SEC. 1. Short title.

This Act may be cited as the "Indian Health Care Improvement Act Reauthorization of 2003."
March 6, 2003

"Sec. 200. Programs operated by Indian tribes and tribal organizations.

"Sec. 201. Licensing.


"Sec. 203. Prompt action on payment of claims.

"Sec. 204. Liability for payment.

"Sec. 205. Authorization of appropriations.

"TITLE III—FACILITIES

"Sec. 301. Consultation, construction and renovation of facilities; reports.

"Sec. 302. Safe water and sanitary waste disposal facilities.

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

"Sec. 304. Soboba sanitation facilities.

"Sec. 305. Expenditure of non-service funds for renovation.

"Sec. 306. Funding for the construction, expansion, and modernization of small ambulatory care facilities.

"Sec. 307. Indian health care delivery demonstration project.

"Sec. 308. Land transfer.

"Sec. 309. Leases.

"Sec. 310. Long-term loan guarantees and loan repayment.

"Sec. 311. Tribal leasing.

"Sec. 312. Indian Health Service tribal facilities joint venture program.

"Sec. 313. Location of facilities.

"Sec. 314. Maintenance and improvement of health care facilities.

"Sec. 315. Tribal management of Federally operated quarters.

"Sec. 316. Applicability of Buy American requirement.

"Sec. 317. Other funding for facilities.

"Sec. 318. Authorization of appropriations.

"TITLE IV—ACCESS TO HEALTH SERVICES

"Sec. 401. Treatment of payments under medicare program.

"Sec. 402. Treatment of payments under medicaid program.

"Sec. 403. Report.

"Sec. 404. Grants to and funding agreements with the service, Indian tribes or tribal organizations, and other Indian organizations.

"Sec. 405. Direct billing and reimbursement of medicare, medicaid, and other third party payors.

"Sec. 406. Reimbursement from certain third parties of costs of health services.

"Sec. 407. Coordination of reimbursements.

"Sec. 408. Purchasing health care coverage.

"Sec. 409. Indian Health Service, Department of Veteran's Affairs, and other Federal agency health facilities and services sharing.

"Sec. 410. Payment 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 of the trust 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. 424. Navajo Nation medicaid agency.

"Sec. 425. Indian advisory committees.


"TITLE V—HEALTH SERVICES FOR URBAN INDIANS

"Sec. 501. Purpose.

"Sec. 502. Contracts with, and grants to, urban Indian organizations.

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

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

"Sec. 505. Evaluations; renewals.

"Sec. 506. Other contract and grant requirements.

"Sec. 507. Reports and records.

"Sec. 508. Limitation on contract authority.

"Sec. 509. Facilities.

"Sec. 510. Office of Urban Indian Health.

"Sec. 511. Grants for alcohol and substance abuse related services.

"Sec. 512. Treatment of certain demonstration projects.

"Sec. 513. Urban NIAAA transferred programs.

"Sec. 514. Consultation with urban Indian organizations.

"Sec. 515. Federal Tort Claims Act coverage.

"Sec. 516. Urban youth treatment center demonstration.

"Sec. 517. Use of Federal government facilities and sources of supply.

"Sec. 518. Grants for diabetes prevention, treatment and control.

"Sec. 519. Community health representatives.

"Sec. 520. Regulations.

"Sec. 521. Authorization of appropriations.

"TITLE VI—ORGANIZATIONAL IMPROVEMENTS

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

"Sec. 602. Automated management information system.

"Sec. 603. Authorization of appropriations.

"TITLE VII—BEHAVIORAL HEALTH PROGRAMS

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

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

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

"Sec. 704. Mental health technician program.

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

"Sec. 706. Indian women treatment programs.

"Sec. 707. Indian youth program.

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

"Sec. 709. Training and community education.

"Sec. 710. Behavioral health program.

"Sec. 711. Fetal alcohol disorder funding.

"Sec. 712. Child sexual abuse and prevention treatment programs.

"Sec. 713. Behavioral mental health research.

"Sec. 714. Definitions.

"Sec. 715. Authorization of appropriations.

"TITLE VIII—MISCELLANEOUS

"Sec. 801. Reports.

"Sec. 802. Regulations.

"Sec. 803. Plan of implementation.

"Sec. 804. Availability of funds.

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

"Sec. 806. Eligibility of California Indians.

"Sec. 807. Health services for ineligible persons.

"Sec. 808. Reauthorization of demonstration projects.

"Sec. 809. Provision of services in Montana.

"Sec. 810. Moratorium.

"Sec. 811. Tribal employment.

"Sec. 812. Prime vendor.

"Sec. 813. National Bi-Partisan Commission on Indian Health Care Entitlement.

"Sec. 814. Appropriations; availability.

"Sec. 815. Authorization of appropriations.

"SEC. 2. FINDINGS.

"Congress makes the following findings:

"(1) Federal delivery of health services and funding of tribal and urban Indian health programs to maintain and improve the health of the Indians is consistent with and required by the Federal Government's historical and unique legal relationship with the American Indian people, as reflected in the Constitution, treaties, Federal laws, and the course of dealings of the United States with Indian Tribes, and the United States' resulting government to government and trust responsibility and obligations to the American Indian people.

"(2) From the time of European occupation and colonization through the 20th century, the policies and practices of the United States caused or contributed to the severe health conditions of Indians.

"(3) Indian Tribes have, through the cessions of over 400,000,000 acres to the United States in exchange for promises, often reflected in treaties, of health care secured a de facto contract that entitles Indian tribes to health care in perpetuity, based on the moral, legal, and historic obligation of the United States.

"(4) The population growth of the Indian people that began in the late part of the 20th century increases the need for Federal health care services.

"(5) A major national goal of the United States is to provide the quantity and quality of health services which will permit the health status of Indians, regardless of where they live, to be raised to the highest possible level that is not lower than that of the general population, and to provide for the maximum participation of Indian Tribes, tribal organizations, and urban Indian organizations in the planning, delivery, and management of those services.

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

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

"(8) The disparity in health status that is to be addressed is formidable. In death rates
for example, Indian people suffer a death rate for diabetes mellitus that is 249 percent higher, and a death rate from alcoholism or otherwise.

"(2) INDIAN.—The term ‘Indian’ and ‘Indians’ shall have meanings given such terms in paragraphs (1) and (2) of section 302(c).

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

"(4) RESERVATION.—The term ‘reservation’ means the geographical area served by the Service through which services are provided, including health care programs or facilities operated by Tribes and tribal organizations.

"(5) TRIBALLY CONTROLLED COMMUNITY COLLEGE.—The term ‘tribally controlled community college’ shall have the meaning given such term in section 110a(2)(D) of the Higher Education Act of 1965, as amended.

"(6) T RIBALLY CONTROLLED ORGANIZATION.—The term ‘tribally controlled organization’ means an Indian tribe, tribal organization, or tribe or tribe group that is recognized by the States in which those tribes, bands or groups terminated title V, as determined by the Secretary.

"(7) URBAN CENTER.—The term ‘urban center’ means any community that has a sufficient Indian urban population with unmet health needs to warrant assistance under title V, as determined by the Secretary.

"(8) URBAN INDIAN.—The term ‘urban Indian’ means any individual who resides in an urban center and who—

(A) for purposes of title V and regardless of whether such individual lives on or near a reservation, is a member of a tribe, band or tribe group; or

(B) is an Eskimo or Aleut or other Alaskan Native.

"(9) URBAN INDIAN ORGANIZATION.—The term ‘urban Indian organization’ means a nonprofit corporate body situated in an urban center, governed by an urban Indian control service area underwriters; 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 503(a).

"TITLE I.—INDIAN HEALTH, HUMAN RESOURCES AND DEVELOPMENT

"SEC. 101. PURPOSE.

"The purpose of this title is to increase, to the maximum extent feasible, the number of Indians entering the health professions and providing health services, and to assure an optimum supply of health professionals to the 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 each fiscal year shall be allocated by the Secretary to the area office of each service area under this title.

(b) COSTS.—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 utilization of funds provided under this title with the service area.

"(c) REALLOCATION.—Unless specifically prohibited, an area office may reallocate funds provided to the office 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, loans or other funds provided under this title (as determined by the date 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 make funds available through the area office to public or nonprofit educational, training, or service organizations to support programs, including the following:

(i) the education of Indians who are not enrolled full or part time in a course of study referred to in paragraph (1) or who are undertaking training necessary to qualify them to enroll in any such course of study;

(ii) the education of individuals who are not enrolled full or part time in a course of study referred to in paragraph (1) or who are undertaking training necessary to qualify them to enroll in any such course of study;

(iii) the education of individuals who are not enrolled full or part time in a course of study referred to in paragraph (1) or who are undertaking training necessary to qualify them to enroll in any such course of study.

(b) Administration.—The Secretary shall, to the extent not otherwise provided for in regulations promulgated by the Secretary, cooperate with States, cooperating agencies, the Office of the Secretary, and other agencies and organizations to assist in the development and coordination of programs, including the following:

(i) the education of individuals who are not enrolled full or part time in a course of study referred to in paragraph (1) or who are undertaking training necessary to qualify them to enroll in any such course of study;

(ii) the education of individuals who are not enrolled full or part time in a course of study referred to in paragraph (1) or who are undertaking training necessary to qualify them to enroll in any such course of study;

(iii) the education of individuals who are not enrolled full or part time in a course of study referred to in paragraph (1) or who are undertaking training necessary to qualify them to enroll in any such course of study.

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

(a) In General.—The Secretary, acting through the Service, shall make funds available through the area office to public or nonprofit educational, training, or service organizations to support programs, including the following:

(i) the education of Indians who are not enrolled full or part time in a course of study referred to in paragraph (1) or who are undertaking training necessary to qualify them to enroll in any such course of study;

(ii) the education of individuals who are not enrolled full or part time in a course of study referred to in paragraph (1) or who are undertaking training necessary to qualify them to enroll in any such course of study.

(b) Administration.—The Secretary shall, to the extent not otherwise provided for in regulations promulgated by the Secretary, cooperate with States, cooperating agencies, the Office of the Secretary, and other agencies and organizations to assist in the development and coordination of programs, including the following:

(i) the education of individuals who are not enrolled full or part time in a course of study referred to in paragraph (1) or who are undertaking training necessary to qualify them to enroll in any such course of study;

(ii) the education of individuals who are not enrolled full or part time in a course of study referred to in paragraph (1) or who are undertaking training necessary to qualify them to enroll in any such course of study.

"SEC. 105. THOROUGH PROFESSIONS SCHOLARSHIPS.

(a) Scholarships.—

(1) In General.—To be eligible to receive a scholarship under this section, an individual shall—

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

(ii) 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:

(i) Preparing preprofessional education for each recipient. Such scholarship 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 by the Secretary).

(ii) Postgraduate education for each recipient. Such scholarship shall not exceed 4 years (or the part-time equivalent thereof, as determined by the area office pursuant to regulations promulgated by the Secretary) except that an extension of up to 2 years may be approved by the Secretary.

(c) 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.

(3) Limitations.—Scholarship assistance to an eligible applicant under this section shall not be denied solely on the basis of—

(i) the applicant's scholastic achievement if such applicant is not committed to a prior maintained good standing at an accredited institution; or

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

"SEC. 106. INDIAN HEALTH PROFESSIONS SCHOLARSHIPS.

(a) Scholarships.—

(1) In General.—To be eligible to receive a scholarship under this section, an individual shall—

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

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

(2) Preference.—In awarding scholarships under this section, the Service shall give preference to students who are enrolled full or part time in a course of study referred to in subsection (a)."
into Health Program authorized under section 117, and existing university research and communications networks.

(c) OTHER PROGRAMS.—[Reserved]

(d) ADVISORY BOARD.—The Secretary shall appoint an advisory board comprised of representatives from the Tribes and communities that will be served by the program.

(e) USE OF FUNDS.—Applicants for funds under this section shall agree to provide a program which, at a minimum—

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

(2) provides for the competitive awarding of funds under this section;

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

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

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

(6) develops affiliation agreements with tribal community colleges, the Service, university affiliated programs, and other appropriate institutions to provide for the availability of accessible entities to enhance the education of Indian students;

(7) utilizes, to the maximum extent feasible, existing university tutoring, counseling, and other support services and applies, to the maximum extent feasible, qualified Indians in the program.

(f) ACTIVE DUTY OBLIGATION.—The active duty service of an individual described in section 303(2)(C) that is funded under this section shall be considered as receiving 120 days during any calendar year. Any such employment shall not exceed 120 days during any calendar year.

(g) ADMINISTRATIVE PROVISIONS.—Any employment pursuant to this section shall be made without regard to any competitive personnel system or agency personnel limitations. This section shall apply to any individual so employed to receive practical experience in the health profession in which he or she is engaged. Any individual so employed shall receive payment for his or her services comparable to the salary he or she would receive if he or she were employed in that health profession. Any individual so employed shall not be counted against any employment ceiling affecting the Service or the Department.

(h) COMMUNITY HEALTH REPRESENTATIVE PROGRAM.

(i) IN GENERAL.—Under the authority of the Act of November 2, 1921 (25 U.S.C. 13), the Secretary shall establish a Community Health Representative Program under which the Service, Indian tribes and tribal organizations shall—

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

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

(ii) CONSIDERATION.—The Secretary, acting through the Community Health Representative Program, shall—

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

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

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

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

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

(4) maintain a system that provides close supervision of community health representatives;

(5) maintain a system under which the work of community health representatives is reviewed and evaluated; and

(6) promote traditional health care practices of the Indian tribes served consistent with this provision, and all other information furnished by the Secretary under this section shall be written in

SEC. 110. INDIAN HEALTH SERVICE LOAN REPAYMENT PROGRAM.

(a) ESTABLISHMENT.—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 section as the 'Loan Repayment Program') in order to assure an adequate supply of trained health professionals necessary to maintain accreditation of, and provide health services to Indians through, Indian Health Service.

(b) DEFINITIONS.—In this section:

(1) I NDIAN HEALTH PROGRAM.—The term 'Indian health program' means any health program or facility funded, in whole or part, by the Service for the benefit of Indians and administered—

(i) directly by the Service;

(ii) by any Indian tribe or tribal or Indian organization pursuant to a funding agreement under—

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

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

(3) by an Indian organization pursuant to title V.

(2) STATE.—The term 'State' has the same meaning given such term in section 331I(I)(4) of the Public Health Service Act.

(c) ELIGIBILITY.—To be eligible to participate in the Loan Repayment Program, an individual must—

(1) (A) be enrolled—

(i) in a course of study or program in an accredited 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;

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

(iii) have—

(A) a degree in a health profession; and

(B) a license to practice a health profession in a State;

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

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

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

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

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

(d) FORMS.—

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

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

(3) AVAILABILITY.—The Secretary shall make available forms, contracts, and other information to individuals desiring to participate in the Loan Repayment Program on a date sufficiently early for such individuals to have adequate time to carefully review and evaluate such forms and information.

(d) PRIORITY.—

(1) ANNUAL DETERMINATIONS.—The Secretary, acting through the Service and in accordance with subsection (k), shall annually:

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

(B) rank those positions in order of priority.

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

(A) give first priority to applications made by those individuals meeting the requirements under subsection (k); and

(B) give priority to applications submitted by individual Indians as required under subparagraph (A), give priority to applications submitted by individual Indians recruited through the efforts of an Indian tribe, tribal organization, or urban Indian organization; and

(i) individuals based on the priority rankings under paragraph (1).

(1) IN GENERAL.—An individual becomes a participant in the Loan Repayment Program to approve (and which contracts to accept), shall:

(A) give first priority to applications made under the Loan Repayment Program only upon the Secretary and the individual entering into a written contract described in subsection (f).

(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 of:

(A) the Secretary’s approving of the individual’s participation in the Loan Repayment Program, including extensions resulting in the aggregate period of obligated service in excess of 4 years; or

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

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

(1) an agreement under which—

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

(B) to accept loan payments on behalf of the individual; and

(iii) 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 the individual may agree to serve in the field of practice of such individual’s profession in an Indian health program to which the individual may be assigned by the Secretary.

(2) a provision permitting the Secretary to extend for such longer additional periods, as the individual may agree to, the period of obligated service agreed to by the individual under paragraph (1)(B)(iii).

(3) a provision that any financial obligation of the United States arising out of a contract entered into to accept loan payments in excess of 4 years; or

(B) any contractual service that an individual contracted to provide under subsection (f) the Secretary may enter into an agreement with the Secretary, in assigning individuals to serve in Indian health programs pursuant to contracts entered into under this section, shall:

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

(ii) give priority to assigning individuals to health programs that have a need for health professionals to provide health care services as a result of individuals having breached contracts entered into under this section.

(1) IN GENERAL.—An individual who has entered into a written contract with the Secretary under this section and who—

(A) is enrolled in a graduate training program, and does not receive a waiver from the Secretary under subsection (b)(1)(B)(iii), shall be liable, in lieu of any service obligation described in this subsection, to the United States for the amount which has been paid on such individual’s behalf under the contract.

(B) IN GENERAL.—For each year of obligated service that an individual contracts to serve under subsection (f) the Secretary may pay up to $35,000 (or an amount equal to the amount specified in section 338B(g)(2)(A) of title 42, United States Code), to the Secretary, in assigning individuals to serve in Indian health programs pursuant to contracts entered into under this section, shall:

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

(ii) give priority to assigning individuals to health programs that have a need for health professionals to provide health care services as a result of individuals having breached contracts entered into under this section.
Amounts not paid within such period shall be subject to collection through deductions in medicare payments pursuant to section 1892 of the Social Security Act.

"(c) DELINQUENCY.—If damages described in subparagraph (A) are delinquent for 3 months, the Secretary shall, for the purpose of recovering such damages—

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

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

"(d) CONTRACTS FOR RECOVERY OF DAMAGES.—Each contract for recovering damages pursuant to this subsection shall provide that the contractor will, not less than once each 6 months, submit to the Secretary a statement reflecting the success of the contractor in collecting such damages. Section 3718 of title 31, United States Code, shall apply to any such contract to the extent not inconsistent with this subsection.

"(e) CANCELLATION, WAIVER OR RELEASE.—

"(1) CANCELLATION.—Any obligation of an individual under the Loan Repayment Program for service or payment of damages shall be canceled upon the death of the individual.

"(2) WAIVER OF SERVICE OBLIGATION.—The Secretary may, by regulation provide for the partial or total waiver or suspension of any obligation of service or payment by an individual under the Loan Repayment Program whenever the individual is impossible or would involve extreme hardship to the individual and if enforcement of such obligation with respect to any individual would be unconscionable.

"(3) WAIVER OF RIGHTS OF UNITED STATES.—The Secretary may, in whole or in part, the rights of the United States to recover damages pursuant to this section in any case of extreme hardship or other good cause shown, as determined by the Secretary.

"(f) RELEASE.—Any obligation of an individual under the Loan Repayment Program for payment of damages may be released by a discharge in bankruptcy under title 11 of the United States Code only if such discharge would extinguish the obligation in the case of a discharge by any tribal college accredited nursing programs, that are provided under section 105 or section 110.

"(g) FUNDING OF PROJECTS.—The Secretary, acting through the Service, shall establish a demonstration project to enable health professionals to meet the staffing needs of Indian health programs (as defined in section 113(a)(2)(A)).

