Repayment Recovery Fund (referred to in this section as the 'LRRF'). The LRRF Fund shall consist of:

(1) amounts as may be collected from individuals under subparagraphs (A) and (B) of section 105(e)(4) and section 110(1) for breach of contract;

(2) funds as may be appropriated to the LRRF;

(3) such interest earned on amounts in the LRRF; and

(4) such additional amounts as may be collected, appropriated, or earned relative to the LRRF.

Amounts appropriated to the LRRF shall remain available until expended.

(b) Use of LRRF.—

(1) In General.—Amounts in the LRRF may be expended by the Secretary, subject to section 102, acting through the Service, 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 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) Sale Price.—Any obligation acquired pursuant to paragraph (1) may be sold by the Secretary, acting through the Service, to a third party at the market price.

(3) Sale Price.—Any obligation acquired by the LRRF may be sold by the Secretary of the Treasury at the market price.

SEC. 112. RECRUITMENT ACTIVITIES.

(a) Grants.—The Secretary of the Treasury shall establish such programs as may be necessary to provide health professionals to meet the staffing needs of Indian health programs (as defined in section 110(1)(A)).

(b) Eligibility.—Any Indian tribe, tribal organization, or urban Indian organization may apply for a stipend under paragraph (3) of section 110, acting through the Secretary, to establish and maintain a program to—

(1) recruit individuals for positions in the Service, in-state programs, and other programs that primarily serve Indians; and

(2) establish and maintain an educational assistance program for the purpose of increasing the number of health professionals who have worked in an Indian health program.

SEC. 113. TRIBAL RECRUITMENT AND RETENTION ACTIVITIES.

(a) Grants.—The Secretary, acting through the Service, shall fund innovative projects for a period not to exceed 3 years to enable Indian tribes, tribal organizations, and urban Indian organizations to recruit, train, and retain health professionals to meet the staffing needs of Indian health programs (as defined in section 110(1)(A)).

(b) Eligibility.—Any Indian tribe, tribal organization, or urban Indian organization may apply for a stipend under paragraph (3) of section 110, acting through the Secretary, to establish and maintain an educational assistance program for the purpose of increasing the number of health professionals who have worked in an Indian health program.

SEC. 114. ADVANCED TRAINING AND RESEARCH.

(a) Demonstration Project.—The Secretary, acting through the Service, 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 in areas of study for which the Secretary determines a need exists.

(b) Service Obligation.—

(1) In General.—An individual who participates in the project 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 project.

(2) Failure to Complete Service.—In the event that an individual who participates in such project completes a period of obligated service under paragraph (1), the individual shall be liable to the United States for the period of service remaining to meet the obligated service requirement under subsection (a) of section 110 for the period of service remaining under subsection (a) of section 110 to individuals entering the project after the date of enactment of this Act, the United States shall be entitled to recover from such individual an amount equal to the amount that would have been recovered in accordance with the formula specified in subsection (l)(1) of section 110 in the manner provided for in such subsection.

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

SEC. 115. NURSING PROGRAMS; QUEINN N. BURDICK AMERICAN INDIANS INTO NURSING PROGRAM.

(a) Grants.—Notwithstanding section 102, the Secretary, acting through the Service, shall provide funds to—

(1) public or private schools of nursing; or

(2) tribally controlled community colleges and postsecondary vocational institutions (as defined in section 390(2) of the Tribally Controlled Vocational Institutions Support Act of 1999 (20 U.S.C. 2397h(2)); and

(b) Nurse midwife programs, and advance practice nurse programs, that are provided by any tribal college accredited nursing program, or in the absence of such, any other public or private program that is funded under subsection (a), the Secretary shall—

(1) recruit individuals for programs which train individuals to be nurses, nurse midwives, and advanced practice nurses; and

(2) provide scholarships to Indian individuals enrolled in such programs that may be used to pay for tuition costs associated with such program and for other expenses incurred in connection with such program, including books, fees, room and board, and stipends for living expenses.

(c) Preference.—In providing funds under subsection (a), the Secretary shall extend a preference to—

(1) programs that train nurse midwives or advanced practice nurses; and

(2) programs that are interdisciplinary; and

(d) Program.—The Secretary may provide grants to 3 colleges and universities for the

SEC. 116. INMED PROGRAM.

(a) Grants.—The Secretary may provide grants to 3 colleges and universities for the

SEC. 117. INMED PROGRAM.
purpose of maintaining and expanding the Native American health careers recruitment program known as the 'Indians into Medicine Program' (referred to in this section as 'INMED') as a means of encouraging Indians to enter the health professions.

(a) Native American health careers recruitment program as a means of encouraging Indians to enter the health professions.

(b) Quentin N. Burdick Indian Health Program.—The Secretary shall provide 1 of the grants under subsection (a) to maintain the INMED program at the University of North Dakota, to be known as the 'Quentin N. Burdick American Indians Into Psychology Program' to the maximum extent feasible, coordinate with the Quentin N. Burdick American Indians Into Psychology Program established under section 115(b) and the Quentin N. Burdick American Indians Into Nursing Program established under section 115.

(c) REQUIREMENTS.—

(1) IN GENERAL.—The Secretary shall develop regulations to govern grants under this section.

(2) PROGRAM REQUIREMENTS.—Applicants for grants provided under this section shall agree to provide a program that—

(A) provides outreach and recruitment for health careers to Indian communities including elementary, secondary and community colleges located on Indian reservations which will be served by the program; 

(B) provides 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 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) ESTABLISHMENT.—

The Secretary, acting through the Service, shall award grants to accredited and accessible community colleges for the purpose of assisting such 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 the Indian reservation, in the Service, or in a tribal health program.

(b) AMOUNT.—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.

(c) CONTINUATION GRANTS.—

(1) IN GENERAL.—The Secretary, acting through the Service, shall award grants to accredited and accessible community colleges for the purpose of maintaining the program and recruiting students for the program.

(2) ELIGIBILITY.—Grants may only be made under this subsection to a community college if—

(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 community college or university medical school, the terms of which—

(1) provide a program that enhances the transition and recruitment of students into advanced baccalaureate or graduate programs which are health professional programs; and

(2) stipulate certifications necessary to approve internship and field placement opportunities at health programs of the Service or at 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.

(2) PROVIDING TECHNICAL ASSISTANCE.—The Secretary shall encourage community colleges described in subsection (a)(1) to enter into agreements with such colleges for the provision of qualified personnel of the Service to teach courses of study in such programs, and providing technical assistance and support to such colleges.

(3) SPECIFIED COURSES OF STUDY.—Any program receiving assistance under this section shall include such health professions as 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 providing technical assistance and support to such colleges.

(2) providing 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).

(4) PRIORITY.—Priority shall be provided under this section to tribally controlled colleges in service areas that meet the requirements of subsection (b).

(d) DEFINITIONS.—In this section:

(1) COMMUNITY COLLEGE.—The term 'community college' means—

(A) a tribally controlled community college; or

(B) a junior or community college.

(2) JUNIOR OR COMMUNITY COLLEGE.—The term 'junior or community college' has the meaning given such term by section 312(e) of the Higher Education Act of 1965 (20 U.S.C. 1003).

(3) TRIBALLY CONTROLLED COLLEGE.—The term 'tribally controlled college' has the meaning given the term 'tribally controlled college' by section 244 of the Tribally Controlled Community College Assistance Act of 1978.

SEC. 119. RETENTION BONUS.

(a) IN GENERAL.—The Secretary may pay a retention bonus to any health professional employed by an organization described in subsection (b)(2) that is serving Indians pursuant to a funding agreement under the Indian Self-Determination and Education Assistance Act if such health professional is serving in a position which the Secretary determines is—

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

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

(b) REQUIREMENT.—The program established under subsection (a) shall include a combination of education and work study in an Indian health program (as defined in section 110(1)(2)(B)) leading to an associate or bachelor's degree in a health profession, and have done so for a period of not less than 1 year, to pursue advanced training.

(c) AMOUNT.—The amount determined in accordance with the formula specified in subsection (b)(2) for the retention bonus for the period covered by the agreement, plus interest as determined by the Secretary in accordance with section 110(1)(2)(B).

(d) FUNDING AGREEMENT.—The Secretary may pay a retention bonus to any health professional employed by an organization described in subsection (b)(2) that is serving Indians pursuant to a funding agreement under the Indian Self-Determination and Education Assistance Act if such health professional is serving in a position which the Secretary determines is—

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

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

SEC. 120. NURSING RESIDENCY PROGRAM.

(a) ESTABLISHMENT.—The Secretary, acting through the Service, shall establish a program to enable Indians who have completed practical nurse, licensed vocational nurse, and registered nurses who are working in an Indian health program (as defined in section 110(1)(2)(B)) and have done so for a period of not less than 1 year, to pursue advanced training.

(b) REQUIREMENT.—The program established under subsection (a) shall include a combination of education and work study in an Indian health program (as defined in section 110(1)(2)(B)) leading to an associate or bachelor's degree in a health profession, and have done so for a period of not less than 1 year, to pursue advanced training.

(c) SERVICE OBLIGATION.—An individual who participates in a program under subsection (a) shall include a combination of education and work study in an Indian health program (as defined in section 110(1)(2)(B)) leading to an associate or bachelor's degree in a health profession, and have done so for a period of not less than 1 year, to pursue advanced training.

SEC. 121. COMMUNITY HEALTH AIDE PROGRAM FOR ALASKA.

(a) IN GENERAL.—Under the authority of the Act of November 10, 1981 (25 U.S.C. 1804(e), commonly known as the Indian Health Care Improvement Act), the Secretary shall establish 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) awards health aide programs 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 tele­
conferencing capacity in health clinics lo­
cated in or near such villages for use by com­
munity health aides or community health prac­
titioners;"

"(b) ACTIVITIES.—The Secretary, acting through the Community Health Aide Pro­
gram under subsection (a), shall—

"(1) using trainers accredited by the Pro­
gram, provide, through the Board of training to community health aides and com­
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;

"(3) in order to provide such training, de­
develop—

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

(B) provides close supervision of community health aides and community health practi­tioners; and

(C) promotes the achievement of the health status objective 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; and

"(6) develop 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 (1) or who can dem­
strate equivalent experience;

"(7) develop and maintain a system which 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 quality of health care, health promotion, and disease prevention services.

"SEC. 122. TRIBAL HEALTH PROGRAM ADMINIS­
TRATION.

"Subject to Section 103, the Secretary, act­ing through the Service, shall, through a funding agreement or otherwise, provide training in the administration and planning of tribal health programs.

"SEC. 123. TRIBAL HEALTH PROGRAM ADMINIS­
TRATION.

"(a) PILOT PROGRAMS.—The Secretary may, through area offices, fund pilot pro­
grams, and tribal organizations to address chronic shortages of health profes­sionals.

"(b) PURPOSE.—It is the purpose of the health professional chronic shortage demon­
stration project under this section to—

(i) provide direct clinical and practical experi­ence in a service area to health profes­sionals, students, and residents from medical schools;

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

(iii) provide academic and scholarly oppor­

tunities for health professionals serving In­
dian people by identifying and utilizing all academic and scholarly resources of the re­
region.

"(c) ADVISORY BOARD.—A pilot program estab­
lished pursuant to subsection (a) shall incor­
porate a program advisory board that shall be composed of representatives from the tribes and communities in the service area that will participate in the program.

"SEC. 124. SCHOLARSHIPS.

"Scholarships and loan reimbursements pro­
vided to individuals pursuant to this title shall be in accordance with a 'qualified scholarship' for purposes of section 117 of the Internal Revenue Code of 1986.

"SEC. 125. NATIONAL HEALTH SERVICE CORPS.

(a) LIMITATIONS.—The Secretary shall not—

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

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

(b) DESIGNATION OF SERVICE AREAS AS HEALTH PROFESSIONAL SHORTAGE AREAS.—

All service areas served by programs oper­
ated by the Service or by a tribe or tribal or­
ganization under an agreement or contract under the Indian Self-Determination and Education Assistance Act, or by an urban Indian organization, shall be designated under section 332 of the Public Health Service Act (42 U.S.C. 254e) as Health Professional Shortage Areas.

(c) FULL TIME EQUIVALENT.—National Health Service Corps scholars that qualify for the commissioned corps in the Public Health Service shall be exempt from the full time equivalent limitations of the National Health Service Corps and the Service when such scholars are assigned corps officers in a health program operated by an Indian tribe or tribal organization under the Indian Self-Determination and Education Assistance Act or by an urban Indian organi­zation.

"SEC. 126. SUBSTANCE ABUSE COUNSELOR EDU­
CATION DEMONSTRATION PROJECT.

(a) DEMONSTRATION PROJECTS.—The Sec­
etary, acting through the Service, may enter into contracts with, or make grants to, accredited tribally controlled community colleges, tribally controlled postsecondary vocational institutions, and eligible accredited and access­ible community colleges to develop and maintain a system to address chronic shortages of health care professionals.

(b) USE OF FUNDS.—Funds provided under this section shall be used only for developing and providing educational curricula for substance abuse counseling.

(c) TERM OF GRANT.—A contract entered into or a grant provided under this section shall be for a period of 1 year. Such contract or grant may be renewed for an additional 1 year period upon the approval of the Secretary.

(d) REVIEW OF APPLICATIONS.—Not later than 180 days after the date of the enactment of this Act, the Secretary, after consultation with Indian tribes and administrators of acc­credited tribally controlled community colleges, tribally controlled postsecondary voca­tional institutions, and eligible accredited and accessible community colleges, shall de­
velop and issue criteria for the review and approval of applications for funding (including applications for renewals of funding) under this section. The Secretary shall ensure that demonstration projects established under this section promote the development of the capacity of such entities to educate substance abuse counselors.

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

(f) REPORT.—The Secretary shall sub­mit to the President, for inclusion in the report required to be submitted under section 801 for fiscal year 1999, a report on the findings and conclusions derived from the demonstra­tion projects conducted under this section.

"(g) DEFINITIONS.—In this section—

(1) EDUCATIONAL CURRICULUM.—The term 'educational curriculum' means 1 or more of the following:

(A) Classroom education.

(B) Clinical work experience.

(C) Continuing education workshops.

(2) TRIBALLY CONTROLLED COMMUNITY COL­
LEGE.—The term 'tribally controlled commu­nity college' has the meaning given such term in section 3(a)(4) of the Tribally Con­trolled Community College Assistance Act of 1978 (25 U.S.C. 1801(a)(4)).

(3) TRIBALLY CONTROLLED POSTSECONDARY VOCATIONAL INSTITUTION.—The term 'tribally controlled postsecondary vocational institu­tion' has the meaning given such term in section 202 of the Tribally Controlled Vo­
cational Education Act of 1990 (20 U.S.C. 2359b(e)).

"SEC. 127. MENTAL HEALTH TRAINING AND COM­
MUNITY EDUCATION.

"(a) STUDY AND LIMITATIONS.

(1) IN GENERAL.—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 require education, training, in the identifica­tion, prevention, education, referral or treat­ment of mental illness, dysfunctional or self­destructive behavior.

(2) POSITIONS.—The positions referred to in paragraph (1) are—

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

(i) elementary and secondary education;

(ii) social services, family and child welfare;

(iii) law enforcement and judicial serv­
ices; and

(iv) alcohol and substance abuse;

(B) staff positions within the Service; and

(C) staff positions that are specified in subsection (b) and established and main­tained by Indian tribes, tribal organiza­tions, and urban Indian organizations, in­cluding positions established pursuant to funding agreements under the Indian Self-de­termination and Education Assistance Act, and this Act.

"(b) ELIGIBILITY CRITERIA.—

(1) IN GENERAL.—The appropriate Sec­
retary shall provide training criteria appro­
priate to each type of position specified in subsection (a) and ensure that appropriate training has been or will be provided to any individual in any such position.

(2) TRAINING.—With respect to any such individual in a position specified pursuant to subsection (b)(1) and (2), the respective Secretaries shall provide appropriate training or provide funds to an Indian tribe, tribal organization, or urban Indian organization for the training of appropriate individuals. In the case of a funding agreement, the appropriate Secretary shall ensure that training costs are included in the funding agreement, if necessary.

(4) CULTURAL RELEVANCY.—Position spec­ific criteria shall be culturally re­
lative to Indians and Indian tribes and shall
ensure that appropriate information regarding traditional health care practices is provided;

(5) Community Education—

(A) Development.—The Service shall develop and implement, or on request of an Indian tribe or tribal organization, in developing and implementing a program of community education on mental illness.

(B) Technical Assistance.—In carrying out this paragraph, the Service shall, upon the request of an Indian tribe or tribal organization, provide technical assistance to an Indian tribe or tribal organization to obtain and develop community educational materials on the identification, prevention, referral and treatment of mental illness, dysfunctional and self-destructive behavior.

(C) Staffing.—

(1) In General.—Not later than 90 days after the date of enactment of this Act, the Director of the Service shall develop a plan under which the Service will increase the number of health care staff that are providing mental health services by at least 500 positions within 5 years after such date of enactment, and at least 300 of such positions shall be devoted to child, adolescent, and family services. The allocation of such positions shall be subject to the provisions of section 102.

(2) Implementation.—The plan developed under paragraph (1) shall be implemented under the Act of November 2, 1971 (25 U.S.C. 1201 et seq.) and subsection (a) of the Indian Self-Determination and Education Assistance Act (as so amended).

