

109TH CONGRESS
2D SESSION

H. R. 5312

To amend the Indian Health Care Improvement Act to revise and extend that Act.

IN THE HOUSE OF REPRESENTATIVES

MAY 9, 2006

Mr. YOUNG of Alaska (for himself, Mr. HAYWORTH, Mr. RENZI, Mr. COLE of Oklahoma, Mr. RAHALL, Mr. OBERSTAR, Mr. PALLONE, Mr. BACA, Mr. CASE, Ms. BORDALLO, Mr. HONDA, Mr. UDALL of New Mexico, Mr. KILDEE, and Mr. WAXMAN) introduced the following bill; which was referred to the Committee on Resources, and in addition to the Committees on Energy and Commerce and Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To amend the Indian Health Care Improvement Act to revise and extend that Act.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Indian Health Care
5 Improvement Act Amendments of 2006”.

1 **SEC. 2. INDIAN HEALTH CARE IMPROVEMENT ACT AMEND-**
 2 **ED.**

3 (a) IN GENERAL.—The Indian Health Care Improve-
 4 ment Act (25 U.S.C. 1601 et seq.) is amended to read
 5 as follows:

6 **“SEC. 1. SHORT TITLE; TABLE OF CONTENTS.**

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

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

“Sec. 1. Short title; table of contents.

“Sec. 2. Findings.

“Sec. 3. Declaration of National Indian health policy.

“Sec. 4. Definitions.

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

“Sec. 101. Purpose.

“Sec. 102. Health professions recruitment program for Indians.

“Sec. 103. Health professions preparatory scholarship program for Indians.

“Sec. 104. Indian health professions scholarships.

“Sec. 105. American Indians Into Psychology program.

“Sec. 106. Scholarship programs for Indian Tribes.

“Sec. 107. Indian Health Service extern programs.

“Sec. 108. Continuing education allowances.

“Sec. 109. Community health representative program.

“Sec. 110. Indian Health Service loan repayment program.

“Sec. 111. Scholarship and Loan Repayment Recovery Fund.

“Sec. 112. Recruitment activities.

“Sec. 113. Indian recruitment and retention program.

“Sec. 114. Advanced training and research.

“Sec. 115. Quentin N. Burdick American Indians Into Nursing program.

“Sec. 116. Tribal cultural orientation.

“Sec. 117. INMED program.

“Sec. 118. Health training programs of community colleges.

“Sec. 119. Retention bonus.

“Sec. 120. Nursing residency program.

“Sec. 121. Community health aide program.

“Sec. 122. Tribal health program administration.

“Sec. 123. Health professional chronic shortage demonstration programs.

“Sec. 124. National Health Service Corps.

“Sec. 125. Substance abuse counselor educational curricula demonstration pro-
 grams.

- “Sec. 126. Behavioral health training and community education programs.
- “Sec. 127. Authorization of appropriations.

“TITLE II—HEALTH SERVICES

- “Sec. 201. Indian Health Care Improvement Fund.
- “Sec. 202. Catastrophic Health Emergency Fund.
- “Sec. 203. Health promotion and disease prevention services.
- “Sec. 204. Diabetes prevention, treatment, and control.
- “Sec. 205. Shared services for long-term care.
- “Sec. 206. Health services research.
- “Sec. 207. Mammography and other cancer screening.
- “Sec. 208. Patient travel costs.
- “Sec. 209. Epidemiology centers.
- “Sec. 210. Comprehensive school health education programs.
- “Sec. 211. Indian youth program.
- “Sec. 212. Prevention, control, and elimination of communicable and infectious diseases.
- “Sec. 213. Authority for provision of other services.
- “Sec. 214. Indian women’s health care.
- “Sec. 215. Environmental and nuclear health hazards.
- “Sec. 216. Arizona as a contract health service delivery area.
- “Sec. 216A. North Dakota and South Dakota as a contract health service delivery area.
- “Sec. 217. California contract health services program.
- “Sec. 218. California as a contract health service delivery area.
- “Sec. 219. Contract health services for the Trenton service area.
- “Sec. 220. Programs operated by Indian Tribes and Tribal Organizations.
- “Sec. 221. Licensing.
- “Sec. 222. Notification of provision of emergency contract health services.
- “Sec. 223. Prompt action on payment of claims.
- “Sec. 224. Liability for payment.
- “Sec. 225. Office of Indian Men’s Health.
- “Sec. 226. Authorization of appropriations.

“TITLE III—FACILITIES

- “Sec. 301. Consultation; construction and renovation of facilities; reports.
- “Sec. 302. Sanitation facilities.
- “Sec. 303. Preference to Indians and Indian firms.
- “Sec. 304. Expenditure of nonservice funds for renovation.
- “Sec. 305. Funding for the construction, expansion, and modernization of small ambulatory care facilities.
- “Sec. 306. Indian health care delivery demonstration project.
- “Sec. 307. Land transfer.
- “Sec. 308. Leases, contracts, and other agreements.
- “Sec. 309. Study on loans, loan guarantees, and loan repayment.
- “Sec. 310. Tribal leasing.
- “Sec. 311. Indian Health Service/tribal facilities joint venture program.
- “Sec. 312. Location of facilities.
- “Sec. 313. Maintenance and improvement of health care facilities.
- “Sec. 314. Tribal management of Federally owned quarters.
- “Sec. 315. Applicability of Buy American Act requirement.
- “Sec. 316. Other funding for facilities.
- “Sec. 317. Authorization of appropriations.

“TITLE IV—ACCESS TO HEALTH SERVICES

- “Sec. 401. Treatment of payments under Social Security Act health care programs.
- “Sec. 402. Grants to and contracts with the Service, Indian Tribes, Tribal Organizations, and Urban Indian Organizations.
- “Sec. 403. Reimbursement from certain third parties of costs of health services.
- “Sec. 404. Crediting of reimbursements.
- “Sec. 405. Purchasing health care coverage.
- “Sec. 406. Sharing arrangements with Federal agencies.
- “Sec. 407. Payor of last resort.
- “Sec. 408. Nondiscrimination in qualifications for reimbursement for services.
- “Sec. 409. Consultation.
- “Sec. 410. State Children’s Health Insurance Program (SCHIP).
- “Sec. 411. Social Security Act sanctions.
- “Sec. 412. Cost sharing.
- “Sec. 413. Treatment under Medicaid managed care.
- “Sec. 414. Navajo Nation Medicaid Agency feasibility study.
- “Sec. 415. Authorization of appropriations.

“TITLE V—HEALTH SERVICES FOR URBAN INDIANS

- “Sec. 501. Purpose.
- “Sec. 502. Contracts with, and grants to, Urban Indian Organizations.
- “Sec. 503. Contracts and grants for the provision of health care and referral services.
- “Sec. 504. Contracts and grants for the determination of unmet health care needs.
- “Sec. 505. Evaluations; renewals.
- “Sec. 506. Other contract and grant requirements.
- “Sec. 507. Reports and records.
- “Sec. 508. Limitation on contract authority.
- “Sec. 509. Facilities.
- “Sec. 510. Division 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. Urban youth treatment center demonstration.
- “Sec. 516. Use of Federal Government facilities and sources of supply
- “Sec. 517. Grants for diabetes prevention, treatment, and control.
- “Sec. 518. Community health representatives.
- “Sec. 519. Effective date.
- “Sec. 520. Eligibility for services.
- “Sec. 521. Authorization of appropriations.

“TITLE VI—ORGANIZATIONAL IMPROVEMENTS

- “Sec. 601. Establishment of the Indian Health Service as an agency of the Public Health Service.
- “Sec. 602. Automated management information system.
- “Sec. 603. Authorization of appropriations.

“TITLE VII—BEHAVIORAL HEALTH PROGRAMS

- “Sec. 701. Behavioral health prevention and treatment services.
- “Sec. 702. Memoranda of agreement with the Department of the Interior.

- “Sec. 703. Comprehensive behavioral health prevention and treatment program.
- “Sec. 704. Mental health technician program.
- “Sec. 705. Licensing requirement for mental health care workers.
- “Sec. 706. Indian women treatment programs.
- “Sec. 707. Indian youth program.
- “Sec. 708. Indian youth telemental health demonstration project.
- “Sec. 709. Inpatient and community-based mental health facilities design, construction, and staffing.
- “Sec. 710. Training and community education.
- “Sec. 711. Behavioral health program.
- “Sec. 712. Fetal alcohol disorder programs.
- “Sec. 713. Child sexual abuse and prevention treatment programs.
- “Sec. 714. Behavioral health research.
- “Sec. 715. Definitions.
- “Sec. 716. Authorization of appropriations.

“TITLE VIII—MISCELLANEOUS

- “Sec. 801. Reports.
- “Sec. 802. Regulations.
- “Sec. 803. Plan of implementation.
- “Sec. 804. Availability of funds.
- “Sec. 805. Limitation on use of funds appropriated to the Indian Health Service.
- “Sec. 806. Eligibility of California Indians.
- “Sec. 807. Health services for ineligible persons.
- “Sec. 808. Reallocation of base resources.
- “Sec. 809. Results of demonstration projects.
- “Sec. 810. Provision of services in Montana.
- “Sec. 811. Moratorium.
- “Sec. 812. Tribal employment.
- “Sec. 813. Severability provisions.
- “Sec. 814. Establishment of National Bipartisan Commission on Indian Health Care.
- “Sec. 815. Appropriations; availability.
- “Sec. 816. Authorization of appropriations.

1 **“SEC. 2. FINDINGS.**

2 “Congress makes the following findings:

3 “(1) Federal health services to maintain and
 4 improve the health of the Indians are consonant
 5 with and required by the Federal Government’s his-
 6 torical and unique legal relationship with, and re-
 7 sulting responsibility to, the American Indian people.

8 “(2) A major national goal of the United States
 9 is to provide the quantity and quality of health serv-

1 ices which will permit the health status of Indians
2 to be raised to the highest possible level and to en-
3 courage the maximum participation of Indians in the
4 planning and management of those services.

5 “(3) Federal health services to Indians have re-
6 sulted in a reduction in the prevalence and incidence
7 of preventable illnesses among, and unnecessary and
8 premature deaths of, Indians.

9 “(4) Despite such services, the unmet health
10 needs of the American Indian people are severe and
11 the health status of the Indians is far below that of
12 the general population of the United States.

13 **“SEC. 3. DECLARATION OF NATIONAL INDIAN HEALTH POL-**
14 **ICY.**

15 “Congress declares that it is the policy of this Nation,
16 in fulfillment of its special trust responsibilities and legal
17 obligations to Indians—

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

21 “(2) to raise the health status of Indians by the
22 year 2010 to at least the levels set forth in the goals
23 contained within the Healthy People 2010 or suc-
24 cessor objectives;

1 “(3) to the greatest extent possible, to allow In-
2 dians to set their own health care priorities and es-
3 tablish goals that reflect their unmet needs;

4 “(4) to increase the proportion of all degrees in
5 the health professions and allied and associated
6 health professions awarded to Indians so that the
7 proportion of Indian health professionals in each
8 Service Area is raised to at least the level of that of
9 the general population;

10 “(5) to require meaningful consultation with In-
11 dian Tribes, Tribal Organizations, and Urban Indian
12 Organizations to implement this Act and the na-
13 tional policy of Indian self-determination; and

14 “(6) to provide funding for programs and facili-
15 ties operated by Indian Tribes and Tribal Organiza-
16 tions in amounts that are not less than the amounts
17 provided to programs and facilities operated directly
18 by the Service.

19 **“SEC. 4. DEFINITIONS.**

20 “For purposes of this Act:

21 “(1) The term ‘accredited and accessible’ means
22 on or near a reservation and accredited by a na-
23 tional or regional organization with accrediting au-
24 thority.

1 “(2) The term ‘Area Office’ means an adminis-
2 trative entity, including a program office, within the
3 Service through which services and funds are pro-
4 vided to the Service Units within a defined geo-
5 graphic area.

6 “(3) The term ‘Assistant Secretary’ means the
7 Assistant Secretary of Indian Health.

8 “(4)(A) The term ‘behavioral health’ means the
9 blending of substance (alcohol, drugs, inhalants, and
10 tobacco) abuse and mental health prevention and
11 treatment, for the purpose of providing comprehen-
12 sive services.

13 “(B) The term ‘behavioral health’ includes the
14 joint development of substance abuse and mental
15 health treatment planning and coordinated case
16 management using a multidisciplinary approach.