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

"SEC. 113. TRIBAL RECRUITMENT AND RETENTION PROGRAM.

"(a) FUNDING OF PROJECTS.—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, place, and retain health professionals to meet the staffing needs of Indian health programs (as defined in section 113(a)(2)(A)).

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

"SEC. 114. ADVANCED TRAINING AND RESEARCH.

"(a) DEMONSTRATION PROJECT.—The Secretary, acting through the Service, shall establish a demonstration project to enable health professionals to meet the staffing needs of Indian health programs (as defined in section 113(a)(2)(A)).

"(b) USE OF GRANTS.—Funds provided under subsection (a) may be used to—

"(1) public or private schools of nursing;

"(2) tribally controlled community colleges and tribally controlled postsecondary vocational institutions (as defined in section 390(i)(1) of the Tribally Controlled Vocational Institutions Support Act of 1990 (20 U.S.C. 2385)); and

"(3) nurse midwife programs, and advance practice nurse programs, that are provided by any tribal college accredited nursing programs (as defined in section 390(i)(1) of the Tribally Controlled Vocational Institutions Support Act of 1990 (20 U.S.C. 2385)).

"(c) REIMBURSEMENT OF EXPENSES.—The Secretary may reimburse health professionals who participate in the demonstration project for the cost of traveling to and from their places of residence to an area in which they may be assigned for the purpose of evaluating such area with respect to such assignment.

"SEC. 115. NURSING PROGRAMS; QUENTIN 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;

"(2) tribally controlled community colleges and tribally controlled postsecondary vocational institutions (as defined in section 390(i)(1) of the Tribally Controlled Vocational Institutions Support Act of 1990 (20 U.S.C. 2385)); and

"(3) nurse midwife programs, and advance practice nurse programs, that are provided by any tribal college accredited nursing programs (as defined in section 390(i)(1) of the Tribally Controlled Vocational Institutions Support Act of 1990 (20 U.S.C. 2385)).

"(b) USE OF GRANTS.—Funds provided under subsection (a) may be used to—

"(1) provide for the purpose of increasing the number of nurses, nurse midwives, and nurse practitioners who deliver health care services to Indian tribes and tribal organizations; and
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(1) recruit individuals for programs which train individuals to be nurses, nurse midwives, or advanced practice nurses;
(2) provide scholarships to Indian individuals enrolled in health programs that may be used to pay the tuition charged for such program and for other expenses incurred in connection with such program, including books, fees, room and board, and stipends for living expenses;
(3) provide a program that encourages nurses, nurse midwives, and advanced practice nurses and other health professionals to provide health care services to Indians; and
(4) provide a program that increases the skills of, and provides continuing education to, nurses, nurse midwives, and advanced practice nurses; or
(5) provide any program that is designed to achieve the purpose described in subsection (a).

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

(d) PREFERENCES.—In providing funds under subsection (a), the Secretary shall extend a preference to:
(1) programs that provide a preference to Indians;
(2) programs that train nurse midwives or advanced practice nurses;
(3) programs that are interdisciplinary; and
(4) programs that are conducted in cooperation with a center for gifted and talented Indian students established under section 5324(a) of the Indian Education Act of 1988.

(e) QUENTIN N. BURDICK AMERICAN INDIANS INTO NURSING PROGRAM.—The Secretary shall ensure that a portion of the funds authorized under subsection (a) is made available to establish and maintain a program at the University of North Dakota to be known as the ‘Quentin N. Burdick American Indians Into Nursing Program’. Such program shall, to the maximum extent feasible, coordinate with the Quentin N. Burdick American Indians Into Psychology Program established under section (b)(2) to establish and maintain programs described in subsection (a)(1) by—
(1) entering into agreements with such colleges for the provision of qualified personnel of the Service to teach courses of study in such programs, and
(2) providing technical assistance and support to such colleges.

(f) PROGRAM REQUIREMENTS.—Applicants for grants under this section shall agree to provide a program that—
(1) agrees to provide grants to 3 colleges and universities for the purpose of maintaining and expanding the Native American health careers recruitment program, known as the ‘INMED Program’ (referred to in this section as ‘INMED’), as a means of encouraging Indians to enter the health professions;
(2) provides clinical services on an Indian reservation or at a Service facility; or hospital that could not otherwise receive such services;
(3) provides clinical services through a 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;
(4) provides clinical services to the maximum extent feasible, coordinate with the Quentin N. Burdick American Indians Into Psychology Program established under section (b)(2) to establish and maintain programs described in subsection (a)(1) by—
(1) entering into agreements with such colleges for the provision of qualified personnel of the Service to teach courses of study in such programs, and
(2) providing technical assistance and support to such colleges.

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

(h) 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.

(II) 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. 1058(e)).

(III) TRIBALLY CONTROLLED COLLEGE.—The term ‘tribally controlled college’ has the meaning given the term ‘tribally controlled community college’ by section 2(4) 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, or assigned to, and serving in, the Service, an Indian tribe, a tribal organization, or an urban Indian organization described in section (a) who is a commissioned officer in the Regular or Reserve Corps of the Public Health Service who—
(1) recruit individuals for programs which train individuals to be nurses, nurse midwives, or advanced practice nurses;
(2) provide scholarships to Indian individuals enrolled in health programs that may be used to pay the tuition charged for such program and for other expenses incurred in connection with such program, including books, fees, room and board, and stipends for living expenses;
(3) provide a program that encourages nurses, nurse midwives, and advanced practice nurses and other health professionals to provide health care services to Indians; and
(4) provide a program that increases the skills of, and provides continuing education to, nurses, nurse midwives, and advanced practice nurses; or
(5) provide any program that is designed to achieve the purpose described in subsection (a).

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

(d) PREFERENCES.—In providing funds under subsection (a), the Secretary shall extend a preference to:
(1) programs that provide a preference to Indians;
(2) programs that train nurse midwives or advanced practice nurses;
(3) programs that are interdisciplinary; and
(4) programs that are conducted in cooperation with a center for gifted and talented Indian students established under section 5324(a) of the Indian Education Act of 1988.

(e) QUENTIN N. BURDICK AMERICAN INDIANS INTO NURSING PROGRAM.—The Secretary shall ensure that a portion of the funds authorized under subsection (a) is made available to establish and maintain a program at the University of North Dakota to be known as the ‘Quentin N. Burdick American Indians Into Nursing Program’. Such program shall, to the maximum extent feasible, coordinate with the Quentin N. Burdick American Indians Into Psychology Program established under section (b)(2) to establish and maintain programs described in subsection (a)(1) by—
(1) entering into agreements with such colleges for the provision of qualified personnel of the Service to teach courses of study in such programs, and
(2) providing technical assistance and support to such colleges.

(f) PROGRAM REQUIREMENTS.—Applicants for grants under this section shall agree to provide a program that—
(1) agrees to provide grants to 3 colleges and universities for the purpose of maintaining and expanding the Native American health careers recruitment program, known as the ‘INMED Program’ (referred to in this section as ‘INMED’), as a means of encouraging Indians to enter the health professions;
(2) provides clinical services on an Indian reservation or at a Service facility; or hospital that could not otherwise receive such services;
(3) provides clinical services through a 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;
(4) provides clinical services to the maximum extent feasible, coordinate with the Quentin N. Burdick American Indians Into Psychology Program established under section (b)(2) to establish and maintain programs described in subsection (a)(1) by—
(1) entering into agreements with such colleges for the provision of qualified personnel of the Service to teach courses of study in such programs, and
(2) providing technical assistance and support to such colleges.

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

(h) 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.

(II) 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. 1058(e)).

(III) TRIBALLY CONTROLLED COLLEGE.—The term ‘tribally controlled college’ has the meaning given the term ‘tribally controlled community college’ by section 2(4) of the Tribally Controlled Community College Assistance Act of 1978.
"(1) is assigned to, and serving in, a position for which recruitment or retention of personnel is difficult;

"(2) the Secretary determines is needed by the Indian health service, a tribal organization, or an urban organization;

"(3) has—

"(A) completed 3 years of employment with the Service, to a tribal organization, or an urban organization; or

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

"(i) any Federal Indian health demonstration program; or

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

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

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

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

"(d) FUNDING AGREEMENT.—The Secretary may pay a retention bonus to any health professional employed by an organization providing health care services to Indians pursuant to a funding agreement under the Indian Self-Determination and Education Assistance Act (commonly known as the Snyder Act) if such health professional is serving in a position in 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 Indian nurses and respiratory therapists to work in an Indian health program (as defined in section 110a)(2)(A)), 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 for a period of obligated service equal to the amount of time during which the individual participates in such program. In the event that the individual fails to complete such obligated service, the United States shall be entitled to recover from such individual an amount determined in accordance with the formula provided in subsection (l) of section 110 in the manner provided for in such subsection.

"SEC. 121. COMMUNITY HEALTH AIDE 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 maintain a Community Health Aide Program in Alaska under which the Service—

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

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

"(3) provides for the establishment of tele-conferencing capacity in health clinics located in or near such villages for use by community health aides or community health practitioners.

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

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

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

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

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

"(C) promotes the achievement of the health status objective specified in section 3(b);

"(3) establish and maintain a Community Health Aide Certification Board to certify as community health aides and community health practitioners individuals who have successfully completed the training described in paragraph (1) or who can demonstrate equivalent experience;

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

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

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

"SEC. 122. TRIBAL HEALTH PROGRAM ADMINISTRATION.

"Subject to Section 102, the Secretary, acting through the Service, shall, through a funding agreement or otherwise, provide training for Indians in the administration and planning of tribal health programs.

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

"(a) PILOT PROGRAM.—The Secretary may, through area offices, fund pilot programs for tribes and tribal organizations to address chronic shortages of health professionals.

"(b) PURPOSE.—It is the purpose of the health professions demonstration project under this section—

"(1) to provide direct clinical and practical experience in a service area to health professions students and residents from medical schools;

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

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

"(c) ADVISORY BOARD.—A pilot program established under subsection (a) shall incorporate a program advisory board that shall be composed of representatives from the tribes and communities in the service area that will be served by the program.

"SEC. 124. SCHOLARSHIPS.

"(a) SCHOLARSHIPS.—Scholarships and loan reimbursements provided to individuals pursuant to this title shall be treated as 'qualified scholarships' for purposes of section 111 of the Internal Revenue Code of 1986.

"(b) DESIGNATION OF SERVICE AREAS AS HEALTH PROFESSIONAL SHORTAGE AREAS.—All service areas served by programs operated by the Service or by a tribe or tribal organization 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 full time commissioned corps (in the public health service) shall be counted from the full time equivalent limitations of the National Health Service Corps and the Service when such scholars serve as commissioned 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. 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 as a result of 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 operated by the Service or by a tribe or tribal organization 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.

"SEC. 126. SUBSTANCE ABUSE COUNSELOR EDUCATION DEMONSTRATION PROJECT.

"(a) DEMONSTRATION PROJECTS.—The Secretary, acting through the Service, may enter into contracts with, or make grants to, accredited tribally controlled community colleges or tribally controlled postsecondary vocational institutions, and eligible accredited and accessible community colleges to establish demonstration projects to develop and provide education curricula for substance abuse counseling.

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

"(c) 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 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 accredited tribally controlled community colleges, shall develop a plan for the review and approval of applications for funding (including applications for renewals of funding) under this section. Such criteria shall ensure that the review and approval processes established under this section promote the development of the capacity of such entities to educate and train substance abuse counselors.

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

(f) Report.—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) 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 COLLEGE.—The term ‘tribally controlled community college’ has the meaning given such term in subsection (b)(3) of the Tribally Controlled Community College Assistance Act of 1978 (25 U.S.C. 102(a)(4)).

(3) TRIBALLY CONTROLLED POSTSECONDARY VOCATIONAL INSTITUTION.—The term ‘tribally controlled postsecondary vocational institution’ has the meaning given such term in section 233(g) of the Tribally Controlled Vocational Institutions Support Act of 1990 (20 U.S.C. 2297(n)).

SEC. 127. MENTAL HEALTH TRAINING AND COMMUNITY EDUCATION.

(a) Study and List.—

(I) In General.—The Secretary and the Secretary of the Interior in consultation with the Secretary of Health and Human Services shall conduct a study and compile a list of the types of staff positions specified in subsection (a) of the Act of November 2, 1921 (25 U.S.C. 13) (commonly known as the ‘Snyder Act’).

(b) Authorization of Appropriations.—There are authorized to be appropriated such sums as are necessary for each fiscal year from fiscal year 2013 through fiscal year 2015 to carry out this title.

TITLe II—HEALTH SERVICES

SEC. 201. INDIAN HEALTH CARE IMPROVEMENT FUND.

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

(1) improving the quality of health care provided to Indian tribes; and

(2) increasing the capacity of Indian tribes to provide health care services.

(b) 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.

(c) Tribal Self-Determination.—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, 1921 (25 U.S.C. 13) (commonly known as the ‘Snyder Act’), or any other provision of law.

(d) Allocation.—Funds appropriated under the authority of this section shall be allocated to service units or Indian tribes or tribal organizations. The funds allocated to each service unit, tribal or tribal organization under this subparagraph shall be used to improve the health status and reduce the resource deficiency of each tribe served by the service unit, tribal 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 Indians for all service areas and resource deficiency of each tribe served by the service unit, tribal or tribal organization.

(e) Review of Determination.—The Secretary shall, upon request of an Indian tribe or tribal organization, adjust the amounts allocated to each such area in the previous fiscal year.

(f) Repeal.—Subsection (c) of section 129 of the Indian Health Care Improvement Act of 1990 (25 U.S.C. 1319e) is hereby repealed.

TITLe III—HEALTH STATUS AND RESOURCES

SEC. 301. HEALTH STATUS AND RESOURCE DEFICIENCY.

(a) In General.—The term ‘health status and resource deficiency’ means the extent to which—

(1) the health status objective set forth in section 3(2) is not being achieved; and

(2) the Indian tribe or tribal organization does not have access to the health resources it needs, taking into account the actual cost of providing health care services given local geographic, climatic, rural, or other circumstances.

(b) Resources.—The health resources available to an Indian tribe or tribal organization shall include health resources provided by the Service as well as health resources used by the Indian Tribe or tribal organization, including services and financing systems provided by any Federal programs, programs of the States, and programs of State or local governments.

(c) Review of Determination.—The Secretary shall establish procedures which allow an 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.

(d) 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 other tribes which are administered directly by the Service.

(e) REPORT.—Not later than the date that is 3 years after the date of enactment of this Act, the Secretary shall submit to the Congress the current health status and resource deficiency report of the Service for each Indian tribe or service unit, including newly recognized or acknowledged tribes. Such report shall set out—

(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 deficiencies of each Indian tribe served by the Service;

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

(4) an estimate of—

(A) the amount of health service funds appropriated under the authority of this Act, or any other Act, including the amount of any funds transferred to the Service, for the preceding fiscal year, which is allocated to each service unit, Indian tribe, or comparable entity;

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

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

(f) 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 in subsequent fiscal years.

(g) RULE OF CONSTRUCTION.—Nothing in this section shall be construed to diminish the primary responsibility of the Service to eliminate existing backlogs in unmet health care needs or to discourage the Service from undertaking additional efforts to achieve equity among Indian tribes and tribal organizations.

(h) DESIGNATION.—Any funds appropriated under the authority of this section shall be designated as the 'Indian Health Care Improvement Fund'..

SEC. 202. CATASTROPHIC HEALTH EMERGENCY FUND.

(a) ESTABLISHMENT.—(1) IN GENERAL.—There is hereby established an Indian Catastrophic Health Emergency Fund (referred to in this section as the 'CHEF') consisting of—

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

(B) any amounts appropriated to the CHEF under this Act.

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

(3) 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 needs of service areas which are contract health service dependent.

(4) 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.

(5) ADMINISTRATION.—Amounts provided from the CHEF shall be administered by the Service areas based upon priorities determined by the Indian organization within each service area, including a consideration of the needs of Indian tribes and tribal organizations which are contract health service-dependent.

(b) REQUIREMENTS.—The Secretary shall—

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

(2) provide that a service unit, Indian tribe, or tribal organization shall not be eligible for reimbursement for the cost of treatment for any victim of such a catastrophic illness or disaster has reached a certain threshold cost which the Secretary shall establish at—

(A) for 1999, not less than $19,000; and

(B) for any subsequent year, not less than the threshold cost of the previous year increased by the percentage increase in the medical care expenditure category of the consumer price index for all urban consumers (United States city average) for the 12-month period ending with December of the previous year;

(3) establish a procedure for the reimbursement of the portion of the costs incurred by—

(A) service units, Indian tribes, or tribal organizations, or facilities of the Service; or

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

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

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

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

SEC. 203. HEALTH PROMOTION AND DISEASE PREVENTION SERVICES.

(a) 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).
(1) the health promotion and disease prevention needs of Indians;
(2) the health promotion and disease prevention activities which would best meet such needs in that area;
(3) the internal capacity of the Service to meet such needs; and
(4) the resources which would be required to ensure the purpose of enhancing the health promotion and disease prevention activities necessary to meet such needs.

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

(a) Determination.—The Secretary, in consultation with Indian tribes and tribal organizations, shall, to the extent funding is available—

(1) by tribe, tribal organization, and service unit of the Service, the prevalence of, and the types of complications resulting from, diabetes among Indians; and

(2) based on paragraph (1), the measures (including patient education) each service unit should take to reduce the prevalence of, and prevent, treat, and control the complications of diabetes among Indian tribes within that service unit.

(b) Screening.—The Secretary shall screen individuals who receive services from the Service for diabetes and for conditions which indicate a high risk that the individual will become diabetic. Such screening may be conducted by Indian tribe or tribal organization operating health care programs or facilities with the Service under the Indian Self-Determination and Education Assistance Act.

(c) Continued Funding.—The Secretary shall continue to fund, through fiscal year 2015, each effective model diabetes project in existence on the date of the enactment of this Act and such other diabetes programs to meet diabetes needs. Indian tribes and tribal organizations shall receive recurring funding for the diabetes programs which the Secretary determines shall 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 fund 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 tribal 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.

SEC. 205. SHARED SERVICES.

(a) General.—The Secretary, acting through the Service, shall provide funding to Indian tribes, tribal organizations, and urban Indian organizations for the delivery of long-term care and other services to Indians. Such projects shall provide for the sharing of staff or other services between a Service or tribal facility and a long-term care or other similar facility operated by an Indian tribe or tribal organization through a funding agreement by such Indian tribe or tribal organization.

(b) Requirements.—A funding agreement or other arrangement entered into pursuant to subsection (a)—

(1) may, at the request of the Indian tribe or tribal organization to which such arrangement pertains, authorize the Indian tribe or tribal organization such powers of supervision and control over Service employees as the Secretary deems necessary to carry out the purposes of this Act;

(2) shall provide that expenses (including salaries) relating to services that are shared between the Service and the tribal facility be allocated between the Service and the tribe or tribal organization; and

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

(c) 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.

SEC. 206. HEALTH SERVICES RESEARCH.

(a) Funding.—The Secretary shall make funding available to further the performance of the health service responsibilities of the Service, Indian tribes, and tribal organizations and shall coordinate the activities of other Agencies within the Department to address these research needs.

(b) Allocation.—Funding under this subsection (a) shall be allocated equitable among the area offices. Each area office shall award such funds competitively within 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 opportunity to compete for, and receive, research funds under this section.