(SEC. 104. 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

(a) In General.—The Secretary may expend funds, directly or under the authority of the Indian Self-Determination and Education Assistance Act, that are appropriated under the authority of this section, for the purposes of—

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

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

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

(4) eliminating inequities in funding for both direct and indirect 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 and resource deficiencies—

(A) clinical care, including inpatient care, outpatient care (including audiology, clinical eye and vision care), primary care, secondary and tertiary care, and long term care;

(B) preventive health, including mammography and other cancer screening in accordance with section 207;

(C) dental care;

(D) mental health, including community mental health services, inpatient mental health services, the tribal operation of mental health services, programs, or facilities for substance abuse treatment centers, and training of traditional healers under title (G); and

(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; and

(K) traditional health care practices.

(b) Use of Funds.—

(1) Limitation.—Any funds appropriated under the authority of this section shall not be used to offset or limit any other appropriations made to the Service under this Act, the Act of November 2, 1971 (25 U.S.C. 1201 et seq.) (commonly known as the 'Sawyer Act'), or any other provision of law.

(2) Allocation.—

(A) In General.—Funds appropriated under the authority of this section shall be allocated to service units or Indian tribes or tribal organizations. The funds allocated to an Indian tribe or tribal organization, or service unit under this subparagraph shall be used to improve the health status and reduce the resource deficiency of each tribe served by such service unit, tribe or tribal organization. Such allocation shall weigh the amounts appropriated in favor of those service areas where the health status of Indians within the area, as measured by life expectancy based upon the most recent data available, is significantly lower than the average health status for all service areas, except that amounts allocated to each such area using such a weighted allocation formula shall not be less than the amounts allocated to each such area in the previous fiscal year.

(B) Apportionment.—The apportionment of funds allocated to a service unit, tribe or tribal organization shall be determined by the Secretary in consultation with, and with the active participation of, the affected Indian tribes in accordance with this section and such rules as may be established under title (J) of this Act.

(C) Health Status and Resource Deficiency.—In this section—

(1) health status objective set forth in section (d) is not being achieved; and

(2) the Indian tribe or tribal organization does not have available to it the health resources described in subsection (a)(4) shall be determined by the Secretary in consultation with, and with the active participation of, the affected Indian tribes in accordance with this section and such rules as may be established under title (J) of this Act.

(D) Equity.—The term 'health status and resource deficiency' means the extent to which—

(1) the health status objective set forth in section (d) is not being achieved; and

(2) the Indian tribe or tribal organization does not have available to it the health resources described in subsection (a)(4). The term shall mean the extent of health status deficiency among Indians;

(3) REVIEW OF DETERMINATION.—The Secretary shall establish procedures which allow any Indian tribe or tribal organization to petition the Secretary for a review of any determination of the extent of the health status and resource deficiency of such tribe or tribal organization under (d).

(4) Eligibility.—Programs administered by any Indian tribe or tribal organization under the authority of the Indian Self-Determination and Education Assistance Act shall be eligible for funds appropriated under the authority of this section on an equal basis with programs that are administered directly by the Service.

(c) Staffing.—

(1) In General.—Not later than the date that is 2 years after the date of enactment of this Act, the Secretary shall submit to Congress the current health status and resource deficiency of each Indian tribe or service unit, including newly recognized or acknowledged tribes. Such report shall set out—

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

(2) the extent of the health status and resource deficiency of each Indian tribe served by the Service;

(3) the amount of funds necessary to eliminate the health status and resource deficiency of each Indian tribe served by the Service; and

(4) an estimate of—

(A) the amount of health service funds appropriated under the authority of the Indian Self-Determination and Education Assistance Act, or any other Act, including the amount of any funds transferred to the Service, for the preceding fiscal year which is allocated to each such 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;

(2) BUDGETARY RULE.—Funds appropriated under the authority of this section for any fiscal year shall be included in the base budget of the Service for the purpose of determining appropriations under this section.

(3) ADMINISTRATION.—The CHEF shall be administered by the Secretary solely for the purpose of meeting the extraordinary medical costs associated with the treatment of victims of disasters or catastrophic illnesses who are within the responsibility of the Service.

(e) EQUITABLE ALLOCATION.—The CHEF shall be equitably allocated, apportioned or delegated on a service unit or area office basis, based upon a formula to be developed by the Secretary in consultation with the Indian tribes and tribal organizations through negotiated rulemaking under title VIII. Such formula shall take into account the added needs of service areas which are contract health service dependent.

(f) NOT SUBJECT TO CONTRACT OR GRANT.—No part of the CHEF or its administration shall be subject to contract or grant under any law, including the Indian Self-Determination and Education Assistance Act.
"(b) FINDINGS.—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) PROVISION OF SERVICES.—The Secretary, acting through the Service and through Indian tribes and tribal organizations, shall provide health promotion and disease prevention services to Indians so as to achieve the health status objective set forth in section 3(b).

"(c) DISEASE PREVENTION AND HEALTH PROMOTION.—In this section:

(1) DISEASE PREVENTION.—The term 'disease prevention' means the reduction, limitation, and prevention of disease and its complications, and the reduction of the consequences of diseases, including—

(A) controlling—

(i) diabetes; and

(ii) high blood pressure;

(iii) infectious agents;

(iv) injuries;

(v) occupational hazards and disabilities;

(vi) sexually transmittable diseases; and

(vii) toxic agents; and

(2) HEALTH PROMOTION.—The term 'health promotion' means fostering social, economic, environmental, and personal factors conducive to health, including—

(A) raising awareness about health matters and enabling them to cope with health problems by increasing their knowledge and providing them with valid information;

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

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

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

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

(F) promoting adequate opportunity for spiritual, religious, and traditional practices; and

(2) adequate and appropriate programs including—

(i) abuse prevention (mental and physical);

(ii) community health;

(iv) community safety;

(v) consumer health education;

(vi) diet and nutrition;

(vii) disease prevention (communicable, immunizations, HIV/AIDS);

(viii) environmental health;

(ix) exercise and physical fitness;

(x) fetal alcohol disorders;

(xi) first aid and CPR education;

(xii) human growth and development;

(xiii) injury prevention and personal safety;

(xiv) mental health (emotional, self-worth);

(xv) personal health and wellness practices;

(xvi) personal capacity building;

(xvii) prenatal, pregnancy, and infant care;

(xviii) psychological well being;

(xix) reproductive health (family planning);

(xx) safe and adequate water;

(xx) safe housing;

(xxii) stress control;

(xxiii) such other activities identified by the Service.

"(c) CONTINUED FUNDING.—The Secretary shall continue to fund, through fiscal year 2013, each effective model diabetes project in existence on the date of the enactment of this Act and such other diabetes programs operated by the Secretary or by Indian tribes and tribal organizations and any additional programs added to meet existing diabetes needs. Indian tribes and tribal organizations shall receive recurring funding for the diabetes programs which they operate pursuant to this section. Model diabetes projects shall consult, on a regular basis, with tribes and tribal organizations in their regions regarding diabetes needs and provide technical expertise as needed.

"(d) DIALYSIS PROGRAMS.—The Secretary shall provide funds for programs through the Service, Indian tribes and tribal organizations to establish dialysis programs, including funds to purchase dialysis equipment and provide necessary staffing.

"(e) OTHER ACTIVITIES.—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 prevalence of diabetes and the complications from diabetes in that area; and

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

"(2) EFFECTIVE DATE.—The section shall take effect on the date of the enactment of this Act.
between the Service and the tribal facility
be allocated proportionately between the
Service and the tribe or tribal organization;
and
(3) may authorize such tribe or tribal or-
ganization to construct, renovate, or expand
a long-term care or other similar facility (in-
cluding the construction of a facility at-
tached to a Service facility).

(2) TECHNICAL ASSISTANCE.—The Sec-
retary shall provide such technical and other
assistance as may be necessary to enable ap-
licants to comply with the provisions of this
section.

(d) USE OF EXISTING FACILITIES.—The Sec-
retary shall encourage the use for long-term or
short-term facilities that are under-utilized or
available for long-term or short-term facilities
that are under-utilized or allow the use of swing beds
for such purposes.

SEC. 209. EPIDEMIOLOGY CENTERS.
(a) ESTABLISHMENT.—The Secretary shall make
funding available for research to further the
performance of the health service responsi-
BILITIES of the Service, Indian tribes, and
tribal organizations and shall coordinate the
activities of other Agencies within the De-
partment to address these research needs.
(b) ALLOCATION.—Funding under subsec-
tion (a) shall be allocated equitably
among the area offices. Each area office
shall award such funds competitively with
that area.

(c) ELIGIBILITY FOR FUNDS.—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 opportu-
nity to compete for, and receive, research funds
under this section.

(d) Use.—Funds received under this sec-
tion may be used for both clinical and
non-clinical research by Indian tribes and tribal
organizations and shall be distributed to the
area offices, such area office affec-
ted equity as to such
areas.

SEC. 210. COMPREHENSIVE SCHOOL HEALTH
EDUCATION PROGRAMS.
(a) IN GENERAL.—The Secretary, through the
Service or through Indian tribes or tribal organiza-
tions, shall provide for the following screen-
ing:

(1) Mammography (as defined in section
1861(j) of the Social Security Act) for Indian
women at a frequency appropriate to such
women under national standards, and under such
criteria as consistent with standards established by the Secretary
in consultation with Indian tribes, tribal organizations, and
urban Indian organizations.

(2) Mental health wellness programs;

(3) Chronic disease prevention programs;

(4) Activities for the prevention and con-
trol of communicable diseases;

(5) Injury prevention and safety education
programs;

(6) Nutrition education programs;

(7) Mental health wellness programs;

(8) Physical activity programs;

(9) Substance abuse prevention programs;

(10) Injury prevention and safety education
programs;

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

(12) Injury prevention and safety education
programs;

(13) Activities for the prevention and
control of communicable diseases;

(14) Injury prevention and safety education
programs.

SEC. 211. INDIAN YOUTH PROGRAM.
(a) IN GENERAL.—The Secretary, through the
Service, is authorized to provide
support to Indian tribes, tribal organizations,
and urban Indian organizations to develop
school health education programs for children
from preschool through grade 12 for use in
schools operated by the Bureau of Indian Af-
airs.

(b) REQUIREMENTS.—The program devel-
oped under paragraph (1) shall include—

(1) School programs on nutrition edu-
cation, personal health, oral health, and
fitness;

(2) Mental health wellness programs;

(3) Chronic disease prevention programs;

(4) Substance abuse prevention programs;

(5) Injury prevention and safety education
programs;

(6) Activities for the prevention and
control of communicable diseases;

(7) Injury prevention and safety education
programs.

SEC. 212. INDIAN YOUTH PROGRAM.
(a) IN GENERAL.—The Secretary, through the
Service, is authorized to provide
support to Indian tribes, tribal organizations,
and urban Indian organizations to develop
school health education programs for children
from preschool through grade 12 for use in
schools operated by the Bureau of Indian Af-
airs.

(b) REQUIREMENTS.—The program devel-
oped under paragraph (1) shall include—

(1) School programs on nutrition edu-
cation, personal health, oral health, and
fitness;

(2) Mental health wellness programs;

(3) Chronic disease prevention programs;

(4) Substance abuse prevention programs;

(5) Injury prevention and safety education
programs;

(6) Activities for the prevention and
control of communicable diseases;

(7) Injury prevention and safety education
programs.

SEC. 213. INDIAN YOUTH PROGRAM.
(a) IN GENERAL.—The Secretary, through the
Service, is authorized to provide
support to Indian tribes, tribal organizations,
and urban Indian organizations to develop
school health education programs for children
from preschool through grade 12 for use in
schools operated by the Bureau of Indian Af-
airs.

(b) REQUIREMENTS.—The program devel-
oped under paragraph (1) shall include—

(1) School programs on nutrition edu-
cation, personal health, oral health, and
fitness;

(2) Mental health wellness programs;

(3) Chronic disease prevention programs;

(4) Substance abuse prevention programs;

(5) Injury prevention and safety education
programs;

(6) Activities for the prevention and
control of communicable diseases;

(7) Injury prevention and safety education
programs.

SEC. 214. INDIAN YOUTH PROGRAM.
(a) IN GENERAL.—The Secretary, through the
Service, is authorized to provide
support to Indian tribes, tribal organizations,
and urban Indian organizations to develop
school health education programs for children
from preschool through grade 12 for use in
schools operated by the Bureau of Indian Af-
airs.

(b) REQUIREMENTS.—The program devel-
oped under paragraph (1) shall include—

(1) School programs on nutrition edu-
cation, personal health, oral health, and
fitness;

(2) Mental health wellness programs;

(3) Chronic disease prevention programs;

(4) Substance abuse prevention programs;

(5) Injury prevention and safety education
programs;

(6) Activities for the prevention and
control of communicable diseases;

(7) Injury prevention and safety education
programs.

SEC. 215. INDIAN YOUTH PROGRAM.
(a) IN GENERAL.—The Secretary, through the
Service, is authorized to provide
support to Indian tribes, tribal organizations,
and urban Indian organizations to develop
school health education programs for children
from preschool through grade 12 for use in
schools operated by the Bureau of Indian Af-
airs.

(b) REQUIREMENTS.—The program devel-
oped under paragraph (1) shall include—

(1) School programs on nutrition edu-
cation, personal health, oral health, and
fitness;

(2) Mental health wellness programs;

(3) Chronic disease prevention programs;

(4) Substance abuse prevention programs;

(5) Injury prevention and safety education
programs;

(6) Activities for the prevention and
control of communicable diseases;

(7) Injury prevention and safety education
programs.

SEC. 216. INDIAN YOUTH PROGRAM.
(a) IN GENERAL.—The Secretary, through the
Service, is authorized to provide
support to Indian tribes, tribal organizations,
and urban Indian organizations to develop
school health education programs for children
from preschool through grade 12 for use in
schools operated by the Bureau of Indian Af-
airs.

(b) REQUIREMENTS.—The program devel-
oped under paragraph (1) shall include—

(1) School programs on nutrition edu-
cation, personal health, oral health, and
fitness;

(2) Mental health wellness programs;

(3) Chronic disease prevention programs;

(4) Substance abuse prevention programs;

(5) Injury prevention and safety education
programs;

(6) Activities for the prevention and
control of communicable diseases;

(7) Injury prevention and safety education
programs.

SEC. 217. INDIAN YOUTH PROGRAM.
(a) IN GENERAL.—The Secretary, through the
Service, is authorized to provide
support to Indian tribes, tribal organizations,
and urban Indian organizations to develop
school health education programs for children
from preschool through grade 12 for use in
schools operated by the Bureau of Indian Af-
airs.

(b) REQUIREMENTS.—The program devel-
oped under paragraph (1) shall include—

(1) School programs on nutrition edu-
cation, personal health, oral health, and
fitness;

(2) Mental health wellness programs;

(3) Chronic disease prevention programs;

(4) Substance abuse prevention programs;

(5) Injury prevention and safety education
programs;

(6) Activities for the prevention and
control of communicable diseases;

(7) Injury prevention and safety education
programs.

SEC. 218. INDIAN YOUTH PROGRAM.
(a) IN GENERAL.—The Secretary, through the
Service, is authorized to provide
support to Indian tribes, tribal organizations,
and urban Indian organizations to develop
school health education programs for children
from preschool through grade 12 for use in
schools operated by the Bureau of Indian Af-
airs.

(b) REQUIREMENTS.—The program devel-
oped under paragraph (1) shall include—

(1) School programs on nutrition edu-
cation, personal health, oral health, and
fitness;

(2) Mental health wellness programs;

(3) Chronic disease prevention programs;

(4) Substance abuse prevention programs;

(5) Injury prevention and safety education
programs;

(6) Activities for the prevention and
control of communicable diseases;

(7) Injury prevention and safety education
programs.
(c) LIMITATION.—Funds made available under this section may not be used to provide education or training pursuant to section 707(c).

(d) REQUIREMENTS.—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) promote the implementation of such models; and

(3) at the request of an Indian tribe, tribal organization, or urban Indian organization, provide information regarding models for the delivery of comprehensive health care services to Indian and urban Indian adolescents.

(e) DEFINITIONS.—In this section—

(1) HOSPICE SERVICES.—The term ‘hospice care’ means the items and services specified in this subparagraph—

(A) home health care services;

(B) hospice care and assisted living;

(C) personal care services;

(D) medical equipment and supplies;

(E) in-home medical assistive technology;

(F) personal care services and supplies; and

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

(2) HOSPICE CARE.—The term ‘hospice care’ means the items and services specified in section 213(2) or the Social Security Act of 1965 (42 U.S.C. 1396) provided to an individual who, by reason of their work or geographic proximity to such nuclear or other development activities, who may be exposed to such health hazards, or who, by reason of their work or geographic proximity to such nuclear or other development activities, could have a serious impact upon the health of such individuals; and

(3) an evaluation of the nature and extent of environmental hazards and ensure that current and ongoing and future environmental resource management during the 5 years prior to the date of enactment of this Act that directly or indirectly relate to the activities, practices, and conditions affecting the health or safety of such individuals; and

(4) a summary of any findings or recommendations provided in Federal and State health care plan reports, in conjunction with health care plans that were the subject of such health care plan reports.