17 “(5) The term ‘California Indians’ means those
18 Indians who are eligible for health services of the
19 Service pursuant to section 806.

20 “(6) The term ‘community college’ means—

21 “(A) a tribal college or university, or

22 “(B) a junior or community college.

23 “(7) The term ‘contract health service’ means
24 health services provided at the expense of the Serv-
25 ice or a Tribal Health Program by public or private

1 medical providers or hospitals, other than the Serv-
2 ice Unit or the Tribal Health Program at whose ex-
3 pense the services are provided.

4 “(8) The term ‘Department’ means, unless oth-
5 erwise designated, the Department of Health and
6 Human Services.

7 “(9) The term ‘disease prevention’ means the
8 reduction, limitation, and prevention of disease and
9 its complications and reduction in the consequences
10 of disease, including—

11 “(A) controlling—

12 “(i) the development of diabetes;

13 “(ii) high blood pressure;

14 “(iii) infectious agents;

15 “(iv) injuries;

16 “(v) occupational hazards and disabil-
17 ities;

18 “(vi) sexually transmittable diseases;

19 and

20 “(vii) toxic agents; and

21 “(B) providing—

22 “(i) fluoridation of water; and

23 “(ii) immunizations.

24 “(10) The term ‘health profession’ means
25 allopathic medicine, family medicine, internal medi-

1 cine, pediatrics, geriatric medicine, obstetrics and
2 gynecology, podiatric medicine, nursing, public
3 health nursing, dentistry, psychiatry, osteopathy, op-
4 tometry, pharmacy, psychology, public health, social
5 work, marriage and family therapy, chiropractic
6 medicine, environmental health and engineering, al-
7 lied health professions, naturopathic medicine, and
8 any other health profession.

9 “(11) The term ‘health promotion’ means—

10 “(A) fostering social, economic, environ-
11 mental, and personal factors conducive to
12 health, including raising public awareness about
13 health matters and enabling the people to cope
14 with health problems by increasing their knowl-
15 edge and providing them with valid information;

16 “(B) encouraging adequate and appro-
17 priate diet, exercise, and sleep;

18 “(C) promoting education and work in con-
19 formity with physical and mental capacity;

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

22 “(E) improving the physical, economic, cul-
23 tural, psychological, and social environment;

1 “(F) promoting adequate opportunity for
2 spiritual, religious, and traditional health care
3 practices; and

4 “(G) providing adequate and appropriate
5 programs, including—

6 “(i) abuse prevention (mental and
7 physical);

8 “(ii) community health;

9 “(iii) community safety;

10 “(iv) consumer health education;

11 “(v) diet and nutrition;

12 “(vi) immunization and other preven-
13 tion of communicable diseases, including
14 HIV/AIDS;

15 “(vii) environmental health;

16 “(viii) exercise and physical fitness;

17 “(ix) avoidance of fetal alcohol dis-
18 orders;

19 “(x) first aid and CPR education;

20 “(xi) human growth and development;

21 “(xii) injury prevention and personal
22 safety;

23 “(xiii) behavioral health;

24 “(xiv) monitoring of disease indicators
25 between health care provider visits,

1 through appropriate means, including
2 Internet-based health care management
3 systems;
4 “(xv) personal health and wellness
5 practices;
6 “(xvi) personal capacity building;
7 “(xvii) prenatal, pregnancy, and in-
8 fant care;
9 “(xviii) psychological well-being;
10 “(xix) reproductive health and family
11 planning;
12 “(xx) safe and adequate water;
13 “(xxi) safe housing, relating to elimi-
14 nation, reduction, and prevention of con-
15 taminants that create unhealthy housing
16 conditions;
17 “(xxii) safe work environments;
18 “(xxiii) stress control;
19 “(xxiv) substance abuse;
20 “(xxv) sanitary facilities;
21 “(xxvi) sudden infant death syndrome
22 prevention;
23 “(xxvii) tobacco use cessation and re-
24 duction;
25 “(xxviii) violence prevention; and

1 “(xxix) such other activities identified
2 by the Service, a Tribal Health Program,
3 or an Urban Indian Organization, to pro-
4 mote achievement of any of the objectives
5 described in section 3(2).

6 “(12) The term ‘Indian’, unless otherwise des-
7 ignated, means any person who is a member of an
8 Indian Tribe or is eligible for health services under
9 section 806, except that, for the purpose of sections
10 102 and 103, the term also means any individual
11 who—

12 “(A)(i) irrespective of whether the indi-
13 vidual lives on or near a reservation, is a mem-
14 ber of a tribe, band, or other organized group
15 of Indians, including those tribes, bands, or
16 groups terminated since 1940 and those recog-
17 nized now or in the future by the State in
18 which they reside; or

19 “(ii) is a descendant, in the first or second
20 degree, of any such member;

21 “(B) is an Eskimo or Aleut or other Alas-
22 ka Native;

23 “(C) is considered by the Secretary of the
24 Interior to be an Indian for any purpose; or

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

3 “(13) The term ‘Indian Health Program’
4 means—

5 “(A) any health program administered di-
6 rectly by the Service;

7 “(B) any Tribal Health Program; or

8 “(C) any Indian Tribe or Tribal Organiza-
9 tion to which the Secretary provides funding
10 pursuant to section 23 of the Act of June 25,
11 1910 (25 U.S.C. 47) (commonly known as the
12 ‘Buy Indian Act’).

13 “(14) The term ‘Indian Tribe’ has the meaning
14 given the term in the Indian Self-Determination and
15 Education Assistance Act (25 U.S.C. 450 et seq.).

16 “(15) The term ‘junior or community college’
17 has the meaning given the term by section 312(e) of
18 the Higher Education Act of 1965 (20 U.S.C.
19 1058(e)).

20 “(16) The term ‘reservation’ means any feder-
21 ally recognized Indian Tribe’s reservation, Pueblo, or
22 colony, including former reservations in Oklahoma,
23 Indian allotments, and Alaska Native Regions estab-
24 lished pursuant to the Alaska Native Claims Settle-
25 ment Act (25 U.S.C. 1601 et seq.).

1 “(17) The term ‘Secretary’, unless otherwise
2 designated, means the Secretary of Health and
3 Human Services.

4 “(18) The term ‘Service’ means the Indian
5 Health Service.

6 “(19) The term ‘Service Area’ means the geo-
7 graphical area served by each Area Office.

8 “(20) The term ‘Service Unit’ means an admin-
9 istrative entity of the Service, or a Tribal Health
10 Program through which services are provided, di-
11 rectly or by contract, to eligible Indians within a de-
12 fined geographic area.

13 “(21) The term ‘telehealth’ has the meaning
14 given the term in section 330K(a) of the Public
15 Health Service Act (42 U.S.C. 254e–16(a)).

16 “(22) The term ‘telemedicine’ means a tele-
17 communications link to an end user through the use
18 of eligible equipment that electronically links health
19 professionals or patients and health professionals at
20 separate sites in order to exchange health care infor-
21 mation in audio, video, graphic, or other format for
22 the purpose of providing improved health care serv-
23 ices.

1 “(23) The term ‘tribal college or university’ has
2 the meaning given the term in section 316(b)(3) of
3 the Higher Education Act (20 U.S.C. 1059c(b)(3)).

4 “(24) The term ‘Tribal Health Program’ means
5 an Indian Tribe or Tribal Organization that oper-
6 ates any health program, service, function, activity,
7 or facility funded, in whole or part, by the Service
8 through, or provided for in, a contract or compact
9 with the Service under the Indian Self-Determina-
10 tion and Education Assistance Act (25 U.S.C. 450
11 et seq.).

12 “(25) The term ‘Tribal Organization’ has the
13 meaning given the term in the Indian Self-Deter-
14 mination and Education Assistance Act (25 U.S.C.
15 450 et seq.).

16 “(26) The term ‘Urban Center’ means any com-
17 munity which has a sufficient Urban Indian popu-
18 lation with unmet health needs to warrant assistance
19 under title V of this Act, as determined by the Sec-
20 retary.

21 “(27) The term ‘Urban Indian’ means any indi-
22 vidual who resides in an Urban Center and who
23 meets 1 or more of the following criteria:

24 “(A) Irrespective of whether the individual
25 lives on or near a reservation, the individual is

1 a member of a tribe, band, or other organized
2 group of Indians, including those tribes, bands,
3 or groups terminated since 1940 and those
4 tribes, bands, or groups that are recognized by
5 the States in which they reside, or who is a de-
6 scendant in the first or second degree of any
7 such member.

8 “(B) The individual is an Eskimo, Aleut,
9 or other Alaska Native.

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

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

16 “(28) The term ‘Urban Indian Organization’
17 means a nonprofit corporate body that (A) is situ-
18 ated in an Urban Center; (B) is governed by an
19 Urban Indian-controlled board of directors; (C) pro-
20 vides for the participation of all interested Indian
21 groups and individuals; and (D) is capable of legally
22 cooperating with other public and private entities for
23 the purpose of performing the activities described in
24 section 503(a).

1 **“TITLE I—INDIAN HEALTH,**
2 **HUMAN RESOURCES, AND DE-**
3 **VELOPMENT**

4 **“SEC. 101. PURPOSE.**

5 “The purpose of this title is to increase, to the max-
6 imum extent feasible, the number of Indians entering the
7 health professions and providing health services, and to
8 assure an optimum supply of health professionals to the
9 Indian Health Programs and Urban Indian Organizations
10 involved in the provision of health services to Indians.

11 **“SEC. 102. HEALTH PROFESSIONS RECRUITMENT PROGRAM**
12 **FOR INDIANS.**

13 “(a) IN GENERAL.—The Secretary, acting through
14 the Service, shall make grants to public or nonprofit pri-
15 vate health or educational entities, Tribal Health Pro-
16 grams, or Urban Indian Organizations to assist such enti-
17 ties in meeting the costs of—

18 “(1) identifying Indians with a potential for
19 education or training in the health professions and
20 encouraging and assisting them—

21 “(A) to enroll in courses of study in such
22 health professions; or

23 “(B) if they are not qualified to enroll in
24 any such courses of study, to undertake such

1 postsecondary education or training as may be
2 required to qualify them for enrollment;

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

8 “(3) establishing other programs which the Sec-
9 retary determines will enhance and facilitate the en-
10 rollment of Indians in, and the subsequent pursuit
11 and completion by them of, courses of study referred
12 to in paragraph (1).

13 “(b) FUNDING.—

14 “(1) APPLICATION.—The Secretary shall not
15 make a grant under this section unless an applica-
16 tion has been submitted to, and approved by, the
17 Secretary. Such application shall be in such form,
18 submitted in such manner, and contain such infor-
19 mation, as the Secretary shall by regulation pre-
20 scribe pursuant to this Act. The Secretary shall give
21 a preference to applications submitted by Tribal
22 Health Programs or Urban Indian Organizations.

23 “(2) AMOUNT OF GRANTS; PAYMENT.—The
24 amount of a grant under this section shall be deter-
25 mined by the Secretary. Payments pursuant to this

1 section may be made in advance or by way of reim-
2 bursement, and at such intervals and on such condi-
3 tions as provided for in regulations issued pursuant
4 to this Act. To the extent not otherwise prohibited
5 by law, funding commitments shall be for 3 years,
6 as provided in regulations issued pursuant to this
7 Act.

8 **“SEC. 103. HEALTH PROFESSIONS PREPARATORY SCHOL-**
9 **ARSHIP PROGRAM FOR INDIANS.**

10 “(a) SCHOLARSHIPS AUTHORIZED.—The Secretary,
11 acting through the Service, shall provide scholarship
12 grants to Indians who—

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

15 “(2) have demonstrated the potential to suc-
16 cessfully complete courses of study in the health pro-
17 fessions.

18 “(b) PURPOSES.—Scholarship grants provided pursu-
19 ant to this section shall be for the following purposes:

20 “(1) Compensatory preprofessional education of
21 any recipient, such scholarship not to exceed 2 years
22 on a full-time basis (or the part-time equivalent
23 thereof, as determined by the Secretary pursuant to
24 regulations issued under this Act).

1 “(2) Pregraduate education of any recipient
2 leading to a baccalaureate degree in an approved
3 course of study preparatory to a field of study in a
4 health profession, such scholarship not to exceed 4
5 years. An extension of up to 2 years (or the part-
6 time equivalent thereof, as determined by the Sec-
7 retary pursuant to regulations issued pursuant to
8 this Act) may be approved.