(d) Use.—Funds received under this section may be used for both clinical and nonclinical research by Indian tribes and tribal organizations and shall be distributed to the area offices. Such area offices may make grants using such funds to Indian tribes or tribal organizations.

SEC. 207. MAMMOGRAPHY AND OTHER CANCER SCREENING.

(a) General.—The Secretary, through the Service or through Indian tribes or tribal organizations, shall provide for the following screening:

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

(2) Other cancer screening meeting national standards.

SEC. 208. PATIENT TRAVEL COSTS.

(a) General.—The Secretary, through the Service, Indian tribes and tribal organizations shall enter into community-based agreements to reduce the following patient travel costs, including appropriate and necessary qualified escorts, associated with receiving health care services provided (either through direct or contract care or through funding agreements entered into pursuant to the Indian Self-Determination and Education Assistance Act) under this Act:

(1) Emergency transportation and nonemergency air transportation where ground transportation is inaccessible.

SEC. 209. EPIDEMIOLOGY CENTERS.

(a) Establishment.—

(1) In General.—In addition to those centers operating on 1 day prior to the date of enactment of this Act, (including those centers for which funding is currently being provided through funding agreements under the Indian Self-Determination and Education Assistance Act), the Secretary shall, not later than 180 days after such date of enactment, establish and fund an epidemiology center in each service area which does not have such a center to carry out the functions described in paragraph (2). Any centers established under the preceding sentence may be operated by the Service or tribal organizations pursuant to funding agreements with the Secretary for the delivery of the health service responsibilities of the Service, Indian tribes, and urban Indian organizations in setting their highest priority health status objectives and the services needed to achieve such objectives, based on epidemiological data.

(2) Functions.—In consultation and with the request of Indian tribes, tribal organizations, and urban Indian organizations, each epidemiology center established under this subsection shall, with respect to such center:

(A) collect data related to the health status and health care services provided (either through Indian tribes, tribal organizations, and urban Indian organizations in meeting such health status objectives.

(B) evaluate existing delivery systems, data systems, and other systems that impact the improvement of Indian health status of Indian tribes, tribal organizations, and urban Indian organizations in identifying their highest priority health status objectives and the services needed to achieve such objectives, based on epidemiological data;

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

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

(F) provide requested technical assistance to Indian Tribes and urban Indian organizations in the development of local health service priorities and incidence and prevalence rates of disease and other illness in the community; and

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

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

(b) Funding.—The Secretary may make funds available to Indian tribes, tribal organizations, and eligible intertribal consortia or urban Indian organizations to conduct epidemiological studies of Indian communities.

SEC. 210. COMPREHENSIVE SCHOOL HEALTH EDUCATION PROGRAMS.

(a) General.—The Secretary, acting through the Service, shall provide funding to Indian tribes, tribal organizations, and urban Indian organizations to develop comprehensive school health education programs for children from preschool through grade 12 in schools for the benefit of Indian and urban Indian children.

(b) Use of Funds.—Funds awarded under this section may be used to—
(1) develop and implement health education curricula both for regular school programs and after school programs; 
(2) train teachers in comprehensive school health education curricula; 
(3) integrate school-based, community-based, and public and private health promotion efforts; 
(4) develop healthy, tobacco-free school environments; 
(5) coordinate school-based health programs with existing services and programs available in the community; 
(6) develop school programs on nutrition education, personal health, oral health, and fitness; 
(7) develop mental health wellness programs; 
(8) develop chronic disease prevention programs; 
(9) develop substance abuse prevention programs; 
(10) develop injury prevention and safety education programs; 
(11) develop activities for the prevention and control of communicable diseases; 
(12) develop community and environmental health education programs that include in-care practices; 
(13) carry out violence prevention activities; and 
(14) carry out activities relating to such other health issues as are appropriate. 

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

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

(e) COMPREHENSIVE SCHOOL HEALTH EDUCATION PROGRAM.— 

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

(2) REQUIREMENTS.—The program developed under paragraph (1) shall include— 

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

(B) mental health wellness programs; 

(C) chronic disease prevention programs; 

(D) substance abuse prevention programs; 

(E) injury prevention and safety education programs; and 

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

(3) TRAINING AND COORDINATION.—The Secretary of the Interior shall— 

(A) provide training to teachers in comprehensive school health education curricula; 

(B) ensure the integration and coordination of school-based programs with existing services and health programs available in the community; and 

(C) encourage healthy, tobacco-free school environments. 

SEC. 211. INDIAN YOUTH PROGRAM. 

(a) IN GENERAL.—The Secretary, acting through the Service, is authorized to provide funding to Indian tribes, tribal organizations, and urban Indian organizations for innovative mental and physical disease prevention and health promotion and treatment programs for Indian and urban Indian preadolescent and adolescent youths. 

(b) USE OF FUNDS.— 

(1) IN GENERAL.—Funds made available under this section may be used to— 

(A) develop prevention and treatment programs for Indian youth which promote mental health and incorporate cultural values, community and family involvement, and traditional health care practitioners; and 

(B) develop and provide community training and education. 

(2) LIMITATION.—Funds made available under this section may be used to provide services described in section 707(c). 

(c) 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) encourage the implementation of such models; and 

(3) at the request of an Indian tribe, tribal organization, or urban Indian organization, provide technical assistance in the implementation of such models. 

(d) CRITERIA.—The Secretary, in consultation with Indian tribes, tribal organizations, and urban Indian organizations, shall establish criteria for the review and approval of applications under this section. 

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

(a) IN GENERAL.—The Secretary, acting through the Service after consultation with Indian tribes, tribal organizations, urban Indian organizations, and the Centers for Disease Control and Prevention, may make funding available to Indian tribes and tribal organizations for— 

(1) projects for the prevention, control, and elimination of communicable and infectious diseases, including tuberculosis, hepatitis, HIV, respiratory syncytial virus, hanta virus, sexually transmitted diseases, and H. Pylori, which projects may include screening, testing and treatment for HIV and other infectious and communicable diseases; 

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

(3) education, training, and clinical skills improvement activities in the prevention, control, and elimination of communicable and infectious diseases for health professionals, including allied health professionals; and 

(4) a demonstration project that studies the seroprevalence of the Hepatitis C virus among a random sample of American Indian and Alaskan Native populations and identifying prevalence rates among a variety of tribes and geographic regions. 

(b) REQUIREMENT OF APPLICATION.—The Secretary shall make available funds under subsection (a) only if an application or proposal for such funds is submitted. 

(c) TECHNICAL ASSISTANCE AND REPORT.—In carrying out this section, the Secretary— 

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

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

SEC. 213. AUTHORITY FOR PROVISION OF OTHER SERVICES. 

(a) IN GENERAL.—The Secretary, acting through the Service, Indian tribes, and tribal organizations, may provide funding under this Act to meet the objective set forth in section 3 through health care related services and programs not otherwise described in this Act. Such services and programs shall include— 

(1) hospice care and assisted living; 

(2) long-term health care; 

(3) home- and community-based services; 

(4) public health services; and 

(5) traditional health care practices. 

(b) AVAILABILITY OF SERVICES FOR CERTAIN INDIVIDUALS.—At the discretion of the Secretary, Indian tribes and tribal organizations, services hospice care, home health care (under section 201), home- and community-based care, assisted living, and long term care may be provided to individuals otherwise ineligible for the health care benefits of the Service. Any funds received under this subsection shall not be used to offset or limit the funding allocated to a tribe or tribal organization. 

(c) DEFINITIONS.—In this section: 

(1) HOME- AND COMMUNITY-BASED SERVICES.—The term ‘home- and community-based services’ means 1 or more of the following: 

(A) Homemaker/home health aide services; 

(B) Chore services. 

(C) Personal care services. 

(D) Assisted living services provided outside of a nursing facility by, or under the supervision of, a registered nurse. 

(E) Training for family members. 

(F) Adult day care. 

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

(b) HOSPICE CARE.—The term ‘hospice care’ means the items and services specified in subparagraphs (A) through (H) of section 1861(dd)(1) of the Social Security Act (42 U.S.C. 1395x(dd)(1)), and such other items and services as the Secretary determines are necessary and appropriate to provide in furtherance of such care. 

SEC. 214. INDIAN WOMEN’S HEALTH CARE. 

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

SEC. 215. ENVIRONMENTAL AND NUCLEAR HEALTH SERVICES. 

(a) STUDY AND MONITORING PROGRAMS.—The Secretary and the Service shall, in conjunction with other appropriate Federal agencies and in consultation with 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 miners and to Indians on or near Indian reservations and in Indian communities as a result of environmental hazards that may result in chronic or other health problems. Such hazards include nuclear resource development, petroleum contamination, and contamination of the water source from the food chain. Any reports with respect to such study shall include—
(1) An evaluation of the nature and extent of health problems caused by environmental hazards currently exhibited among Indians and the causes of such health problems;

(2) The potential impact of ongoing and future environmental resource development on or near Indian reservations and communities including the cumulative effect of such development over time on health;

(3) An evaluation of the types and nature of activities, practices, and conditions causing or likely to cause health problems including uranium mining and milling, uranium mine tailing deposits, nuclear power plant operation, transportation on or near Indian reservations or communities, and other development that could affect the health of Indians and their water supply and food chain;

(4) A summary of any findings or recommendations provided in Federal and State studies, reports, investigations, and inspections during the 5 years prior to the date of the enactment of this Act that directly or indirectly relate to the activities, practices, and conditions affecting the health or safety of such Indians; and

(5) A description of the efforts that have been made by Federal and State agencies and resource development companies to effectively carry out an education program for such Indians regarding the health and safety hazards of such development.

(b) Development of Health Care Plans.—Upon the completion of the study 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 Indians currently exhibiting such health problems;

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

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

(c) Submission 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). Such plan shall include recommended activities for the implementation of the plan, as well as an evaluation of any activities previously undertaken by the Service to address the health problems identified in such plan.

(d) Task Force.—

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

(A) The Secretary of Energy.

(B) The Director of the Bureau of Indian Affairs.

(C) The Director of the Environmental Protection Agency.

(e) Provision of Appropriate Medical Care.—In the case of any Indian who—

(1) as a result of employment in or near a uranium mine or mill or near any other environmental hazard, suffers from a work-related illness or condition;

(2) is eligible to receive diagnosis and treatment services from a Service facility; and

(3) by reason of such Indian's employment, is entitled to medical care at the expense of such mine or mill operator or entity responsible for such health hazard, the Secretary shall, at the request of such Indian, render appropriate medical care to such Indian for such illness or condition and may recover the costs of any medical care so rendered to which such Indian is entitled at the expense of such operator or entity from such operator or entity. Nothing in this subsection shall affect the rights of such Indian to recover damages other than such costs paid to the Service from the employer for such illness or condition.

(f) SEC. 202. North Dakota as a Contract Health Service Delivery Area.

(a) In General.—For fiscal years beginning with the fiscal year ending September 30, 1993, and ending with the fiscal year ending September 30, 2015, the State of Arizona shall be designated as a contract health service delivery area by the Service for the purpose of providing contract health care services to members of federally recognized Indian Tribes of Arizona.

(b) Limitation.—The Service shall not curtail any health care services provided to Indians residing on Federal reservations in the State of Arizona if such curtailment is due to the provision of contract services in such State as described in section 208(b) of this Act.

(c) Administrative Provisions.—The Secretary shall serve as the chairperson of the Task Force.

(d) SEC. 203. South Dakota as a Contract Health Service Delivery Area.

(a) In General.—For fiscal years beginning with the fiscal year ending September 30, 2003, and ending with the fiscal year ending September 30, 2015, the State of South Dakota shall be designated as a contract health service delivery area by the Service for the purpose of providing contract health care services to members of federally recognized Indian Tribes of South Dakota.

(b) Limitation.—The Service shall not curtail any health care services provided to Indians residing on Indian 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).

(c) SEC. 204. California as a Contract Health Service Delivery Area.

"(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 California Indians.

(b) Reimbursement of Board.—

(1) Agreement.—The Secretary shall enter into an agreement with the California Rural Indian Health Board to reimburse the Board for costs (including reasonable administrative costs) incurred pursuant to this section in providing medical treatment under a contract to the extent that payment is made for treatment provided under this section.

(c) Advisory Board.—There is hereby established an advisory board that shall advise the California Rural Indian Health Board in carrying out this section. The advisory board shall be composed of representatives, selected by the California Rural Indian Health Board, from not less than 8 tribal health programs serving California Indians covered by this section, and representatives of other entities of whom are not affiliated with the California Rural Indian Health Board.

(d) SEC. 205. California as a Contract Health Service Delivery Area.

"(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 California Indians.

(b) Reimbursement of Board.—

(1) Agreement.—The Secretary shall enter into an agreement with the California Rural Indian Health Board to reimburse the Board for costs (including reasonable administrative costs) incurred pursuant to this section in providing medical treatment under a contract to the extent that payment is made for treatment provided under this section.

(c) Advisory Board.—There is hereby established an advisory board that shall advise the California Rural Indian Health Board in carrying out this section. The advisory board shall be composed of representatives, selected by the California Rural Indian Health Board, from not less than 8 tribal health programs serving California Indians covered by this section, and representatives of other entities of whom are not affiliated with the California Rural Indian Health Board.

(d) SEC. 206. North Dakota as a Contract Health Service Delivery Area.

"(a) In General.—For fiscal years beginning with the fiscal year ending September 30, 1993, and ending with the fiscal year ending September 30, 2015, the State of North Dakota shall be designated as a contract health service delivery area by the Service for the purpose of providing contract health care services to members of federally recognized Indian Tribes of North Dakota.

(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 as described in section 208(b) of this Act.

(c) Administrative Provisions.—The Secretary shall serve as the chairperson of the Task Force.

(d) SEC. 207. South Dakota as a Contract Health Service Delivery Area.

"(a) In General.—For fiscal years beginning with the fiscal year ending September 30, 2003, and ending with the fiscal year ending September 30, 2015, the State of South Dakota shall be designated as a contract health service delivery area by the Service for the purpose of providing contract health care services to members of federally recognized Indian Tribes of South Dakota.

(b) Limitation.—The Service shall not curtail any health care services provided to Indians residing on Indian 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).
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 affected by such expenditure for the purpose of determining and, whenever practicable, honoring tribal preferences concerning size, location, type, and the characteristics of the 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 by not later than 1 year after the date on which the construction or renovation of such facility is completed.

(1) IN GENERAL.—Notwithstanding any provision of law other than this subsection, no Service hospital or outpatient health care facility or any inpatient service or special care facility operated by the Service, may be closed if the Secretary has not submitted to the Congress, not later than 1 year prior to the date such proposed closure, an evaluation of the impact of such proposed closure which specifies, in addition to other considerations—

(A) the accessibility of alternative health care resources for the population served by such hospital or facility;

(B) the cost effectiveness of such closure;

(C) the quality of health care to be provided to the population served by such hospital or facility after such closure;

(D) the impact of such closure to existing 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 characteristics of 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.

(1) E STABLISHMENT.—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 902;

(B) give the 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; and

(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 such priority system in effect on the date of this Act shall not be affected by any change in the construction priority system taking place there after if the project was identified as one of the top 10 priority inpatient projects or one of the top 10 outpatient projects in the Indian Health Service budget justification for fiscal year 1980, which 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 the Congress under section 801, a report that includes—

(A) a description of the health care facility priority system of the Service, as established under paragraph (1);

(B) health care facility lists, including—

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

(ii) the top 10 priority inpatient care facilities;

(iii) the top 10 priority outpatient care facilities;

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

(v) any staff quarters associated with such facilities;

(C) the justification for the order of priority among facilities;

(D) the projected cost of the projects involved;

(E) the methodology adopted by the Service in establishing priorities under its health care facility priority system.

(2) CONSULTATION.—In preparing each report required under paragraph (2) (other than the initial report) the Secretary shall annually—

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

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

(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 Service and non-Service facilities, operated under funding agreements in accordance with the Indian Self-Determination and Education Assistance Act are fully and equitably integrated into the health care facility priority system.

(5) REVIEW OF NEED FOR FACILITIES.—

(1) REPORT.—Beginning in 2004, 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.

(2) CONSULTATION.—In preparing each report required under paragraph (1) (other than the initial report), the Secretary shall consult with Indian tribes and tribal organizations including those tribes or tribal organizations operating health programs or facilities under any funding agreement entered into with the Service under the Indian Self-Determination and Education Assistance Act, and with urban Indian organizations.

(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 of facilities operated under funding agreements entered into with the Indian Self-Determination and Education Assistance Act, are fully and equitably integrated into the development of the health facility priority system.

"(5) Annual Nominations.—Each year the Secretary shall provide an opportunity for 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.

"(e) Inclusion of Certain Programs.—All funds appropriated under the Act of November 2, 1921 (25 U.S.C. 13), for the planning, design, construction, or renovation of health facilities for the benefit of an Indian tribe or tribes shall be subject to the provisions of section 102 of the Indian Self-Determination and Education Assistance Act.

"(f) Innovative Approaches.—The Secretary shall consult and cooperate with Indian tribes, tribal organizations and urban Indian organizations in developing innovative approaches to address all or part of the total unmet need for construction of health facilities for those provided for in other sections of this title and other approaches.

"SEC. 302. SAFE WATER AND SANITARY WASTE DISPOSAL FACILITIES.

"(a) Findings.—Congress finds and declares that—

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

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

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

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

"(5) it is in the interest of the United States, and it is the policy of the United States, to improve the sanitary and environmental conditions of Indian homes, new and existing, be provided with safe and adequate water supply facilities and sanitary sewage and solid waste disposal facilities as soon as possible.

"(b) Provision of Facilities and Services.—

"(1) I n 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 as authorized in section 7 of the Act of August 5, 1954 (42 U.S.C. 2004a).

"(2) Assistance.—The Secretary, acting through the Service, is authorized to provide under the authority of the Act of August 5, 1954 (42 U.S.C. 2004a)—

"(A) financial and technical assistance to Indian tribes, tribal organizations and urban Indian organizations in the establishment, training, and equipping of utility organizations to operate and maintain Indian sanitation facilities, including the provision of existing plans, standards, and specifications available in the Department, to be used at the option of the tribe or tribal organization;

"(B) ongoing technical assistance and training to utility organizations which operate and maintain sanitation facilities; and

"(C) priority funding for the operation, and maintenance assistance for, and emergency repairs to, tribal sanitation facilities when necessary to avoid an imminent health hazard and when in coordination with the Indian Self-Determination and Education Assistance Act, and the investment in the health benefits gained through the provision of sanitation facilities.

"(3) Priority Relating to Funding.—Notwithstanding any other provision of law—

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

"(B) the Secretary of Health and Human Services is authorized to accept and use such funds for the purpose of providing sanitation facilities and services for Indians under section 7 of the Act of August 5, 1954 (42 U.S.C. 2004a);

"(C) unless specifically authorized when funds are appropriated, the Secretary of Health and Human Services shall not use funds appropriated under section 7 of the Act of August 5, 1954 (42 U.S.C. 2004a) for sanitation facilities and services for Indians under the Indian Self-Determination and Education Assistance Act;

"(D) the Secretary of Health and Human Services is authorized to accept 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 loan obtained under any Federal program for new projects to construct eligible sanitation facilities to serve Indian homes; and

"(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 of other Federal and non-Federal programs for new projects to construct eligible sanitation facilities;

"(G) all Federal programs authorized to transfer to the Secretary funds identified, granted, loaned or appropriated and thereafter the Department's applicable policies, rules, regulations shall apply in the implementation of this paragraph;

"(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 Department of Agriculture, the Environmental Protection Agency and other appropriate Federal agencies, for the purpose of providing financial assistance for safe water supply and sanitary sewage disposal facilities under this Act; and

"(I) the Secretary of Health and Human Services shall, by regulation developed through rulemaking under section 802, establish standards applicable to the planning, design and construction of water supply and sanitary sewage and solid waste disposal facilities funded under this Act.