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

(a) IN GENERAL.—The Secretary, acting through the Service, and the Secretary, acting through the Service, in conjunction with Indian tribes and tribal organizations, and urban Indian organizations, and the Centers for Disease Control and Prevention, may make funding available to Indian tribes and tribal organizations, and urban Indian organizations, and the Centers for Disease Control and Prevention, to carry out this section, to carry out the functions and services described in section 707(c).

(b) REQUIREMENT OF APPLICATION.—The Secretary may provide funds under subsection (a) for the development, implementation, and evaluation of Indian tribe, tribal organization, or urban Indian organization, provided the assistance is in accordance with the criteria for the review and approval of applications under this section.

(b) DEVELOPMENT OF HEALTH CARE PLANS.—Upon the completion of the study conducted under subsection (a), the Secretary and the Service shall take into account the results of such study and, in consultation with Indian tribes and tribal organizations, develop a health care plan to address the health problems that were the subject of such study. The plans shall include—

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

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

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

(c) SUBMISSION TO CONGRESS.—

(1) GENERAL REPORT.—Not later than 18 months after the date of enactment of this Act, the Secretary and the Service shall submit to Congress a report concerning the study conducted under subsection (a).

(2) HEALTH CARE PLAN REPORT.—Not later than 1 year after the date on which the report under paragraph (1) is submitted to Congress, the Secretary and the Service shall submit to Congress the health care plan prepared under subsection (b).

SEC. 213. AUTHORITY FOR PROVISION OF OTHER SERVICES.

(a) IN GENERAL.—The Secretary, acting through the Service, and the Secretary, acting through the Service, in conjunction with Indian tribes and tribal organizations, and urban Indian organizations, shall—

(1) promote the implementation of such models; and

(2) disseminate to Indian tribes, tribal organizations, and urban Indian organizations, and the Centers for Disease Control and Prevention, information regarding models for the delivery of comprehensive health care services to Indian and urban Indian adolescents.

(b) REQUIREMENT OF APPLICATION.—The Secretary may provide funds under subsection (a) for the development, implementation, and evaluation of Indian tribe, tribal organization, or urban Indian organization, provided the assistance is in accordance with the criteria for the review and approval of applications under this section.

(c) TECHNICAL ASSISTANCE AND REPORT.—In carrying out this section, the Secretary and the Service, in conjunction with Indian tribes and tribal organizations, shall—

(1) conduct or fund a study and assessment of the causes of the following health problems:

(A) respiratory syncitial virus, hanta virus, sexually transmitted diseases, and H. pylori, which projects may include screening, testing, and treatment of H. pylori;

(B) HIV, hepatitis, and infectious and communicable diseases;

(C) public health functions; and

(D) public health functions.

(d) STUDY AND MONITORING PROGRAMS.—The Secretary and the Service shall, in conjunction with other appropriate Federal agencies and the Indian tribes and tribal organizations, conduct a study and carry out ongoing monitoring programs to determine the trends that exist in the health hazards posed to Indian populations and individuals who, by reason of their work or geographic proximity to such nuclear or other development activities, may experience health problems.

(e) SUBMISSION TO CONGRESS.—

(1) STUDY REPORT.—Not later than 18 months after the date of enactment of this Act, the Secretary and the Service shall submit to Congress a report concerning the study conducted under subsection (a).

(2) HEALTH CARE PLAN REPORT.—Not later than 1 year after the date on which the report under paragraph (1) is submitted to Congress, the Secretary and the Service shall submit to Congress the health care plan prepared under subsection (b).

SEC. 214. INDIAN WOMEN’S HEALTH CARE.

(a) The Secretary acting through the Service, Indian tribes, tribal organizations, and urban Indian organizations shall provide funding to monitor and improve the quality of health care for Indian women of all ages through the planning and delivery of programs designed to improve the health care of Indian women.

(b) The Secretary acting through the Service, in conjunction with Indian tribes and tribal organizations, shall—

(1) conduct a study and assessment of the causes of the following health problems:

(A) sexually transmitted diseases, and H. pylori, which projects may include screening, testing, and treatment of H. pylori;

(B) HIV, hepatitis, and infectious and communicable diseases;

(C) public health functions; and

(D) public health functions.

(c) STUDY AND MONITORING PROGRAMS.—The Secretary and the Service shall, in conjunction with other appropriate Federal agencies and the Indian tribes and tribal organizations, conduct a study and carry out ongoing monitoring programs to determine the trends that exist in the health hazards posed to Indian populations and individuals who, by reason of their work or geographic proximity to such nuclear or other development activities, may experience health problems.

(d) SUBMISSION TO CONGRESS.—

(1) GENERAL REPORT.—Not later than 18 months after the date of enactment of this Act, the Secretary and the Service shall submit to Congress a report concerning the study conducted under subsection (a).

(2) HEALTH CARE PLAN REPORT.—Not later than 1 year after the date on which the report under paragraph (1) is submitted to Congress, the Secretary and the Service shall submit to Congress the health care plan prepared under subsection (b).

SEC. 215. ENVIRONMENTAL AND NUCLEAR EFFECTS OF URBAN INDIAN MINING AND MILLING.

(a) STUDY AND MONITORING PROGRAMS.—The Secretary and the Service shall, in conjunction with other appropriate Federal agencies and the Indian tribes and tribal organizations, conduct a study and carry out ongoing monitoring programs to determine the trends that exist in the health hazards posed to Indian populations and individuals who, by reason of their work or geographic proximity to such nuclear or other development activities, may experience health problems.

(b) TASK FORCE.—

(1) ESTABLISHED.—There is hereby established an Intergovernmental Task Force (referred to in this section as ‘task force’) that shall be composed of the following individuals (or their designees):—

(A) the Secretary of Education;

(B) the Administrator for Nuclear Regulatory Administration; and

(C) the Secretary of the Interior.

(2) DUTIES.—The Task Force shall identify existing and potential occupational exposures related to uranium mining and milling, uranium mining tailing deposits, nuclear power plant operation and construction, and nuclear power plant transportation on or near Indian reservations or communities, and other developments affecting the health of Indian populations and individuals who, by reason of their work or geographic proximity to such nuclear or other development activities, may experience health problems.
"SEC. 211. CALIFORNIA CONTRACT HEALTH SERVICES DEMONSTRATION PROGRAM.

(a) In general.—The Secretary may fund a program that utilizes the California Rural Indian Health Board as a contract care intermediary to improve the accessibility of health services to Indians.

(b) Reimbursement of Board.—

(1) AGREEMENT.—The Secretary shall enter into an agreement with the California Rural Indian Health Board for the Board for costs (including reasonable administrative costs) incurred pursuant to this section in providing medical treatment under subsection (a) and described in section 893(b) throughout the California contract health services delivery area described in section 218 with respect to health care services.

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

(3) LIMITATION.—No payment may be made for treatment provided under this section to the extent that payment may be made for such treatment under the Catastrophic Health Emergency Fund described in section 202 or from amounts appropriated for a fiscal year.

"SEC. 217. CALIFORNIA CONTRACT HEALTH SERVICES DEMONSTRATION PROGRAM.

(a) In general.—The Secretary may fund a program that utilizes the California Rural Indian Health Board as a contract care intermediary to improve the accessibility of health services to Indians.

(b) Reimbursement of Board.—

(1) AGREEMENT.—The Secretary shall enter into an agreement with the California Rural Indian Health Board for the Board for costs (including reasonable administrative costs) incurred pursuant to this section in providing medical treatment under subsection (a) and described in section 893(b) throughout the California contract health services delivery area described in section 218 with respect to health care services.

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

(3) LIMITATION.—No payment may be made for treatment provided under this section to the extent that payment may be made for such treatment under the Catastrophic Health Emergency Fund described in section 202 or from amounts appropriated for a fiscal year.

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

(a) IN GENERAL.—For fiscal years beginning with the fiscal year ending September 30, 1983, and ending with the fiscal year ending September 30, 2001, and ending with the fiscal year ending September 30, 2013, the State of North Dakota 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).

(b) LIMITATION.—The Service shall not curtail any health care services provided to Indians residing on Federal reservations in the State of North Dakota 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. 219. SOUTH DAKOTA AS A CONTRACT HEALTH SERVICE DELIVERY AREA.

(a) IN GENERAL.—For fiscal years beginning with the fiscal year ending September 30, 2001, and ending with the fiscal year ending September 30, 2013, the State of South Dakota 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).

(b) LIMITATION.—The Service shall not curtail any health care services provided to Indians residing on Federal reservations in the State of South Dakota 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. 220. URBAN AREA CONTRACT HEALTH SERVICES.

(a) In general.—The Secretary shall enter into agreements with States and urban areas for the purpose of providing contract health care services to members of federally recognized Indian Tribes residing in such urban areas. The Secretary may provide assistance to such States and urban areas in developing such agreements.

(b) Limitation.—The funds provided under this section shall not be used to provide health care services to Indians residing in an urban area if the Secretary determines that the provision of such services is not necessary to meet the health care needs of such Indians.

"SEC. 221. LIABILITY FOR PAYMENT.

(a) Requirement.—The Secretary shall provide for a medical claim for health care services rendered to Indians residing on Federal reservations in the United States to be submitted to the Secretary for payment under this Act on the same basis as such services are provided to program and facilities operated directly by the Secretary.

(b) Failure to respond.—If the Secretary fails to respond to a notification of a claim by a provider of care, the Secretary shall be deemed to have approved the claim.

(c) Administrative appeal.—If a claim is not paid within 30 days after the completion of the appeal, the claim shall be paid at the rate of interest specified in section 220.

"SEC. 222. AUTHORIZATION OF APPROPRIATIONS FOR EMERGENCY CONTRACT HEALTH SERVICES.

(a) Authorization.—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 Renovation of Facilities: Reports.

(a) Consultation.—Prior to the expenditure of, or the making of any firm commitment to expend, any funds appropriated for the planning, design, construction, or renovation of facilities pursuant to the Act of November 2, 1921 (25 U.S.C. 13) (commonly known as the Snyder Act), the Secretary, acting through the Service, shall—

(1) consult with any Indian Tribe that would be significantly affected by such expenditure for the purpose of determining and, whenever practicable, honoring tribal preferences concerning site selection, type of facility, and other characteristics of any facility on which such expenditure is to be made; and

(2) ensure, whenever practicable, that such facility meets the construction standards of any nationally recognized accrediting body not later than 1 year after the date on which the construction or renovation of such facility is completed.
shall not apply to any temporary closure of such hospital or facility; the impact of such proposed closure which specifically identifies, 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 by all eligible Indians; and

(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 utilization of such hospital or facility by all eligible Indians; and

(G) the distance between such hospital or facility and the nearest operating Service hospital.

(2) TEMPORARY CLOSURE.—Paragraph (1) shall not apply to any temporary closure of a facility or of any portion of a facility if such closure is necessary for medical, environmental, or safety reasons.

(c) PRIORITY SYSTEM.—

(1) ESTABLISHMENT.—The Secretary shall establish a health care facility priority system that shall—

(A) be developed with Indian tribes and tribal organizations through negotiated rulemaking under section 803;

(B) consider the needs of Indian tribes the highest priority, with additional priority being given to those service areas where the health status of Indians within the area, as measured by life expectancy based upon the most recent data available, is significantly lower than the average health status for Indians in all service areas;

(C) at a minimum, include the lists required in paragraph (2)(B) and the methodology required in paragraph (2)(E); except that the priority of any project established under the construction priority system in effect on the date of this Act shall not be affected by any change in the construction priority system taking place thereafter; (D) be designed to ensure that all of the top 10 priority inpatient projects or one of the top 10 outpatient projects in the Indian Health Service budget justification for fiscal years, or of the project that had completed both Phase I and Phase II of the construction priority system in effect on the date of this Act;

(2) REPORT.—The Secretary shall submit to the President, for inclusion in each report required to be transmitted to Congress under section 801, the Secretary's report on the needs of facilities operated directly by the Service under the Indian Self-Determination and Education Assistance Act, including the identification of the facilities operated under the construction priority system for inclusion in each report required to be transmitted to Congress under section 801, the Secretary shall annually submit to the President, for inclusion in the report required to be transmitted to Congress under section 801 of this Act, a report which sets forth the needs of the Service and all Indian tribes and tribal organizations, including urban Indian organizations, for inpatient, outpatient and specialized care facilities, including the needs for renovation and expansion of existing facilities.

(3) REVIEW OF NEED FOR FACILITIES.—

(A) IN GENERAL.—In furtherance of the findings and declarations made in subsection (a), Congress reaffirms the primary responsibility and authority of the Service to provide the necessary sanitation facilities and services to the Indian tribes and their organizations, for inpatient, outpatient and specialized care facilities, including the needs for renovation and expansion of existing facilities.

(B) CONSULTATION.—In preparing each report required to be transmitted to Congress under section 801 of this Act, the Secretary shall consider the views of the Indian tribes served by the Service, the Congress at least 1 year prior to the date the report is submitted to the Congress, and the recommendations made by the Secretary in the development of the health facility priority system.

(4) CRITERIA.—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) EQUITABLE INTEGRATION.—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 fairly and equally integrated into the health care facility priority system.

(6) REVIEW OF NEED FOR FACILITIES.—

(A) IN GENERAL.—In furtherance of the findings and declarations made in subsection (a), Congress reaffirms the primary responsibility and authority of the Service to provide the necessary sanitation facilities and services to the Indian tribes and their organizations, for inpatient, outpatient and specialized care facilities, including the needs for renovation and expansion of existing facilities.

(B) CONSULTATION.—In preparing each report required to be transmitted to Congress under section 801 of this Act, the Secretary shall consider the views of the Indian tribes served by the Service, the Congress at least 1 year prior to the date the report is submitted to the Congress, and the recommendations made by the Secretary in the development of the health facility priority system.

(3) CRITERIA.—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.

(4) EQUITABLE INTEGRATION.—The Secretary shall ensure that the planning, design, construction, and renovation needs of facilities operated under funding agreements, in accordance with the Indian Self-Determination and Education Assistance Act are fairly and equally integrated into the health care facility priority system.

(5) ANNUAL NOMINATIONS.—Each year the Secretary shall nominate for inclusion in the nomination of planning, design, and construction projects by the Service and all Indian tribes and tribal organizations for consideration under the health care facility priority system.
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 301 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 or renovated in whole or in part by Federal, State, or local governments, or by other entities.

"(d) The Secretary of Health and Human Services is authorized to accept all Federal funds and use such funds 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, between the Secretary and Indian tribes and tribal organizations;

"(e) The Secretary may permit funds appropriated under the authority of section 4 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 or State program to construct eligible sanitation facilities to serve Indian homes;

"(f) The Secretary may permit funds appropriated under the authority of section 4 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, appropriated, and obligated by them hereafter, after the Department's applicable policies, rules, regulations shall apply in the implementation of such projects;

"(h) The Secretary of Health and Human Services shall enter into inter-agency agreements with the Bureau of Indian Affairs, the Department of Housing and Urban Development, 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 Services, through a regulation or through rulemaking under section 802, establish standards applicable to the planning, design and construction of water supply and sewage disposal facilities funded under this Act.

"(j) 10-YEAR FUNDING PLAN.—The Secretary, acting through the Service, may utilize the negotiating authority of the Act of June 25, 1910 (25 U.S.C. 47), to give preference to any Indian or any enterprise, partnership, corporation, or other type of business organization owned and controlled by an Indian or Indians including former or currently federally recognized Indian tribes in the public sector, in the construction and renovation of Service facilities pursuant to section 301 and in the capitalization of sanitation facilities pursuant to section 302. Such preference may be accorded by the Secretary unless the Secretary finds, pursuant to regulations and rules established by the Secretary, that the project or function to be contracted for will not be satisfactory or such project or function cannot be properly performed or managed under the proposed contract. The Secretary, in arriving at such finding, shall consider whether the Indian or Indian firm will be deficient in respect to—

"(1) ownership and control by Indians;

"(2) skill and ability;

"(3) knowledge of Indian and Indian problems and customs;

"(4) substantive knowledge of the project or function to be contracted for;

"(5) adequately trained personnel; and

"(6) other necessary components of contract performance.

"(k) EXEMPTION FROM DAVIS-BACON.—For the purpose of complying with 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, the provisions of 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, the prevailing wage rates for construction shall be paid at rates that are not less than the prevailing wage rates for such construction in the area, as determined by the Davis-Bacon Act.
such Indian tribe shall be entitled to recover

(1) IN GENERAL.—The Secretary, acting through the Service in consultation with the tribal organization, shall make funding available to tribes and tribal organizations, for the provision of health care services to eligible Indians (and noneligible persons as provided for in subsections (b)(3) and (c)(1)(C)).

the expansion, renovation, or modernization (in whole or in part) of a tribal or tribal organization, pursuant to a funding agreement entered into under the Indian Self-Determination and Education Assistance Act, including—

(1) IN GENERAL.—Notwithstanding any other provision of law, the Secretary is authorized to accept any major expansion, renovation, or modernization project that benefits the service population described in clauses (ii) and (iii) of paragraph (1). The methodology for establishing priorities shall be developed by negotiated rulemaking under section 822.

(1) IN GENERAL.—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 (3).

(3) LOCATION.—Such a facility shall be located apart from a hospital.

(3) LOCATION.—Such a facility shall be located apart from a hospital.