9 “(c) OTHER CONDITIONS.—Scholarships under this
10 section—

11 “(1) may cover costs of tuition, books, trans-
12 portation, board, and other necessary related ex-
13 penses of a recipient while attending school;

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

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

21 **“SEC. 104. INDIAN HEALTH PROFESSIONS SCHOLARSHIPS.**

22 “(a) IN GENERAL.—

23 “(1) AUTHORITY.—The Secretary, acting
24 through the Service, shall make scholarship grants
25 to Indians who are enrolled full or part time in ac-

1 credited schools pursuing courses of study in the
2 health professions. Such scholarships shall be des-
3 ignated Indian Health Scholarships and shall be
4 made in accordance with section 338A of the Public
5 Health Services Act (42 U.S.C. 2541), except as
6 provided in subsection (b) of this section.

7 “(2) DETERMINATIONS BY SECRETARY.—The
8 Secretary, acting through the Service, shall deter-
9 mine—

10 “(A) who shall receive scholarship grants
11 under subsection (a); and

12 “(B) the distribution of the scholarships
13 among health professions on the basis of the
14 relative needs of Indians for additional service
15 in the health professions.

16 “(3) CERTAIN DELEGATION NOT ALLOWED.—
17 The administration of this section shall be a respon-
18 sibility of the Assistant Secretary and shall not be
19 delegated in a contract or compact under the Indian
20 Self-Determination and Education Assistance Act
21 (25 U.S.C. 450 et seq.).

22 “(b) ACTIVE DUTY SERVICE OBLIGATION.—

23 “(1) OBLIGATION MET.—The active duty serv-
24 ice obligation under a written contract with the Sec-
25 retary under this section that an Indian has entered

1 into shall, if that individual is a recipient of an In-
2 dian Health Scholarship, be met in full-time practice
3 on an equivalent year-for-year obligation, by service
4 in 1 or more of the following:

5 “(A) In an Indian Health Program.

6 “(B) In a program assisted under title V
7 of this Act.

8 “(C) In the private practice of the applica-
9 ble profession if, as determined by the Sec-
10 retary, in accordance with guidelines promul-
11 gated by the Secretary, such practice is situated
12 in a physician or other health professional
13 shortage area and addresses the health care
14 needs of a substantial number of Indians.

15 “(D) In a teaching capacity in a tribal col-
16 lege or university nursing program (or a related
17 health profession program) if, as determined by
18 the Secretary, the health service provided to In-
19 dians would not decrease.

20 “(2) OBLIGATION DEFERRED.—At the request
21 of any individual who has entered into a contract re-
22 ferred to in paragraph (1) and who receives a degree
23 in medicine (including osteopathic or allopathic med-
24 icine), dentistry, optometry, podiatry, or pharmacy,
25 the Secretary shall defer the active duty service obli-

1 gation of that individual under that contract, in
2 order that such individual may complete any intern-
3 ship, residency, or other advanced clinical training
4 that is required for the practice of that health pro-
5 fession, for an appropriate period (in years, as deter-
6 mined by the Secretary), subject to the following
7 conditions:

8 “(A) No period of internship, residency, or
9 other advanced clinical training shall be counted
10 as satisfying any period of obligated service
11 under this subsection.

12 “(B) The active duty service obligation of
13 that individual shall commence not later than
14 90 days after the completion of that advanced
15 clinical training (or by a date specified by the
16 Secretary).

17 “(C) The active duty service obligation will
18 be served in the health profession of that indi-
19 vidual in a manner consistent with paragraph
20 (1).

21 “(D) A recipient of a scholarship under
22 this section may, at the election of the recipient,
23 meet the active duty service obligation described
24 in paragraph (1) by service in a program speci-
25 fied under that paragraph that—

1 “(i) is located on the reservation of
2 the Indian Tribe in which the recipient is
3 enrolled; or

4 “(ii) serves the Indian Tribe in which
5 the recipient is enrolled.

6 “(3) PRIORITY WHEN MAKING ASSIGNMENTS.—

7 Subject to paragraph (2), the Secretary, in making
8 assignments of Indian Health Scholarship recipients
9 required to meet the active duty service obligation
10 described in paragraph (1), shall give priority to as-
11 signing individuals to service in those programs
12 specified in paragraph (1) that have a need for
13 health professionals to provide health care services
14 as a result of individuals having breached contracts
15 entered into under this section.

16 “(c) PART-TIME STUDENTS.—In the case of an indi-
17 vidual receiving a scholarship under this section who is
18 enrolled part time in an approved course of study—

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

22 “(2) the period of obligated service described in
23 subsection (b)(1) shall be equal to the greater of—

24 “(A) the part-time equivalent of 1 year for
25 each year for which the individual was provided

1 a scholarship (as determined by the Area Of-
2 fice); or

3 “(B) 2 years; and

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

10 “(d) BREACH OF CONTRACT.—

11 “(1) SPECIFIED BREACHES.—An individual
12 shall be liable to the United States for the amount
13 which has been paid to the individual, or on behalf
14 of the individual, under a contract entered into with
15 the Secretary under this section on or after the date
16 of enactment of the Indian Health Care Improve-
17 ment Act Amendments of 2006 if that individual—

18 “(A) fails to maintain an acceptable level
19 of academic standing in the educational institu-
20 tion in which he or she is enrolled (such level
21 determined by the educational institution under
22 regulations of the Secretary);

23 “(B) is dismissed from such educational
24 institution for disciplinary reasons;

1 “(C) voluntarily terminates the training in
2 such an educational institution for which he or
3 she is provided a scholarship under such con-
4 tract before the completion of such training; or

5 “(D) fails to accept payment, or instructs
6 the educational institution in which he or she is
7 enrolled not to accept payment, in whole or in
8 part, of a scholarship under such contract, in
9 lieu of any service obligation arising under such
10 contract.

11 “(2) OTHER BREACHES.—If for any reason not
12 specified in paragraph (1) an individual breaches a
13 written contract by failing either to begin such indi-
14 vidual’s service obligation required under such con-
15 tract or to complete such service obligation, the
16 United States shall be entitled to recover from the
17 individual an amount determined in accordance with
18 the formula specified in subsection (l) of section 110
19 in the manner provided for in such subsection.

20 “(3) CANCELLATION UPON DEATH OF RECIPI-
21 ENT.—Upon the death of an individual who receives
22 an Indian Health Scholarship, any outstanding obli-
23 gation of that individual for service or payment that
24 relates to that scholarship shall be canceled.

25 “(4) WAIVERS AND SUSPENSIONS.—

1 “(A) IN GENERAL.—The Secretary shall
2 provide for the partial or total waiver or sus-
3 pension of any obligation of service or payment
4 of a recipient of an Indian Health Scholarship
5 if the Secretary, in consultation with the af-
6 fected Area Office, Indian Tribes, Tribal Orga-
7 nizations, and Urban Indian Organizations, de-
8 termines that—

9 “(i) it is not possible for the recipient
10 to meet that obligation or make that pay-
11 ment;

12 “(ii) requiring that recipient to meet
13 that obligation or make that payment
14 would result in extreme hardship to the re-
15 cipient; or

16 “(iii) the enforcement of the require-
17 ment to meet the obligation or make the
18 payment would be unconscionable.

19 “(B) FACTORS FOR CONSIDERATION.—Be-
20 fore waiving or suspending an obligation of
21 service or payment under subparagraph (A), the
22 Secretary may take into consideration whether
23 the obligation may be satisfied in a teaching ca-
24 pacity at a tribal college or university nursing
25 program under subsection (b)(1)(D).

1 “(5) EXTREME HARDSHIP.—Notwithstanding
2 any other provision of law, in any case of extreme
3 hardship or for other good cause shown, the Sec-
4 retary may waive, in whole or in part, the right of
5 the United States to recover funds made available
6 under this section.

7 “(6) BANKRUPTCY.—Notwithstanding any
8 other provision of law, with respect to a recipient of
9 an Indian Health Scholarship, no obligation for pay-
10 ment may be released by a discharge in bankruptcy
11 under title 11, United States Code, unless that dis-
12 charge is granted after the expiration of the 5-year
13 period beginning on the initial date on which that
14 payment is due, and only if the bankruptcy court
15 finds that the nondischarge of the obligation would
16 be unconscionable.

17 **“SEC. 105. AMERICAN INDIANS INTO PSYCHOLOGY PRO-**
18 **GRAM.**

19 “(a) GRANTS AUTHORIZED.—The Secretary, acting
20 through the Service, shall make grants of not more than
21 \$300,000 to each of 9 colleges and universities for the pur-
22 pose of developing and maintaining Indian psychology ca-
23 reer recruitment programs as a means of encouraging In-
24 dians to enter the behavioral health field. These programs
25 shall be located at various locations throughout the coun-

1 try to maximize their availability to Indian students and
2 new programs shall be established in different locations
3 from time to time.

4 “(b) QUENTIN N. BURDICK PROGRAM GRANT.—The
5 Secretary shall provide a grant authorized under sub-
6 section (a) to develop and maintain a program at the Uni-
7 versity of North Dakota to be known as the ‘Quentin N.
8 Burdick American Indians Into Psychology Program’.
9 Such program shall, to the maximum extent feasible, co-
10 ordinate with the Quentin N. Burdick Indian Health Pro-
11 grams authorized under section 117(b), the Quentin N.
12 Burdick American Indians Into Nursing Program author-
13 ized under section 115(e), and existing university research
14 and communications networks.

15 “(c) REGULATIONS.—The Secretary shall issue regu-
16 lations pursuant to this Act for the competitive awarding
17 of grants provided under this section.

18 “(d) CONDITIONS OF GRANT.—Applicants under this
19 section shall agree to provide a program which, at a min-
20 imum—

21 “(1) provides outreach and recruitment for
22 health professions to Indian communities including
23 elementary, secondary, and accredited and accessible
24 community colleges that will be served by the pro-
25 gram;

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

4 “(3) provides summer enrichment programs to
5 expose Indian students to the various fields of psy-
6 chology through research, clinical, and experimental
7 activities;

8 “(4) provides stipends to undergraduate and
9 graduate students to pursue a career in psychology;

10 “(5) develops affiliation agreements with tribal
11 colleges and universities, the Service, university af-
12 filiated programs, and other appropriate accredited
13 and accessible entities to enhance the education of
14 Indian students;

15 “(6) to the maximum extent feasible, uses exist-
16 ing university tutoring, counseling, and student sup-
17 port services; and

18 “(7) to the maximum extent feasible, employs
19 qualified Indians in the program.

20 “(e) ACTIVE DUTY SERVICE REQUIREMENT.—The
21 active duty service obligation prescribed under section
22 338C of the Public Health Service Act (42 U.S.C. 254m)
23 shall be met by each graduate who receives a stipend de-
24 scribed in subsection (d)(4) that is funded under this sec-
25 tion. Such obligation shall be met by service—

1 “(1) in an Indian Health Program;

2 “(2) in a program assisted under title V of this
3 Act; or

4 “(3) in the private practice of psychology if, as
5 determined by the Secretary, in accordance with
6 guidelines promulgated by the Secretary, such prac-
7 tice is situated in a physician or other health profes-
8 sional shortage area and addresses the health care
9 needs of a substantial number of Indians.

10 “(f) AUTHORIZATION OF APPROPRIATIONS.—There
11 is authorized to be appropriated to carry out this section
12 \$2,700,000 for each of fiscal years 2006 through 2015.

13 **“SEC. 106. SCHOLARSHIP PROGRAMS FOR INDIAN TRIBES.**

14 “(a) IN GENERAL.—

15 “(1) GRANTS AUTHORIZED.—The Secretary,
16 acting through the Service, shall make grants to
17 Tribal Health Programs for the purpose of providing
18 scholarships for Indians to serve as health profes-
19 sionals in Indian communities.

20 “(2) AMOUNT.—Amounts available under para-
21 graph (1) for any fiscal year shall not exceed 5 per-
22 cent of the amounts available for each fiscal year for
23 Indian Health Scholarships under section 104.

24 “(3) APPLICATION.—An application for a grant
25 under paragraph (1) shall be in such form and con-

1 tain such agreements, assurances, and information
2 as consistent with this section.

3 “(b) REQUIREMENTS.—

4 “(1) IN GENERAL.—A Tribal Health Program
5 receiving a grant under subsection (a) shall provide
6 scholarships to Indians in accordance with the re-
7 quirements of this section.