"(4) Three-Year Funding Plan.—The Secretary, acting through the Service and in consultation with the Indian tribes and tribal organizations, shall develop and implement a 3-year funding plan to provide safe water supply and sanitary sewage and solid waste disposal facilities to Indian tribes, Indian tribe homes, and to new and renovated Indian homes.

"(5) Eligibility of Certain Tribes or Organizations.—Programs administered by Indian tribes or tribal organizations under the authority of the Indian Self-Determination and Education Assistance Act shall be eligible for—

"(I) any funds appropriated pursuant to this section; and

"(II) any funds appropriated for the purpose of providing water supply, sewage disposal, or solid waste facilities.

"(6) Use of Uniform Basis with Programs That Are Administered Directly by the Service.

"(7) Consultation.—In preparing each report required under paragraph (1), the Secretary shall consult with Indian tribes and tribal organizations (including those tribes or tribal organizations operating health care programs or facilities under any funding agreements entered into with the Secretary) under the authority of the Indian Self-Determination and Education Assistance Act to determine the sanitation needs of each tribe and in developing the criteria on which the needs will be evaluated through a process of negotiated rulemaking.

"(8) Methodology.—The methodology used by the Secretary in determining sanitation deficiencies, including levels of initial and final sanitation deficiency for each type of sanitation facility for each project of each Indian tribe or community; and

"(9) Eligibility for Projects.—Amounts of funds necessary to reduce the identified sanitation deficiency levels of all Indian tribes and communities to a level I sanitation deficiency as described in paragraph (4)(A).

"(10) Consultation.—In preparing each report required under paragraph (1), the Secretary shall consult with Indian tribes and tribal organizations operating health care programs or facilities under any funding agreements entered into with the Secretary.
(i) which complies with all applicable water supply, pollution control and solid waste disposal laws; and

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

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

(i) located on a road system providing direct access to an inpatient hospital where care is indicated on an island or where such office is not located on a road system providing direct access to an inpatient hospital where care is indicated on an island or where such office is not

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

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

(C) A level III deficiency is an individual or community facility with water or sewer service in the home, piped services or a haul system with holding tanks and interior plumbing, or where major significant interruption of the water or sewer service has occurred frequently, requiring major capital improvements to correct the deficiencies. There is no access to or no approved or permitted capability available.

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

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

(i) FACILITY.—The terms ‘facility’ or ‘facilities shall have the same meaning as the terms ‘system’ or ‘systems’ unless the context requires otherwise.

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

SEC. 303. PREFERENCE TO INDIANS AND INDIAN FAMILIES.

(a) IN GENERAL.—The Secretary, acting through the Service, may utilize the negotiating authority of the Act of June 25, 1910 (25 U.S.C. 326), to negotiate with any Indian or any enterprise, partnership, corporation, or other type of business organization owned and controlled by an Indian or Indians including former or currently federally recognized Indian tribes in the State of New York (hereinafter referred to as an ‘Indian firm’) in the negotiation and renovation of water and sanitation facilities pursuant to section 301 and in the construction of safe water and sanitary waste disposal facilities pursuant to section 302.

(b) REQUIREMENTS.—The requirements of this section shall be accorded by the Secretary unless the Secretary finds, pursuant to rules and regulations promulgated by the Secretary, that the project or function to be contracted for will not be satisfactory or such project or function cannot be properly completed or maintained under the proposed contract.

(c) LIMITATION.—The requirements of this section may be used only for the construction, expansion, or modernization (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.

SEC. 304. SOBOBA SANITATION FACILITIES.

(a) IN GENERAL.—Nothing in the Act of December 17, 1970 (84 Stat. 1465) shall be construed to preclude the Soboba Band of Mission Indians and the Soboba Indian Reservation from being provided with sanitation facilities and services under the authority of section 7 of the Act of August 5, 1954 (68 Stat. 674), as amended by the Act of July 31, 1959 (73 Stat. 267).

SEC. 305. EXPENDITURE OF NONSERVICE FUNDS FOR RENOVATION.

(a) PERMISSIBILITY.—

(1) IN GENERAL.—Notwithstanding any other provision of law, the Secretary is authorized to accept any major expansion, renovation or modernization of any Indian tribe, Tribes, or tribal organizations served by such facilities.

(b) REQUIREMENTS.—The requirements of this section shall be accorded by the Secretary unless the Secretary finds, pursuant to rules and regulations prescribed by the Secretary with respect to construction or renovation of Service facilities.

(1) RIGHT OF TRIBE IN CASE OF FAILURE OF FUNDING.—If any Service facility which has been expanded, renovated or modernized by an Indian tribe under this section ceases to be used as a Service facility during the 20-year period beginning on the date such expansion, renovation or modernization is completed, such Indian tribe shall be entitled to recover from the United States an amount which bears the same ratio to the value of such facility at the time of such expansion, renovation or modernization (less the total amount of any funds provided specifically for such facility under any Federal program that were expended for such expansion, renovation or modernization) bore to the value of such facility at the time of the completion of such expansion, renovation or modernization.

SEC. 306. FUNDING FOR THE CONSTRUCTION, EXPANSION, AND MODERNIZATION OF SMALL AMBULATORY CARE FACILITIES.

(a) AVAILABILITY OF FUNDING.—

(i) IN GENERAL.—The Secretary, acting through the Service and in consultation with Indian tribes and tribal organizations, shall make funding available to Indian tribes and tribal organizations for the construction, expansion, or modernization of facilities for the provision of ambulatory care services to eligible Indians (and noneligible persons as provided for in subsections (b)(2) and (c)(3)(C)).

(B) REQUIREMENT.—Funding provided under paragraph (1) may only be made available to an Indian tribe or tribal organization for constructing 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.

(c) USE OF FUNDS.—

(B) REQUIREMENTS.—The requirements of this section may be used only for the construction, expansion, or modernization (including the planning and design of such construction, expansion, or modernization) of an ambulatory care facility—

(1) whose projected service population is not greater than 500 patient visits by eligible Indians and other users who are eligible for services in such facility in accordance with section 807(b)(1)(A) and (B); and

(2) which, upon completion of such construction, expansion, or modernization will—

(i) have a total capacity appropriate to its projected service population;

(ii) provide ambulatory care in a service area (specified in the funding agreement entered into under the Indian Self-Determination and Education Assistance Act) that includes a population of not less than 1,500 eligible Indians and other users who are eligible for services in such facility in accordance with sections 807(b)(1)(A) and (B); and

(iii) provide ambulatory care in a service area (specified in the funding agreement entered into under the Indian Self-Determination and Education Assistance Act) to an Indian tribe or tribal organization applying for such funds who is a member of a tribe or tribal organization described in clauses (ii) and (iii) of paragraph (1)(C).

(c) LIMITATION.—Funding provided under this section may be used only for the cost of that portion of a construction, expansion or modernization project which is to be used as a Service facility described in this section.
making under section 802 for the review and approval of applications submitted under this section. The Secretary may enter into a contract, funding agreement or award a grant under this section for projects which meet the following criteria:

(A) There is a need for a new facility or program or the reorientation of an existing facility;

(B) A significant number of Indians, including those with low health status, will be served by the project.

(C) The project has the potential to address the health needs of Indians in an innovative manner.

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

(E) The project is economically viable.

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

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

(2) PEER REVIEW PANELS.—The Secretary may provide for the establishment of peer review panels, as necessary, to review and evaluate applications and to advise the Secretary regarding such applications using the criteria developed pursuant to paragraph (1).

(3) PRIORITY.—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) Cass Lake, Minnesota.

(B) Clinton, Oklahoma.

(C) Harlem, Montana.

(D) Mescalero, New Mexico.

(E) Owego, Pennsylvania.

(F) Parker, Arizona.

(G) Schurz, Nevada.

(H) Winnebago, Nebraska.

(I) Ft. Yuma, California.

(4) 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.

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

(6) EQUIVALENT TREATMENT.—For purposes of subsection (c)(1)(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 Service uses in evaluating facilities operated directly by the Service.

(7) EQUIVALENT INTEGRATION OF FACILITIES.—The Secretary shall ensure that the planning, design, construction, renovation and expansion of Service and non-Society 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 equivalently integrated into the implementation of the health care delivery demonstration projects under this section.

SEC. 306. LAND TRANSFER.

(a) GENERAL AUTHORITY FOR TRANSFERS.—Notwithstanding any other provision of law, the Secretary may provide for the acquisition of real or personal property to the donor; and

(b) PERMITS.—The Secretary may issue a permit to an Indian tribe or tribal organization for the purpose of acquiring, use or disposal of real or personal property for which a lease, permit or other agreement has been approved by the Secretary.

(c) USE OF FUNDS.—The Secretary may provide for the acquisition of real or personal property for which a lease, permit or other agreement has been approved by the Secretary.

(d) IN GENERAL.—The Secretary shall develop and publish regulations through rule-making under section 802 for the review and approval of applications submitted under this section. The Secretary may enter into a contract, funding agreement or award a grant under this section for projects which meet the following criteria:

(A) There is a need for a new facility or program or the reorientation of an existing facility;

(B) A significant number of Indians, including those with low health status, will be served by the project.

(C) The project has the potential to address the health needs of Indians in an innovative manner.

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

(E) The project is economically viable.

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

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

(2) PEER REVIEW PANELS.—The Secretary may provide for the establishment of peer review panels, as necessary, to review and evaluate applications and to advise the Secretary regarding such applications using the criteria developed pursuant to paragraph (1).

(3) PRIORITY.—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) Cass Lake, Minnesota.

(B) Clinton, Oklahoma.

(C) Harlem, Montana.

(D) Mescalero, New Mexico.

(E) Owego, Pennsylvania.

(F) Parker, Arizona.

(G) Schurz, Nevada.

(H) Winnebago, Nebraska.

(I) Ft. Yuma, California.

(4) 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.

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

(6) EQUIVALENT TREATMENT.—For purposes of subsection (c)(1)(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 Service uses in evaluating facilities operated directly by the Service.

(7) EQUIVALENT INTEGRATION OF FACILITIES.—The Secretary shall ensure that the planning, design, construction, renovation and expansion of Service and non-Society 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 equivalently integrated into the implementation of the health care delivery demonstration projects under this section.

SEC. 308. LAND TRANSFER.

(a) GENERAL AUTHORITY FOR TRANSFERS.—Notwithstanding any other provision of law, the Secretary may provide for the acquisition of real or personal property to the donor; and

(b) PERMITS.—The Secretary may issue a permit to an Indian tribe or tribal organization for the purpose of acquiring, use or disposal of real or personal property for which a lease, permit or other agreement has been approved by the Secretary.

(c) USE OF FUNDS.—The Secretary may provide for the acquisition of real or personal property for which a lease, permit or other agreement has been approved by the Secretary.

(d) IN GENERAL.—The Secretary shall develop and publish regulations through rule-making under section 802 for the review and approval of applications submitted under this section. The Secretary may enter into a contract, funding agreement or award a grant under this section for projects which meet the following criteria:

(A) There is a need for a new facility or program or the reorientation of an existing facility;

(B) A significant number of Indians, including those with low health status, will be served by the project.

(C) The project has the potential to address the health needs of Indians in an innovative manner.

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

(E) The project is economically viable.

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

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

(2) PEER REVIEW PANELS.—The Secretary may provide for the establishment of peer review panels, as necessary, to review and evaluate applications and to advise the Secretary regarding such applications using the criteria developed pursuant to paragraph (1).

(3) PRIORITY.—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) Cass Lake, Minnesota.

(B) Clinton, Oklahoma.

(C) Harlem, Montana.

(D) Mescalero, New Mexico.

(E) Owego, Pennsylvania.

(F) Parker, Arizona.

(G) Schurz, Nevada.

(H) Winnebago, Nebraska.

(I) Ft. Yuma, California.

(4) 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.

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

(6) EQUIVALENT TREATMENT.—For purposes of subsection (c)(1)(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 Service uses in evaluating facilities operated directly by the Service.

(7) EQUIVALENT INTEGRATION OF FACILITIES.—The Secretary shall ensure that the planning, design, construction, renovation and expansion of Service and non-Society 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 equivalently integrated into the implementation of the health care delivery demonstration projects under this section.
shall include loans that have been obtained under this section or otherwise.

SEC. 311. TRIBAL LEASING.

Indians and tribal organizations that have entered into a lease agreement with the Secretary pursuant to—

(a) a funding agreement or trust agreement entered into under the Indian Self-Determination and Education Assistance Act for the purpose of providing such health care services without obtaining advance approval in appropriations Acts.

SEC. 312. INDIAN HEALTH CARE FACILITIES JOINT VENTURE PROGRAM.

(a) AUTHORITY.—

(1) IN GENERAL.—The Secretary shall enter into a written agreement with a tribe, or tribal organization, or a combination of tribes or tribal organizations for the purpose of establishing a joint venture program that shall include the following elements:

(A) The Secretary determines that construction of the health facility, or the expansion or replacement of an existing health care facility, is in the public interest.

(B) The Secretary determines that the tribe or tribal organization has the administrative and financial capabilities to provide health care services.

(C) The tribe or tribal organization has the capacity to financially support the construction or expansion or replacement of the health facility.

(D) The tribe or tribal organization has the capacity to financially support the operation of the health facility.

(b) REQUIREMENTS.—

(1) DURATION.—The Secretary shall enter into a written agreement with a tribe or tribal organization that meets the needs criteria that shall be developed through the negotiated rulemaking process provided for under section 802.

(2) OPERATIONS.—

(A) The Secretary shall negotiate an agreement with the tribe or tribal organization regarding the operation of the health facility.

(B) The tribe or tribal organization shall be responsible for providing the equipment, supplies, and staffing for the operation of the health facility.

(c) CONSTRUCTION OF REPLACEMENT FACILITIES.—

An Indian tribe or tribal organization that has entered into a written agreement with the Secretary under this section, and that builds or replaces a facility, may use such funds for the construction of a replacement facility.

(d) USE OF RESOURCES.—

The Secretary shall use the resources available under this section to provide the equipment, supplies, and staffing for the operation and maintenance of the health facility.

(e) DEFINITION.—

For purposes of this section, the term ‘maximum renovation cost’ shall mean the maximum amount of funds that may be used for the construction of a replacement facility.
providing notice to the Secretary of its election to exercise such authority.

(2) OBJECTIVES.—In establishing rental rates under paragraph (1), an Indian tribe or tribal organization shall attempt to achieve the following objectives:

(A) The rental rates should be based on the reasonable value of the quarters to the occupying tribe or tribal organization.

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

(3) ELIGIBILITY FOR QUARTERS IMPROVEMENT AND REPAIR.—Any quarters whose rental rates are established by an Indian tribe or tribal organization under this subsection shall continue to be eligible for quarters improvement and repair funds to the same extent as other Federally-owned quarters that are used to house personnel in Service-supported programs.

(4) NOTICE OF CHANGE IN RATES.—An Indian tribe or tribal organization that exercises the authority provided under this subsection shall provide occupants with not less than 60 days notice of any change in rental rates.

(b) COLLECTION OF RENTS.—

(1) IN GENERAL.—Notwithstanding any other provision of law, and subject to paragraphs (2) and (3), an Indian tribe or tribal organization which has made an election under this title agrees to collect rents directly from Federal employees occupying Federally-owned quarters, such retrocession shall be made payable to or otherwise reimbursed from such employees through payroll deduction or otherwise.

(2) RETROCESSION.—If an Indian tribe or tribal organization which has made an election under this title is unable to exercise its authority to collect rents directly from such Federal employees, such rent payments shall be retained by the Indian tribe or tribal organization and the Secretary shall have no further authority to collect rents from such employees through payroll deduction or otherwise.

(3) Such rent payments shall be deposited into a separate account which shall be used by the Indian tribe or tribal organization 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.

(4) RETROCESSION.—If an Indian tribe or tribal organization which has made an election under paragraph (1) requests retrocession pursuant to a funding agreement under the Indian Self-Determination and Education Assistance Act, the Secretary shall attempt to achieve or maintain compliance with the applicable conditions and requirements of this title.

(5) NONAPPLICATION IN CASE OF ELECTION TO PROVIDE FOR DIRECT BILLING.—Paragraph (1) shall not apply upon the election of an Indian tribe or tribal organization to provide for direct billing for services provided to Indians eligible for benefits under title XIX of the Social Security Act.
(b) Payments Disregarded for Appropriations.—Any payments received under section 1911 of the Social Security Act for services provided to Indians eligible for benefits under the Social Security Act shall not be considered in determining appropriations for the provision of health care assistance.

(c) Direct Billing.—For provisions relating to the authority of certain Indian tribes and tribal organizations to elect to directly bill for payment for health care services provided by a hospital or clinic of such tribes or tribal organizations and for which payment may be made under this title, see section 1902(b).

SEC. 403. REPORT.

(a) Inclusion in Annual Report.—The Secretary shall include in the annual report required to be transmitted to the Congress under section 801, an accounting on the amount and use of funds made available to the Service pursuant to this title as a result of reimbursements under titles XVIII and XIX of the Social Security Act.

(b) Identification of Source of Payments.—If an Indian tribe or tribal organization receives funding from the Service under the Indian Self-Determination and Education Assistance Act or a grant from the Service under any contract entered into with the Service, the tribe or tribal organization shall include in the annual report required to be transmitted to the Congress under section 801, an accounting on the amount and use of funds made available to the Service pursuant to this title as a result of reimbursements under titles XVIII and XIX of the Social Security Act.

(c) Agreement 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, 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, or both, with respect to the cost of medical assistance under title XIX of such Act by a Service facility or a health care program administered by such Indian tribe or tribal organization, or urban Indian organization, after the Secretary makes a funding agreement under the Indian Self-Determination and Education Assistance Act or a grant under title V of the Act to such Indian tribe or tribal organization, or urban Indian organization.

(d) Grants.—

(1) In general.—The Secretary shall make grants or enter into contracts with urban Indian organizations to assist such organizations in establishing and administering programs to assist individual Indians to—

(A) enroll under sections 1818, 1836, and 1837 of the Social Security Act;

(B) pay for care of such individuals for coverage under title XVIII of such Act; and

(C) apply for medical assistance provided under title XIX of such Act and for child health assistance under title XXI of such Act.

(2) Requirements.—The Secretary shall—

(A) establish eligibility for medical assistance programs under title XIX of such Act;

(B) apply to urban Indian organizations and urban Indians; and

(C) ensure that the program is administered in accordance with the manner that the Secretary determines is appropriate.

SEC. 404. Grants to and Funding Agreement with the Service, Indian Tribes or Tribal Organizations, and Urban Indian Organizations.