(2) REQUIREMENT.—Funding under subparagraph (A) may only be made available to an Indian tribe or tribal organization operating an Indian health facility (other than a facility owned or constructed by the Service, including a facility originally owned or constructed by the Service and transferred to an Indian tribe or tribal organization) pursuant to a funding agreement entered into under the Indian Self-Determination and Education Assistance Act.

(3) LOCATION.—Funding under paragraph (1) may be used only for the construction, expansion, or modernization of an ambulatory care facility—

(a) permission to the Secretary of its intent to expand, renovate or modernize; and

(4) USE OF FUNDS.—The Secretary, in approving projects pursuant to this section, may authorize funding for the construction and renovation of hospitals, health centers, and other facilities to deliver health care services and is authorized to make funding available to tribes and tribal organizations for the purpose of carrying out a health care delivery demonstration project to test alternative means of delivering health care services through health facilities, including hospital, traditional Indian health and child care facilities, to Indians.

(b) USE.—Funding under this section, the Secretary shall give priority 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.

(2) REQUIREMENT.—Funding under paragraph (1) may be used only for the construction, expansion, or modernization of an ambulatory care facility—

(4) USE OF FUNDS.—The Secretary, in approving projects pursuant to this section, may authorize funding for the construction and renovation of hospitals, health centers, and other facilities to deliver health care services and is authorized to make funding available to tribes and tribal organizations for the purpose of carrying out a health care delivery demonstration project to test alternative means of delivering health care services through health facilities, including hospital, traditional Indian health and child care facilities, to Indians.

(3) LOCATION.—Such a facility shall be located apart from a hospital.

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(2) REQUIREMENT.—Funding under paragraph (1) may be used only for the construction, expansion, or modernization of an ambulatory care facility—

(3) LOCATION.—Such a facility shall be located apart from a hospital.
(b) The project has the potential to deliver services in an efficient and effective manner.

(1) The project is economically viable.

(2) The Indian tribe or tribal organization has the administrative and financial capability to manage the project.

(3) The project is integrated with providers of related health and social services and is coordinated with, and avoids duplication of, other services.

(4) The Secretary shall give priority to applications for demonstration projects under this section in each of the following service units to the extent that such applications: are filed in a timely manner and otherwise meet the criteria specified in paragraph (1):

(A) Oglala Lakota, Minnesota.

(B) Clinton, Oklahoma.

(C) Harlem, Montana.

(D) Mescalero, New Mexico.

(E) Owahoe, Nevada.

(F) Fort Apache, Arizona.

(G) Schurz, Nevada.

(H) Winnebago, Nebraska.

(I) Pala, California.

(2) 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.

(3) SERVICE TO INELIGIBLE PERSONS.—The authority to provide services to persons otherwise ineligible for the health care benefits of the Service and the authority to extend hospital privileges in Service facilities to non-SERVICE health practitioners as provided in section 807(b) may be included, subject to the terms of such section, in any demonstration project approved pursuant to this section.

(4) EQUIitable TREATMENT.—For purposes of subsection (c)(5)(A), the Secretary shall, in evaluating 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 facilities operated directly by the Service.

(5) EQUIitable INTEGRATION OF FACILITIES.—The Secretary shall ensure that the planning, design, construction, renovation and expansion needs of Service and non-Service health care facilities which are the subject of a funding agreement for health services entered into with the Service under the Indian Self-Determination and Education Assistance Act, are fully and equitably integrated into the implementation of the health care delivery demonstration projects under this section.

SEC. 309. LEASES.

(a) IN GENERAL.—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 for the purpose of leasing property owned by the Service 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) FACILITIES FOR THE ADMINISTRATION AND DELIVERY OF HEALTH SERVICES.—The Secretary may enter into contracts, leases, and other legal agreements with Indian tribes or tribal organizations which hold—

(1) title to; or

(2) a leasehold interest in; or

(3) a beneficial interest in (where title is held by the United States in trust for the benefit of a tribe); facilities used for the administration and delivery of health services by the Service or by programs operated by Indian tribes or tribal organizations to compensate such Indian tribes or tribal organizations for costs associated with the use of such facilities for such purposes, and such leases shall be considered as operating under the Budget Enforcement Act, notwithstanding any other provision of law. Such costs include rent, depreciation based on the useful estimated life of the facility, and interest paid or accrued, operation and maintenance expenses, and other expenses determined by regulation to be allowable pursuant to regulations under section 105(c) of the Indian Self-Determination and Education Assistance Act.

(c) SEC. 310. LOANS, GUARANTEES AND LOAN REPAYMENT.

(1) Health Care Facilities Loan Fund.—There is established in the Treasury of the United States a fund to be known as the 'Health Care Facilities Loan Fund' (referred to in this Act as the 'HCFLF') to provide to Indian Tribes and tribal organizations direct loans, or guarantees for loans, for the construction of health care facilities (including inpatient facilities, outpatient facilities, as well as facilities such as behavioral health and elder care facilities) and for the expansion of existing services.

(2) Standards and Procedures.—The Secretary shall establish standards and procedures for the approval and administration of the HCFLF in accordance with section 802, to establish standards and procedures for governing loans and loan guarantees under this section, subject to the following limitations:

(I) The principal amount of a loan or loan guarantee may cover up to 60 percent of eligible costs, including costs for the planning, design, construction, rehabilitation, renovation, conversion, improvements, medical equipment and furnishings, other facility related costs and capital purchase (but excluding staffing).

(II) The cumulative total of the principal amount of direct loans and loan guarantees, respectively, outstanding at any one time shall not exceed amounts as may be specified in appropriation Acts.

(III) In the discretion of the Secretary, the program under this section may be administered by the Secretary of the Interior, the Secretary of Agriculture, the Secretary of Health and Human Services, and the Secretary of Housing and Urban Development.

(IV) The Secretary may make or guarantee a loan with a term of not more than 40 years, and with a down payment not to exceed 10 percent of the total costs of a project.

(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 applying for a loan or loan guarantee.

(d) The Secretary may accept an assignment of 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 for the purpose of leasing property owned by the Service 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.

(e) AUTHORIZATION OF APPROPRIATIONS.—The Secretary shall not be authorized to allocate such sums as may be necessary to initiate the HCFLF. For each fiscal year after the initial appropriation, such funds are appropriated to the HCFLF, there being 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 on such amounts.

(f) Availability of Funds.—Amounts appropriated, collected or earned relative to the HCFLF shall remain available until expended.

(g) FUNDING AGREEMENTS.—Amounts in the HCFLF and any subsequent appropriation to appropriation Acts may be expended by the Secretary, acting through the Service, 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.

(h) INVESTMENTS.—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 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.

(i) GRANTS.—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, as well as behavioral health and elder care facilities). Grants may be awarded 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, as well as behavioral health and elder care facilities). Loans eligible for such repayment grants shall include loans that have been received under this section or otherwise.

SEC. 311. LEASING.

Indian Tribes and tribal organizations receiving health care services pursuant to a funding agreement contract entered into under the Indian Self-Determination and Education Assistance Act may lease parcels of land within the jurisdiction of the Service and occupied by the Indian tribe or tribal organization for security for any direct loan or loan guarantee under this section.

(f) AUTHORITY.—
"SEC. 313. LOCATION OF FACILITIES.

The Secretary shall negotiate an agreement with the Indian tribe or tribal organization that has entered into a written agreement with the Secretary under this section, and that breaches or terminates without cause such agreement, shall be liable to the United States for the amount that has been paid to the 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 the reasonable value of the quarters to the tribe that has begun and substantially completed the process of acquisition or construction of a health facility that shall at any time within 10 years the aggregate property (including supplies), and equipment, less depreciation, and any funds expended for the construction of a replacement facility if the costs of the renovation of such facility would exceed a maximum renovation cost threshold.

"(2) DEFINITION.—For purposes of paragraph (1), the term 'maximum renovation cost threshold' shall be determined through the negotiating rulemakings provided for under section 802.

"(3) ELIGIBILITY FOR QUARTERS IMPROVEMENT.—

"(1) IN GENERAL.—The Secretary may expand maintenance and improvement funds for the maintenance of facilities under subsection (b)(3) to the extent that the approved supportable space allocation for the Indian tribe or tribal organization meets the needs criteria that shall be developed and transmitted to Congress under section 801, a report that identifies the backlog of maintenance and repair work required at both Service and tribal facilities, including any facility expected to be in operation in the fiscal year for which the report is being prepared. The report shall identify the need for renovation and expansion of capacity, and its effect on the ability to support the growth of health care programs.

"(2) MAINTENANCE OF NEWLY CONSTRUCTED SPACE.—

"(1) IN GENERAL.—The Secretary, acting alone, shall negotiate an agreement with the Indian tribe or tribal organization and the Secretary shall have full authority to collect rents directly from such Federal employees.

"(2) Such rent payments shall be deposited into a separate account which shall be used for the maintenance (including capital repairs and replacement expenses) and operation of the quarters and facilities as the Indian tribe or tribal organization shall determine appropriate.

"(3) RETROCESSION.—If an Indian tribe or tribal organization that has entered into a written agreement with the Secretary under this section, and that breaches or terminates without cause such agreement, shall be liable to the United States for the amount that has been paid to the 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 the reasonable value of the quarters to the tribe that has begun and substantially completed the process of acquisition or construction of a health facility that shall at any time within 10 years the aggregate property (including supplies), and equipment, less depreciation, and any funds expended for the construction of a replacement facility if the costs of the renovation of such facility would exceed a maximum renovation cost threshold.

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"(3) RETROCESSION.—If an Indian tribe or tribal organization that has entered into a written agreement with the Secretary under this section, and that breaches or terminates without cause such agreement, shall be liable to the United States for the amount that has been paid to the 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 the reasonable value of the quarters to the tribe that has begun and substantially completed the process of acquisition or construction of a health facility that shall at any time within 10 years the aggregate property (including supplies), and equipment, less depreciation, and any funds expended for the construction of a replacement facility if the costs of the renovation of such facility would exceed a maximum renovation cost threshold.

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"(3) RETROCESSION.—If an Indian tribe or tribal organization that has entered into a written agreement with the Secretary under this section, and that breaches or terminates without cause such agreement, shall be liable to the United States for the amount that has been paid to the 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 the reasonable value of the quarters to the tribe that has begun and substantially completed the process of acquisition or construction of a health facility that shall at any time within 10 years the aggregate property (including supplies), and equipment, less depreciation, and any funds expended for the construction of a replacement facility if the costs of the renovation of such facility would exceed a maximum renovation cost threshold.

"(2) DEFINITION.—For purposes of paragraph (1), the term 'maximum renovation cost threshold' shall be determined through the negotiating rulemakings provided for under section 802.

"(3) ELIGIBILITY FOR QUARTERS IMPROVEMENT.—

"(1) IN GENERAL.—The Secretary, acting alone, shall negotiate an agreement with the Indian tribe or tribal organization and the Secretary shall have full authority to collect rents directly from such Federal employees.

"(2) Such rent payments shall be deposited into a separate account which shall be used for the maintenance (including capital repairs and replacement expenses) and operation of the quarters and facilities as the Indian tribe or tribal organization shall determine appropriate.

"(3) RETROCESSION.—If an Indian tribe or tribal organization that has entered into a written agreement with the Secretary under this section, and that breaches or terminates without cause such agreement, shall be liable to the United States for the amount that has been paid to the 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 the reasonable value of the quarters to the tribe that has begun and substantially completed the process of acquisition or construction of a health facility that shall at any time within 10 years the aggregate property (including supplies), and equipment, less depreciation, and any funds expended for the construction of a replacement facility if the costs of the renovation of such facility would exceed a maximum renovation cost threshold.

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"(2) Such rent payments shall be deposited into a separate account which shall be used for the maintenance (including capital repairs and replacement expenses) and operation of the quarters and facilities as the Indian tribe or tribal organization shall determine appropriate.

"(3) RETROCESSION.—If an Indian tribe or tribal organization that has entered into a written agreement with the Secretary under this section, and that breaches or terminates without cause such agreement, shall be liable to the United States for the amount that has been paid to the 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 the reasonable value of the quarters to the tribe that has begun and substantially completed the process of acquisition or construction of a health facility that shall at any time within 10 years the aggregate property (including supplies), and equipment, less depreciation, and any funds expended for the construction of a replacement facility if the costs of the renovation of such facility would exceed a maximum renovation cost threshold.

"(2) DEFINITION.—For purposes of paragraph (1), the term 'maximum renovation cost threshold' shall be determined through the negotiating rulemakings provided for under section 802.
Federal agency that any person intention­
al or affixed a label bearing the words or any punctuation with the same meaning, to any product sold in or shipped to the United States that is not marked in the United States, such person shall be ineligious to receive any contract or sub­contract made with funds provided pursuant to the authorization contained in section 318, pursuant to the debarment, suspension, and ineligibility procedures described in sections 9.400 through 9.409 of title 48, Code of Federal Regulations.

SEC. 317. OTHER FUNDING FOR FACILITIES.

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

(2) The Secretary may enter into inter­agency agreements with other Federal or State agencies or other entities to provide for the planning, design and construction of health care facilities for the purpose of making any improvements in the programs of the Service or by the Indian tribe or tribal organizations under the Indian Self-Determination and Education Assistance Act, for the purposes of this act, together with the purposes for which such funds are appro­priated to such other Federal or State agency, and which the funds were otherwise pro­vided;

(3) Any Federal agency to which funds for the construction of health care facilities are appro­priated isauthorized to transfer such sums as may be necessary for each fiscal year through fiscal year 2013 to carry out the purposes of this Act, together with the purposes for which such funds are appro­priated to such other Federal or State agency, and which the funds were otherwise pro­vided;

(4) The Secretary, acting through the Service, shall establish and publish under reg­ulations developed through rulemaking under section 802, for the planning, design and construction of health care facilities serving Indians under this Act.

SEC. 318. AUTHORIZATION OF APPROPRIATIONS.

There is 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 MEDICAID PROGRAM.

(a) IN GENERAL.—Any payments received by the Service, 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 XIX of the Social Security Act, and for which payment has been made available to the Service pursuant to this title as a result of reimbursements under titles XVIII and XIX of the Social Se­curity Act, and any reimbursement under title XVIII, XIX, or XXI of the Social Security Act, such Indian tribe or tribal organization, or urban Indian organization, shall provide to the Service a listing of each provider enrollment number (or other identifier) under which it receives such reimbursements or payments.

SEC. 402. GRANTS TO AND FUNDING AGREEMENTS WITH THE SERVICE, INDIAN TRIBES OR TRIBAL ORGANIZATIONS, AND URBAN INDIAN ORGANIZATIONS.

(a) IN GENERAL.—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 Indian reservations, or urban Indian areas and in or near Alaska Native villages to assist individual Indians to—

(1) enroll under section 1905(a) of the Social Security Act;

(2) pay premiums for health care assistance and assistance under title XV and XIX of the Social Security Act;

(3) provide medical assistance to Indians under this Act;

(4) develop and implement—

(A) a schedule of Income levels to deter­mine the extent of payments of premiums by such organizations for health insurance coverage of needy individuals; and

(B) methods of improving the participa­tion of Indians in receiving the benefits and assistance provided under title XVIII, XIX, and XXI of the Social Security Act.

(c) AGREEMENTS FOR RECEIPT AND PROCESSING OF APPLICATIONS.—The Secretary may enter into an agreement with an Indian tribe or tribal organization, or an urban Indian organization, which provides for the receipt and processing of applications for medical assistance under title XIX of the Social Security Act, child health assistance under title XXI of the Social Security Act, and assistance under titles XVIII and XIX of the Social Security Act, by a Service facility or a health care program administered by such Indian tribe or tribal organization, or urban Indian organization, for such purposes as the Secretary determines.

(d) REGULATIONS.—The Secretary shall prescribe regulations determining the terms and conditions of any agreement under the Indian Self-Determination and Education Assistance Act or a grant
or contract entered into with an urban Indian organization, or any nongovernmental provider of such services, would be entitled to receive reimbursement or indemnification for such charges or expenses if—

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

(b) URBAN INDIAN ORGANIZATIONS.—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 nongovernmental provider of such services, would be entitled to receive reimbursement or indemnification for such charges or expenses.

(c) LIMITATIONS ON RECOVERIES FROM THIRD PARTIES.—Subsections (a) and (b) shall apply to each additional payment or reimbursement or indemnification for services furnished under this section, and the right to recover reimbursement or indemnification for such charges or expenses, under subsection (a) or (b), shall be the right of the patient to whom such services were provided, and not the right of any other individual. Any recovery under subsection (a) or (b) shall not exceed the amount of charges for services furnished to the patient.
which health services were provided is covered under:

(1) workers' compensation laws; or
(2) a no-fault automobile accident insurance plan or program.

(b) LIMITATIONS.—The Secretary shall not take any action under this section or under subsection (a) of title 49, United States Code, which would impair—

(1) the priority access of any Indian to federal health care services provided through the Service;
(2) the quality of health care services provided to any Indian through the Service; or
(3) the priority access of any veteran to federal health care services provided by the Veterans' Administration;
(4) the quality of health care services provided to any veteran by the Veteran's Administration;
(5) the eligibility of any Indian to receive health services through the Service; or
(6) the eligibility of any Indian who is a veteran to receive health services through the Veterans' Administration provided, however, the Service or the Indian tribe or tribal organization shall be reimbursed by the Veterans' Administration where services are provided through the Service or Indian tribes or tribal organizations to beneficiaries eligible for services from the Veterans' Administration, notwithstanding any other provision of law.