8 “(2) COSTS.—With respect to costs of providing
9 any scholarship pursuant to subsection (a)—

10 “(A) 80 percent of the costs of the scholar-
11 ship shall be paid from the funds made avail-
12 able pursuant to subsection (a)(1) provided to
13 the Tribal Health Program; and

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

16 “(c) COURSE OF STUDY.—A Tribal Health Program
17 shall provide scholarships under this section only to Indi-
18 ans enrolled or accepted for enrollment in a course of
19 study (approved by the Secretary) in 1 of the health pro-
20 fessions contemplated by this Act.

21 “(d) CONTRACT.—In providing scholarships under
22 subsection (b), the Secretary and the Tribal Health Pro-
23 gram shall enter into a written contract with each recipi-
24 ent of such scholarship. Such contract shall—

1 “(1) obligate such recipient to provide service in
2 an Indian Health Program or Urban Indian Organi-
3 zation, in the same Service Area where the Tribal
4 Health Program providing the scholarship is located,
5 for—

6 “(A) a number of years for which the
7 scholarship is provided (or the part-time equiva-
8 lent thereof, as determined by the Secretary),
9 or for a period of 2 years, whichever period is
10 greater; or

11 “(B) such greater period of time as the re-
12 cipient and the Tribal Health Program may
13 agree;

14 “(2) provide that the amount of the scholar-
15 ship—

16 “(A) may only be expended for—

17 “(i) tuition expenses, other reasonable
18 educational expenses, and reasonable living
19 expenses incurred in attendance at the
20 educational institution; and

21 “(ii) payment to the recipient of a
22 monthly stipend of not more than the
23 amount authorized by section 338(g)(1)(B)
24 of the Public Health Service Act (42
25 U.S.C. 254m(g)(1)(B)), with such amount

1 to be reduced pro rata (as determined by
2 the Secretary) based on the number of
3 hours such student is enrolled, and not to
4 exceed, for any year of attendance for
5 which the scholarship is provided, the total
6 amount required for the year for the pur-
7 poses authorized in this clause; and

8 “(B) may not exceed, for any year of at-
9 tendance for which the scholarship is provided,
10 the total amount required for the year for the
11 purposes authorized in subparagraph (A);

12 “(3) require the recipient of such scholarship to
13 maintain an acceptable level of academic standing as
14 determined by the educational institution in accord-
15 ance with regulations issued pursuant to this Act;
16 and

17 “(4) require the recipient of such scholarship to
18 meet the educational and licensure requirements ap-
19 propriate to each health profession.

20 “(e) BREACH OF CONTRACT.—

21 “(1) SPECIFIC BREACHES.—An individual who
22 has entered into a written contract with the Sec-
23 retary and a Tribal Health Program under sub-
24 section (d) shall be liable to the United States for
25 the Federal share of the amount which has been

1 paid to him or her, or on his or her behalf, under
2 the contract if that individual—

3 “(A) fails to maintain an acceptable level
4 of academic standing in the educational institu-
5 tion in which he or she is enrolled (such level
6 as determined by the educational institution
7 under regulations of the Secretary);

8 “(B) is dismissed from such educational
9 institution for disciplinary reasons;

10 “(C) voluntarily terminates the training in
11 such an educational institution for which he or
12 she is provided a scholarship under such con-
13 tract before the completion of such training; or

14 “(D) fails to accept payment, or instructs
15 the educational institution in which he or she is
16 enrolled not to accept payment, in whole or in
17 part, of a scholarship under such contract, in
18 lieu of any service obligation arising under such
19 contract.

20 “(2) OTHER BREACHES.—If for any reason not
21 specified in paragraph (1), an individual breaches a
22 written contract by failing to either begin such indi-
23 vidual’s service obligation required under such con-
24 tract or to complete such service obligation, the
25 United States shall be entitled to recover from the

1 individual an amount determined in accordance with
2 the formula specified in subsection (l) of section 110
3 in the manner provided for in such subsection.

4 “(3) CANCELLATION UPON DEATH OF RECIPI-
5 ENT.—Upon the death of an individual who receives
6 an Indian Health Scholarship, any outstanding obli-
7 gation of that individual for service or payment that
8 relates to that scholarship shall be canceled.

9 “(4) INFORMATION.—The Secretary may carry
10 out this subsection on the basis of information re-
11 ceived from Tribal Health Programs involved or on
12 the basis of information collected through such other
13 means as the Secretary deems appropriate.

14 “(f) RELATION TO SOCIAL SECURITY ACT.—The re-
15 cipient of a scholarship under this section shall agree, in
16 providing health care pursuant to the requirements here-
17 in—

18 “(1) not to discriminate against an individual
19 seeking care on the basis of the ability of the indi-
20 vidual to pay for such care or on the basis that pay-
21 ment for such care will be made pursuant to a pro-
22 gram established in title XVIII of the Social Secu-
23 rity Act or pursuant to the programs established in
24 title XIX or title XXI of such Act; and

1 “(2) to accept assignment under section
2 1842(b)(3)(B)(ii) of the Social Security Act for all
3 services for which payment may be made under part
4 B of title XVIII of such Act, and to enter into an
5 appropriate agreement with the State agency that
6 administers the State plan for medical assistance
7 under title XIX, or the State child health plan under
8 title XXI, of such Act to provide service to individ-
9 uals entitled to medical assistance or child health as-
10 sistance, respectively, under the plan.

11 “(g) CONTINUANCE OF FUNDING.—The Secretary
12 shall make payments under this section to a Tribal Health
13 Program for any fiscal year subsequent to the first fiscal
14 year of such payments unless the Secretary determines
15 that, for the immediately preceding fiscal year, the Tribal
16 Health Program has not complied with the requirements
17 of this section.

18 **“SEC. 107. INDIAN HEALTH SERVICE EXTERN PROGRAMS.**

19 “(a) EMPLOYMENT PREFERENCE.—Any individual
20 who receives a scholarship pursuant to section 104 or 106
21 shall be given preference for employment in the Service,
22 or may be employed by a Tribal Health Program or an
23 Urban Indian Organization, or other agencies of the De-
24 partment as available, during any nonacademic period of
25 the year.

1 “(b) NOT COUNTED TOWARD ACTIVE DUTY SERVICE
2 OBLIGATION.—Periods of employment pursuant to this
3 subsection shall not be counted in determining fulfillment
4 of the service obligation incurred as a condition of the
5 scholarship.

6 “(c) TIMING; LENGTH OF EMPLOYMENT.—Any indi-
7 vidual enrolled in a program, including a high school pro-
8 gram, authorized under section 102(a) may be employed
9 by the Service or by a Tribal Health Program or an Urban
10 Indian Organization during any nonacademic period of the
11 year. Any such employment shall not exceed 120 days dur-
12 ing any calendar year.

13 “(d) NONAPPLICABILITY OF COMPETITIVE PER-
14 SONNEL SYSTEM.—Any employment pursuant to this sec-
15 tion shall be made without regard to any competitive per-
16 sonnel system or agency personnel limitation and to a po-
17 sition which will enable the individual so employed to re-
18 ceive practical experience in the health profession in which
19 he or she is engaged in study. Any individual so employed
20 shall receive payment for his or her services comparable
21 to the salary he or she would receive if he or she were
22 employed in the competitive system. Any individual so em-
23 ployed shall not be counted against any employment ceil-
24 ing affecting the Service or the Department.

1 **“SEC. 108. CONTINUING EDUCATION ALLOWANCES.**

2 “In order to encourage health professionals, including
3 community health representatives and emergency medical
4 technicians, to join or continue in an Indian Health Pro-
5 gram or an Urban Indian Organization and to provide
6 their services in the rural and remote areas where a sig-
7 nificant portion of Indians reside, the Secretary, acting
8 through the Service, may provide allowances to health pro-
9 fessionals employed in an Indian Health Program or an
10 Urban Indian Organization to enable them for a period
11 of time each year prescribed by regulation of the Secretary
12 to take leave of their duty stations for professional con-
13 sultation and refresher training courses.

14 **“SEC. 109. COMMUNITY HEALTH REPRESENTATIVE PRO-**
15 **GRAM.**

16 “(a) IN GENERAL.—Under the authority of the Act
17 of November 2, 1921 (25 U.S.C. 13) (commonly known
18 as the ‘Snyder Act’), the Secretary, acting through the
19 Service, shall maintain a Community Health Representa-
20 tive Program under which Indian Health Programs—

21 “(1) provide for the training of Indians as com-
22 munity health representatives; and

23 “(2) use such community health representatives
24 in the provision of health care, health promotion,
25 and disease prevention services to Indian commu-
26 nities.

1 “(b) DUTIES.—The Community Health Representa-
2 tive Program of the Service, shall—

3 “(1) provide a high standard of training for
4 community health representatives to ensure that the
5 community health representatives provide quality
6 health care, health promotion, and disease preven-
7 tion services to the Indian communities served by
8 the Program;

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

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

14 “(B) provides instruction and practical ex-
15 perience in health promotion and disease pre-
16 vention activities, with appropriate consider-
17 ation given to lifestyle factors that have an im-
18 pact on Indian health status, such as alco-
19 holism, family dysfunction, and poverty;

20 “(3) maintain a system which identifies the
21 needs of community health representatives for con-
22 tinuing education in health care, health promotion,
23 and disease prevention and develop programs that
24 meet the needs for continuing education;

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

3 “(5) maintain a system under which the work
 4 of Community Health Representatives is reviewed
 5 and evaluated; and

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

10 **“SEC. 110. INDIAN HEALTH SERVICE LOAN REPAYMENT**
 11 **PROGRAM.**

12 “(a) ESTABLISHMENT.—The Secretary, acting
 13 through the Service, shall establish and administer a pro-
 14 gram to be known as the Service Loan Repayment Pro-
 15 gram (hereinafter referred to as the ‘Loan Repayment
 16 Program’) in order to ensure an adequate supply of
 17 trained health professionals necessary to maintain accredi-
 18 tation of, and provide health care services to Indians
 19 through, Indian Health Programs and Urban Indian Or-
 20 ganizations.

21 “(b) ELIGIBLE INDIVIDUALS.—To be eligible to par-
 22 ticipate in the Loan Repayment Program, an individual
 23 must—

24 “(1)(A) be enrolled—

1 “(i) in a course of study or program in an
2 accredited educational institution (as deter-
3 mined by the Secretary under section
4 338B(b)(1)(c)(i) of the Public Health Service
5 Act (42 U.S.C. 254l–1(b)(1)(c)(i))) and be
6 scheduled to complete such course of study in
7 the same year such individual applies to partici-
8 pate in such program; or

9 “(ii) in an approved graduate training pro-
10 gram in a health profession; or

11 “(B) have—

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

13 “(ii) a license to practice a health profes-
14 sion;

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

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

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

23 “(D) be employed in an Indian Health Program
24 or Urban Indian Organization without a service obli-
25 gation; and

1 “(3) submit to the Secretary an application for
2 a contract described in subsection (e).

3 “(c) APPLICATION.—

4 “(1) INFORMATION TO BE INCLUDED WITH
5 FORMS.—In disseminating application forms and
6 contract forms to individuals desiring to participate
7 in the Loan Repayment Program, the Secretary
8 shall include with such forms a fair summary of the
9 rights and liabilities of an individual whose applica-
10 tion is approved (and whose contract is accepted) by
11 the Secretary, including in the summary a clear ex-
12 planation of the damages to which the United States
13 is entitled under subsection (l) in the case of the in-
14 dividual’s breach of contract. The Secretary shall
15 provide such individuals with sufficient information
16 regarding the advantages and disadvantages of serv-
17 ice as a commissioned officer in the Regular or Re-
18 serve Corps of the Public Health Service or a civil-
19 ian employee of the Service to enable the individual
20 to make a decision on an informed basis.

21 “(2) CLEAR LANGUAGE.—The application form,
22 contract form, and all other information furnished
23 by the Secretary under this section shall be written
24 in a manner calculated to be understood by the aver-

1 age individual applying to participate in the Loan
2 Repayment Program.

3 “(3) TIMELY AVAILABILITY OF FORMS.—The
4 Secretary shall make such application forms, con-
5 tract forms, and other information available to indi-
6 viduals desiring to participate in the Loan Repay-
7 ment Program on a date sufficiently early to ensure
8 that such individuals have adequate time to carefully
9 review and evaluate such forms and information.