(a) In General.—The Secretary shall make grants or enter into funding agreements with Indian tribes and tribal organizations to assist such organizations in establishing and administering programs on or near Federal Indian reservations and trust areas and in or near Alaska Native villages to assist individual Indians to—

(1) enroll under sections 1818, 1836, and 1837 of the Social Security Act;

(2) pay premiums for health insurance coverage; and

(3) apply for medical assistance provided pursuant to titles XIX and XXI of the Social Security Act.

(b) Conditions.—The Secretary shall place conditions as deemed necessary to effect the purposes of this section in any funding agreement or grant which the Secretary makes with any Indian tribe or tribal organization pursuant to this section. Such conditions shall include, but are not limited to, requirements that the organization successfully undertake—

(1) determine the population of Indians to be served, as required under section 1903, and could be the recipients of benefits or assistance under titles XVIII, XIX, and XXI of the Social Security Act;

(2) assist individual Indians in becoming familiar with and utilizing such benefits and assistance;

(3) provide transportation to such individual Indians to the appropriate offices for enrollment or application for such benefits and assistance;

(4) develop and implement—

(A) a schedule of income levels to determine eligibility for services provided by such organizations for health insurance coverage of needy individuals; and

(B) methods of improving the participation of enrollees or participants in the benefits or assistance provided under titles 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, 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, or both, with respect to the cost of medical assistance under title XIX of such Act by a Service facility or a health care program administered by such Indian tribe or tribal organization, or urban Indian organization, after the Secretary makes a funding agreement under the Indian Self-Determination and Education Assistance Act or a grant under title V of the Act to such Indian tribe or tribal organization, or urban Indian organization.

(d) Conditions.—The Secretary shall make grants or enter into contracts with urban Indian organizations to assist such organizations in establishing and administering programs to assist individual Indians to—

(1) enroll under sections 1818, 1836, and 1837 of the Social Security Act;

(2) pay for care of such individuals for coverage under title XVIII of such Act; and

(3) apply for medical assistance provided under title XIX of such Act and for child health assistance under title XXI of such Act.

(2) Requirements.—The Secretary shall—

(A) include in the grants or contracts made or entered into under paragraph (1) requirements that—

(i) consistent with the conditions imposed under subsection (b);

(ii) appropriate to urban Indian organizations and urban Indians; and

(iii) necessary to carry out the purposes of this section.

SEC. 405. DIRECT BILLING AND REIMBURSEMENT OF MEDICARE, MEDICAID, AND OTHER THIRD PARTY PAYORS.

(a) Establishment of Direct Billing Program.—

(1) In general.—The Secretary shall establish a program under which Indian tribes, tribal organizations, and Alaska Native health organizations that contract or compact for the operation of a hospital or clinic under the Indian Self-Determination and Education Assistance Act may elect to directly bill for, and receive payment for, health care services provided by such hospital or clinic for which payment is made under the Medicare program established under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.), under the Medicaid program established under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.), or from any other third party payor.

(2) Application.—The Secretary shall submit reports on the program to the Secretary on an annual basis.

(3) Use of Funds.—

(A) In general.—The Secretary shall use the amount necessary to achieve or maintain the health resources deficiency level of the Indian tribe; and

(B) In accordance with the regulations of the Service applicable to funds provided by the Service under any contract entered into under the Indian Self-Determination Act (25 U.S.C. 450 et seq.).

(4) Rights.—The amounts paid to the hospitals and clinics participating in the program established under this section shall be subject to all auditing requirements applicable to programs administered by the Service and to facilities participating in the Medicare and Medicaid programs under titles XVIII and XIX of such Act.

(2) Limitation on Reimbursement.—

(A) In general.—The Secretary may enter into agreements with the Service, or any other third party payor, after the Secretary determines that the conditions and requirements applicable generally to facilities of such type under title XVIII or XIX of the Social Security Act are not met, for any federal funds so reimbursed which are in excess of the amount necessary to achieve or maintain such conditions shall be used—

(i) to improve the health resources deficiency level of the Indian tribe; and

(ii) in accordance with the regulations of the Service applicable to funds provided by the Service under any contract entered into under the Indian Self-Determination Act (25 U.S.C. 450 et seq.).

(3) Secretarial Oversight.—The Secretary shall monitor the performance of hospitals and clinics participating in the program established under this section, and shall require such hospitals and clinics to submit reports on the program to the Secretary on an annual basis.

(b) Payments for Special Funds.—Notwithstanding section 1880(c) of the Social Security Act (42 U.S.C. 1395q(c) or section 402(a), no payment may be made out of the special funds described in such sections for the benefit of any hospital or clinic during the period that the hospital or clinic participates in the program established under this section.

(c) Requirements for Participation.—

(1) Application.—Except as provided in paragraph (2), in order to be eligible for participation in the program established under this section, an Indian tribe, tribal organization, or Alaska Native health organization shall submit an application to the Secretary that establishes to the satisfaction of the Secretary that—

(A) the Indian tribe, tribal organization, or Alaska Native health organization has contract or compacts for the operation of a facility of the Service;

(B) the facility is eligible to participate in the Medicare or Medicaid program under section 1880 or 1911 of the Social Security Act (42 U.S.C. 1395q; 1396); and

(C) the facility meets the requirements that the Secretary determines are necessary to programs operated directly by the Service; and

(2) Approval.—

(A) In general.—The Secretary shall review and approve a qualified application not later than 90 days after the application is submitted to the Secretary unless the Secretary determines that any of the criteria set forth in paragraph (1) are not met. Approval of the application shall be in writing and shall include such information as the Secretary determines is necessary for participation in the program established under this section.

(B) Use of Funds.—Each hospital or clinic participating in the program described in subsection (a) of this section shall be reimbursed directly under titles XVIII and XIX of the Social Security Act for services furnished, without regard to the provisions of section 1880(c) of the Social Security Act (42 U.S.C. 1395q(c) and sections 402(a) and 402(b) of title 42), but all funds so reimbursed shall first be used by the hospital or clinic for the purpose of making any improvements in the hospital or clinic that may be necessary to achieve or maintain such conditions; and

(C) Other Requirements.—Any participant in the demonstration program authorized under
this section as in effect on the day before the date of enactment of the Alaska Native and American Indian Direct Reimbursement Act of 2000 shall be deemed approved for participa-
tion in the program established under this section and shall not be required to submit an application in order to participate in the program.

(C) DURATION.—An approval by the Sec-
tary of a qualified application under sub-
paragraph (A), or a deemed approval of a demonstration program under subparagraph (B), shall continue in effect as long as the approved applicant or the deemed approved demonstration program meets the require-
ments of this section.

(D) ACCOUNTING AND IMPLEMENTATION OF CHANGES.—

(1) IN GENERAL.—The Secretary, acting through the Service, and with the assistance of the Administrator of the Health Care Fi-
nancing Administration, shall examine on an ongoing basis and implement—

(A) any administrative changes that may be necessary to facilitate direct billing and reimbursement under the program established under this section, including any agreements that may be necessary to provide for direct billing under title XIX of the Social Security Act; and

(B) any changes that may be necessary to enable the program established under this section to provide to the Service medical records information on pa-
tients served under the program that is con-
sistent with the electronic medical records information system of the Service.

(E) ACCOUNTING INFORMATION.—The ac-
counting information that a participant in the program established under this section shall be required to report shall be the same as the information required to be reported by participants in the demonstration program authorized by section 407(a) as in effect on the day before the date of enactment of the Alaska Native and American Indian Direct Reimbursement Act of 2000. The Secretary may from time to time, after consultation with the program participants, change the accounting information submission require-
ments.

(F) WITHDRAWAL FROM PROGRAM.—A par-
ticipant in the program established under this section may withdraw from participa-
tion in the same manner and under the same conditions as a recipient or tribal organization may retrocede a contracted program to the Secretary under authority of the Indian Self-
Determination and Education Assistance Act.

(G) COST ACCOUNTING AND BILLING.—All cost accounting and billing authority under the program established under this section shall be returned to the Secretary upon the Secretary's acceptance of the withdrawal of participation in this program.

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

(a) RIGHT OF RECOVERY.—Except as pro-
vided in subsection (g), the United States, an Indian tribe or tribal organization shall have the right to receive reimbursement or indemnification for such charges or expenses if—

(1) such services were provided by a nongovernmental provider; and

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

(b) INDIAN ORGANIZATIONS.—Except as provided in subsection (g), an urban In-
dian organization shall have the right to re-
cover the reasonable charges billed or ex-

ences incurred by the organization in pro-

viding health services to any individual to the same extent that such individual, or any other nongovernmental provider of such services, would be entitled to receive reim-
bursement or indemnification for such charges or expenses incurred by the individual if payers or health services were provided.

(c) LIMITATIONS ON RECOVERIES FROM STATES.—Subparagraph (b) shall pro-

vide a right of recovery against any State, only if the injury, illness, or disability for which health services were provided is covered under—

(1) workers' compensation laws; or

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

(d) NONAPPLICATION OF OTHER LAWS.—No law of any State, or of any political subdivi-
sion of a State and no provision of any contract, shall prevent or hinder the right of recovery of the United States or an Indian tribe or tribal organization under subsection (a), or an urban Indian organization under subsection (b).

(e) EFFECT OF PRIVATE RIGHTS OF ACTION.—No action taken by the United States or an Indian tribe or tribal organization to enforce the right of recovery provided under subsection (a), or an Indian tribe or tribal organization to enforce the right of recovery pro-

vided under subsection (b), shall affect the right or electronic health care system.

(f) METHODS OF ENFORCEMENT.—

(1) IN GENERAL.—The Secretary shall ex-

amine the feasibility of entering into ar-

ranged arrangements or expanding existing arrange-

ments 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, and shall, in accordance with statute, contract, or other written agreement, report to Congress on the feasibility of such arrangements.

(2) Submission of Report.—Not later than September 30, 2003, the Secretary shall submit the report required under paragraph (1) to Congress.

(3) Consultation Required.—The Secretary may not finalize any arrangement described in paragraph (1) without first consulting with the affected Indian tribes.

(b) Limitations.—The Secretary shall not take any action under this section or under subsection (a) or (c) of section 813 of title 38, United States Code, which would impair—

(1) the priority access of any Indian to health care services provided through the Service;

(2) the quality of health care services provided to any Indian through the Service;

(3) the quality of health care services provided by the Veteran's Administration;

(4) the eligibility of any veteran to receive health services through the Service; or

(5) the eligibility of any Indian to receive health services through the Service.

(6) Limitations.—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 enter into agreements with other Federal agencies to assist in achieving parity in services for Indians. Nothing in this section may be construed as creating any right of a veteran to obtain health services from the Service.

§ 410. Payor of Last Resort.

(a) Definition.—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 law to the contrary, unless such law explicitly provides otherwise.

(b) Effect.—Notwithstanding any other provision of law, the Service, 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 State or local law to the contrary, unless such law explicitly provides otherwise.

§ 411. Right to Recover from Federal Health Care Programs.

(a) Definition.—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 authorizing statute.

(b) Limitations.—The Service, and programs operated by Indian tribes or tribal organizations, or urban Indian organizations, shall be entitled to receive payment or reimbursement for services provided to individuals eligible for services from the Service and such programs, notwithstanding any Federal law to the contrary, unless such law explicitly provides otherwise.

§ 412. Tuba City Demonstration Project.

(a) In General.—Notwithstanding any other provision of law, including the Anti-Deficiency Act, provided the Indian tribes to be served by the Service in the Tuba City Service Unit may—

(1) enter into a demonstration project with the State of Arizona under which the Service may provide certain specified medicaid services to individuals dually eligible for services from the Service and for medical assistance under title XIX of the Social Security Act in return for payment on a capitated basis from the State of Arizona; and

(2) purchase insurance to limit the financial risks under the project.

(b) Extension of Project.—The demonstration project authorized under subsection (a) may provide for the extension of services 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.

§ 413. Access to Federal Insurance.

(a) Consultation and Rulemaking.—

(1) Consultation.—Prior to the adoption of any rule by the Health Care Financing Administration, the Secretary shall require the Administrator of such Administration to—

(I) identify the impact of such policy or regulation on the Indian tribes, Indian tribes or tribal organizations, and urban Indian organizations; and

(II) 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.

(2) Rulemaking.—The Administrator of the Health Care Financing Administration shall be required to negotiate rulemaking procedures for the purpose of ensuring that the interests of the United States and the Indian tribes, Indian tribes or tribal organizations, and urban Indian organizations are protected.

§ 414. Limitations on Charges.

(a) General.—No provider of health services that is eligible to receive payments or reimbursements under title X, XIX, or XXI of the Social Security Act from any Federally funded health care program, whether in whole or part, or from any private, public, or other health plan or program, may seek to recover payment for services—

(I) that are covered under and furnished to an individual eligible for the contract health services program operated by the Service by an Indian tribe or tribal organization, or furnished to an urban Indian eligible for services by such a tribe or organization, by any other Federal, State, or local government, program, or authority;

(II) for examinations or other diagnostic procedures that are not medically necessary if such procedures have already been performed by the referring Indian health care program and reported to the provider.

(b) Rulemaking.—The Administrator of the Health Care Financing Administration shall be required to negotiate rulemaking procedures for the purpose of ensuring that the interests of the United States and the Indian tribes, Indian tribes or tribal organizations, and urban Indian organizations are protected.

§ 415. Waiver of Medicare and Medicaid Sanctions.

(a) General.—Notwithstanding any other provision of law, the Secretary may, in the case of an Indian tribe or tribal organization or an urban Indian organization operating a health program under the Indian Self-Determination and Education Assistance Act, or other Federal law, if such entity was directly responsible for administration of the health program, authorize the Secretary to grant a waiver of any Federal, State, or local law, program, or other arrangement that would be inconsistent with such law, program, or other arrangement.

(b) Definitions.—For purposes of this section, the term 'Indian tribe' means—

(I) any Indian tribe or tribal organization or an urban 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;

(II) any Indian tribe or tribal organization or an urban Indian organization and the Service;

(III) any such Indian tribe or tribal organization or an urban Indian organization and any patient served or eligible for service under such programs, including patients served or eligible for service pursuant to title 83 of the Indian Health Care Improvement Act of 1988 (Public Law 100-482) (the Act) or such Indian tribe or tribal organization or urban Indian organization, provided the exchange arises from or relates to such health programs.

(c) Exemption from Cost-Sharing Requirements.—

(1) Certification.—Notwithstanding any other provision of Federal or State law, no Indian who is eligible for services under title XVIII, XIX, or XXI of the Social Security Act, or under any other Federally funded health care programs, may be charged a deductible, co-payment, or any other cost-sharing requirement.

(2) Service Provided.—Notwithstanding any other provision of law, the Secretary may, in the case of an Indian tribe or tribal organization or an urban Indian tribe or tribal organization or an urban Indian organization, or the Service or an Indian tribe or tribal organization or urban Indian organization, or any third party required by contract, section 206 or 207 of this Act (as so in effect), or other applicable law, to pay or reimburse the reasonable health care costs incurred by the United States or any such Indian tribe or tribal organization or urban Indian organization, provided the exchange arises from or relates to such health programs.

§ 416. Limitation on Secretary's Waiver Authority.

(a) General.—Notwithstanding any other provision of law, the Secretary may not waive the applicability of title XIX of the Social Security Act, or any part thereof, to any plan under title XIX of the Social Security Act.
"(b) Exemption from Premiums.—

(1) Medicaid and State Children’s Health Insurance Program.—Notwithstanding any other provision of Federal or State law, no Indian who is otherwise eligible for medical assistance under title XIX of the Social Security Act or child health assistance under title XXI of such Act may be charged a premium for medical assistance or child health assistance under title XIX of such Act.

(2) Medicare Enrollment Premium Penalty.—Notwithstanding sections 1902(a)(10)(A)(iii)(V) of the Social Security Act or any other provision of Federal or State law, no Indian who is eligible for benefits under part B of title XVIII of the Social Security Act, or enrolled in a managed care plan under such Act, the payment of premiums, shall be charged a penalty for enrolling in such plan at a time later than the Indian might otherwise have been first eligible to do so.

The preceding sentence applies whether an Indian pays for premiums under such part directly or such premiums are paid by another person or entity, including a State, the Service, an Indian Tribe or tribal organization, or an urban Indian organization.

SEC. 420. Inclusion of Income and Re­sources in Eligibility for Medically Needy Medicaid Eligibility.—

For the purpose of determining the eligibility under section 1902(a)(10)(A)(iii)(V) of the Social Security Act of an Indian for medical assistance under a State plan under title XIX or XXI 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. 421. Estate Recovery Provisions.—

Notwithstanding any other provision of Federal or State law, the following property may not be included as a decedent’s estate for purposes of determining the eligibility of an Indian for medical assistance services or implementing estate recovery rights under title XVIII, XIX, or XXI of the Social Security Act or any other health care program funded in whole or part with Federal funds:

(1) Income derived from rents, leases, or royalties of property held in trust for individuals by the Federal Government.

(2) Income derived from rents, leases, royalties, or natural resources (including timber and fish) deriving from land resulting from exercise of Federally protected rights, whether collected by an individual or a tribal government and distributed to individuals.

(3) Property that is including interests in real property currently or formerly held in trust by the Federal Government which is protected under applicable Federal, State or tribal law or custom from recourse, including public domain allotments.

(4) Property that has unique religious or cultural significance that supports subsistence or traditional life style according to applicable tribal law or custom.

SEC. 422. Medical Child Support.—

Notwithstanding any other provision of law, a parent shall not be responsible for reimbursement of medical or health services to a State for the cost of medical services provided to a child by or through the Service, an Indian tribe or tribal organization or an urban Indian organization. For the purposes of this subsection, the term ‘through’ includes services provided directly, by referral, or under contracts or other arrangements between the Service, an Indian Tribe or tribal organization or an urban Indian organization and another health provider.

SEC. 423. Provisions Related to Managed Care.—

(a) Recovery from Managed Care Plans.—Notwithstanding any other provision of law, the Service, an Indian Tribe or tribal organization or an urban Indian organization shall have a right of recovery under section 408 from all private and public health insurance programs, administrative provident, Medicare, Medicaid, and State children’s health insurance programs under titles XVIII, XIX, and XXI of the Social Security Act, for the reasonable cost of delivering health services to Indians entitled to receive services from the Service, an Indian Tribe or tribal organization or an urban Indian organization.

(b) Limitations on Law or Regulation.—Notwithstanding the preceding subsection, the term ‘through’ in any other provision of law or regulation, or of any contract, may be relied upon or interpreted to deny or reduce pay­ments to an Indian Tribe or tribal organization, or an urban Indian organization, if an agreement with a managed care entity participating in a 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 agreements the State may have entered into with managed care organizations or providers.

(c) Requirement for Medicaid Managed Care Entities.—A managed care entity (as defined in section 1902(a)(10)(B) of the Social Security Act) shall enter into such an agreement not to discriminate or to impose more restrictive or onerous terms and conditions of participation and payment no more restrictive than those provided for in this section.

(d) 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 agreement in a State plan under title XIX or XXI of the Social Security Act unless the Indian had the option of enrolling in a managed care plan or health program administered by the Service, an Indian Tribe or tribal organization, or an urban Indian organization.

(e) Indian Managed Care Plans.—Notwithstanding any other provision of law, any State entering into agreements with one or more Medicaid managed care organizations to provide services under title XIX or XIX of the Social Security Act shall enter into agreements with each such managed care organization that provides services to an Indian Tribe or tribal organization or an urban Indian organization.