(c) AGREEMENTS FOR PARITY IN SERVICES.—The Service may agree with other Federal agencies to assist in achieving parity in services for Indians. Nothing in this section may be construed as limiting any right a veteran has to obtain health services from the Service.

SEC. 410. PAYOR OF LAST RESORT.
The Service, and programs operated by Indian tribes or tribal organizations, or urban Indian organizations, shall be the payor of last resort for services provided to individuals eligible for services from the Service and such programs, notwithstanding any Federal, State or local law to the contrary, unless such law explicitly provides otherwise.

SEC. 411. RIGHT TO RECOVER FROM FEDERAL HEALTH CARE PROGRAMS.

"Notwithstanding any other provision of law, the Service, Indian tribes or tribal organizations, and urban Indian organizations (notwithstanding limitations on who is eligible to receive services from such entities) shall be entitled 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 statutory authority.

SEC. 412. TUBA CITY DEMONSTRATION PROJECT.

(a) IN GENERAL.—Notwithstanding any other provision of law, including the Anti-Deficiency Act, provided the Indian tribe to be served approves, the Service in the Tuba City Service Unit may—

(1) enter into a demonstration project with the State of Arizona under which the Service would provide certain specified medical services to individuals dually eligible for services from the Service and for medical care under the Indian Self-Determination and Education Assistance Act to purchase managed care coverage for services from the Service and for medical care under the Indian Self-Determination and Education Assistance Act to purchase managed care coverage for services from the Service.

(b) EXTENSION OF PROJECT.—The demonstration project authorized under subsection (a) may be extended to other service units in Arizona, subject to the approval of the Indian tribes to be served in such service units, the Service, and the State of Arizona.

SEC. 413. ACCESS TO FEDERAL INSURANCE.

"An Indian tribe or tribal organization, and an urban Indian organization, may utilize funding from the Secretary under this Act to purchase managed care coverage for Service beneficiaries (including insurance to limit the financial risks of managed care entities) 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 VETERANS AFFAIRS, AND OTHER FEDERAL AGENCY HEALTH FACILITIES AND SERVICES SHARING.

"(a) EXAMINATION OF FEASIBILITY OF ARRANGEMENTS.—

(1) IN GENERAL.—The Secretary shall examine the feasibility of entering into arrangements or expanding existing arrangements for the sharing of medical facilities and services between the Service and the Veterans' Administration, and other appropriate Federal agencies, including those within the Department of Veterans Affairs, and other Federal agency health facilities and services.

(2) SUBMISSION OF REPORT.—Not later than September 30, 2001, the Secretary shall submit the report required under paragraph (1) to Congress.

(3) CONSIDERATION REQUIRED.—The Secretary may not finalize any arrangement described in this section until after consultation with the affected Indian tribes.

SEC. 407. CREDITING OF REIMBURSEMENTS.

"(a) RETENTION OF FUNDS.—Except as provided in section 202(d), title II, section 6107, title III, and section 409, the Secretary shall—

"(1) pay to an individual or entity the amount of funds otherwise reimbursable to the Service; and
"(2) retain any funds otherwise reimbursable to the Service for the purpose of entering into arrangements or expanding existing arrangements or programs of such company or plan, that the individual could assert or pursue under applicable Federal, State or local law.

"(b) LIMITATIONS.—The Secretary shall not take any action under this section or under subsection (a) of title 49, United States Code, which would impair—

(1) the priority access of any Indian to federal health care services provided through the Service;
(2) the quality of health care services provided to any Indian through the Service; or
(3) the priority access of any veteran to federal health care services provided by the Veterans' Administration;
(4) the quality of health care services provided to any veteran by the Veteran's Administration;
(5) the eligibility of any Indian to receive health services through the Service; or
(6) the eligibility of any Indian who is a veteran to receive health services through the Veterans' Administration provided, however, the Service or the Indian tribe or tribal organization shall be reimbursed by the Veterans' Administration where services are provided through the Service or Indian tribes or tribal organizations to beneficiaries eligible for services from the Veterans' Administration, notwithstanding any other provision of law.

(c) AGREEMENTS FOR PARITY IN SERVICES.—The Service may agree with other Federal agencies to assist in achieving parity in services for Indians. Nothing in this section may be construed as limiting any right a veteran has to obtain health services from the Service.

SEC. 410. PAYOR OF LAST RESORT.
The Service, and programs operated by Indian tribes or tribal organizations, or urban Indian organizations, shall be the payor of last resort for services provided to individuals eligible for services from the Service and such programs, notwithstanding any Federal, State or local law to the contrary, unless such law explicitly provides otherwise.

SEC. 411. RIGHT TO RECOVER FROM FEDERAL HEALTH CARE PROGRAMS.

"Notwithstanding any other provision of law, the Service, Indian tribes or tribal organizations, and urban Indian organizations (notwithstanding limitations on who is eligible to receive services from such entities) shall be entitled 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 statutory authority.

SEC. 412. TUBA CITY DEMONSTRATION PROJECT.

(a) IN GENERAL.—Notwithstanding any other provision of law, including the Anti-Deficiency Act, provided the Indian tribe to be served approves, the Service in the Tuba City Service Unit may—

(1) enter into a demonstration project with the State of Arizona under which the Service would provide certain specified medical services to individuals dually eligible for services from the Service and for medical care under the Indian Self-Determination and Education Assistance Act to purchase managed care coverage for services from the Service.

(b) EXTENSION OF PROJECT.—The demonstration project authorized under subsection (a) may be extended to other service units in Arizona, subject to the approval of the Indian tribes to be served in such service units, the Service, and the State of Arizona.

SEC. 413. ACCESS TO FEDERAL INSURANCE.

"An Indian tribe or tribal organization, and an urban Indian organization, may utilize funding from the Secretary under this Act to purchase managed care coverage for Service beneficiaries (including insurance to limit the financial risks of managed care entities) 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 VETERANS AFFAIRS, AND OTHER FEDERAL AGENCY HEALTH FACILITIES AND SERVICES SHARING.

"(a) EXAMINATION OF FEASIBILITY OF ARRANGEMENTS.—

(1) IN GENERAL.—The Secretary shall examine the feasibility of entering into arrangements or expanding existing arrangements for the sharing of medical facilities and services between the Service and the Veterans' Administration, and other appropriate Federal agencies, including those within the Department of Veterans Affairs, and other Federal agency health facilities and services.

(2) SUBMISSION OF REPORT.—Not later than September 30, 2001, the Secretary shall submit the report required under paragraph (1) to Congress.

(3) CONSIDERATION REQUIRED.—The Secretary may not finalize any arrangement described in this section until after consultation with the affected Indian tribes.
Education Assistance Act or an urban Indian organization carrying out programs under title V of this Act shall be entitled to purchases of health benefits for the employees of such Indian tribe or tribal organization, or urban Indian organization, under chapter 9 of title I, United States Code, and chapter 67 of such title if necessary employee deductions and agency contributions in payment for the coverage, rights, and benefits for the period of employment with such Indian tribe or tribal organization, or urban Indian organization, are currently deposited in the applicable Employee's Payroll Trust Fund.

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 require the Administrator of that Administration to—

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

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

(3) engage in consultation, consistent with the requirements of Executive Order 13084 of May 14, 1998, with the Service, Indian tribes or tribal organizations, and urban Indian organizations prior to enacting any such policy or regulation;

(b) RULEMAKING.—The Administrator of the Health Care Financing Administration shall participate in the negotiated rulemaking provided for under title VIII with regard to any regulations necessary to implement the provisions of this title that relate to the Social Security Act.

SEC. 415. LIMITATIONS ON CHARGES.

No provider of health services that is eligible to receive payments or reimbursements under title XVIII, XX, or XXI of the Social Security Act or from any Federally funded source may charge an individual covered under title XVIII, XIX, or XXI of the Social Security Act or from any Federally funded source any charge or premium, or any other commercial service charge, for items or services provided by or through the Service, an Indian tribe or tribal organization, or an urban Indian organization that administers health programs under the authority of the Indian Self-Determination and Education Assistance Act or title V shall be deemed to be covered by the United States and any such Indian tribe or tribal organization or urban Indian organization.

Sec. 415(a) provides that providers of health care services furnished to an urban Indian eligible for service pursuant to section 813 of such Act, the cost of providing services to an Indian in a health program of the Service, an Indian tribe or tribal organization, or an urban Indian organization shall be deemed to have been an expenditure for health care by the Indian.

SEC. 416. ESTATE RECOVERY PROVISIONS.

Notwithstanding any other provision of law, the Secretary shall have the authority to recover from any Indian tribe, or an urban Indian organization, any amount due the United States for the cost of medical services provided under this Act (as in effect on the day before the date of enactment of the Indian Health Care Improvement Act Reauthorization of 2001); or

(4) any such Indian tribe or tribal organization or urban Indian organization and the third party required by contract, section 270 or 277 of this Act (as in effect on the day before the date of enactment of the Indian Health Care Improvement Act Reauthorization of 2001); or

(a) MEANING OF REMUNERATION.—Notwithstanding any other provision of law, the term 'remuneration' as used in sections 1128A and 1128B of the Social Security Act shall not include any exchange of value between the Service and an Indian tribe or tribal organization or an urban Indian organization and another health provider.

(b) ANTI-TRUST IMMUNITY.—An Indian tribe or tribal organization or an urban Indian organization which administers health programs under the authority of the Indian Self-Determination and Education Assistance Act or title V shall be deemed to be covered by the United States and any such Indian tribe or tribal organization or urban Indian organization.

(c) CO-INSURANCE, CO-PAYMENTS, DEDUCTIBLES AND PREMIUMS.—(A) EXEMPTION FROM COST-SHARING REQUIREMENTS.—Notwithstanding any other provision of law, the Secretary may not waive the application of section 1902(a)(13)(D) of the Social Security Act to any State plan under title XIX of the Social Security Act.

(d) ESTATE RECOVERY PROVISIONS.—Notwithstanding any other provision of law, the Secretary may not waive the application of section 1902(a)(13)(D) of the Social Security Act to any State plan under title XIX of the Social Security Act.

(e) MEANING OF 'REMUNERATION' FOR PURPOSES OF MEDICALLY NEEDY MEDICAID ELIGIBILITY.—"(1) MEANING OF 'REMUNERATION' FOR PURPOSES OF MEDICALLY NEEDY MEDICAID ELIGIBILITY.—"(a) MEANING OF REMUNERATION.—Notwithstanding any other provision of law, the term 'remuneration' as used in sections 1128A and 1128B of the Social Security Act shall not include any exchange of value between the Service and an Indian tribe or tribal organization or an urban Indian organization and another health provider.

(b) ANTI-TRUST IMMUNITY.—An Indian tribe or tribal organization or an urban Indian organization which administers health programs under the authority of the Indian Self-Determination and Education Assistance Act or title V shall be deemed to be covered by the United States and any such Indian tribe or tribal organization or urban Indian organization.

(c) CO-INSURANCE, CO-PAYMENTS, DEDUCTIBLES AND PREMIUMS.—(A) EXEMPTION FROM COST-SHARING REQUIREMENTS.—Notwithstanding any other provision of law, the Secretary may not waive the application of section 1902(a)(13)(D) of the Social Security Act to any State plan under title XIX of the Social Security Act.

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(b) ANTI-TRUST IMMUNITY.—An Indian tribe or tribal organization or an urban Indian organization which administers health programs under the authority of the Indian Self-Determination and Education Assistance Act or title V shall be deemed to be covered by the United States and any such Indian tribe or tribal organization or urban Indian organization.

(c) CO-INSURANCE, CO-PAYMENTS, DEDUCTIBLES AND PREMIUMS.—(A) EXEMPTION FROM COST-SHARING REQUIREMENTS.—Notwithstanding any other provision of law, the Secretary may not waive the application of section 1902(a)(13)(D) of the Social Security Act to any State plan under title XIX of the Social Security Act.

(d) ESTATE RECOVERY PROVISIONS.—Notwithstanding any other provision of law, the Secretary may not waive the application of section 1902(a)(13)(D) of the Social Security Act to any State plan under title XIX of the Social Security Act.
tribe or tribal organization, or an urban Indian organization has entered into an agreement with a managed care entity regarding services for Indians residing on or near an Indian reservation to be paid for such services, provided that such an agreement may not be made a pre-condition of eligibility or required to enroll with a managed care organization through enrollment in a State plan under title XIX or XXI of the Social Security Act.

(c) Parity. — Payments due under subsection (a) from a managed care entity may not be made at a rate that is less than the rate paid to a provider of health services to the organization under which such an entity may provide services to Indians who may be eligible or required to enroll with a managed care organization through enrollment in a State plan under title XIX or XXI of the Social Security Act.

(d) No claim requirement. — A managed care entity may not deny payment under subsection (a) because an enrollee with the entity has not submitted a claim.

(e) Exclusive. — Notwithstanding the preceding subsections of this section, the Service, an Indian tribe or tribal organization, or an urban Indian organization that provides a health service to an Indian entitled to medical assistance under the State plan under title XIX of the Social Security Act or enrolled in a child health plan under title XXI of such Act shall have the right to be paid directly by the State agency administering such plans notwithstanding any agreement the State agency may have entered into with managed care organizations or providers.

(f) Requirement for Medicaid Managed Care. — Medicaid managed care, as defined in section 1922 of the Social Security Act, shall be a condition of participation in the State plan under title XIX of such Act for any managed care entity and such contract (or other provider participation agreement) shall contain terms and conditions of participation that no more onerous than those provided for in this section.

(g) Prohibition. — 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 entity participating in a State plan under title XIX or XXI of the Social Security Act unless the Indian had the option of entering into a contract to have health services in the geographic area served by the managed care entity and such contract (or other provider participation agreement) shall contain terms and conditions of participation that no more onerous than those provided for in this section.

(h) Indian Managed Care Plans. — Notwithstanding any provision of law and any waiver granted by the Secretary no Indian may be assigned automatically or by default under any managed care entity participating in a State plan under title XIX or XXI of the Social Security Act unless the Indian had the option of entering into a contract to have health services in the geographic area served by the managed care entity and such contract (or other provider participation agreement) shall contain terms and conditions of participation that no more onerous than those provided for in this section.

(1) No claim requirement. — A managed care entity may not deny payment under subsection (a) because an enrollee with the entity has not submitted a claim.

(2) Exclusive. — Notwithstanding any other provision of law, the Secretary shall enter into agreements with one or more managed care entities to provide services under title XIX or XXI of the Social Security Act.

(3) Parity. — Payments due under subsection (a) from a managed care entity may not be made at a rate that is less than the rate paid to a provider of health services to the organization under which such entity may provide services to Indians who may be eligible or required to enroll with a managed care organization through enrollment in a State plan under title XIX of the Social Security Act.

(4) No claim requirement. — A managed care entity may not deny payment under subsection (a) because an enrollee with the entity has not submitted a claim.

(5) Requirement for Medicaid Managed Care. — Medicaid managed care, as defined in section 1922 of the Social Security Act, shall be a condition of participation in the State plan under title XIX of such Act for any managed care entity and such contract (or other provider participation agreement) shall contain terms and conditions of participation that no more onerous than those provided for in this section.

(6) Prohibition. — 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 entity participating in a State plan under title XIX or XXI of the Social Security Act unless the Indian had the option of entering into a contract to have health services in the geographic area served by the managed care entity and such contract (or other provider participation agreement) shall contain terms and conditions of participation that no more onerous than those provided for in this section.

(i) Advertising. — A managed care organization entering into a contract 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 primary language of the major Indian tribe or tribes and tribal organizations in the geographic area served by the managed care entity.

(j) Indian managed care plans. — Managed care plans that provide health services to Indians residing on or near an Indian reservation shall provide for health education and related administrative costs. Managed care plans that provide health services to Indians residing on or near an Indian reservation shall provide for medical assistance and related administrative costs.

(k) Indian technical assistance. — The Secretary shall provide technical assistance to Indian organizations that provide services to Indians residing on or near an Indian reservation. Technical assistance shall be provided to Indian organizations that provide services to Indians residing on or near an Indian reservation.

(l) National Indian Technical Advisory Group. — The National Indian Technical Advisory Group shall be established and fund the expenses of a National Indian Technical Advisory Group that shall be composed of members designated by the Secretary and Indian tribes or tribal organizations. The National Indian Technical Advisory Group shall be composed of members designated by the Secretary and Indian tribes or tribal organizations. The National Indian Technical Advisory Group shall be composed of members designated by the Secretary and Indian tribes or tribal organizations.

(m) Indian managed care plans. — Managed care plans that provide health services to Indians residing on or near an Indian reservation shall provide for medical assistance and related administrative costs. Managed care plans that provide health services to Indians residing on or near an Indian reservation shall provide for medical assistance and related administrative costs. Managed care plans that provide health services to Indians residing on or near an Indian reservation shall provide for medical assistance and related administrative costs.

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(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

(d) LIMITATION ON RENEWAL.—The Secretary may not renew any contract entered into, or grant made under this section, unless the Secretary has determined, through an evaluation under this section, that the contract or grant has been in effect for at least five years, and is likely to continue to be of benefit to the urban Indian organization concerned, the urban center involved, and the urban Indian population concerned and specifies the services and programs for which the contract is renewed.