10 “(d) PRIORITIES.—

11 “(1) LIST.—Consistent with subsection (k), the
12 Secretary shall annually—

13 “(A) identify the positions in each Indian
14 Health Program or Urban Indian Organization
15 for which there is a need or a vacancy; and

16 “(B) rank those positions in order of pri-
17 ority.

18 “(2) APPROVALS.—Notwithstanding the pri-
19 ority determined under paragraph (1), the Secretary,
20 in determining which applications under the Loan
21 Repayment Program to approve (and which con-
22 tracts to accept), shall—

23 “(A) give first priority to applications
24 made by individual Indians; and

“(B) after making determinations on all applications submitted by individual Indians as required under subparagraph (A), give priority to—

“(i) individuals recruited through the efforts of an Indian Health Program or Urban Indian Organization; and

“(ii) other individuals based on the priority rankings under paragraph (1).

“(e) RECIPIENT CONTRACTS.—

“(1) CONTRACT REQUIRED.—An individual becomes a participant in the Loan Repayment Program only upon the Secretary and the individual entering into a written contract described in paragraph (2).

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

“(A) an agreement under which—

“(i) subject to subparagraph (C), the Secretary agrees—

“(I) to pay loans on behalf of the individual in accordance with the provisions of this section; and

1 “(II) to accept (subject to the
2 availability of appropriated funds for
3 carrying out this section) the indi-
4 vidual into the Service or place the in-
5 dividual with a Tribal Health Pro-
6 gram or Urban Indian Organization
7 as provided in clause (ii)(III); and

8 “(ii) subject to subparagraph (C), the
9 individual agrees—

10 “(I) to accept loan payments on
11 behalf of the individual;

12 “(II) in the case of an individual
13 described in subsection (b)(1)—

14 “(aa) to maintain enrollment
15 in a course of study or training
16 described in subsection (b)(1)(A)
17 until the individual completes the
18 course of study or training; and

19 “(bb) while enrolled in such
20 course of study or training, to
21 maintain an acceptable level of
22 academic standing (as deter-
23 mined under regulations of the
24 Secretary by the educational in-

1 stitution offering such course of
2 study or training); and

3 “(III) to serve for a time period
4 (hereinafter in this section referred to
5 as the ‘period of obligated service’)
6 equal to 2 years or such longer period
7 as the individual may agree to serve
8 in the full-time clinical practice of
9 such individual’s profession in an In-
10 dian Health Program or Urban In-
11 dian Organization to which the indi-
12 vidual may be assigned by the Sec-
13 retary;

14 “(B) a provision permitting the Secretary
15 to extend for such longer additional periods, as
16 the individual may agree to, the period of obli-
17 gated service agreed to by the individual under
18 subparagraph (A)(ii)(III);

19 “(C) a provision that any financial obliga-
20 tion of the United States arising out of a con-
21 tract entered into under this section and any
22 obligation of the individual which is conditioned
23 thereon is contingent upon funds being appro-
24 priated for loan repayments under this section;

1 “(D) a statement of the damages to which
2 the United States is entitled under subsection
3 (l) for the individual’s breach of the contract;
4 and

5 “(E) such other statements of the rights
6 and liabilities of the Secretary and of the indi-
7 vidual, not inconsistent with this section.

8 “(f) DEADLINE FOR DECISION ON APPLICATION.—
9 The Secretary shall provide written notice to an individual
10 within 21 days on—

11 “(1) the Secretary’s approving, under sub-
12 section (e)(1), of the individual’s participation in the
13 Loan Repayment Program, including extensions re-
14 sulting in an aggregate period of obligated service in
15 excess of 4 years; or

16 “(2) the Secretary’s disapproving an individ-
17 ual’s participation in such Program.

18 “(g) PAYMENTS.—

19 “(1) IN GENERAL.—A loan repayment provided
20 for an individual under a written contract under the
21 Loan Repayment Program shall consist of payment,
22 in accordance with paragraph (2), on behalf of the
23 individual of the principal, interest, and related ex-
24 penses on government and commercial loans received
25 by the individual regarding the undergraduate or

1 graduate education of the individual (or both), which
2 loans were made for—

3 “(A) tuition expenses;

4 “(B) all other reasonable educational ex-
5 penses, including fees, books, and laboratory ex-
6 penses, incurred by the individual; and

7 “(C) reasonable living expenses as deter-
8 mined by the Secretary.

9 “(2) AMOUNT.—For each year of obligated
10 service that an individual contracts to serve under
11 subsection (e), the Secretary may pay up to \$35,000
12 or an amount equal to the amount specified in sec-
13 tion 338B(g)(2)(A) of the Public Health Service
14 Act, whichever is more, on behalf of the individual
15 for loans described in paragraph (1). In making a
16 determination of the amount to pay for a year of
17 such service by an individual, the Secretary shall
18 consider the extent to which each such determina-
19 tion—

20 “(A) affects the ability of the Secretary to
21 maximize the number of contracts that can be
22 provided under the Loan Repayment Program
23 from the amounts appropriated for such con-
24 tracts;

1 “(B) provides an incentive to serve in In-
2 dian Health Programs and Urban Indian Orga-
3 nizations with the greatest shortages of health
4 professionals; and

5 “(C) provides an incentive with respect to
6 the health professional involved remaining in an
7 Indian Health Program or Urban Indian Orga-
8 nization with such a health professional short-
9 age, and continuing to provide primary health
10 services, after the completion of the period of
11 obligated service under the Loan Repayment
12 Program.

13 “(3) TIMING.—Any arrangement made by the
14 Secretary for the making of loan repayments in ac-
15 cordance with this subsection shall provide that any
16 repayments for a year of obligated service shall be
17 made no later than the end of the fiscal year in
18 which the individual completes such year of service.

19 “(4) REIMBURSEMENTS FOR TAX LIABILITY.—
20 For the purpose of providing reimbursements for tax
21 liability resulting from a payment under paragraph
22 (2) on behalf of an individual, the Secretary—

23 “(A) in addition to such payments, may
24 make payments to the individual in an amount
25 equal to not less than 20 percent and not more

1 than 39 percent of the total amount of loan re-
2 payments made for the taxable year involved;
3 and

4 “(B) may make such additional payments
5 as the Secretary determines to be appropriate
6 with respect to such purpose.

7 “(5) PAYMENT SCHEDULE.—The Secretary
8 may enter into an agreement with the holder of any
9 loan for which payments are made under the Loan
10 Repayment Program to establish a schedule for the
11 making of such payments.

12 “(h) EMPLOYMENT CEILING.—Notwithstanding any
13 other provision of law, individuals who have entered into
14 written contracts with the Secretary under this section
15 shall not be counted against any employment ceiling af-
16 fecting the Department while those individuals are under-
17 going academic training.

18 “(i) RECRUITMENT.—The Secretary shall conduct re-
19 cruiting programs for the Loan Repayment Program and
20 other manpower programs of the Service at educational
21 institutions training health professionals or specialists
22 identified in subsection (a).

23 “(j) APPLICABILITY OF LAW.—Section 214 of the
24 Public Health Service Act (42 U.S.C. 215) shall not apply

1 to individuals during their period of obligated service
2 under the Loan Repayment Program.

3 “(k) ASSIGNMENT OF INDIVIDUALS.—The Secretary,
4 in assigning individuals to serve in Indian Health Pro-
5 grams or Urban Indian Organizations pursuant to con-
6 tracts entered into under this section, shall—

7 “(1) ensure that the staffing needs of Tribal
8 Health Programs and Urban Indian Organizations
9 receive consideration on an equal basis with pro-
10 grams that are administered directly by the Service;
11 and

12 “(2) give priority to assigning individuals to In-
13 dian Health Programs and Urban Indian Organiza-
14 tions that have a need for health professionals to
15 provide health care services as a result of individuals
16 having breached contracts entered into under this
17 section.

18 “(l) BREACH OF CONTRACT.—

19 “(1) SPECIFIC BREACHES.—An individual who
20 has entered into a written contract with the Sec-
21 retary under this section and has not received a
22 waiver under subsection (m) shall be liable, in lieu
23 of any service obligation arising under such contract,
24 to the United States for the amount which has been

1 paid on such individual's behalf under the contract
2 if that individual—

3 “(A) is enrolled in the final year of a
4 course of study and—

5 “(i) fails to maintain an acceptable
6 level of academic standing in the edu-
7 cational institution in which he or she is
8 enrolled (such level determined by the edu-
9 cational institution under regulations of
10 the Secretary);

11 “(ii) voluntarily terminates such en-
12 rollment; or

13 “(iii) is dismissed from such edu-
14 cational institution before completion of
15 such course of study; or

16 “(B) is enrolled in a graduate training pro-
17 gram and fails to complete such training pro-
18 gram.

19 “(2) OTHER BREACHES; FORMULA FOR
20 AMOUNT OWED.—If, for any reason not specified in
21 paragraph (1), an individual breaches his or her
22 written contract under this section by failing either
23 to begin, or complete, such individual's period of ob-
24 ligated service in accordance with subsection (e)(2),
25 the United States shall be entitled to recover from

1 such individual an amount to be determined in ac-
2 cordance with the following formula: $A=3Z(t-s/t)$
3 in which—

4 “(A) ‘A’ is the amount the United States
5 is entitled to recover;

6 “(B) ‘Z’ is the sum of the amounts paid
7 under this section to, or on behalf of, the indi-
8 vidual and the interest on such amounts which
9 would be payable if, at the time the amounts
10 were paid, they were loans bearing interest at
11 the maximum legal prevailing rate, as deter-
12 mined by the Secretary of the Treasury;

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

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

19 “(3) DEDUCTIONS IN MEDICARE PAYMENTS.—
20 Amounts not paid within such period shall be sub-
21 ject to collection through deductions in medicare
22 payments pursuant to section 1892 of the Social Se-
23 curity Act.

24 “(4) TIME PERIOD FOR REPAYMENT.—Any
25 amount of damages which the United States is enti-

1 tled to recover under this subsection shall be paid to
 2 the United States within the 1-year period beginning
 3 on the date of the breach or such longer period be-
 4 ginning on such date as shall be specified by the
 5 Secretary.

6 “(5) RECOVERY OF DELINQUENCY.—

7 “(A) IN GENERAL.—If damages described
 8 in paragraph (4) are delinquent for 3 months,
 9 the Secretary shall, for the purpose of recov-
 10 ering such damages—

11 “(i) use collection agencies contracted
 12 with by the Administrator of General Serv-
 13 ices; or

14 “(ii) enter into contracts for the re-
 15 covery of such damages with collection
 16 agencies selected by the Secretary.

17 “(B) REPORT.—Each contract for recov-
 18 ering damages pursuant to this subsection shall
 19 provide that the contractor will, not less than
 20 once each 6 months, submit to the Secretary a
 21 status report on the success of the contractor in
 22 collecting such damages. Section 3718 of title
 23 31, United States Code, shall apply to any such
 24 contract to the extent not inconsistent with this
 25 subsection.

1 “(m) WAIVER OR SUSPENSION OF OBLIGATION.—

2 “(1) IN GENERAL.—The Secretary shall by reg-
3 ulation provide for the partial or total waiver or sus-
4 pension of any obligation of service or payment by
5 an individual under the Loan Repayment Program
6 whenever compliance by the individual is impossible
7 or would involve extreme hardship to the individual
8 and if enforcement of such obligation with respect to
9 any individual would be unconscionable.

10 “(2) CANCELED UPON DEATH.—Any obligation
11 of an individual under the Loan Repayment Pro-
12 gram for service or payment of damages shall be
13 canceled upon the death of the individual.

14 “(3) HARDSHIP WAIVER.—The Secretary may
15 waive, in whole or in part, the rights of the United
16 States to recover amounts under this section in any
17 case of extreme hardship or other good cause shown,
18 as determined by the Secretary.

19 “(4) BANKRUPTCY.—Any obligation of an indi-
20 vidual under the Loan Repayment Program for pay-
21 ment of damages may be released by a discharge in
22 bankruptcy under title 11 of the United States Code
23 only if such discharge is granted after the expiration
24 of the 5-year period beginning on the first date that
25 payment of such damages is required, and only if

1 the bankruptcy court finds that nondischarge of the
2 obligation would be unconscionable.

3 “(n) REPORT.—The Secretary shall submit to the
4 President, for inclusion in the report required to be sub-
5 mitted to Congress under section 801, a report concerning
6 the previous fiscal year which sets forth by Service Area
7 the following:

8 “(1) A list of the health professional positions
9 maintained by Indian Health Programs and Urban
10 Indian Organizations for which recruitment or reten-
11 tion is difficult.