(f) Waiver Authority.—The Secretary shall have the authority to waive applicable provisions of title XII of the Social Security Act and the Indian Self­ Determination and Education Assistance Act relating to Indian self­ determination as it relates to managed care arrangements and managed care agreements with Indian Tribal organizations.

SEC. 424. Indian Advisory Committees.—

(a) National Indian Technical Advisory Group.—The Administrator of the Health Care Financing Administration is authorized to establish and fund the expenses of a National Indian Technical Advisory Group which shall provide a forum for Indian Tribes and other organizations representing the interests of Indians to advise the Secretary on matters that might otherwise prevent an Indian managed care organization from implementing a managed care program under this title.
have no fewer than 14 members, including at least 1 member designated by the Indian tribes and tribal organizations in each service area, 1 urban Indian organization representing any Indian member residing in the urban center, and 1 urban Indian organization representing any health care program fund- (in whole or part) by the Health Care Financing Administration.

(l) Indian Medicaid Advisory Committee.—The Director of the Health Care Financing Administration shall establish and provide funding for an Indian Medicaid Advisory Committee made up of designees of the Secretary, urban Indian tribes and tribal organizations, and urban Indian organizations in each State in which the Service directly operates a health program or in which there is one or more Indian tribe or tribal organization or urban Indian organization.

SEC. 426. AUTHORIZATION OF APPROPRIATIONS.

There is authorized to be appropriated such sums as may be necessary for each of fiscal years 2004 through 2015 to carry out this title.

TITLE V—HEALTH SERVICES FOR URBAN INDIANS

SEC. 501. PURPOSE.

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

SEC. 502. CONTRACTS WITH, AND GRANTS TO, URBAN INDIAN ORGANIZATIONS.

(a) Authority.—Under the authority of the Act of November 2, 1921, (25 U.S.C. 13) (commonly known as the Snyder Act), the Secretary, through the Service, shall enter into contracts with, or make grants to, urban Indian organizations to assist such organizations in the establishment and administration, within urban centers, of programs which meet the requirements set forth in this title. The Secretary, through the Service, subject to section 506, shall include such conditions as the Secretary considers necessary to effect the purposes of this title in any contract which the Secretary enters into with, or in any grant the Secretary makes to, any urban Indian organization pursuant to this title.

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

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

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

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

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

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

(6) the appropriateness and likely effectiveness of conducting the activities set forth in subsection (a) in an urban center or centers; and

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

(c) Health Promotion and Disease Prevention.—The Secretary, acting through the Service, shall facilitate access to, or provide, health promotion and disease prevention services for urban Indians through grants made to urban Indian organizations administering contracts entered into pursuant to this section or receiving grants under subsection (a).

(d) Immunization Services.—

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

(2) Definition.—In this section, the term ‘immunization services’ means services to provide within Indian reservations against vaccine-preventable diseases.

(e) Mental Health Services.—

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

(2) Definition.—In this section, the term ‘mental health services’ means services to provide through Indian reservations and that organization demonstrates a commitment to address the complex problem of child sexual abuse in the community, and

(c) 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 that provides services for urban Indians or Native American organizations situated in urban centers for which contracts have not been made to, or provide, direct outpatient treatment services (including individual treatment, family treatment, group therapy, and support groups) to urban Indians who are child victims of abuse (including sexual abuse) or adult survivors of child sexual abuse, to the families of such child victims, and to urban Indian perpetrators of child abuse (including sexual abuse).

(h) Considerations.—In making grants to carry out this subsection, the Secretary shall take into consideration—

(A) the support for the urban Indian organization demonstrated by the child protective authorities in the Indian tribes or committees or other services under funded under the Indian Child Welfare Act of 1978 (25 U.S.C. 1901 et seq.), if any; and

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

(c) the assessment required under paragraph (2).

(j) 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 contracts with, or make grants to, urban Indian organizations that organization demonstrates a commitment to address the complex problem of child sexual abuse in the community, and

(c) the assessment required under paragraph (2).

(2) Authority.—Under authority of the Act of November 2, 1921, (25 U.S.C. 13) (commonly known as the Snyder Act), the Secretary, acting through the Service, may enter into contracts with, or make grants to, urban Indian organizations that organization demonstrates a commitment to address the complex problem of child sexual abuse in the community, and

(c) the assessment required under paragraph (2).
entered into, or grants have not been made, under section 503.

(2) PURPOSE.—The purpose of a contract or grant made under this section shall be the determination of the matters described in subsection (b)(1) in order to assist the Secretary in assessing the health status and health care needs of urban Indians in the urban center involved, and determining whether the Secretary should enter into a contract or make a grant under section 503 with respect to the urban Indian organization with which the Secretary has entered into a contract with, or made a grant to, under this section.

(b) REQUIREMENTS.—Any contract entered into, or grant made, under this section shall include requirements that—

(1) the urban Indian organization successfully undertake to—

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

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

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

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

SEC. 505. EVALUATIONS; RENEWALS.

(a) Application of Federal Law.—Contracts with urban Indian organizations entered into pursuant to this title shall be in accordance with all Federal contracting laws and regulations, including procedures and requirements under this title.

(b) Compliance With Terms.—The Secretary, acting through the Service, shall develop procedures to evaluate compliance with grant requirements under this title and compliance with contracts entered into under this Act with urban Indian organizations under this title. Such procedures shall include provisions for carrying out the requirements of this section.

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

SEC. 506. OTHER CONTRACT AND GRANT REQUIREMENTS.

(a) Application of Federal Law.—Contracts with urban Indian organizations entered into pursuant to this title shall be in accordance with all Federal contracting laws and regulations, including procedures and requirements under this title.

(b) Determination of Renewal.—In determining whether to renew a contract or make a grant under section 503 which has completed performance of a contract or grant under section 504, the Secretary shall review the records of such urban Indian organization, the reports submitted under section 507, and, in the case of a renewal of a contract or grant under section 503, shall consider the results of the onsite evaluations or accreditation under subsection (b).

SEC. 507. REPORTS AND RECORDS.

(a) Report.—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 3 years, including planning, design, financing, site acquisition, construction, and similar information described in subsection (a) of section 503, information gathered pursuant to paragraph (5) of subsection (a) of such section.

SEC. 508. LIMITATION ON CONTRACT AUTHORITY.

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

SEC. 509. FACILITIES.

(a) Grants.—The Secretary may make grants to contractors or grant recipients under this title for the lease, purchase, renovation, construction, or expansion of facilities, including leased facilities, in order to assist such contractors or grant recipients in complying with applicable licensure or certification requirements.

(b) Loans or Loan Guarantees.—The Secretary, acting through the Service or through the Health Resources and Services Administration, may provide loans to contractors or grant recipients under this Act from the Urban Indian Health Care Facilities Revolving Loan Fund (referred to in this section as the ‘URLF’) described in subsection (c), or guarantees for loans, for the construction, renovation, expansion, or purchase of health care facilities, subject to the following requirements:

(1) The principal amount of a loan or loan guarantee may cover 100 percent of the costs (other than staffing) relating to the facility, including planning, design, financing, site acquisition, construction, and similar fees.

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

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

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

SEC. 510. URBAN INDIAN HEALTH CARE FACILITIES REVOLVING LOAN FUND.

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

(1) such amounts as may be appropriated to the URLF;
The Secretary shall develop a methodology and basis; and
(A) grants or contracts. The Secretary, acting through the Office of Urban Indian Health of the Service, shall make grants or enter into contracts, effective not later than September 30, 2004, with urban Indian organizations for the administration of urban Indian alcohol programs that were originally established under the National Indian Alcohol Policy (as referred to in this section as 'NIAAA') and transferred to the Service.

The Secretary shall evaluate and report to the Congress on the activities of programs funded under this section at least every 5 years.

The Secretary shall have the authority to make grants for the provision of urban Indian health services in a residential setting to urban Indian organizations that meet the requirements and definitions of an urban Indian organization. Provided that such grants may be awarded to Indian health organizations that have demonstrated a commitment to the provision of services in any facility owned, operated, or constructed under the jurisdiction of the Indian Health Service.

There is hereby established within the United States Department of Health and Human Services, an urban Indian organization that has entered into a contract or grant pursuant to this title is deemed to be part of the Public Health Service while carrying out any such contract or grant and its employees (including the conduct of clinical studies or research, or constructed 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 contract or grant when they are required, by reason of their employment, to perform medical, surgical, dental or related functions at a facility other than a facility operated by the urban Indian organization.

There is hereby established within the United States Department of Health and Human Services, an urban Indian organization that has entered into a contract or grant pursuant to this title is deemed to be part of the Public Health Service while carrying out any such contract or grant and its employees (including the conduct of clinical studies or research, or constructed 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 contract or grant when they are required, by reason of their employment, to perform medical, surgical, dental or related functions at a facility other than a facility operated by the urban Indian organization.

The Secretary may make grants for the provision of health-related services in prevention of, treatment of, rehabilitation of, or school and community-based education in, alcohol and substance abuse in urban centers to those urban Indian organizations with which the Secretary has entered into a contract under this title.

The Secretary shall conduct reviews of the performance of such functions by a person or entity other than the urban Indian organization.

The Secretary shall be responsible for ensuring that all contracts and 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 such other objectives as are agreed upon by the Service and a recipient of a grant or contract under this section.

The Secretary shall evaluate and report to the Congress on the activities of programs funded under this section at least every 5 years.
organization, the Secretary shall give priority to the request for donation to the Indian tribe or tribal organization if the Secretary receives the request from the Indian tribe or tribal organization before the date on which the Secretary transfers title to the property or, if earlier, the date on which the Secretary transfers the property physically, to the organization.

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

SEC. 519. GRANTS FOR DIABETES PREVENTION, TREATMENT AND CONTROL.

(a) AUTHORITY.—The Secretary may make grants to those urban Indian organizations that have entered into a contract or have received a grant under this title for the provision of services for the prevention, treatment, and control of complications resulting from diabetes among urban Indians.

(b) GOALS.—Each grant made pursuant to subsection (a) shall include goals that will be accomplished under the grant. The goals shall be specific to each grant as agreed upon between the Secretary and the grantees.

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

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

(2) the need for the prevention of, treatment of, and control of the complications resulting from diabetes among urban Indians;

(3) performance standards for the urban Indian organization in meeting the goals set forth in such grant that are negotiated and agreed upon between the Secretary and the grantees;

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

(5) the need of the urban Indian organization to collaborate with the registry, if any, established by the Secretary under section 201(b)(4) of this title.

(d) APPLICATION OF CRITERIA.—Any funds received by an urban Indian organization under this Act for the prevention, treatment, and control of diabetes among urban Indians shall be subject to the criteria developed by the Secretary under subsection (c).

SEC. 520. REGULATIONS.

(a) TITLE VI.—This title shall be effective on the date of enactment of this Act.

(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 by the Secretary 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) EFFECTIVE DATE.—The authority to promulgate regulations under this title shall expire on the date that is 18 months after the date of enactment of this Act.

(d) NEGOTIATED RULEMAKING COMMITTEE.—A negotiated rulemaking committee shall be established pursuant to section 555 of title 5, United States Code, to carry out section 201 of this title. The members of the committee shall include representatives of urban Indian organizations from each service area.

(e) ADAPTATION OF PROCEDURES.—The Secretary shall adopt 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 2015 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 carry out the responsibilities, authorities, and functions of the United States to provide health care services to Indians and Indian tribes, as are or may be hereafter provided by Federal statute or treaties, there is established within the Public Health Service of the Department the Indian Health Service.

(2) ASSISTANT SECRETARY OF INDIAN HEALTH.—The Service shall be administered by an Assistant Secretary of Indian Health, who shall be appointed by the President, by and with the advice and consent of the Senate. The Assistant Secretary shall report to the Secretary. Effective with respect to an individual appointed by the President, by and with the advice and consent of the Senate, after January 1, 1993, the term of service of the Assistant Secretary shall be 4 years. An Assistant Secretary may serve more than 1 term.

(b) AGENCY.—The Service shall be an agency within the Public Health Service of the Department, and shall not be an office, component, or unit of any other agency of the Department.

(c) FUNCTIONS AND DUTIES.—The Secretary shall carry out through the Assistant Secretary of the Service—

(1) all functions which were, on the day before the date of enactment of the Indian Health Care Amendments of 1988, carried out by or under the direction of the individual serving as Director of the Service on such date;

(2) all functions of the Secretary relating to the maintenance and operation of hospital and health facilities for Indians and the planning for, and provision and utilization of, health services for Indians;

(3) all health programs under which health care is provided to Indians based upon their status as Indians which are administered by the Secretary, including programs under—

(A) this Act;

(B) the Act of November 2, 1921 (25 U.S.C. 13).

(4) the Act of August 5, 1954 (42 U.S.C. 2001 et seq.);

(5) the Act of August 18, 1957 (42 U.S.C. 476a et seq.);

(6) the Indian Self-Determination Act (25 U.S.C. 505 et seq.); and

(7) all scholarship and loan functions carried out under title I.

(d) AUTHORITY.—

(1) IN GENERAL.—The Secretary, acting through the Assistant Secretary, shall have the authority—

(A) except to the extent provided for in paragraph (2), to appoint and compensate such personnel as the Secretary may consider necessary for the Service in accordance with title 5, United States Code;

(B) to enter into contracts for the procurement of goods and services to carry out the provisions of the Service and for the establishment of an automated management information system for the Service;

(C) to manage, expend, and obligate all funds appropriated for the Service.

(2) PERSONNEL ACTIONS.—Notwithstanding any other provision of law, the provisions of section 12 of the Act of June 18, 1934 (48 Stat. 966, 25 U.S.C. 472), shall apply to all personnel actions taken with respect to new positions created within the Service as a result of its establishment under subsection (a).

SEC. 602. AUTOMATED MANAGEMENT INFORMATION SYSTEM.

(a) ESTABLISHMENT.—

(1) IN GENERAL.—The Secretary, in consultation with tribes, tribal organizations, and urban Indian organizations, 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;

(C) a privacy 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 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 the Service.

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

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

SEC. 603. AUTHORIZATION OF Appropriations.

"There is authorized to be appropriated such sums as may be necessary for each fiscal year through fiscal year 2015 to carry out this title.

TITLE VII—BEHAVIORAL HEALTH PROGRAMS

SEC. 701. BEHAVIORAL HEALTH PREVENTION 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 and treatment program which emphasizes collaboration among alcohol and substance abuse, social services, and mental health programs;

“(2) provide information, direction and guidance relating to mental illness and dysfunction (including substance abuse), including—

(a) a comprehensive continuum of health care (including prevention, education, referral and treatment services) available at such plan;

(b) the availability of the full range of services including alcohol and family violence, to those Federal, tribal, State, and local agencies responsible for programs in Indian communities and urban Indian organizations to meet their responsibilities under this Act; and

(c) an assessment of the scope of the problem of alcohol or other substance abuse, mental illness, and self-destructive behavior, including—

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

(ii) an assessment of the financial and human resource needs attributable to such illness or behavior;

(B) an assessment of the existing and additional resources necessary for the prevention and treatment of such illness and behavior, including an assessment of the progress toward achieving the availability of the full continuum of care described in subsection (c), and

(C) an estimate of the additional funding needed by the Service, Indian tribes, urban Indian organizations and urban Indian organizations to meet their responsibilities under the plans;

(2) NATIONAL CLEARINGHOUSE.—The Secretary shall establish a national clearinghouse of plans and reports on the outcomes of such 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, urban Indian organization or the Service.

(3) TECHNICAL ASSISTANCE.—The Secretary shall provide technical assistance to Indian tribes, tribal organizations, and urban Indian organizations in preparation of plans under this section by any Indian tribe, tribal organization, urban Indian organization or the Service.

(4) PROVIDE AUTHORITY AND OPPORTUNITIES FOR TRIBAL ORGANIZATIONS TO DEVELOP AND IMPLEMENT, AND COORDINATE WITH, COMMUNITY-BASED PROGRAMS TO MEET THE NEEDS OF INDIANS AND URBAN INDIANS INCLUDING—

(A) women at risk of giving birth to a child with a fetal alcohol spectrum disorder;

(B) children ages 11 years through 17 years;

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

(i) early intervention, treatment and aftercare services that are focused on individuals ages 5 years through 10 years (alcohol, drug, inhalant and tobacco);

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

(iii) healthy choices or life style services (related to STD's, domestic violence, sexual abuse, suicide, teen pregnancy, obesity, and other risk or safety issues);

(iv) co-morbidity services;

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

(A) detoxification (social and medical);

(B) diagnostic services, including the utilization of neurological assessment technology; and

(C) acute hospitalization;

(D) intensive outpatient or day treatment;

(E) residential treatment;

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

(G) emergency shelter;

(H) intensive case management;

(I) traditional health care practices; and

(J) diagnostic services, including the utilization of neurological assessment technology; and

(ii) behavioral health services for particular populations, including—

(A) for individuals from birth through age 17, child behavioral health 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, 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, suicide, teen pregnancy, obesity, and other risk or safety issues);

(vii) co-morbidity services;

(viii) adults ages 18 years through 55 years, adult behavioral health services that include—

(A) detoxification (social and medical);

(B) diagnostic services, (emotional, alcohol, drug, inhalant and tobacco);

(C) treatment for substance abuse (related to parenting, partners, domestic violence, sexual abuse, suicide, teen pregnancy, obesity, and other risk related behavior);

(D) female specific treatment services for—

(i) women at risk of giving birth to a child with a fetal alcohol disorder;

(ii) substance abuse requiring gender specific services;

(iii) substance abuse requiring gender specific services;

(iv) healthy choices and lifestyle services (related to parenting, partners, domestic violence, sexual abuse, suicide, teen pregnancy, obesity, and other risk related behavior);

(v) male specific treatment services for—

(A) substance abuse requiring gender specific services;

(B) sexual assault and domestic violence; and

(C) male specific treatment services for—

(i) healthy choices and lifestyle services (related to parenting, partners, domestic violence, sexual abuse, suicide, teen pregnancy, obesity, and other risk related behavior);

(ii) sexual assault and domestic violence; and

(iii) healthy choices and lifestyle services (related to parenting, partners, domestic violence, sexual abuse, suicide, teen pregnancy, obesity, and other risk related behavior);

(iv) emergency shelter;

(v) intensive case management;

(W) an assessment of the need for inpatient mental health care among Indians and the availability and cost of inpatient mental health facilities which can meet such need. In making such assessment, the Secretary shall consider the possible conversion of existing, under-utilized service...
of Indians within the jurisdiction of the
problem of alcohol and substance abuse
Service shall assume responsibility for—

"(1) the scope and nature of mental illness
dysfunctional and self-destructive be-
cluding child abuse and family vio-
lence, among Indians;

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

"(3) the unmet need for additional services,
resources, and programs necessary to meet
the needs identified pursuant to paragraph
(1);

"(4)(A) the right of Indians, as citizens of
the United States and of the States in which
they reside, to have access to mental health
services and facilities which includes the
right of Indians to be served,

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

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

"(5) the responsibilities of the Bureau
of Indian Affairs and the Service, including
mental health identification, prevention,
education, referral, and treatment services
including services through multidisci-
plinary resource teams, at the central, area,
and agency and service unit levels to address
the priorities identified in paragraph (4);

"(6) a strategy for the comprehensive co-
ordination of the mental health services pro-
vided by the Bureau of Indian Affairs and the
Service to meet the needs identified pursu-
antly to paragraph (1), including—

"(A) the coordination of alcohol and sub-
stance abuse programs of the Service, the
Bureau of Indian Affairs, and the various In-
dian tribes (developed under the Indian Alco-
hol and Substance Abuse Prevention and
Treatment Act of 1988) with the mental health
services provided pursuant to this Act, par-
ticularly with respect to the referral and
treatment of dually-diagnosed individuals
requiring mental health and substance abuse
treatment;

"(B) ensuring that Bureau of Indian Affairs
and Service programs and services (including
multidisciplinary resource teams) addressing
child abuse and family violence are coordi-
nated with such non-Federal programs and
services;

"(7) direct appropriate officials of the Bu-
reau of Indian Affairs and the Service, par-
ticularly at the agency and service unit lev-
els, to cooperate fully with tribal requests
made pursuant to community behavioral
health plans consistent with section 701(c) and
section 4206 of the Indian Alcohol and Sub-
stance Abuse Prevention and Treatment Act
of 1988 (25 U.S.C. 2411); and

"(8) provide for an annual review of such
agreement by the Secretary and a report
which shall be submitted to Congress and
made available to the Indian tribes.