(5) the satisfactory performance and successful completion by an urban Indian organization of other contracts with the Secretary under this title;

(6) the process 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) HEALTH PROMOTION AND DISEASE PREVENTION.—The Secretary, acting through the Service, shall facilitate access to, or provide, mental health services and other related resources to urban Indians through grants made to urban Indian organizations administering contracts entered into pursuant to this section or receiving grants under subsection (a).

(1) IN GENERAL.—The Secretary, acting through the Service, shall facilitate access to, or provide, immunization services for urban Indians through grants made to urban Indian organizations administering contracts entered into, or receiving grants, under this section.

(2) ASSESSMENT.—A grant may not be made under this subsection to an urban Indian organization until that organization has provided an assessment that documents the prevalence of child abuse in the urban Indian population concerned and specifies the services and programs that would duplicate existing services and programs for which the grant is requested.

(b) REQUIREMENTS.—Any contract 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) for the prevention of development, 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

(3) USE OF FUNDS.—Grants may be made under this section to: (A) provide direct outpatient treatment services (including individual treatment, family treatment, group therapy, and support groups) to urban Indians who are child abuse victims (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); (B) to provide direct outpatient treatment services (including individual treatment, family treatment, group therapy, and support groups) to urban Indians who are child abuse victims (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).

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

(1) IN GENERAL.—Under authority of the Snyder Act, the Secretary may not renew any contract entered into, or grant made, under this section.

(2) NONRENEWAL.—If the Secretary determines, through the Service, that an urban Indian organization which has entered into a contract or received a grant under section 503 of this title with the Secretary shall be the authority responsible for conducting an evaluation of the urban Indian organization and is authorized to enter into a contract or make a grant under section 503 with another urban Indian organization, which organization has not complied with the requirements of the grant, within 1 year after the date on which the Secretary determines that the contract or grant is not renewed under this section.

(d) DETERMINATION OF RENEWAL.—In determining whether to renew a contract or grant, the Secretary shall, at the option of the organization—

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

(2) accept, in lieu of an onsite evaluation, evidence of the organization's provisional or full accreditation by a private independent entity recognized by the Secretary for purposes of conducting quality reviews of providers participating in the Medicare program under Title XVIII of the Social Security Act. (47 U.S.C. 101 et seq.), if any;

(3) the capability and expertise demonstrated by the urban Indian organization to address the complex problem of child sexual abuse in the community; and

(4) the assessment required under paragraph (2);

(g) MULTIPLE URBAN CENTERS.—The Secretary, acting through the Service, may enter into a contract with, or make grants to, an urban Indian organization to provide or arrange for the provision of health care services (through satellite facilities, provider networks, or otherwise) to urban Indians in more than one urban center.

SEC. 504. CONTRACTS AND GRANTS FOR THE DETERMINATION OF UNMET HEALTH CARE NEEDS.

(a) AUTHORITY.—

(1) IN GENERAL.—Under authority of the Act of November 2, 1921 (25 U.S.C. 13) (commonly known as the Snyder Act), the Secretary, acting through the Service, may enter into a contract or make a grant 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 for the purpose of determining whether the Secretary should enter into a contract or make a grant under section 503 with respect to the urban Indian organization and is authorized to enter into a contract or make a grant under section 503 with another urban Indian organization which has not complied with the requirements of the grant, within 1 year after the date on which the Secretary determines that the contract or grant is not renewed under this section.

(b) PURPOSE.—The purpose of a contract or grant made under this section shall be the determination of the health care needs of urban Indians, to prevent future occurrences of such noncompliance or unsatisfactory performance and modify, if necessary, such contract or grant to prevent future occurrences of such noncompliance or unsatisfactory performance.

(1) IN GENERAL.—If, as a result of the evaluations conducted under this section, the Secretary determines that the 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.

(2) NONRENEWAL.—If the Secretary determines, through the Service, that an urban Indian organization which has entered into a contract or received a grant under section 503 of this title with the Secretary shall be the authority responsible for conducting an evaluation of the urban Indian organization and is authorized to enter into a contract or make a grant under section 503 with another urban Indian organization, which organization has not complied with the requirements of the grant, within 1 year after the date on which the Secretary determines that the contract or grant is not renewed under this section.
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 this title, shall consider the results of the onsite evaluations or accreditation under subsection (b).

"SEC. 506. OTHER CONTRACT AND GRANT REQUIREMENTS.

"(a) Application of Federal Law.—Contracts with urban Indian organizations entered into under 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.—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 not later than the end of the first 30 days of the following period to which payments apply, unless the Secretary determines that the urban Indian organization has the managerial capability and financial resources to maintain a reimbursement account for this purpose; and

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

"(c) REVISION OR AMENDING CONTRACT.—Notwithstanding any provision of law to the contrary, the Secretary may, at the request of an urban Indian organization, revise or amend any contract entered into by the Secretary with such organization under this title as necessary to carry out the purposes of this title.

"(d) FAIR AND UNIFORM PROVISION OF SERVICES.—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 of services by such organizations.

"(e) ELIGIBILITY OF URBAN INDIANS.—Urban Indians, as defined in section 4(d), shall be eligible for health care or referral services provided pursuant to this title.

"SEC. 507. REPORTS AND RECORDS.

"(a) Reports.—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, a report including—

"(1) an accounting of the amounts and purposes for which Federal funds were expended; and

"(2) a minimum set of data, using uniform formats, that is specified by the Secretary, after consultations consistent with section 514, with urban Indian organizations.

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

"(c) Cost of Audit.—The Secretary shall allow a cost of any contract or grant entered into or awarded under section 502 or 503 of the cost of an independent financial audit conducted under this title to be made by—

"(1) a certified public accountant; or

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

"SEC. 508. LIMITATION ON CONTRACT AUTHORITY.

"The authority of the Secretary to enter into contracts or grants under this title shall be to the extent, and in an amount, provided for in appropriation Acts.

"SEC. 509. FACILITIES.

"(1) Establishment.—There is established, in the case of a renewal of a contract or grant under this title, an Urban Indian Health Care Facilities Revolving Loan Fund (referred to in this section as the 'URLF') described in subsection (c), for loans or loan guarantees under this title for the lease, purchase, renovation, construction, or expansion of facilities, including leased facilities, in order to assist such contractors or grant recipients in complying with applicable licensure or certification requirements.

"(2) Loans or Loan Guarantees.—The Secretary, acting through the Service or through the Health Resources and Services Administration, may enter into contracts or grants with urban Indian organizations and regulations adopted pursuant to this title as necessary to carry out the purposes of this title.

"(3) The grants or loan guarantees made under this section shall be to the extent, and in an amount, provided for in appropriation Acts.

"(4) The loan or loan guarantee may cover 100 percent of the costs (other than staffing) relating to the facility, including planning, design, financing, site acquisition, demolition, revitalization, renovation, conversion, medical equipment, furnishings, and capital purchase.

"(5) The total amount of the principal of loans and loan guarantees, respectively, outstanding at any one time shall not exceed the amount, provided for in appropriation Acts.

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

"(7) An urban Indian organization may as a condition of the receipt of any contract or grant under this title or under any contract or grant as agreed to between the Secretary and the grantee.

"(b) GOALS OF GRANT.—Each grant made pursuant to subsection (a) shall set forth the goals that shall be accomplished pursuant to the grant.

"(c) CRITERIA.—The Secretary shall establish criteria for the grants made under subsection (a), including criteria relating to the urban Indian population.

"(d) TREATMENT OF FUNDS RECEIVED BY URBAN INDIAN ORGANIZATIONS.—Any funds received by an urban Indian organization under this Act shall be subject to the provisions set forth in subsection (a).

"SEC. 510. TULSA AND OKLAHOMA CITY CLINIC PROJECTS.

"(a) Creation of Clinic.—Notwithstanding any other provision of law, the Tulsa and Oklahoma City Clinic demonstration projects shall become permanent programs within the Service's direct care program and continue to be treated as services under the location of resources and coordination of care, and shall continue to meet the requirements and definitions of an urban Indian organization under this title, and as such will not be subject to the provisions of the Indian Self-Determination and Education Assistance Act.

"(b) Reports.—The Secretary shall submit to the President, for inclusion in the report required to be submitted to the Congress
SEC. 515. FEDERAL TORT CLAIMS ACT COVERAGE TO CLAIMS BY ANY PERSON, INITIALLY FILED ON OR AFTER OCTOBER 1, 1999, WHETHER OR NOT COMPREHENSIVE AND WHICH EMPHASIZES TRUST, INVESTIGATIONS, OR FOR PURPOSES OF SECTION 2679 REPEACH THE CONCEPT OF A STATE, THAT MAY AFFECT AN INDIAN OR ALASKA NATIVE OR PERSON WHO PROVIDES HEALTH CARE SERVICES PURSUANT TO AN INDIAN OR ALASKA NATIVE HEALTH SERVICE OR ACTIVITIES AS PROVIDED FOR IN SECTION 2671 OF TITLE 28, UNITED STATES CODE, AND INCLUDING AN INDIAN OR ALASKA NATIVE ORGANIZATION, THE SECRETARY MAY ACQUIRE EXCESS OR SURPLUS GOVERNMENT PROPERTY OR, IF EARLIER, THE DATE ON WHICH THE TITLE IS DETERMINED TO BE EXCESS TO THE NEEDS OF THE INDIAN OR ALASKA NATIVE ORGANIZATION THAT HAS ENTERED INTO A CONTRACT OR RECEIVED A GRANT PURSUANT TO THIS TITLE, THE EMPLOYEES OF THE INDIAN OR ALASKA NATIVE ORGANIZATION THAT HAS ENTERED INTO A CONTRACT OR RECEIVED A GRANT PURSUANT TO THIS TITLE SHALL BE THOUGHT TO BE THE EMPLOYEES OF THE INDIAN OR ALASKA NATIVE ORGANIZATION THAT HAS ENTERED INTO A CONTRACT OR RECEIVED A GRANT PURSUANT TO THIS TITLE FOR THE PURPOSES OF THIS SECTION.

SEC. 516. URBAN YOUTH TREATMENT CENTER DEMONSTRATION.

(a) CONSTRUCTION AND OPERATION.—The Secretary shall, through grants or contracts, make payment for the construction and operation of at least 3 residential treatment centers in each State in subsection (c) to demonstrate the provision of alcohol and substance abuse treatment services to urban Indian youth in a culturally competent residential setting.

(b) TERM.—Grants provided under this subsection shall be for a term of at least 5 years.

SEC. 517. USE OF FEDERAL GOVERNMENT FACILITIES.

(a) CONSTRUCTION AND OPERATION.—The Secretary may make grants to, urban Indian organizations for the construction and operation of at least 3 treatment facilities in each State in subsection (c) to demonstrate the provision of alcohol and substance abuse treatment services to urban Indian youth.

(b) USE OF FUNDS.—Grants provided under this section shall be used to provide support for the continuation of alcohol prevention and treatment services for urban Indian populations and other objectives as are agreed upon between the Service and a recipient of a grant or contract under this section.

(c) ELIGIBILITY.—Urban Indian organizations that operate Indian alcohol programs originally funded under NIAAA and subsequently transferred to the Service are eligible for grants or contracts under this section.

(2) EVALUATION AND REPORT.—The Secretary shall evaluate and report to the Congress on the effectiveness of programs under this subsection at least every 5 years.

SEC. 514. CONSULTATION WITH URBAN INDIAN ORGANIZATIONS.

(a) IN GENERAL.—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 maximum extent practicable, with urban Indian organizations (as defined in section 4) 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) REQUIREMENT.—In subsection (a), the term 'consultation' means the open and free exchange of information and opinion among urban Indian organizations and the operating and staff divisions of the Department with respect to issues under this title and shall include understanding and comprehension and which emphasizes trust, respect, and shared responsibility.

SEC. 515. FEDERAL TORT CLAIMS ACT COVERAGE TO CLAIMS BY AN INDIAN OR ALASKA NATIVE ORGANIZATION.

For purposes of section 234 of the Public Health Service Act (42 U.S.C. 233), with respect to claims by any person, initially filed on or after October 1, 1999, 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 of an act, including, or after October 1, 1999, of medical, surgical, dental, or related functions, including the conduct of clinical studies or investigations, or for purposes of section 2679 of title 28, United States Code, with respect to claims by any such person, on or after October 1, 1999, for personal injury (including death) resulting from the performance of an act, including, or after October 1, 1999, of medical, surgical, dental, or related functions, including the conduct of clinical studies or investigations, or for purposes of section 2679 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 organization for the provision of services in any facility owned, operated, or controlled under the jurisdiction of the Indian Health Service are deemed employees of the Service while acting within the scope of their employment in carrying out the contracts or grants to which such employees are parties.

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

(a) AUTHORITY.—The Secretary may make grants to those urban Indian organizations that 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) GOALS.—Each grant made pursuant to subsection (a) shall set forth the goals to be accomplished under the grant. The goals shall be specific to each grant as agreed upon between the Secretary and the grantee.

(c) CRITERIA.—The Secretary shall establish criteria for the awarding of grants made under subsection (a) relating to—

(2) the use of Indians trained as health service professionals in the delivery of services in any facility owned, operated, or constructed under the jurisdiction of the Indian Health Service.

SEC. 519. COMMUNITY HEALTH REPRESENTATIVES.

The Secretary, acting through the Service, may enter into contracts with, and make grants to, urban Indian organizations for the use of Indians trained as health service providers through the Community Health Representatives Program under section 107(b) in the area office of the Service in which the organization is located.

SEC. 520. REGULATIONS.

(a) EFFECT OR TITLE.—This title shall be effective on the date of enactment of this Act regardless of whether the Secretary has promulgated regulations implementing this title.

(b) PROMULGATION.—

(1) IN GENERAL.—The Secretary may promulgate regulations to implement the provisions of this title.

(2) PUBLICATION.—Proposed regulations to implement this title shall be published in the Federal Register not later than 270 days after the date of enactment of this Act and shall have a comment period of not less than 120 days.

(c) EFFECT.—The authority to promulgate regulations under this title shall expire on the date that is 18 months after the date of enactment of this title.

(d) NEGOTIATED RULEMAKING COMMITTEE.—A negotiated rulemaking committee shall be established pursuant to section 553 of the United States Code, to
carry out this section and shall, in addition to Federal representatives, have as the majority of its members representatives of urban Indian organizations from each service area.

(d) ADAPTION OF PROCEDURES.—The Secretary shall adapt the negotiated rulemaking procedures to the unique context of this Act.

SEC. 521. AUTHORIZATION OF APPROPRIATIONS.

There is 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) ESTABLISHMENT.—

(1) In general.—In order to more effectively and efficiently carry out the responsibilities, authorities, and functions of the United States to provide health care services to Indians and Indian tribes, as are or may be hereafter provided by Federal statute or treaty, there is established within the Public Health Service of the Department the Indian Health Service.

(b) ASSISTANT SECRETARY OF INDIAN HEALTH.—The Service shall be administered by an Assistant Secretary of Indian Health, who shall be appointed by the President, and with the advice and consent of the Senate, and shall report to the Secretary. The Assistant Secretary shall administer the Service. In carrying out the Secretary's responsibilities, the Assistant Secretary shall consult with tribes, urban Indian organizations, and the Secretary shall establish an automated management information system for the Service.

(2) REQUIREMENTS OF SYSTEM.—The information system established under paragraph (1) shall include—

(A) a financial management system;

(B) a patient care information system; and

(C) an agency component that protects the privacy of patient information;

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

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

(F) a training component.

(b) PROVISION OF SYSTEMS TO TRIBES AND ORGANIZATIONS.—The Secretary shall provide to each Indian tribe and tribal organization that provides health services under a contract entered into with the Service under the Indian Self-Determination Act automated management information systems which—

(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 such Indian tribe or tribal organization.

(c) ACCESS TO RECORDS.—Notwithstanding any other provision of law, each patient shall have reasonable access to the medical or health records of such patient which are held by, or on behalf of, the Service.

(d) AUTHORITY TO ENHANCE INFORMATION TECHNOLOGY.—The Secretary, acting through the Assistant Secretary, shall have the authority to enter into contracts, agreements, or joint ventures with other Federal agencies, State and local governments, or nonprofit organizations, for the purpose of enhancing information technology in Indian health programs and facilities.

SEC. 602. AUTHORIZATION OF APPROPRIATIONS.

There is 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 SERVICES AND TREATMENT SERVICES.

(a) PURPOSES.—It is the purpose of this section to—

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

(2) establish coordination, direction, and guidance relating to mental illness and dysfunction and self-destructive behavior, including child abuse and family violence, among Indians, including—

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

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

(ii) an estimate of the financial and human cost attributable to such illness or behavior;

(3) 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 of plans developed under this section by Indian tribes, tribal organizations, and urban Indian organizations to develop Indian Behavioral Health Services. The plans shall, to the extent feasible, include—

(A) an assessment of the extent of, and needs for, and resources available to address mental illness and dysfunctional and self-destructive behavior;

(B) provide information, direction and technical assistance to Indian tribes and tribal organizations to develop tribal plans, encourage urban Indian organizations to develop local plans, and encourage all such groups to participate in developing area-wide plans for the Indian Behavioral Health Services.

(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.

(b) NATIONAL CLEARINGHOUSE.—The Secretary shall establish a national clearinghouse of plans and reports on the outcomes of plans developed under this section by Indian tribes, tribal organizations, and urban Indian organizations and by areas relating to behavioral health. The Secretary shall ensure access to such plans and outcomes by any Indian tribe, tribal organization, or urban Indian organization.