12 “(2) The number of Loan Repayment Program
13 applications filed with respect to each type of health
14 profession.

15 “(3) The number of contracts described in sub-
16 section (e) that are entered into with respect to each
17 health profession.

18 “(4) The amount of loan payments made under
19 this section, in total and by health profession.

20 “(5) The number of scholarships that are pro-
21 vided under sections 104 and 106 with respect to
22 each health profession.

23 “(6) The amount of scholarship grants provided
24 under section 104 and 106, in total and by health
25 profession.

1 “(7) The number of providers of health care
2 that will be needed by Indian Health Programs and
3 Urban Indian Organizations, by location and profes-
4 sion, during the 3 fiscal years beginning after the
5 date the report is filed.

6 “(8) The measures the Secretary plans to take
7 to fill the health professional positions maintained
8 by Indian Health Programs or Urban Indian Orga-
9 nizations for which recruitment or retention is dif-
10 ficult.

11 **“SEC. 111. SCHOLARSHIP AND LOAN REPAYMENT RECOV-**
12 **ERY FUND.**

13 “(a) ESTABLISHMENT.—There is established in the
14 Treasury of the United States a fund to be known as the
15 Indian Health Scholarship and Loan Repayment Recovery
16 Fund (hereafter in this section referred to as the ‘LRRF’).
17 The LRRF shall consist of such amounts as may be col-
18 lected from individuals under section 104(d), section
19 106(e), and section 110(l) for breach of contract, such
20 funds as may be appropriated to the LRRF, and interest
21 earned on amounts in the LRRF. All amounts collected,
22 appropriated, or earned relative to the LRRF shall remain
23 available until expended.

24 “(b) USE OF FUNDS.—

1 “(1) BY SECRETARY.—Amounts in the LRRF
2 may be expended by the Secretary, acting through
3 the Service, to make payments to an Indian Health
4 Program—

5 “(A) to which a scholarship recipient under
6 section 104 and 106 or a loan repayment pro-
7 gram participant under section 110 has been
8 assigned to meet the obligated service require-
9 ments pursuant to such sections; and

10 “(B) that has a need for a health profes-
11 sional to provide health care services as a result
12 of such recipient or participant having breached
13 the contract entered into under section 104,
14 106, or section 110.

15 “(2) BY TRIBAL HEALTH PROGRAMS.—A Tribal
16 Health Program receiving payments pursuant to
17 paragraph (1) may expend the payments to provide
18 scholarships or recruit and employ, directly or by
19 contract, health professionals to provide health care
20 services.

21 “(c) INVESTMENT OF FUNDS.—The Secretary of the
22 Treasury shall invest such amounts of the LRRF as the
23 Secretary of Health and Human Services determines are
24 not required to meet current withdrawals from the LRRF.
25 Such investments may be made only in interest bearing

1 obligations of the United States. For such purpose, such
2 obligations may be acquired on original issue at the issue
3 price, or by purchase of outstanding obligations at the
4 market price.

5 “(d) SALE OF OBLIGATIONS.—Any obligation ac-
6 quired by the LRRF may be sold by the Secretary of the
7 Treasury at the market price.

8 **“SEC. 112. RECRUITMENT ACTIVITIES.**

9 “(a) REIMBURSEMENT FOR TRAVEL.—The Sec-
10 retary, acting through the Service, may reimburse health
11 professionals seeking positions with Indian Health Pro-
12 grams or Urban Indian Organizations, including individ-
13 uals considering entering into a contract under section
14 110 and their spouses, for actual and reasonable expenses
15 incurred in traveling to and from their places of residence
16 to an area in which they may be assigned for the purpose
17 of evaluating such area with respect to such assignment.

18 “(b) RECRUITMENT PERSONNEL.—The Secretary,
19 acting through the Service, shall assign 1 individual in
20 each Area Office to be responsible on a full-time basis for
21 recruitment activities.

22 **“SEC. 113. INDIAN RECRUITMENT AND RETENTION PRO-**
23 **GRAM.**

24 “(a) IN GENERAL.—The Secretary, acting through
25 the Service, shall fund, on a competitive basis, innovative

1 demonstration projects for a period not to exceed 3 years
2 to enable Tribal Health Programs and Urban Indian Or-
3 ganizations to recruit, place, and retain health profes-
4 sionals to meet their staffing needs.

5 “(b) ELIGIBLE ENTITIES; APPLICATION.—Any Trib-
6 al Health Program or Urban Indian Organization may
7 submit an application for funding of a project pursuant
8 to this section.

9 **“SEC. 114. ADVANCED TRAINING AND RESEARCH.**

10 “(a) DEMONSTRATION PROGRAM.—The Secretary,
11 acting through the Service, shall establish a demonstration
12 project to enable health professionals who have worked in
13 an Indian Health Program or Urban Indian Organization
14 for a substantial period of time to pursue advanced train-
15 ing or research areas of study for which the Secretary de-
16 termines a need exists.

17 “(b) SERVICE OBLIGATION.—An individual who par-
18 ticipates in a program under subsection (a), where the
19 educational costs are borne by the Service, shall incur an
20 obligation to serve in an Indian Health Program or Urban
21 Indian Organization for a period of obligated service equal
22 to at least the period of time during which the individual
23 participates in such program. In the event that the indi-
24 vidual fails to complete such obligated service, the indi-
25 vidual shall be liable to the United States for the period

1 of service remaining. In such event, with respect to indi-
2 viduals entering the program after the date of enactment
3 of the Indian Health Care Improvement Act Amendments
4 of 2006, the United States shall be entitled to recover
5 from such individual an amount to be determined in ac-
6 cordance with the formula specified in subsection (l) of
7 section 110 in the manner provided for in such subsection.

8 “(c) EQUAL OPPORTUNITY FOR PARTICIPATION.—
9 Health professionals from Tribal Health Programs and
10 Urban Indian Organizations shall be given an equal oppor-
11 tunity to participate in the program under subsection (a).

12 **“SEC. 115. QUENTIN N. BURDICK AMERICAN INDIANS INTO**
13 **NURSING PROGRAM.**

14 “(a) GRANTS AUTHORIZED.—For the purpose of in-
15 creasing the number of nurses, nurse midwives, and nurse
16 practitioners who deliver health care services to Indians,
17 the Secretary, acting through the Service, shall provide
18 grants to the following:

19 “(1) Public or private schools of nursing.

20 “(2) Tribal colleges or universities.

21 “(3) Nurse midwife programs and advanced
22 practice nurse programs that are provided by any
23 tribal college or university accredited nursing pro-
24 gram, or in the absence of such, any other public or
25 private institutions.

1 “(b) USE OF GRANTS.—Grants provided under sub-
2 section (a) may be used for 1 or more of the following:

3 “(1) To recruit individuals for programs which
4 train individuals to be nurses, nurse midwives, or
5 advanced practice nurses.

6 “(2) To provide scholarships to Indians enrolled
7 in such programs that may pay the tuition charged
8 for such program and other expenses incurred in
9 connection with such program, including books, fees,
10 room and board, and stipends for living expenses.

11 “(3) To provide a program that encourages
12 nurses, nurse midwives, and advanced practice
13 nurses to provide, or continue to provide, health care
14 services to Indians.

15 “(4) To provide a program that increases the
16 skills of, and provides continuing education to,
17 nurses, nurse midwives, and advanced practice
18 nurses.

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

21 “(c) APPLICATIONS.—Each application for funding
22 under subsection (a) shall include such information as the
23 Secretary may require to establish the connection between
24 the program of the applicant and a health care facility
25 that primarily serves Indians.

1 “(d) PREFERENCES FOR GRANT RECIPIENTS.—In
2 providing grants under subsection (a), the Secretary shall
3 extend a preference to the following:

4 “(1) Programs that provide a preference to In-
5 dians.

6 “(2) Programs that train nurse midwives or ad-
7 vanced practice nurses.

8 “(3) Programs that are interdisciplinary.

9 “(4) Programs that are conducted in coopera-
10 tion with a program for gifted and talented Indian
11 students.

12 “(5) Programs conducted by tribal colleges and
13 universities.

14 “(e) QUENTIN N. BURDICK PROGRAM GRANT.—The
15 Secretary shall provide 1 of the grants authorized under
16 subsection (a) to establish and maintain a program at the
17 University of North Dakota to be known as the ‘Quentin
18 N. Burdick American Indians Into Nursing Program’.
19 Such program shall, to the maximum extent feasible, co-
20 ordinate with the Quentin N. Burdick Indian Health Pro-
21 grams established under section 117(b) and the Quentin
22 N. Burdick American Indians Into Psychology Program
23 established under section 105(b).

24 “(f) ACTIVE DUTY SERVICE OBLIGATION.—The ac-
25 tive duty service obligation prescribed under section 338C

1 of the Public Health Service Act (42 U.S.C. 254m) shall
2 be met by each individual who receives training or assist-
3 ance described in paragraph (1) or (2) of subsection (b)
4 that is funded by a grant provided under subsection (a).
5 Such obligation shall be met by service—

6 “(1) in the Service;

7 “(2) in a program of an Indian Tribe or Tribal
8 Organization conducted under the Indian Self-Deter-
9 mination and Education Assistance Act (25 U.S.C.
10 450 et seq.) (including programs under agreements
11 with the Bureau of Indian Affairs);

12 “(3) in a program assisted under title V of this
13 Act;

14 “(4) in the private practice of nursing if, as de-
15 termined by the Secretary, in accordance with guide-
16 lines promulgated by the Secretary, such practice is
17 situated in a physician or other health shortage area
18 and addresses the health care needs of a substantial
19 number of Indians; or

20 “(5) in a teaching capacity in a tribal college or
21 university nursing program (or a related health pro-
22 fession program) if, as determined by the Secretary,
23 health services provided to Indians would not de-
24 crease.

1 **“SEC. 116. TRIBAL CULTURAL ORIENTATION.**

2 “(a) CULTURAL EDUCATION OF EMPLOYEES.—The
3 Secretary, acting through the Service, shall require that
4 appropriate employees of the Service who serve Indian
5 Tribes in each Service Area receive educational instruction
6 in the history and culture of such Indian Tribes and their
7 relationship to the Service.

8 “(b) PROGRAM.—In carrying out subsection (a), the
9 Secretary shall establish a program which shall, to the ex-
10 tent feasible—

11 “(1) be developed in consultation with the af-
12 fected Indian Tribes, Tribal Organizations, and
13 Urban Indian Organizations;

14 “(2) be carried out through tribal colleges or
15 universities; and

16 “(3) include instruction in American Indian
17 studies.

18 **“SEC. 117. INMED PROGRAM.**

19 “(a) GRANTS AUTHORIZED.—The Secretary, acting
20 through the Service, is authorized to provide grants to col-
21 leges and universities for the purpose of maintaining and
22 expanding the Indian health careers recruitment program
23 known as the ‘Indians Into Medicine Program’ (herein-
24 after in this section referred to as ‘INMED’) as a means
25 of encouraging Indians to enter the health professions.

1 “(b) QUENTIN N. BURDICK GRANT.—The Secretary
2 shall provide 1 of the grants authorized under subsection
3 (a) to maintain the INMED program at the University
4 of North Dakota, to be known as the ‘Quentin N. Burdick
5 Indian Health Programs’, unless the Secretary makes a
6 determination, based upon program reviews, that the pro-
7 gram is not meeting the purposes of this section. Such
8 program shall, to the maximum extent feasible, coordinate
9 with the Quentin N. Burdick American Indians Into Psy-
10 chology Program established under section 105(b) and the
11 Quentin N. Burdick American Indians Into Nursing Pro-
12 gram established under section 115.

13 “(c) REGULATIONS.—The Secretary, pursuant to this
14 Act, shall develop regulations to govern grants pursuant
15 to this section.

16 “(d) REQUIREMENTS.—Applicants for grants pro-
17 vided under this section shall agree to provide a program
18 which—

19 “(1) provides outreach and recruitment for
20 health professions to Indian communities including
21 elementary and secondary schools and community
22 colleges located on reservations which will be served
23 by the program;

24 “(2) incorporates a program advisory board
25 comprised of representatives from the Indian Tribes

1 and Indian communities which will be served by the
2 program;

3 “(3) provides summer preparatory programs for
4 Indian students who need enrichment in the subjects
5 of math and science in order to pursue training in
6 the health professions;

7 “(4) provides tutoring, counseling, and support
8 to students who are enrolled in a health career pro-
9 gram of study at the respective college or university;
10 and

11 “(5) to the maximum extent feasible, employs
12 qualified Indians in the program.