"SPECIFIC PROVISIONS.—The memo-
randum of agreement updated or entered
into pursuant to subsection (a) shall include
specific provisions pursuant to which the
Service shall assume responsibility for—

"(1) the determination of the scope of the
problem of alcohol and substance abuse
among the number of Indians by including
the number of Indians within the jurisdiction
of the Service who are directly or indirectly af-
fected by alcohol and substance abuse and
the financial and human cost;

"(2) an assessment of the existing and
needed resources necessary for the preven-
tion of all alcohol and substance abuse and
the treatment of Indians affected by alcohol
and substance abuse; and

"(3) an estimate of the funding necessary
to adequately support the prevention of
alcohol and substance abuse and treatment
of Indians affected by alcohol and substance
abuse.

"CONSULTATION.—The Secretary and
the Secretary of the Interior shall, in develop-
ing the memorandum of agreement under sub-
section (a), consult with and solicit the com-
ments of—

"(1) Indian tribes and tribal organizations;

"(2) Indian individuals;

"(3) urban organizations and other In-
dian organizations;

"(4) behavioral health service providers.

"PUBLICATION.—The memorandum of
agreement under subsection (a) shall be pub-
lished 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 TREAT-
MENT PROGRAM.—

"ESTABLISHMENT.—

"(1) In general.—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—

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

"(B) acute detoxification or psychiatric
hospitalization and treatment (residential
and outpatient);

"(C) a telepsychiatry program that uses
remote computer technology to deliver
mental health services to patients in their
homes;

"(D) diagnostic services utilizing, when ap-
propriate, psychologists and other mental
health professionals;

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

"(F) substance abuse and mental health
services utilizing, when appropriate,
psychiatric assessments which include the use of the most advances
technology available;

"(G) a telepsychiatry program that uses
remote computer technology to deliver
mental health services to patients in their
homes;

"(H) providing a program of primary,
preventive, and specialty care, including,
but not limited to, education, consultation,
clinical practice, and research.

"PRIORITY AREAS.—The Secretary,
through the Service, shall provide a comprehensive
behavioral health prevention and treatment program
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 (inpatient
and outpatient);

"(3) diagnostic services utilizing, when ap-
propriate, psychologists and other mental
health professionals;

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

"(5) substance abuse and mental health
services utilizing, when appropriate,
psychiatric assessments which include the use of the most advances
technology available;

"(6) a telepsychiatry program that uses
remote computer technology to deliver
mental health services to patients in their
homes;

"(7) providing a program of primary,
preventive, and specialty care, including,
but not limited to, education, consultation,
clinical practice, and research.

"SEC. 704. MENTAL HEALTH TECHNICIAN
PROGRAM.—

"IN GENERAL.—Under the authority of
the Act of November 29, 1938 (25 U.S.C. 283)
(commonly known as the Indian Self-Deter-
mination and Educational Assistance 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;

"(2) employs such technicians in the provi-
sion of community-based mental health care
services and facilities.

"USE OF FUNDS.—Funding provided pur-
suant to this section may be used to—

"(1) develop and provide community train-
ing, education, and prevention programs for
Indians women relating to behavioral health issues
including substance abuse, mental illness, and
domestic violence;

"(2) identify and provide psychological
services, counseling, advocacy, support, and
relapse prevention to Indian women and their
families in Indian communities;

"(3) develop prevention and intervention
models for Indian women which incorporate
traditional health care practices, cultural values, and community and family involvement.

(c) Criteria.—The Secretary, in consultation with Indian tribes and Indian organizations, shall establish criteria for the review and approval of applications and proposals for funding under this section.

(d) 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 title V.

SEC. 707. INDIAN YOUTH PROGRAM.

"(a) Detoxification and Rehabilitation.—The Secretary shall, consistent with section 702, develop and implement a program for acute and treatment of Indian youth that includes behavioral health services. The program shall include regional treatment centers designed to include detoxification and rehabilitation for both sexes on a referral basis and programs developed and implemented by Indian tribes or tribal organizations at the local level under the Indian Self-Determination and Education Assistance Act. Regional centers shall be integrated with the intake and rehabilitation programs based in the referring Indian community.

"(b) Alcohol and Substance Abuse Treatment Centers or Facilities.—"(1) Establishment.—(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 1 youth regional adolescent treatment facility in each area under the jurisdiction of an area office.

"(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 adolescents psychiatric units; and

"(e) Children's Mental Health Programs.—The Secretary 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.

"(f) Mental Health Services.—"(1) In general.—The Secretary, acting through the Service, Indian tribes, or 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.

"(2) Terms and conditions of use of structure.—Any structure described in paragraph (1) may be used for the purpose of providing mental health services in one or more of the following settings: (A) inpatient, (B) outpatient, (C) emergency care, (D) substance abuse treatment facilities, and (E) community health centers.

"(g) Training and Community Assistance.—"(1) In general.—The Secretary, in cooperation with the Secretary of the Interior, shall develop and implement, or provide for the development and implementation, of Indian youth training programs to enable Indian tribes and tribal organizations to prepare youth for the workforce, law enforcement and other critical roles of tribal communities. Indian youth training may be provided by the Secretary or Indian tribes or tribal organizations to support the Indian youth after their return to their home community.

"(2) Administration.—Services under paragraph (1) shall be administered within each service unit or tribal program by trained staff within the community who can assist the Indian youth in continuing development of self-image, positive problem-solving skills, and nonviolent or substance abusing behaviors. Such staff may include alcohol and substance abuse counselors, mental health professionals, and other health professionals and paraprofessionals, including community health representatives.

"(f) Public Health.—The Secretary shall, consistent with section 702, develop and implement a program for the treatment of other services to Indian youth authorized by this section. Indian tribes or tribal organization shall provide for the inclusion of family members of such youth in the treatment programs or other services as may be appropriate. Not less than 10 percent of the funds appropriated for the purposes of carrying out subsection (e) shall be used for outpatient care of adult family members related to the treatment of an Indian youth under that subsection.

"(g) Multidrug Abuse Program.—The Secretary, acting through the Service, Indian tribes, or 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.

"(h) Treatment of California.—For purposes of this section, California shall be considered to be 2 areas, 1 area whose jurisdiction shall encompass the remainder of the State of California for the purpose of implementing California treatment networks.

"(i) Funding.—For the purpose of staffing and operating facilities under this subsection, funding shall be made available pursuant to the Act of November 2, 1921 (25 U.S.C. 13) (commonly known as the Snyder Act).

"(j) 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 considered to encompass the northern area of the State of California, and 1 office whose jurisdiction shall be considered to encompass the remainder of the State of California.

SEC. 708. INPATIENT AND COMMUNITY-BASED MENTAL HEALTH FACILITIES DESIGN, CONSTRUCTION AND STAFFING ASSESSMENT.

"(a) In general.—Not later than 1 year after the date of enactment of this section, 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) Design, Construction and Staffing Assessment.—"(1) In general.—"(A) Triennially, the Secretary shall—

"(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 adolescents psychiatric units; and

"(e) Children's Mental Health Programs.—The Secretary 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.

"(f) Mental Health Services.—"(1) In general.—The Secretary, acting through the Service, Indian tribes, or 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.

"(2) Terms and conditions of use of structure.—Any structure described in paragraph (1) may be used for the purpose of providing mental health services in one or more of the following settings: (A) inpatient, (B) outpatient, (C) emergency care, (D) substance abuse treatment facilities, and (E) community health centers.

"(g) Training and Community Assistance.—"(1) In general.—The Secretary, in cooperation with the Secretary of the Interior, shall develop and implement, or provide for the development and implementation, of Indian youth training programs to enable Indian tribes and tribal organizations to prepare youth for the workforce, law enforcement and other critical roles of tribal communities. Indian youth training may be provided by the Secretary or Indian tribes or tribal organizations to support the Indian youth after their return to their home community.

"(2) Administration.—Services under paragraph (1) shall be administered within each service unit or tribal program by trained staff within the community who can assist the Indian youth in continuing development of self-image, positive problem-solving skills, and nonviolent or substance abusing behaviors. Such staff may include alcohol and substance abuse counselors, mental health professionals, and other health professionals and paraprofessionals, including community health representatives.

"(f) Public Health.—The Secretary shall, consistent with section 702, develop and implement a program for the treatment of other services to Indian youth authorized by this section. Indian tribes or tribal organization shall provide for the inclusion of family members of such youth in the treatment programs or other services as may be appropriate. Not less than 10 percent of the funds appropriated for the purposes of carrying out subsection (e) shall be used for outpatient care of adult family members related to the treatment of an Indian youth under that subsection.

"(g) Multidrug Abuse Program.—The Secretary, acting through the Service, Indian tribes, or 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.

"(h) Treatment of California.—For purposes of this section, California shall be considered to be 2 areas, 1 area whose jurisdiction shall encompass the remainder of the State of California.

"(i) Funding.—For the purpose of staffing and operating facilities under this subsection, funding shall be made available pursuant to the Act of November 2, 1921 (25 U.S.C. 13) (commonly known as the Snyder Act).

"(j) 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 encompass the remainder of the State of California, and 1 office whose jurisdiction shall be considered to encompass the remainder of the State of California.

"(k) Design, Construction and Staffing Assessment.—"(1) In general.—"(A) Triennially, the Secretary shall—

"(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 adolescents psychiatric units; and

"(e) Children's Mental Health Programs.—The Secretary 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.

"(f) Mental Health Services.—"(1) In general.—The Secretary, acting through the Service, Indian tribes, or 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.

"(2) Terms and conditions of use of structure.—Any structure described in paragraph (1) may be used for the purpose of providing mental health services in one or more of the following settings: (A) inpatient, (B) outpatient, (C) emergency care, (D) substance abuse treatment facilities, and (E) community health centers.

"(g) Training and Community Assistance.—"(1) In general.—The Secretary, in cooperation with the Secretary of the Interior, shall develop and implement, or provide for the development and implementation, within each service unit or tribal program a program of community education and involvement which shall be designed to provide concise and timely information to the community leadership of each tribal community.

"(2) Education.—A program under paragraph (1) shall include education for community-based behavioral health for political leaders, tribal judges, law enforcement personnel, members of tribal health and education boards, and other critical members of each tribal community.

"(3) Training.—Community-based training (oriented toward local capacity development) shall include community provider training (designed for adult learners from...
the communities receiving services for prevention, intervention, treatment and aftercare."

(b) Training.—The Secretary shall, either directly or through Indian tribes, tribal organizations, or Indian and non-Indian organizations, provide training to professionals who work with, and avoids duplication of, existing services that are provided in a manner consistent with traditional health care.

(c) Community-Based Training Models.—In carrying out the education and training programs described in this section, the Secretary, acting through the Service and in consultation with Indian tribes, tribal organizations, Indian behavioral health experts, and Indian alcohol and substance abuse prevention experts, shall develop and provide community-based training models. Such models shall address:

(1) elevated risk of alcohol and behavioral health problems faced by children of alcoholics;
(2) the cultural, spiritual, and linguistic aspects of Indian alcohol disorder prevention and recovery;
(3) community-based and multidisciplinary strategies for preventing and treating behaviors associated with alcohol abuse.

SEC. 710. BEHAVIORAL HEALTH PROGRAM.

(a) Programs for Innovative Services.—The Secretary, acting through the Service, Indian Tribes or tribal organizations, and Indian behavioral health experts, shall explore and develop innovative, community-based behavioral health services for Indians.

(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 capability to administer the project;
(5) whether the project will deliver services in a manner consistent with traditional health care;
(6) whether the project is coordinated with, and avoids duplication of, existing services.

(c) Funding Agreements.—For purposes of this subsection, the Secretary shall, in evaluating applications or proposals for funding for projects to be operated under any funding agreement entered into with the Service under the Indian Self-Determination Act and Education Assistance Act, use the same criteria that the Secretary uses in evaluating any other application or proposal for such funding.

SEC. 711. FETAL ALCOHOL DISORDER FUNDING.

(a) Establishment of Program.—

(1) In General.—The Secretary, consistent with Section 701, acting through Indian tribes, tribal organizations, and urban Indians 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 objective specified in section 3(b).

(2) Use of Funds.—Funding provided pursuant to this section shall be used to:

(A) develop and fund community and in-school training, education, and prevention programs relating to fetal alcohol disorders;
(B) identify and develop behavioral health treatment programs for fetal alcohol and substance abuse, child sexual abuse, youth alcohol and substance abuse, and the causes and effects of fetal alcohol disorders, to appropriate employees of the Bureau of Indian Affairs and the Service, and to personnel in schools or programs operated under any contract with the Bureau of Indian Affairs or the Service, including supervisors of emergency shelters and halfway houses described in section 4213 of the Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986 (25 U.S.C. 2833).

(c) Community-Based Training Models.—In carrying out the education and training programs described in this section, the Secretary, acting through the Service and in consultation with Indian tribes, tribal organizations, Indian behavioral health experts, and Indian alcohol and substance abuse prevention experts, shall—

(1) develop, implement, through the tribal consultation process, culturally sensitive assessment and diagnostic tools in Indian communities; and
(2) develop and implement counseling and support services for fetal alcohol disorder affected children.

(d) Applied Research.—The Secretary, acting through the Service, Indian tribes, tribal organizations and urban Indian communities, shall—

(1) develop and fund community-based adult fetal alcohol disorder housing and support services; and
(2) identify and provide behavioral health treatment to children who are victims of sexual abuse and to their families who are affected by sexual abuse.

SEC. 712. CHILD SEXUAL ABUSE AND PREVENTION PROGRAMS.

(a) Establishment.—The Secretary and the Secretary of the Interior, acting through the Service, Indian tribes and tribal organizations, shall establish, consistent with section 701, in each service area, programs involving treatment for:

(1) victims of child sexual abuse; and
(2) perpetrators of child sexual abuse.

(b) Use of Funds.—Funds provided under this section shall be used to:

(1) develop and provide community education and prevention programs related to child sexual abuse;
(2) develop prevention and intervention models which incorporate traditional health care practitioners, cultural and spiritual values, and community involvement;
(3) develop prevention and intervention models which incorporate traditional health care practitioners, cultural and spiritual values, and community involvement;
(4) develop, implement, through the tribal consultation process, culturally sensitive assessment and diagnostic tools for use in tribal and urban Indian communities. The effect of the tribal consultation process, culturally sensitive assessment and diagnostic tools for use in tribal and urban Indian communities. The Secretary, acting through the Service, tribal consultation process, culturally sensitive assessment and diagnostic tools for use in tribal and urban Indian communities.

SEC. 713. BEHAVIORAL MENTAL HEALTH RESEARCH.

(a) In General.—The Secretary, acting through the Service and in consultation with appropriate Federal agencies, shall provide funding to Indian Tribes, tribal organizations, or urban Indian organizations, or enter into contracts with, or make grants to appropriate institutions, for the conduct of research on the incidence and prevalence of behavioral health problems among Indians served by the Service, Indian Tribes or tribal organizations, and among urban Indians in urban areas. Research priorities under this section shall include:

(1) the inter-relationship and interdependence of behavioral health problems with alcoholism and other substance abuse, suicide, homicides, other injuries, and the incidence of family violence; and
(2) the development of models of prevention techniques.

(b) Special Emphasis.—The effect of the inter-relationships and interdependencies described in paragraph (a) and the development of prevention techniques under subsection (a)(2) applicable to children, shall be emphasized.

SEC. 714. DEFINITIONS.

"In this title:

(1) Assessment.—The term ‘assessment’ means the systematic collection, analysis and dissemination of information on health status, health needs and health problems.
(2) Alcohol-Related Neurodevelopmental Disorders.—The term 'alcohol-related neurodevelopmental disorders' or 'ARD' with respect to an individual means that the individual has a history of maternal alcohol consumption during pregnancy, central nervous system involvement such as developmental delay, intellectual deficit, or neurobehavioral abnormality that behaviorally, 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 dysfunction and perceptual and judgment problems.

"(3) BEHAVIORAL HEALTH.—The term 'behavioral health' means the blending of substances (alcohol, drugs, inhalants and tobacco) abuse and mental health prevention and treatment, for the purpose of providing comprehensive care. Such term includes the joint development of substance abuse and mental health treatment planning and coordinated case management using a multidisciplinary approach.

"(4) BEHAVIORAL HEALTH AFTERCARE.—

"(A) IN GENERAL.—The term 'behavioral health aftercare' includes those activities and programs established as part of an aftercare plan for a chemical abuser. Such term includes 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 level of care, such as outpatient treatment, an aftercare plan shall have been developed for the individual. Such plan may use such resources as community base therapeutic group care, transitional living, a 12-step sponsorship, and other related support group, or other community based providers (such as mental health professionals, traditional health care practitioners, community mental health representatives, mental health technicians, or ministers).

"(5) 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.

"(6) FETAL ALCOHOL DISORDERS.—The term 'fetal alcohol disorders' means fetal alcohol syndrome, partial fetal alcohol syndrome, or alcohol related neural developmental disorder.

"(7) FETAL ALCOHOL SYNDROME.—The term 'fetal alcohol syndrome' or 'FAS' with respect to an individual means a syndrome in which the individual has a history of maternal alcohol exposure during pregnancy, and with respect to which the following criteria should be met:

"(A) Central nervous system involvement such as developmental delay, intellectual deficit, microencephaly, or neuropsychological abnormals.

"(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 a history of maternal alcohol consumption during pregnancy having most of the criteria of FAS, but not meeting the minimum of at least 2 of the following: microphthalmia, short palpebral fissures, poorly developed philtrum, thin upper lip, flat nasal bridge, short upturned nose.

"(E) REHABILITATION.—The term 'rehabilitation' means to restore the ability or capacity to engage in usual and customary life activities through education and therapy.

"(F) SUBSTANCE ABUSE.—The term 'substance abuse' includes inhalant abuse.

"SEC. 715. AUTHORIZATION OF APPROPRIATIONS.

"There is authorized to be appropriated such sums as may be necessary for each fiscal year through fiscal year 2015 to carry out this title.

"TITLE VIII—MISCELLANEOUS

"SEC. 803. REPORTS.