(c) TECHNICAL ASSISTANCE.—The Secretary shall provide technical assistance to Indian tribes, tribal organizations, and urban Indian organizations in preparation of plans relating to the development of plans under this section by Indian tribes, tribal organizations, and urban Indian organizations to develop Indian Behavioral Health Services.

(d) TECHNICAL ASSISTANCE.—The Secretary shall provide technical assistance to Indian tribes, tribal organizations, and urban Indian organizations in preparation of plans relating to the development of plans under this section by Indian tribes, tribal organizations, and urban Indian organizations to develop Indian Behavioral Health Services.
and other abuse issues); aftercare services that include:

- (i) pre-school and school age fetal alcohol disorder services, including assessment and behavioral intervention;
- (ii) mental health or substance abuse services (emotional, organic, alcohol, drug, inhalant and tobacco);
- (iii) services for co-occurring disorders (multiple diagnosis);
- (iv) prevention services that are focused on individuals ages 5 years through 10 years (alcohol, drug, inhalant and tobacco);
- (v) early intervention, treatment and aftercare services that are focused on individuals ages 11 years through 17 years;
- (vi) healthy choices or life style services (related to STD’s, domestic violence, sexual abuse, drug and alcohol abuse, pregnancy, obesity, and other risk or safety issues);
- (vii) co-morbidity services;
- (B) for persons ages 18 years through 55 years, adult behavioral health services that include—
- (i) early intervention, treatment and aftercare services;
- (ii) mental health and substance abuse services (emotional, alcohol, drug, inhalant and tobacco);
- (iii) services for co-occurring disorders (dual diagnosis) and co-morbidity;
- (iv) healthy choices and life style services (related to parenting, partners, domestic violence, sexual abuse, suicide, obesity, and other related behavior);
- (v) female specific treatment services for—
  - (A) women at risk of giving birth to a child with a fetal alcohol disorder;
  - (B) substance abuse requiring gender specific services;
  - (C) sexual assault and domestic violence;
- (IV) healthy choices and life style (parenting, partners, obesity, suicide and other related behavioral risk) and (V) specific treatment services for—
  - (A) substance abuse requiring gender specific services;
  - (B) sexual assault and domestic violence;
- (VI) healthy choices and life style (related to parenting, partners, domestic violence, sexual abuse, suicide, obesity, and other risk related behavior);
- (VII) female specific behavioral health services, including—
  - (i) early intervention, treatment and aftercare services for affected families;
  - (ii) treatment for sexual assault and domestic violence;
- (VIII) healthy choices and life style (related to parenting, partners, domestic violence and other related behavior);
- (IX) mental health and behavioral health services, including—
  - (i) treatment for sexual assault and domestic violence; and
- (X) healthy choices and life style (related to parenting, partners, domestic violence and other related behavior);
- (XI) mental health and substance abuse services (emotional, alcohol, drug, inhalant and tobacco); and
- (XII) services for co-occurring disorders (dual diagnosis) and co-morbidity; and

"(D) intensive outpatient or day treatment;

"(E) residential treatment;

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

"(G) emergency shelter;

"(H) intensive case management;

"(I) traditional health care practices; and

"(J) other risk related behavior);

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

(iii) services for co-occurring disorders (multiple diagnosis);

(iv) prevention services that are focused on individuals ages 5 years through 10 years (alcohol, drug, inhalant and tobacco);

(v) early intervention, treatment and aftercare services that are focused on individuals ages 11 years through 17 years;

(vi) healthy choices or life style services (related to STD’s, domestic violence, sexual abuse, drug and alcohol abuse, pregnancy, obesity, and other risk or safety issues);

(vii) co-morbidity services;

(B) for persons ages 18 years through 55 years, adult behavioral health services that include—

(i) early intervention, treatment and aftercare services;

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

(iii) services for co-occurring disorders (dual diagnosis) and co-morbidity;

(iv) healthy choices and life style services (related to parenting, partners, domestic violence, sexual abuse, drug and alcohol abuse, pregnancy, obesity, and other risk or safety issues);

(vi) healthy choices or life style services (related to parenting, partners, domestic violence, sexual abuse, drug and alcohol abuse, pregnancy, obesity, and other risk or safety issues);

(vii) co-morbidity services;

(B) for persons ages 18 years through 55 years, adult behavioral health services that include—

(i) early intervention, treatment and aftercare services;

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

(iii) services for co-occurring disorders (dual diagnosis) and co-morbidity;

(iv) healthy choices and life style services (related to parenting, partners, domestic violence, sexual abuse, drug and alcohol abuse, pregnancy, obesity, and other risk or safety issues);

(vi) healthy choices or life style services (related to parenting, partners, domestic violence, sexual abuse, drug and alcohol abuse, pregnancy, obesity, and other risk or safety issues);

(vii) co-morbidity services;

(B) for persons ages 18 years through 55 years, adult behavioral health services that include—

(i) early intervention, treatment and aftercare services;
"(c) Consultation.—The Secretary and the Secretary of the Interior shall, in developing the memorandum of agreement under subsection (a), consult with and solicit the comments of—

"(1) Indian tribes and tribal organizations;

"(2) organizations that provide health services to Indian women, regardless of age; and

"(3) urban Indian organizations and other Indian organizations;

"(4) behavioral health service providers.

"(d) Agreement.—The memorandum of agreement under subsection (a) shall be published in the Federal Register. At the same time as the publication of such agreement in the Federal Register, the Secretary shall provide a copy of such memorandum to each Indian tribe, tribal organization, and urban Indian organization.

"SEC. 703. COMPREHENSIVE BEHAVIORAL HEALTH PREVENTION AND TREATMENT PROGRAM.

"(a) Establishment.—The Secretary, acting through the Service, Indian tribes, and tribal organizations consistent with section 701, shall provide a program of comprehensive behavioral health prevention and treatment and aftercare, including systems of care and traditional health care practices, which shall include—

"(1) prevention, through educational intervention, in Indian communities;

"(2) acute detoxification or psychiatric hospitalization and treatment (residential and inpatient);

"(3) community-based rehabilitation and aftercare;

"(4) community education and involvement, including extensive training of health care, educational, and community-based personnel;

"(5) specialized residential treatment programs for high-risk populations including pregnant and post partum women and their children;

"(6) diagnostic services utilizing, when appropriate, neuropsychiatric assessments which include the use of the most advanced technology available; and

"(7) a telepsychiatry program that uses experts in the field of pediatric psychiatry, and that incorporates assessment, diagnosis and treatment for children, including those children with concurrent neurological disorders.

"(b) Target populations.—The target population of the program under paragraph (1) 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.

"(c) Services.—

"(1) General.—The Secretary, acting through the Service (with the consent of the Indian tribe to be served), Indian tribes, and tribal organizations, may enter into contracts with public or private providers of comprehensive behavioral health care services for the purpose of carrying out the program required under subsection (a).

"(2) Provision of assistance.—In carrying out this subsection, the Secretary shall provide assistance to Indian tribes and tribal organizations to develop criteria for the certification of behavioral health service providers and accreditation of service delivery facilities which meet Federal or Indian standards for such service delivery facilities.

"SEC. 704. MENTAL HEALTH TECHNICIAN PROGRAM.

"(a) In general.—Under the authority of the Act of November 2, 1921 (25 U.S.C. 13) (commonly known as the Snyder Act), the Secretary shall establish and maintain a Mental Health Technician program within the Service which—

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

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

"(b) Training.—In training under subsection (a)(1), the Secretary shall provide high standard standardized training in mental health care necessary to provide quality care to the Indian population to be served. Such training shall be based upon a curriculum developed or approved by the Secretary which combines education in the theoretical, training, and practical experience in the provision of such care.

"(c) Supervision and Evaluation.—The Secretary shall ensure that the mental health technicians in the training program under this section—

"(1) are certified by the State in which the training is provided;

"(2) are employed under the authority of the Service which—

"(I) provides comprehensive, culturally and developmentally appropriate behavioral health services for the purposes of prevention, intervention, treatment, and aftercare;

"(II) is designed to meet the unique mental health needs of the Indian population to be served.

"(3) are employed by the Service.

"(d) Earmarking of certain funds.—Twenty percent of the amounts appropriated to carry out this section shall be used to make grants to urban Indian organizations funded under section 701.

"SEC. 705. LICENSING PROGRAM.

"(a) In general.—The Secretary, acting through the Service, Indian tribes, or tribal organizations, shall construct, renovate, or, as necessary, purchase, and appropriately staff and operate, at least one youth residential treatment center or treatment network in each area under the jurisdiction of an area commission.

"(b) Area office in California.—For purposes of this subsection, the area office in California shall be considered to be 2 area offices, 1 office whose jurisdiction shall be the remainder of the State of California, and 1 office whose jurisdiction shall be considered to encompass the area of the State of California for the purpose of implementing California treatment networks.

"(c) Location.—A youth treatment center constructed or purchased under this subsection shall be constructed or purchased at a location within the area described in paragraph (1) that is agreed upon (by appropriate tribal resolution) by a majority of the tribes to be served by such center.

"(d) Specific provisions of funds.—

"(1) General.—Notwithstanding any other provision of this title, the Secretary may, from amounts authorized to be appropriated for programs developed and implemented under this section, make funds available to—

"(I) the Tanana Chiefs Conference, Incorporated, for the purpose of leasing, constructing, renovating, and maintaining a residential youth treatment facility in Fairbanks, Alaska;

"(II) the Southeast Alaska Regional Health Consortium to staff and operate a residential youth treatment facility without regard to the proviso set forth in section 4(b) of the Indian Self-Determination and Education Assistance Act; and

"(III) the Southern Indian Health Council, for the purpose of staffing, operating, and maintaining a residential youth treatment facility in San Diego County, California; and

"(IV) the Navajo Nation, for the staffing, operation, and maintenance of the Four Corners Regional Adolescent Treatment Center, a residential youth treatment facility in New Mexico.

"(2) Provision of services to eligible youth.—Until additional residential youth treatment facilities are established in Alaskan villages 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.
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(1) INTERMEDIATE ADOLESCENT BEHAVIORAL HEALTH SERVICES.—

"(1) IN GENERAL.—The Secretary, acting through the Service, Indian Tribes and tribal organizations, may provide intermediate behavioral health services, which may incorporate traditional health care practices, to Indian children and adolescents, including—

(1) Inpatient, outpatient, and after-care services;

(2) Emergency care;

(3) Suicide prevention and crisis intervention; and

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

(2) USE OF FUNDS.—Funds provided under this subsection may be used—

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

(B) to hire behavioral health professionals;

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

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

(E) to provide community-based services, including collaborative and community-based services, including collaborative systems of care.

(3) TERMS AND CONDITIONS FOR USE OF FEDERALLY OWNED STRUCTURES.—

The Secretary shall, in consultation with Indian tribes and tribal organizations, establish criteria for the review and approval of applications or proposals 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.

(4) MODERNIZATION PROGRAM.—The Secretary, acting through the Service, Indian tribes, tribal organizations and urban Indian organizations, shall provide, under a program under section 701, programs and services to prevent and treat the abuse of multiple forms of substances, including alcohol, drugs, inhalants, and tobacco, among Indian youth residing in Indian communities, on Indian reservations, 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 DESIGNATION AND STAFFING ASSESSMENT.

(a) IN GENERAL.—Not later than 1 year after the date of this subsection, the Secretary, acting through the Service, 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.

(b) TREATMENT OF CALIFORNIA.—For purposes of clause (1) of this subsection, the Secretary shall be considered to be 2 areas of the Service, 1 area whose location shall be considered to encompass the northern area or the State of California and 1 area whose jurisdiction shall be considered to encompass the remainder of the State of California.

(c) CONVERSION OF CERTAIN HOSPITAL BUILDINGS.—The Secretary shall consider the possible conversion of existing, under-utilized Service hospital beds into psychiatric units to meet the needs of the Secretary.

SEC. 709. TRAINING AND COMMUNITY EDUCATION.

(a) COMMUNITY EDUCATION.—

(1) IN GENERAL.—The Secretary, in cooperation with the Secretary of the Interior, shall develop and provide community and cultural training (designed for adult learners from Indian tribes, Indian organizations, Indian behavioral health experts, and Indian alcohol and substance abuse prevention experts, shall develop and provide community-based training models. Such models shall address—

(A) the elevated risk of alcohol and behavioral health disorders faced by children of alcoholics;

(B) the cultural, spiritual, and multigenerational aspects of behavioral health problem prevention and recovery; and

(C) community-based and multidisciplinary strategies for preventing and treating behavioral health problems.

(b) CRITERIA.—The Secretary may award funding for a project under subsection (a) to an Indian tribe or tribal organization and may consider the following criteria:

(1) Whether the project will address significant unmet behavioral health needs among Indians;

(2) Whether the project will serve a significant number of Indians;

(3) Whether the project has the potential to deliver services in an efficient and effective manner;

(4) Whether the tribe or tribal organization has the administrative and financial capacity to administer the funding provided under this subsection; and

(5) Whether the Secretary uses in evaluating any other application or proposal for such funding.

SEC. 711. FETAL ALCOHOL DISORDER FUNDING.

(a) ESTABLISHMENT.—

(1) IN GENERAL.—The Secretary, consistent with section 701, acting through Indian tribes, tribal organizations, and urban Indian organizations, shall establish and operate fetal alcohol disorders programs as provided for in this section for the purposes of meeting the health status objectives specific to Section 701.

(2) USE OF FUNDS.—Funding provided pursuant to this section shall be used to—

(A) develop and implement, in conjunction with the Office of Disease Prevention and Health Promotion of the U.S. Department of Health and Human Services, a program of community education and involvement to reduce the incidence of fetal alcohol disorders.

(B) identify and provide behavioral health treatment and recovery services to high-risk pregnant and family relations in the context of alcohol and substance abuse, child sexual abuse, youth alcohol and substance abuse, and the causes and effects of fetal alcohol disorders, to appropriate employees of the Bureau of Indian Affairs and the Service, and to personnel in schools or residences providing education, training, and education, and prevention programs relating to fetal alcohol disorders.

(C) identify and provide appropriate educational and vocational support, counseling.
advocacy, and information to fetal alcohol disorder affected persons and their families or caretakers;

(4) develop and implement counseling and support programs in schools for fetal alcohol disorder affected children;

(5) develop prevention and intervention models which incorporate traditional practitioners, cultural and spiritual values and community involvement;

(6) develop, print, and disseminate educational and prevention materials on fetal alcohol disorders;

(7) 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;

(8) develop and implement childhood intervention projects from birth on to mitigate the effects of fetal alcohol disorders; and

(9) develop and fund community-based fetal alcohol disorder housing and support services.

(3) CRITERIA.—The Secretary shall establish criteria for the review and approval of applications for funding under this section.

(4) PROVISION OF SERVICES.—The Secretary, acting through the Service, Indian tribes, tribal organizations and urban Indian organizations, shall

(1) develop and provide services for the prevention, intervention, treatment, and aftercare for those affected by fetal alcohol disorders;

(2) provide supportive services, directly or through an Indian tribe, tribal organization or urban Indian organization, including services to address the special educational, vocational, school-to-work transition, and independent living needs of adolescent and adult Indians with fetal alcohol disorders.

(5) TASK FORCE.—

(1) IN GENERAL.—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).

(2) COMPOSITION.—The task force under paragraph (1) 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 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, 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.

(6) APPLIED RESEARCH.—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 related to fetal alcohol disorders.

(7) FETAL ALCOHOL DISORDERS.—The term ‘fetal alcohol disorders’ means fetal alcohol syndrome, partial fetal alcohol syndrome, or other related neurodevelopmental disorder.

(8) FETAL ALCOHOL SYNDROME.—The term ‘fetal alcohol syndrome’ or ‘FAS’ with respect to an individual means the individual has a history of maternal alcohol consumption during pregnancy, and with respect to which the following criteria 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.

(D) PARTIAL FAS.—The term ‘partial FAS’ with respect to an individual means that the individual has a history of maternal alcohol consumption during pregnancy having most of the criteria of FAS, though not meeting a minimum of at least 3 of the criteria of FAS.

(E) SUBSTANCE ABUSE.—The term ‘substance abuse’ includes inhalant abuse.

(4) BEHAVIORAL HEALTH AFTERCARE.—

(A) IN GENERAL.—The term ‘behavioral health aftercare’ includes those activities that provide resources used to support recovery following treatment, such as substance abuse or mental health outpatient or outpatient treatment, to help prevent or treat relapse, including the development of an aftercare plan.

(B) AFTERCARE PLAN.—Prior to the time at which an individual is discharged from a facility for care, such as outpatient treatment, an aftercare plan shall be developed for the individual. Such plan may use such resources as community based therapeutic group care, transitional living, a 12-step support group, a local 12-step support group, or other community based providers (such as mental health professionals, traditional health care practitioners, community health aides, community health representatives, mental health technicians, or ministers).

(C) DUAL DIAGNOSIS.—The term ‘dual diagnosis’ means coexisting substance abuse and mental illness conditions or diagnosis. In individual with a dual diagnosis may be referred to as a mentally ill chemical abuser.

(5) FETAL ALCOHOL DISORDERS.—The term ‘fetal alcohol disorders’ means fetal alcohol syndrome, partial fetal alcohol syndrome, or other related neurodevelopmental disorder.