13 **“SEC. 118. HEALTH TRAINING PROGRAMS OF COMMUNITY**
14 **COLLEGES.**

15 “(a) GRANTS TO ESTABLISH PROGRAMS.—

16 “(1) IN GENERAL.—The Secretary, acting
17 through the Service, shall award grants to accredited
18 and accessible community colleges for the purpose of
19 assisting such community colleges in the establish-
20 ment of programs which provide education in a
21 health profession leading to a degree or diploma in
22 a health profession for individuals who desire to
23 practice such profession on or near a reservation or
24 in an Indian Health Program.

1 “(2) AMOUNT OF GRANTS.—The amount of any
2 grant awarded to a community college under para-
3 graph (1) for the first year in which such a grant
4 is provided to the community college shall not exceed
5 \$250,000.

6 “(b) GRANTS FOR MAINTENANCE AND RECRUIT-
7 ING.—

8 “(1) IN GENERAL.—The Secretary, acting
9 through the Service, shall award grants to accredited
10 and accessible community colleges that have estab-
11 lished a program described in subsection (a)(1) for
12 the purpose of maintaining the program and recruit-
13 ing students for the program.

14 “(2) REQUIREMENTS.—Grants may only be
15 made under this section to a community college
16 which—

17 “(A) is accredited;

18 “(B) has a relationship with a hospital fa-
19 cility, Service facility, or hospital that could
20 provide training of nurses or health profes-
21 sionals;

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

1 “(i) provide a program that enhances
2 the transition and recruitment of students
3 into advanced baccalaureate or graduate
4 programs that train health professionals;
5 and

6 “(ii) stipulate certifications necessary
7 to approve internship and field placement
8 opportunities at Indian Health Programs;

9 “(D) has a qualified staff which has the
10 appropriate certifications;

11 “(E) is capable of obtaining State or re-
12 gional accreditation of the program described in
13 subsection (a)(1); and

14 “(F) agrees to provide for Indian pref-
15 erence for applicants for programs under this
16 section.

17 “(c) TECHNICAL ASSISTANCE.—The Secretary shall
18 encourage community colleges described in subsection
19 (b)(2) to establish and maintain programs described in
20 subsection (a)(1) by—

21 “(1) entering into agreements with such col-
22 leges for the provision of qualified personnel of the
23 Service to teach courses of study in such programs;
24 and

1 “(2) providing technical assistance and support
2 to such colleges.

3 “(d) ADVANCED TRAINING.—

4 “(1) REQUIRED.—Any program receiving as-
5 sistance under this section that is conducted with re-
6 spect to a health profession shall also offer courses
7 of study which provide advanced training for any
8 health professional who—

9 “(A) has already received a degree or di-
10 ploma in such health profession; and

11 “(B) provides clinical services on or near a
12 reservation or for an Indian Health Program.

13 “(2) MAY BE OFFERED AT ALTERNATE SITE.—

14 Such courses of study may be offered in conjunction
15 with the college or university with which the commu-
16 nity college has entered into the agreement required
17 under subsection (b)(2)(C).

18 “(e) FUNDING PRIORITY.—Where the requirements
19 of subsection (b) are met, funding priority shall be pro-
20 vided to tribal colleges and universities in Service Areas
21 where they exist.

22 **“SEC. 119. RETENTION BONUS.**

23 “(a) BONUS AUTHORIZED.—The Secretary may pay
24 a retention bonus to any health professional employed by,
25 or assigned to, and serving in, an Indian Health Program

1 or Urban Indian Organization either as a civilian employee
2 or as a commissioned officer in the Regular or Reserve
3 Corps of the Public Health Service who—

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

7 “(2) the Secretary determines is needed by In-
8 dian Health Programs and Urban Indian Organiza-
9 tions;

10 “(3) has—

11 “(A) completed 3 years of employment
12 with an Indian Health Program or Urban In-
13 dian Organization; or

14 “(B) completed any service obligations in-
15 curred as a requirement of—

16 “(i) any Federal scholarship program;
17 or

18 “(ii) any Federal education loan re-
19 payment program; and

20 “(4) enters into an agreement with an Indian
21 Health Program or Urban Indian Organization for
22 continued employment for a period of not less than
23 1 year.

24 “(b) RATES.—The Secretary may establish rates for
25 the retention bonus which shall provide for a higher an-

1 nual rate for multiyear agreements than for single year
 2 agreements referred to in subsection (a)(4), but in no
 3 event shall the annual rate be more than \$25,000 per
 4 annum.

5 “(c) DEFAULT OF RETENTION AGREEMENT.—Any
 6 health professional failing to complete the agreed upon
 7 term of service, except where such failure is through no
 8 fault of the individual, shall be obligated to refund to the
 9 Government the full amount of the retention bonus for the
 10 period covered by the agreement, plus interest as deter-
 11 mined by the Secretary in accordance with section
 12 110(l)(2)(B).

13 “(d) OTHER RETENTION BONUS.—The Secretary
 14 may pay a retention bonus to any health professional em-
 15 ployed by a Tribal Health Program if such health profes-
 16 sional is serving in a position which the Secretary deter-
 17 mines is—

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

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

22 **“SEC. 120. NURSING RESIDENCY PROGRAM.**

23 “(a) ESTABLISHMENT OF PROGRAM.—The Sec-
 24 retary, acting through the Service, shall establish a pro-
 25 gram to enable Indians who are licensed practical nurses,

1 licensed vocational nurses, and registered nurses who are
2 working in an Indian Health Program or Urban Indian
3 Organization, and have done so for a period of not less
4 than 1 year, to pursue advanced training. Such program
5 shall include a combination of education and work study
6 in an Indian Health Program or Urban Indian Organiza-
7 tion leading to an associate or bachelor's degree (in the
8 case of a licensed practical nurse or licensed vocational
9 nurse), a bachelor's degree (in the case of a registered
10 nurse), or advanced degrees or certifications in nursing
11 and public health.

12 “(b) SERVICE OBLIGATION.—An individual who par-
13 ticipates in a program under subsection (a), where the
14 educational costs are paid by the Service, shall incur an
15 obligation to serve in an Indian Health Program or Urban
16 Indian Organization for a period of obligated service equal
17 to the amount of time during which the individual partici-
18 pates in such program. In the event that the individual
19 fails to complete such obligated service, the United States
20 shall be entitled to recover from such individual an amount
21 determined in accordance with the formula specified in
22 subsection (l) of section 110 in the manner provided for
23 in such subsection.

1 **“SEC. 121. COMMUNITY HEALTH AIDE PROGRAM.**

2 “(a) GENERAL PURPOSES OF PROGRAM.—Under the
3 authority of the Act of November 2, 1921 (25 U.S.C. 13)
4 (commonly known as the ‘Snyder Act’), the Secretary, act-
5 ing through the Service, shall develop and operate a Com-
6 munity Health Aide Program in Alaska under which the
7 Service—

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

10 “(2) uses such aides or practitioners in the pro-
11 vision of health care, health promotion, and disease
12 prevention services to Alaska Natives living in vil-
13 lages in rural Alaska; and

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

18 “(b) SPECIFIC PROGRAM REQUIREMENTS.—The Sec-
19 retary, acting through the Community Health Aide Pro-
20 gram of the Service, shall—

21 “(1) using trainers accredited by the Program,
22 provide a high standard of training to community
23 health aides and community health practitioners to
24 ensure that such aides and practitioners provide
25 quality health care, health promotion, and disease

1 prevention services to the villages served by the Pro-
2 gram;

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

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

8 “(B) provides instruction and practical ex-
9 perience in the provision of acute care, emer-
10 gency care, health promotion, disease preven-
11 tion, and the efficient and effective manage-
12 ment of clinic pharmacies, supplies, equipment,
13 and facilities; and

14 “(C) promotes the achievement of the
15 health status objectives specified in section
16 3(2);

17 “(3) establish and maintain a Community
18 Health Aide Certification Board to certify as com-
19 munity health aides or community health practi-
20 tioners individuals who have successfully completed
21 the training described in paragraph (1) or can dem-
22 onstrate equivalent experience, provided that certifi-
23 cation shall not be granted to a dental health aide
24 therapist based on training received outside the

1 United States during any period in which equivalent
2 training was available in the United States;

3 “(4) develop and maintain a system which iden-
4 tifies the needs of community health aides and com-
5 munity health practitioners for continuing education
6 in the provision of health care, including the areas
7 described in paragraph (2)(B), and develop pro-
8 grams that meet the needs for such continuing edu-
9 cation;

10 “(5) develop and maintain a system that pro-
11 vides close supervision of community health aides
12 and community health practitioners; and

13 “(6) develop a system under which the work of
14 community health aides and community health prac-
15 titioners is reviewed and evaluated to assure the pro-
16 vision of quality health care, health promotion, and
17 disease prevention services.

18 “(c) PROGRAM REVIEW.—

19 “(1) NEUTRAL PANEL.—

20 “(A) ESTABLISHMENT.—The Secretary,
21 acting through the Service, shall establish a
22 neutral panel to carry out the study under
23 paragraph (2).

24 “(B) MEMBERSHIP.—Members of the neu-
25 tral panel shall be appointed by the Secretary

1 from among clinicians, economists, community
2 practitioners, oral epidemiologists, and Alaska
3 Natives.

4 “(2) STUDY.—

5 “(A) IN GENERAL.—The neutral panel es-
6 tablished under paragraph (1) shall conduct a
7 study of the dental health aide therapist serv-
8 ices provided by the Community Health Aide
9 Program under this section to ensure that the
10 quality of care provided through those services
11 is adequate and appropriate.

12 “(B) PARAMETERS OF STUDY.—The Sec-
13 retary, in consultation with interested parties,
14 including professional dental organizations,
15 shall develop the parameters of the study.

16 “(C) INCLUSIONS.—The study shall in-
17 clude a determination by the neutral panel with
18 respect to—

19 “(i) the ability of the dental health
20 aide therapist services under this section to
21 address the dental care needs of Alaska
22 Natives;

23 “(ii) the quality of care provided
24 through those services, including any train-
25 ing, improvement, or additional oversight

1 required to improve the quality of care;
 2 and

3 “(iii) whether safer and less costly al-
 4 ternatives to the dental health aide thera-
 5 pist services exist.

6 “(D) CONSULTATION.—In carrying out the
 7 study under this paragraph, the neutral panel
 8 shall consult with Alaska Tribal Organizations
 9 with respect to the adequacy and accuracy of
 10 the study.

11 “(3) REPORT.—The neutral panel shall submit
 12 to the Secretary, the Committee on Indian Affairs of
 13 the Senate, and the Committee on Resources of the
 14 House of Representatives a report describing the re-
 15 sults of the study under paragraph (2), including a
 16 description of—

17 “(A) any determination of the neutral
 18 panel under paragraph (2)(C); and

19 “(B) any comments received from an Alas-
 20 ka Tribal Organization under paragraph
 21 (2)(D).

22 “(d) NATIONALIZATION OF PROGRAM.—

23 “(1) IN GENERAL.—Except as provided in para-
 24 graph (2), the Secretary, acting through the Service,
 25 may establish a national Community Health Aide

1 Program in accordance with the program under this
 2 section, as the Secretary determines to be appro-
 3 priate.

4 “(2) EXCEPTION.—The national Community
 5 Health Aide Program under paragraph (1) shall not
 6 include dental health aide therapist services.

7 “(3) REQUIREMENT.—In establishing a na-
 8 tional program under paragraph (1), the Secretary
 9 shall not reduce the amount of funds provided for
 10 the Community Health Aide Program described in
 11 subsections (a) and (b).

12 **“SEC. 122. TRIBAL HEALTH PROGRAM ADMINISTRATION.**

13 “The Secretary, acting through the Service, shall, by
 14 contract or otherwise, provide training for Indians in the
 15 administration and planning of Tribal Health Programs.

16 **“SEC. 123. HEALTH PROFESSIONAL CHRONIC SHORTAGE**
 17 **DEMONSTRATION PROGRAMS.**

18 “(a) DEMONSTRATION PROGRAMS AUTHORIZED.—
 19 The Secretary, acting through the Service, may fund dem-
 20 onstration programs for Tribal Health Programs to ad-
 21 dress the chronic shortages of health professionals.