"The President shall, at the time the budget is submitted under section 1105 of title 31, United States Code, for each fiscal year transmit to the Congress a report containing—

"(1) a report on the progress made in meeting the objectives of this Act, including a review of the populations assisted pursuant to this Act and an analysis and recommendations of additional programs or additional assistance necessary to, at a minimum, reduce alcohol and substance abuse among Amerindians and to achieve a health status for Indians, which are at parity with the health services available to and the health status of the general population, in comparison with specific categories 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) by gender and age;

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

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

"(E) on the services provided under funding agreements pursuant to section 415(a)(2) or 415(c)(2) or other related support group, or other community based providers (such as mental health professionals, traditional health care practitioners, community mental health representatives, mental health technicians, or ministers).

"(5) a general audit report on the health care educational loan repayment program as required under section 110(a);

"a report on the status of all health care facilities required under sections 301(c)(2) and 301(d);

"(7) a report on safe water and sanitary waste disposal facilities as required under section 302(b)(1);

"(8) a report on the expenditure of non-service funds for renovation as required under sections 303(a)(2) and 304(a); and

"(9) a report on the backlog of maintenance and repair required at Service and tribal facilities as required under section 314(a).

"(10) a report providing an accounting of reimbursements made available to the Secretary under titles XVIII and XIX of the Social Security Act as required under section 403(a); and

"(11) a report on services sharing of the Indian Self-Determination Contract Reform Act of 1994, and the Secretary is authorized to report any regulation that is inconsistent with the provisions of this Act.

"SEC. 803. PLAN OF IMPLEMENTATION.

"Not later than 240 days after the date of enactment of this Act, the Secretary, in consultation with Indian tribes, tribal organizations, and urban Indian organizations, shall prepare and submit to Congress a plan that shall explain the manner and schedule (in consultation with Indian tribes, tribal organizations, and urban Indian organizations from each service area.

"SEC. 804. AVAILABILITY OF FUNDS.

"Amounts appropriated under this Act remain available until expended.

"SEC. 805. LIMITATION ON USE OF FUNDS APPROPRIATED TO THE INDIAN HEALTH SERVICE.

"Any limitation on the use of funds contained in an Act providing appropriations for the Indian Health Service for the Indian tribes, or with respect to the performance of abortions shall apply for that period with respect to the performance of abortions using funds contained in an Act providing appropriations for the Service.

"SEC. 806. ELIGIBILITY OF CALIFORNIA INDIANS.

"(a) ELIGIBILITY.—

"(1) IN GENERAL.—Until such time as any subsequent law may otherwise provide, the Secretary shall consider a California Indian to be eligible for health services provided by the Service:

"(B) Any descendant of an Indian who was residing in California on June 1, 1852, but who has as its members only representatives of Indian tribes, tribal organizations, and urban Indian organizations from each service area.

"SEC. 807. AUTHORIZATION OF APPROPRIATIONS.

"There is authorized to be appropriated such sums as may be necessary for each fiscal year through fiscal year 2015 to carry out this title.
“(3) Any Indian who holds trust interests in public domain, national forest, or Indian reservation allotments in California.

“(4) Any Indian in California who is listed on tribal rolls for purposes of carrying out sections 801, 803, and 805 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 Indians by the Service without regard to the provisions of this section.

“(e) DEFINITION.—In this section, the term ‘eligible Indian’ means any Indian who is eligible for health services provided by the Service under any other provision of law, any application of such provision, or activity of a service unit which is less than a fiscal year from the date such a service unit was implemented by the Secretary has submitted to the President a report required to be transmitted to the Congress under section 801, a report on the proposed change in allocation of funding, including the reasons for the change and its likely effects.

“(b) NONAPPLICATION OF SECTION.—Subsection (a) shall not apply if the total amount appropriated to the Service for a fiscal year is less than that appropriated to the Service for the previous fiscal year.

“SEC. 809. RESULTS OF DEMONSTRATION PROJECT.

“The Secretary shall provide for the dissemination to Indian tribes of the findings and results of demonstration projects conducted under this Act.

“SEC. 810. PROVISION OF SERVICES IN MONTANA.

“(a) 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 McBnabb v. Bowen.

“(b) RULE OF CONSTRUCTION.—The provisions of subsection (a) shall not be construed to be an expression of the sense of the Congress on the application of the decision described in subsection (a) to the provision of services or benefits for Indians living in any State other than Montana.

“SEC. 811. MORATORIUM.

“During the period of the moratorium imposed by Public Law 100–446 on implementation of the final rule published in the Federal Register on September 16, 1987, by the Health Resources and Services Administration, relating to eligibility for the health care services of the Service, the Service shall provide services pursuant to the criteria for eligibility for such service under the Act on September 15, 1987, subject to the provisions of sections 806 and 807 until such time as new criteria governing eligibility for services are developed in accordance with section 802.

“SEC. 812. TRIBAL EMPLOYMENT.

“For purposes of section 2(2) of the Act of July 5, 1935 (49 Stat. 450, Chapter 372), an Indian tribe or tribal organization carrying out an agreement for the implementation of the Indian Self-Determination and Education Assistance Act shall not be considered an employer.

“SEC. 813. PRIME VENDOR.

“For purposes of section 4 of Public Law 100–685 (31 U.S.C. 812), Indian tribes and tribal organizations carrying out a grant, cooperative agreement, or funding agreement under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.) shall be deemed to be an executive agency and part of the Service and, as such, may act
as an ordering agent of the Service and the employees of the tribe or tribal organization may order supplies on behalf thereof on the same basis as employees of the Service.

SEC. 814. NATIONAL BI-PARTISAN COMMISSION ON INDIAN HEALTH CARE ENTITLEMENT.

(a) Establishment.—There is hereby established the National Bi-Partisan Indian Health Care Entitlement Commission (referred to in this Act as the Commission).

(b) Membership.—The Commission shall be composed of 25 members, to be appointed as follows:

(1) Ten members of Congress, of which—

(A) three shall be nominated by the House of Representatives and shall be appointed by the majority leader;

(B) three members shall be from the House of Representatives and shall be appointed by the minority leader;

(C) two members shall be from the Senate and shall be appointed by the majority leader;

(D) two members shall be from the Senate and shall be appointed by the minority leader;

who shall each be members of the committees on Indian Affairs; and who shall elect the chairperson and vice-chairperson of the Commission.

(2) Five individuals to be appointed by the members of the Commission appointed under paragraph (1), of which at least 1 shall be from each service area as currently designated by the Secretary, to be chosen from among 3 nominees from each such area as selected by the Indian tribes within the area, with due regard being given to the experience and expertise of the nominees in the provision of health care to Indians and with due regard being given to a reasonable representation on the Commission of members who are from areas served by health care delivery systems for Indian persons, who are knowledgeable about the delivery of health services for Indians, and who represent tribes of various size populations.

(3) Three individuals shall be appointed by the Director of the Service from among individuals who are knowledgeable about the provision of health care to Indians, at least 1 of whom shall be from a service area as currently designated by the Director of the Service, to be chosen from among 3 nominees from each such area as selected by the Indian tribes within the area, with due regard being given to the experience and expertise of the nominees in the provision of health care delivery systems for Indians.

(c) Terms.—

(1) IN GENERAL.—Members of the Commission shall serve for the life of the Commission.

(2) 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 60 days after the date on which the members are appointed under such subsection.

(3) VACANCY.—A vacancy in the membership of the Commission shall be filled in the manner in which the original appointment was made.

(d) DUTIES OF THE COMMISSION.—The Commission 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) of this section.

(2) Make recommendations to Congress for providing health services for Indian persons and tribes, giving due consideration to the effects of such programs on existing health care delivery systems for Indian persons and the effect of such programs on the sovereign status of Indian Tribes.

(3) Establish a study committee to be composed of those members of the Commission appointed under paragraph (b) of this section and at least 4 additional members of Congress from among the members of the Commission which shall—

(A) determine necessary to carry out its duties, collect and compile data necessary to understand the extent of Indian tribal health needs relative to the provision of health services, and report on the experiences of Indian Tribes, including hearings held by the Commission, hearings held by Congress, hearings held in different areas of the United States in which large numbers of Indians are present, hearings called by the Committee on Government Operations, and hearings held by the President's Commission on Civil Rights.

(B) QUORUM.—A quorum of the Commission shall consist of not less than 15 members, of which not less than 6 of such members shall be Indians.

(d) COMPENSATION AND EXPENSES.—

(1) CONGRESSIONAL MEMBERS.—Each Member of Congress who is a member of the Commission shall be paid the rate of basic pay equal to that for level V of the Executive Schedule.

(2) STAFF.—With the approval of the Commission, the executive director may appoint such personnel as the executive director deems appropriate.

(3) APPlicability OF Civil SERVICE LAW.—The staff of the Commission shall be appointed without regard to the provisions of title 5, United States Code, governing appointments in the competitive service, and shall be paid in accordance with the provisions of chapter 51 and subchapter III of chapter 53 of such title (relating to classification and General Schedule pay rates).

(f) POWERS.—

(1) HEARINGS AND OTHER ACTIVITIES.—For the purpose of carrying out its duties, the Commission may hold temporary and intermittent hearings and undertake such other activities as the Commission determines to be necessary to carry out its duties, except that at least 6 regional hearings shall be held in different areas of the United States in which large numbers of Indians are present. Such hearings shall be held to solicit the views of Indians regarding the delivery of health services to them. To constitute a hearing under this paragraph, at least 5 members of the Commission, including at least 1 member of Congress, must be present. Hearings held by the study committee established under this section may be counted towards the number of regional hearings required by this paragraph.

(2) EXPERTS AND CONSULTANTS.—The Commission, the Comptroller General shall conduct such studies or investigations as the Commission determines to be necessary to carry out its duties.

(3) COST ESTIMATES.—

(a) IN GENERAL.—The Director of the Congressional Budget Office or the Chief Actuary of the Health Care Financing Administration, or both, shall provide to the Commission, upon the request of the Commission, such cost estimates as the Commission determines to be necessary to carry out its duties.

(b) Reimbursements.—The Commission shall reimburse the Director of the Congressional Budget Office for the costs of the employment in the office of the Director of such additional staff as may be necessary...
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for the Director to comply with requests by the Commission under subparagraph (A).

(4) DETAIL OF FEDERAL EMPLOYEES.—Upon the request of the Commission, the head of any Federal agency authorized to make payments under this title, without reimbursement, any of the personnel of such agency to the Commission to assist in carrying out its duties. Any service and acceptance of other work shall be performed by the Indian tribe or tribal organization, or furnished to an urban Indian eligible for health services purchased by an urban Indian organization as those terms are defined in section 4 of the Indian Health Care Improvement Act, in accordance with such admission practices and such payment methodology as are prescribed under regulations issued by the Secretary.

SEC. 202. QUALIFIED INDIAN HEALTH PROGRAM. (a) Definition of Qualified Indian Health Program.—In this title: (1) the term ‘qualified Indian health program’ means a health program operated by— 

(A) the Indian Health Service;

(B) 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 and which is funded in whole or in part by the Indian Health Service under the Indian Self Determination and Education Assistance Act; or

(C) an urban Indian organization as so defined and which is funded in whole or in part under title V of the Indian Health Care Improvement Act.

(b) Included Programs and Entities.—Such term may include— 

(1) an Indian tribe or tribal organization;

(2) an urban Indian organization (as so defined); and

(3) by adding at the end the following:

(1) in subparagraph (S), by striking the period and inserting ‘‘, and’’; and

(2) by adding at the end the following:

(1) the direct costs, which are reasonable, adequate and related to the cost of furnishing such services, taking into account—

(i) the unique nature, location, and service methodology applicable to the qualified Indian health program, and which shall include direct program, administrative, and overhead costs, without regard to any fee schedule that would otherwise be applicable; and

(ii) indirect costs which, in the case of a qualified Indian health program—

(I) for which an indirect cost rate (as that term is defined in section 4g) of the Indian Self-Determination and Education Assistance Act has been established, shall not be less than an amount determined on the basis of the indirect cost rate; or

(II) for which no such rate has been established, shall be the administrative costs specifically associated with the delivery of the services being provided.

(b) Limitation.—Notwithstanding any other provision of law, any other provision of the Indian Self-Determination and Education Assistance Act which provides for the payment of costs described in paragraph (2) shall be made on a fee-for-service, encounter, or per diem basis.

(c) Pay for Items not Covered by a Cost Report.—A full cost recovery payment for items not covered by a cost report shall be made on a fee-for-service, encounter, or per diem basis.

(d) Optional Determination.—The full cost recovery rate provided for in paragraphs (1) through (3) may be determined, at the election of the qualified Indian health program, by the Health Care Financing Administration or by the State agency responsible for administering the State plan under title XIX and shall be valid for reimbursements made under that title, title XIX, and shall be valid for reimbursements made under that title, title XIX, and title XXI. The costs described in paragraph (2)(A) shall be calculated under whatever methodology yields the greatest aggregate payment for the cost reporting period, provided that such methodology shall include adjustments to such payment to take into account for those qualified Indian health programs that include hospitals—

(A) a significant decrease in discharges;

(B) costs for graduate medical education programs;

(C) additional payment as a disproportionate share hospital with a payment adjustment factor of 10, and

(D) payment for outlier cases.

(e) Election of Payment.—A qualified Indian health program may elect to receive payment for services provided under this section—

(A) on the full cost recovery basis provided in paragraphs (1) through (5); and

(B) on the basis of the inpatient or outpatient encounter rates established for Indian Health Service facilities and published annually in the Federal Register;

(C) on the same basis as other providers are reimbursed under this title, provided that the amounts determined under paragraph (c)(2) shall be added to any such amount;

(D) on the basis of any other rate methodology applicable to the Indian Health Service or an Indian Tribe or tribal organization; or

(E) on the basis of any rate or methodology negotiated with the agency responsible for making payment.

(f) Election of Reimbursement for Other Services.—(1) in general.—A qualified Indian health program may elect to be reimbursed for any service the Indian Health Service, an Indian tribe or tribal organization, or an urban Indian organization may be reimbursed for under Federal law to receive the service from the Indian Health Service, an Indian tribe or tribal org-
(A) any service when furnished by an employee of the qualified Indian health program who is licensed or certified to perform such a service to the same extent that such service would be reimbursable if performed by a physician and any service or supplies furnished by a physician's service as would otherwise be covered if furnished by a physician or as an incident to a physician's service.

(B) screening, diagnostic, and therapeutic outpatient services including part-time or intermittent screening, diagnostic, and therapeutic skilled nursing care and related medical services (other than drugs (including biologicals), furnished by an employee of the qualified Indian health program who is licensed or certified to perform such a service for an individual in the individual's home or in a community health setting under a written plan of treatment established and periodically reviewed by a physician, when furnished to an individual as an outpatient of a qualified Indian health program;

(C) preventive primary health services as described under section 330 of the Public Health Service Act (42 U.S.C. 294a) if provided by an employee of the qualified Indian health program who is licensed or certified to perform such a service, regardless of the location in which such services are provided;

(D) with respect to services for children, all services specified as part of the State plan under title XIX, the State child health plan under title XXI, and early and periodic screening, diagnostic, and treatment services as described in section 1905(r);

(E) influenza and pneumococcal immunizations;

(F) other immunizations for prevention of communicable diseases when targeted; and

(G) the cost of transportation for providers or patients necessary to facilitate access for patients.

Subtitle B—Medicaid

SEC. 212. STATE CONSULTATION WITH INDIAN HEALTH PROGRAMS.

Section 1902(a) of the Social Security Act (42 U.S.C. 1396a(a)) is amended—

(1) in paragraph (64), by striking "and" and inserting "or"; and

(2) by adding at the end the following:

"(66) if the Indian Health Service operates or funds health programs in the State or if there are Indian tribes or tribal organizations in the State, the Indian tribe or tribal organization shall be deemed to meet the conditions and requirements of this title which are applicable generally to such services under this title without the payment of additional amounts in excess of the amount necessary for reimbursement for the services provided under this title.

SEC. 213. INDIAN HEALTH SERVICE PROGRAMS.

Section 3315 of the Social Security Act (42 U.S.C. 1396g) is amended to read as follows:

"INDIAN HEALTH SERVICE PROGRAMS

"SEC. 1911. (a) IN GENERAL.—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 if and for so long as the Service, Indian tribe or tribal organization, or urban Indian organization provides services or provider types of a type otherwise covered under the State plan and meets the conditions and requirements which are applicable generally to the service for which it seeks reimbursement under this title. Reimbursement under this title shall be provided by a qualified Indian health program under section 1800A.

"(b) PERIOD FOR BILLING.—Notwithstanding subsection (a), the Indian Health Service, an Indian tribe or tribal organization, or an urban Indian organization which provides services or provider types of a type otherwise covered under the State plan does not meet all of the conditions and requirements of this title which are applicable generally to such services under this title without the payment of additional amounts in excess of the amount necessary for reimbursement for the services provided 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 payment is first sought an acceptable plan for achieving compliance with such conditions and requirements of this title which are applicable generally to such services under this title. Such plan shall be developed and periodically reviewed by a qualified Indian health program. Six months after the date on which such reimbursement is first sought an acceptable plan for achieving compliance with such conditions and requirements of this title which are applicable generally to such services under this title is not submitted, the Secretary of the Interior shall disallow any reimbursement for services provided under this title by such entity and shall seek to impose such additional conditions and requirements of this title which are applicable generally to such services under this title as may be necessary to achieve 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 C—State Children's Health Insurance Programs

SEC. 221. ENHANCED FMAP FOR STATE CHILDREN'S HEALTH INSURANCE PROGRAM.

(a) IN GENERAL.—Section 210(b) of the Social Security Act (42 U.S.C. 1397bb(b)) is amended—

(1) by striking "For purposes" and inserting "subject to the following;

(2) by adding at the end the following:

"(1) IN GENERAL.—Subject to paragraph (2), for purposes; and

"(2) by adding at the end the following:

"(A) any service when furnished by an employee of the qualified Indian health program who is licensed or certified to perform such a service to the same extent that such service would be reimbursable if performed by a physician and any service or supplies furnished by a physician's service as would otherwise be covered if furnished by a physician or as an incident to a physician's service;

"(B) screening, diagnostic, and therapeutic outpatient services including part-time or intermittent screening, diagnostic, and therapeutic skilled nursing care and related medical services (other than drugs (including biologicals), furnished by an employee of the qualified Indian health program who is licensed or certified to perform such a service for an individual in the individual's home or in a community health setting under a written plan of treatment established and periodically reviewed by a physician, when furnished to an individual as an outpatient of a qualified Indian health program;

"(C) preventive primary health services as described under section 330 of the Public Health Service Act (42 U.S.C. 294a) if provided by an employee of the qualified Indian health program who is licensed or certified to perform such a service, regardless of the location in which such services are provided;

"(D) with respect to services for children, all services specified as part of the State plan under title XIX, the State child health plan under title XXI, and early and periodic screening, diagnostic, and treatment services as described in section 1905(r);

"(E) influenza and pneumococcal immunizations;

"(F) other immunizations for prevention of communicable diseases when targeted; and

"(G) the cost of transportation for providers or patients necessary to facilitate access for patients.

There is authorized to be appropriated such sums as may be necessary for each of the fiscal years 2004 through 2015 to carry out this title and the amendments made by this title.