(6) CRITERIA.—The criteria for the development of prevention techniques applicable to children shall include:

(1) the inter-relationship and inter-dependence 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.

(7) SPECIAL EMPhASIS.—The effect of the inter-relationships and interdependencies referred to in subsection (a)(1) on children, and the development of prevention techniques applicable to children, shall be emphasized.

(8) DEFINITIONS.—In this title:

(A) ASSESSMENT.—The term ‘assessment’ means the systematic collection, analysis and dissemination of information on health status, health needs and health problems;

(B) BEHAVIORAL HEALTH.—The term ‘behavioral health’ means the blending of substance abuse and mental health services into a single entity.

(C) ALCOHOL RELATED NEURODEVELOPMENTAL DISORDERS.—The term ‘alcohol related neurodevelopmental disorders’ or ‘ARND’ with respect to an individual means the individual has a history of maternal alcohol consumption during pregnancy, central nervous system involvement such as developmental delay, intellectual deficit, or neurologic abnormalities, that as provisionally, there may be problems with irritability, and failure to thrive as infants, and that as children become older there will likely be hyperactivity, attention deficit, language dysfluency and perceptual and judgment problems.

(D) FETAL ALCOHOL SYNDROME.—The term ‘fetal alcohol syndrome’ or ‘FAS’ with respect to an individual means the individual has a history of maternal alcohol consumption during pregnancy, and with respect to which the following criteria 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.

(D) PARTIAL FAS.—The term ‘partial FAS’ with respect to an individual means that the individual has a history of maternal alcohol consumption during pregnancy having most of the criteria of FAS, though not meeting a minimum of at least 3 of the criteria of FAS.

(E) SUBSTANCE ABUSE.—The term ‘substance abuse’ includes inhalant abuse.

(9) ALCOHOL RELATED NEURODEVELOPMENTAL DISORDERS.—The term ‘alcohol related neurodevelopmental disorders’ or ‘ARND’ with respect to an individual means the individual has a history of maternal alcohol consumption during pregnancy, central nervous system involvement such as developmental delay, intellectual deficit, or neurologic abnormalities, that as provisionally, there may be problems with irritability, and failure to thrive as infants, and that as children become older there will likely be hyperactivity, attention deficit, language dysfluency and perceptual and judgment problems.

(10) DEVELOPMENTAL DELAY.—The term ‘developmental delay’ means that an individual is discharged from a facility for care, such as outpatient treatment, an aftercare plan shall be developed for the individual. Such plan may use such resources as community based therapeutic group care, transitional living, a 12-step support group, a local 12-step support group, or other community based providers (such as mental health professionals, traditional health care practitioners, community health aides, community health representatives, mental health technicians, or ministers).

(11) SUBSTANCE ABUSE.—The term ‘substance abuse’ includes inhalant abuse.

(9) ALCOHOL RELATED NEURODEVELOPMENTAL DISORDERS.—The term ‘alcohol related neurodevelopmental disorders’ or ‘ARND’ with respect to an individual means the individual has a history of maternal alcohol consumption during pregnancy, central nervous system involvement such as developmental delay, intellectual deficit, or neurologic abnormalities, that as provisionally, there may be problems with irritability, and failure to thrive as infants, and that as children become older there will likely be hyperactivity, attention deficit, language dysfluency and perceptual and judgment problems.
general population, including specific comparisions of appropriations provided and those required for such parity;

"(2) a report on whether, and to what extent, new national health care programs, benefits initiatives, or financing systems have had an impact on the purposes of this Act and any steps that the Secretary may have taken to consult with Indian tribes to address such impact, including a report on proposed changes in the allocation of funding pursuant to section 806;

"(3) a report on the use of health services by Indians;

"(A) on a national and area or other relevant geographical basis;

"(B) in terms of any subgroup of the Indian population;

"(C) by source of payment and type of service;

"(D) comparing such rates of use with rates of use among comparable non-Indian populations;

"(E) on the services provided under funding agreements pursuant to the Indian Self-Determination and Education Assistance Act; and

"(F) on contractors concerning health care educational loan repayments under section 110;

"(9) a report on the status of health care facilities as required under section 513; and

"(10) a report on the use of health services provided by the Service on the same basis and subject to the same rules that apply to eligible individuals under this section.
SEC. 808. REALLOCATION OF BASE RESOURCES.

...garded as employees of the Federal Govern­
...ing any other provision of law, any al­
...directly related to the treatment of the eli­
...disease or otherwise deal with a public
...ency;
...The Service may provide health services
...section.

“(B) SERVICES FOR INDIAN PERSONS.—

Health services may be provided by the Sec­
...ly to the demonstration for each tribe or a
...ervice under this section to an indigent person who would not be
...concern to the provision of such health services.

“(C) PURPOSE FOR PROVIDING SERVICES.—
The Service may provide health services under this section 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 postpartum; 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.—Hospital privileges in health facilities operated and maintained by the Service or operated under a contract entered into under the Indian Self-Determination Education Assistance Act may be granted to practitioners who provide services to persons described in subsection (a) or (b). Such non-Service health care practitioners may be regarded, for the purposes of purposes of section 134(c) 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) DEFINITION.—In this section, the term ‘eligible Indian’ means any Indian who is eli­

...location of Service funds for a fiscal year that reduces by 5 percent or more from the previous fiscal year the funding for any re­
...accounts for inclusion in the report required to be transmitted to the Congress under section 801, a report on the proposed change in allo­
...ation of funding, including the reasons for the change in fiscal year after the fiscal year in which collected.

“(B) NONAPPLICATION OF SECTION.—Sub­

...shall not apply if the total amount appropriated to the Service for a fis­

...section to the Service for the past fiscal year.

SEC. 809. RESULTS OF DEMONSTRATION PROJECTS.

The Service shall provide for the dissemina­tion to Indian tribes of the findings and results of demonstration projects con­
...ducted under this section.

SEC. 810. PROVISION OF SERVICES IN MONTANA.

“(a) IN GENERAL.—The Secretary, acting through the Service, shall provide services and benefits for Indians in Montana in a manner consistent with the decision of the United States Court of Appeals for the Ninth Circuit in McNabb v. Bowen, 829 F.2d 787 (9th Cir. 1987).

“(b) RULE OF CONSTRUCTION.—The provi­sions of subsection (a) shall not be construed as an expression of the sense of the Con­

...ion of this Act, and the
...on the Commission shall be appointed under such subsection.

“(c) TERMS.—

(1) IN GENERAL.—Members of the Commis­

...shall serve for the life of the Commis­

.....

“(D) DUTIES OF THE COMMISSION.—The Com­

...shall carry out the following duties and functions:

(1) Review and analyze the recommenda­tions of the report of the study committee established under paragraph (3) to the Com­

...make recommendations to Congress for providing health services for Indian per­

...persons as an entitlement, giving due regard to the effects of such programs on the

...sion of coverage, and which may include authorizing and funding feasibility studies of various

“(B) three members shall be from the House of Representatives and shall be ap­

...appointed by the minority leader;

“(C) Twelve individuals to be appointed by the Secretary, acting through the Service, shall provide services pursuant to the criteria for eligi­

...dian tribe or tribal organization carrying out services pursuant to the criteria for eligi­

...in Montana and who are familiar with the effect of such programs on existing health care delivery systems for Indian persons and the effect of such programs on the

...service of the Commission.

“(C) TERMS.—

(1) IN GENERAL.—Members of the Commis­

...shall serve for the life of the Commis­

...on the Commission shall be appointed under such subsection.

“(D) VACANCY.—A vacancy in the member­

...shall be appointed not later than 90 days after the date on which the members are appointed under such subsection.

“(E) TERMS.—Members of the Commission shall be appointed under subsection (b)(1) not later than 90 days after the date of enactment of this Act, and the remaining members of the Commission shall be appointed not later than 90 days after the date on which the members are appointed under such subsection.

“(F) APPOINTMENT OF MEMBERS.—Members of the Commission shall be appointed under subsection (b)(1) not later than 90 days after the date of enactment of this Act, and the remaining members of the Commission shall be appointed not later than 90 days after the date on which the members are appointed under such subsection.

“(G) DUTIES OF THE COMMISSION.—The Com­

...shall carry out the following duties and functions:

(1) Review and analyze the recommenda­tions of the report of the study committee established under paragraph (3) to the Com­

...make recommendations to Congress for providing health services for Indian per­

...persons as an entitlement, giving due regard to the effects of such programs on the

...sion of coverage, and which may include authorizing and funding feasibility studies of various
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models for providing and funding health services for Indian beneficiaries, including those who live outside of a reservation, temporarily or permanently;

(2) make recommendations to the Commission on legislation that will provide for the delivery of health services for Indians as an entitlement, which shall, at a minimum, address issues of eligibility, benefits to be provided, including recommendations regarding from whom such health services are to be provided, and the cost, including mechanisms for funding of the health services to be provided;

(3) determine the effect of the enactment of such recommendations on the existing system of the delivery of health services for Indians;

(4) not later than 12 months after the appointment of all members of the Commission, make a written report of its findings and recommendations to the Commission, which report shall include a statement of the minority and majority position of the Commission and which shall be disseminated, at a minimum, to Federal, Indian tribal, regional, and urban Indian organization, and for comment to the Commission; and

(5) provide regularly to the full Commission regarding the findings and recommendations developed by the committee in the course of carrying out its duties under this section.

(4) Not later than 18 months after the date of appointment of all members of the Commission, submit a written report to Congress containing recommendations on policies and legislation to implement a policy that would establish a health care system for Indians that will provide the 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.

(5) Administrative provisions.

(a) Compensations and expenses.—Each member of the Commission appointed under subsection (b) shall receive no additional pay, allowances, or benefits by reason of the appointment.

(b) INTERNAL COMMISSION.—The members of the Commission shall receive per diem in lieu of subsistence in accordance with sections 5702 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 55 of title 5, United States Code (relating to classification and General Schedule pay rates).

(c) Experts and Consultants.—With the approval of the Commission, the executive director may procure temporary and intermittent services for all Indian beneficiaries, including recommendations to the Commission, the head of such agency shall furnish such information to the Commission.

(d) Support services.—Upon the request of the Commission, the Administrator of General Services shall provide to the Commission on a reimbursable basis such administrative support services as the Commission may request.

(e) Printing.—For purposes of costs relating to printing and binding, including the cost of personal detailed from the Government Printing Office, shall be deemed to be a committee of the Congress.

(f) Authorization of Appropriations.—There is authorized to be appropriated $1,000,000 to carry out this section. The amount appropriated under this subsection shall be deducted from any other appropriation for health care for Indian persons.

SEC. 515. Appropriations Available.-

There is 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.—CONFORMING AMENDMENTS TO THE SOCIAL SECURITY ACT

Subtitle A—Medicare

SEC. 201. LIMITATIONS ON CHARGES.

Section 1866(a)(1) of the Social Security Act (42 U.S.C. 1395cc) is amended by inserting at the end;

"(b) DETAIL OF FEDERAL EMPLOYEES.—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.

(5) Cost Estimates.—

(A) IN GENERAL.—The Director of the Congressional Budget Office and the Chief Actuary of the Federal Financing Board, or, the Director, if both, shall provide to the Commission upon request of the Commission, the specifics of the Commission to the Director, the Commission shall determine to be necessary to carry out its duties.

(B) Reimbursements.—The Commission shall reimburse the Director of the Congressional Budget Office for expenses relating to the employment of the Director of the Commission to the Director, for services purchased by an urban Indian organization, for reimbursement, or partially or without reimbursement, any of the personnel of such agency to the Commission to assist the Commission in carrying out its duties. Any such reimbursements shall not otherwise affect the civil service status or privileges of the federal employee.

(6) Technical Assistance.—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.
Section 1902(a) of the Social Security Act (42 U.S.C. 1396a) is amended—

(1) in paragraph (64), by striking "and" at the end;

(2) in paragraph (65), by striking the period and inserting ";

and";

(3) by inserting after paragraph (65), the following:

"(66) if the Indian Health Service operates or funds health programs in the State or if there are Indian tribes or tribal organizations (as those terms are defined in section 4 of the Indian Health Care Improvement Act) under section 1902(a) of the Social Security Act (42 U.S.C. 1396a) is amended—"

The third sentence of Section 1905(b) of the Social Security Act (42 U.S.C. 1396d(b)) is amended to read as follows:

"Notwithstanding the first sentence of this section, the Federal medical assistance percentage shall be 100 percent as to amounts expended as medical assistance for services which are received through the Indian Health Service, an Indian tribe or tribal organization, or an 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 by such entities for the payment of medical expenses incurred by enrollees of the Indian tribe or tribal organization, or urban Indian organization, and for medical services provided through a health program operated by a qualified health program provider types of a type otherwise covered under the State plan does not meet all of the conditions and requirements of such programs which are applicable generally to such services.

"SEC. 211. DIRECT FUNDING OF INDIAN HEALTH PROGRAMS.

"(a) IN GENERAL.—The Secretary may enter into agreements directly with the Indian Health Service, an Indian tribe or tribal organization, or a qualified Indian health program provider for activities for which such programs are eligible for reimbursement under this title, without regard to the extent of actual compliance with such conditions and requirements during the first 12 months after the month in which such plan is submitted.

"(b) PERIOD FOR BILLING.—Notwithstanding subsection (a), if the Indian Health Service, an Indian tribe or tribal organization, or urban Indian organization which provides services of a type otherwise covered under the State plan does not meet all of the conditions and requirements of such programs which are applicable generally to such services the Secretary may extend the period for submitting reimbursement under this title, by such period as the Secretary determines necessary to ensure that the Indian Health Service, an Indian tribe or tribal organization, or urban Indian organization, complies with such conditions and requirements, without regard to the extent of actual compliance with such conditions and requirements.

"SEC. 221. ENHANCED FMAP FOR STATE CHILDREN'S HEALTH INSURANCE PROGRAM.

(a) IN GENERAL.—Section 2105(b) of the Social Security Act (42 U.S.C. 1397e(b)) is amended—

(1) by striking "For purposes" and inserting "For purposes of this title, the purposes and objectives of this title under an agreement between the State and the entity; or

(2) under an agreement entered into under subsection (a) between the entity and the Secretary.

Subtitle D—Authorization of Appropriations

SEC. 231. AUTHORIZATION OF APPROPRIATIONS.

There is authorized to be appropriated such sums as may be necessary for each of fiscal years 2002 through 2013 to carry out this title and the amendments by this title.

TITLE III—MISCELLANEOUS PROVISIONS

SEC. 230. REPEALS.

If any provision of this Act, any amendment made by this Act, or the application of such provision or amendment to any person or circumstance 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. 402. SEVERABILITY PROVISIONS.

This Act and the amendments made by this Act take effect on October 1, 2001.

By Mr. HATCH (for himself and Mr. BENNETT):

S. 213. A bill to amend the National Trails System Act to update the feasibility and suitability studies of national historic trails and provide for possible additions to such trails; to authorize the Secretary of Energy and Natural Resources.

Mr. HATCH. Mr. President, I rise today to introduce an amendment to the National Trails System Act which would update the feasibility and suitability studies of national historic trails and allow possible additions to them. The trails in question are the Oregon, the Mormon, the Pony Express and the California National Historic Trails.

In 1978, the Oregon and Mormon trails were established by the National Trails System Act. At that time the language of the bill defined these trails as "from point to point," limiting them to one beginning point and one destination. The Mormon Pioneer National Historic Trail at that time was defined as the route Brigham Young took in 1846 through Iowa and then to the Salt Lake Valley in 1847. The Oregon Trail was defined narrowly as the route taken by settlers moving from Independence, Missouri, to Oregon City from 1841 to 1848. It, too, was limited to a single trail with only three variants.

Later, in 1992, Congress passed an amendment for the establishment of the California and Pony Express National Historic Trails. This amendment broadened the possibility of trail variants for the California Trail and provided a more accurate depiction of the original trail. However, the legislation I am introducing today will provide additional authority for variations to these trails.

To those of us in the West, these trails are the highways of our history. With this legislation, I hope to capture the stories made along the side roads, as well. In many cases, our most interesting and telling history was made along the variations of the main trails. Since the enactment of the National Trails System Act in 1978, there has been a great deal of support to broaden the Act to include these side roads to history.

Not every pioneer company embarked on their journey from Omaha, Nebraska, or Independence, Missouri. Tens of thousands of settlers began from other starting points. These trail variations and alternate routes show the ingenuity and adaptability of the pioneers as they were forced to contend with inclement weather, lack of water, difficult terrain, and hostile Native American tribes. The variant routes taken by the pioneers tell important stories that would otherwise slip through the cracks under a strict interpretation of the National Trails System Act.

The Act requires that comprehensive management and use plans be prepared for all historic trails. In 1981, such plans were completed for the Mormon and Oregon trails. Since that time, however, endless hours of research by the Park Service and trails organizations have produced a more complete picture of the westward expansion. The National Park Service has determined, however, that legislation is required to update the trails with this newfound history.

That is why I am introducing this legislation today. This bill would authorize the study of further important additions to the California, Mormon Pioneer, Oregon, and Pony Express National Historic Trails and allow for a more complete story to be told of our history in the West.

I thank the Senate for the opportunity to address this issue today, and I urge my colleagues to support this legislation.