22 “(b) PURPOSES OF PROGRAMS.—The purposes of
 23 demonstration programs funded under subsection (a) shall
 24 be—

1 “(1) to provide direct clinical and practical ex-
2 perience at a Service Unit to health profession stu-
3 dents and residents from medical schools;

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

7 “(3) to provide academic and scholarly opportu-
8 nities for health professionals serving Indians by
9 identifying all academic and scholarly resources of
10 the region.

11 “(c) ADVISORY BOARD.—The demonstration pro-
12 grams established pursuant to subsection (a) shall incor-
13 porate a program advisory board composed of representa-
14 tives from the Indian Tribes and Indian communities in
15 the area which will be served by the program.

16 **“SEC. 124. NATIONAL HEALTH SERVICE CORPS.**

17 “(a) NO REDUCTION IN SERVICES.—The Secretary
18 shall not—

19 “(1) remove a member of the National Health
20 Service Corps from an Indian Health Program or
21 Urban Indian Organization; or

22 “(2) withdraw funding used to support such
23 member, unless the Secretary, acting through the
24 Service, Indian Tribes, or Tribal Organizations, has
25 ensured that the Indians receiving services from

1 such member will experience no reduction in serv-
2 ices.

3 “(b) EXEMPTION FROM LIMITATIONS.—National
4 Health Service Corps scholars qualifying for the Commis-
5 sioned Corps in the United States Public Health Service
6 shall be exempt from the full-time equivalent limitations
7 of the National Health Service Corps and the Service
8 when serving as a commissioned corps officer in a Tribal
9 Health Program or an Urban Indian Organization.

10 **“SEC. 125. SUBSTANCE ABUSE COUNSELOR EDUCATIONAL**
11 **CURRICULA DEMONSTRATION PROGRAMS.**

12 “(a) GRANTS AND CONTRACTS.—The Secretary, act-
13 ing through the Service, may enter into contracts with,
14 or make grants to, accredited tribal colleges and univer-
15 sities and eligible accredited and accessible community col-
16 leges to establish demonstration programs to develop edu-
17 cational curricula for substance abuse counseling.

18 “(b) USE OF FUNDS.—Funds provided under this
19 section shall be used only for developing and providing
20 educational curriculum for substance abuse counseling (in-
21 cluding paying salaries for instructors). Such curricula
22 may be provided through satellite campus programs.

23 “(c) TIME PERIOD OF ASSISTANCE; RENEWAL.—A
24 contract entered into or a grant provided under this sec-
25 tion shall be for a period of 3 years. Such contract or

1 grant may be renewed for an additional 2-year period
2 upon the approval of the Secretary.

3 “(d) CRITERIA FOR REVIEW AND APPROVAL OF AP-
4 PPLICATIONS.—Not later than 180 days after the date of
5 enactment of the Indian Health Care Improvement Act
6 Amendments of 2006, the Secretary, after consultation
7 with Indian Tribes and administrators of tribal colleges
8 and universities and eligible accredited and accessible com-
9 munity colleges, shall develop and issue criteria for the
10 review and approval of applications for funding (including
11 applications for renewals of funding) under this section.
12 Such criteria shall ensure that demonstration programs
13 established under this section promote the development of
14 the capacity of such entities to educate substance abuse
15 counselors.

16 “(e) ASSISTANCE.—The Secretary shall provide such
17 technical and other assistance as may be necessary to en-
18 able grant recipients to comply with the provisions of this
19 section.

20 “(f) REPORT.—Each fiscal year, the Secretary shall
21 submit to the President, for inclusion in the report which
22 is required to be submitted under section 801 for that fis-
23 cal year, a report on the findings and conclusions derived
24 from the demonstration programs conducted under this
25 section during that fiscal year.

1 “(g) DEFINITION.—For the purposes of this section,
 2 the term ‘educational curriculum’ means 1 or more of the
 3 following:

4 “(1) Classroom education.

5 “(2) Clinical work experience.

6 “(3) Continuing education workshops.

7 **“SEC. 126. BEHAVIORAL HEALTH TRAINING AND COMMU-**
 8 **NITY EDUCATION PROGRAMS.**

9 “(a) STUDY; LIST.—The Secretary, acting through
 10 the Service, and the Secretary of the Interior, in consulta-
 11 tion with Indian Tribes and Tribal Organizations, shall
 12 conduct a study and compile a list of the types of staff
 13 positions specified in subsection (b) whose qualifications
 14 include, or should include, training in the identification,
 15 prevention, education, referral, or treatment of mental ill-
 16 ness, or dysfunctional and self destructive behavior.

17 “(b) POSITIONS.—The positions referred to in sub-
 18 section (a) are—

19 “(1) staff positions within the Bureau of Indian
 20 Affairs, including existing positions, in the fields
 21 of—

22 “(A) elementary and secondary education;

23 “(B) social services and family and child
 24 welfare;

1 “(C) law enforcement and judicial services;

2 and

3 “(D) alcohol and substance abuse;

4 “(2) staff positions within the Service; and

5 “(3) staff positions similar to those identified in
6 paragraphs (1) and (2) established and maintained
7 by Indian Tribes, Tribal Organizations (without re-
8 gard to the funding source), and Urban Indian Or-
9 ganizations.

10 “(c) TRAINING CRITERIA.—

11 “(1) IN GENERAL.—The appropriate Secretary
12 shall provide training criteria appropriate to each
13 type of position identified in subsection (b)(1) and
14 (b)(2) and ensure that appropriate training has
15 been, or shall be provided to any individual in any
16 such position. With respect to any such individual in
17 a position identified pursuant to subsection (b)(3),
18 the respective Secretaries shall provide appropriate
19 training to, or provide funds to, an Indian Tribe,
20 Tribal Organization, or Urban Indian Organization
21 for training of appropriate individuals. In the case of
22 positions funded under a contract or compact under
23 the Indian Self-Determination and Education Assist-
24 ance Act (25 U.S.C. 450 et seq.), the appropriate
25 Secretary shall ensure that such training costs are

1 included in the contract or compact, as the Sec-
2 retary determines necessary.

3 “(2) POSITION SPECIFIC TRAINING CRITERIA.—

4 Position specific training criteria shall be culturally
5 relevant to Indians and Indian Tribes and shall en-
6 sure that appropriate information regarding tradi-
7 tional Indian healing and treatment practices is pro-
8 vided.

9 “(d) COMMUNITY EDUCATION ON MENTAL ILL-
10 NESS.—The Service shall develop and implement, on re-
11 quest of an Indian Tribe, Tribal Organization, or Urban
12 Indian Organization, or assist the Indian Tribe, Tribal Or-
13 ganization, or Urban Indian Organization to develop and
14 implement, a program of community education on mental
15 illness. In carrying out this subsection, the Service shall,
16 upon request of an Indian Tribe, Tribal Organization, or
17 Urban Indian Organization, provide technical assistance
18 to the Indian Tribe, Tribal Organization, or Urban Indian
19 Organization to obtain and develop community edu-
20 cational materials on the identification, prevention, refer-
21 ral, and treatment of mental illness and dysfunctional and
22 self-destructive behavior.

23 “(e) PLAN.—Not later than 90 days after the date
24 of enactment of the Indian Health Care Improvement Act
25 Amendments of 2006, the Secretary shall develop a plan

1 under which the Service will increase the health care staff
 2 providing behavioral health services by at least 500 posi-
 3 tions within 5 years after the date of enactment of this
 4 section, with at least 200 of such positions devoted to
 5 child, adolescent, and family services. The plan developed
 6 under this subsection shall be implemented under the Act
 7 of November 2, 1921 (25 U.S.C. 13) (commonly known
 8 as the ‘Snyder Act’).

9 **“SEC. 127. AUTHORIZATION OF APPROPRIATIONS.**

10 “There are authorized to be appropriated such sums
 11 as may be necessary for each fiscal year through fiscal
 12 year 2015 to carry out this title.

13 **“TITLE II—HEALTH SERVICES**

14 **“SEC. 201. INDIAN HEALTH CARE IMPROVEMENT FUND.**

15 “(a) USE OF FUNDS.—The Secretary, acting through
 16 the Service, is authorized to expend funds, directly or
 17 under the authority of the Indian Self-Determination and
 18 Education Assistance Act (25 U.S.C. 450 et seq.), which
 19 are appropriated under the authority of this section, for
 20 the purposes of—

21 “(1) eliminating the deficiencies in health sta-
 22 tus and health resources of all Indian Tribes;

23 “(2) eliminating backlogs in the provision of
 24 health care services to Indians;

1 “(3) meeting the health needs of Indians in an
2 efficient and equitable manner, including the use of
3 telehealth and telemedicine when appropriate;

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

7 “(5) augmenting the ability of the Service to
8 meet the following health service responsibilities with
9 respect to those Indian Tribes with the highest levels
10 of health status deficiencies and resource defi-
11 ciencies:

12 “(A) Clinical care, including inpatient care,
13 outpatient care (including audiology, clinical
14 eye, and vision care), primary care, secondary
15 and tertiary care, and long-term care.

16 “(B) Preventive health, including mam-
17 mography and other cancer screening in accord-
18 ance with section 207.

19 “(C) Dental care.

20 “(D) Mental health, including community
21 mental health services, inpatient mental health
22 services, dormitory mental health services,
23 therapeutic and residential treatment centers,
24 and training of traditional Indian practitioners.

25 “(E) Emergency medical services.

1 “(F) Treatment and control of, and reha-
2 bilitative care related to, alcoholism and drug
3 abuse (including fetal alcohol syndrome) among
4 Indians.

5 “(G) Injury prevention programs.

6 “(H) Home health care.

7 “(I) Community health representatives.

8 “(J) Maintenance and improvement.

9 “(b) NO OFFSET OR LIMITATION.—Any funds appro-
10 priated under the authority of this section shall not be
11 used to offset or limit any other appropriations made to
12 the Service under this Act or the Act of November 2, 1921
13 (25 U.S.C. 13) (commonly known as the ‘Snyder Act’),
14 or any other provision of law.

15 “(c) ALLOCATION; USE.—

16 “(1) IN GENERAL.—Funds appropriated under
17 the authority of this section shall be allocated to
18 Service Units, Indian Tribes, or Tribal Organiza-
19 tions. The funds allocated to each Indian Tribe,
20 Tribal Organization, or Service Unit under this
21 paragraph shall be used by the Indian Tribe, Tribal
22 Organization, or Service Unit under this paragraph
23 to improve the health status and reduce the resource
24 deficiency of each Indian Tribe served by such Serv-
25 ice Unit, Indian Tribe, or Tribal Organization.

1 “(2) APPORTIONMENT OF ALLOCATED
 2 FUNDS.—The apportionment of funds allocated to a
 3 Service Unit, Indian Tribe, or Tribal Organization
 4 under paragraph (1) among the health service re-
 5 sponsibilities described in subsection (a)(5) shall be
 6 determined by the Service in consultation with, and
 7 with the active participation of, the affected Indian
 8 Tribes and Tribal Organizations.

9 “(d) PROVISIONS RELATING TO HEALTH STATUS
 10 AND RESOURCE DEFICIENCIES.—For the purposes of this
 11 section, the following definitions apply:

12 “(1) DEFINITION.—The term ‘health status
 13 and resource deficiency’ means the extent to
 14 which—

15 “(A) the health status objectives set forth
 16 in section 3(2) are not being achieved; and

17 “(B) the Indian Tribe or Tribal Organiza-
 18 tion does not have available to it the health re-
 19 sources it needs, taking into account the actual
 20 cost of providing health care services given local
 21 geographic, climatic, rural, or other cir-
 22 cumstances.

23 “(2) AVAILABLE RESOURCES.—The health re-
 24 sources available to an Indian Tribe or Tribal Orga-
 25 nization include health resources provided by the

1 Service as well as health resources used by the In-
2 dian Tribe or Tribal Organization, including services
3 and financing systems provided by any Federal pro-
4 grams, private insurance, and programs of State or
5 local governments.

6 “(3) PROCESS FOR REVIEW OF DETERMINA-
7 TIONS.—The Secretary shall establish procedures
8 which allow any Indian Tribe or Tribal Organization
9 to petition the Secretary for a review of any deter-
10 mination of the extent of the health status and re-
11 source deficiency of such Indian Tribe or Tribal Or-
12 ganization.

13 “(e) ELIGIBILITY FOR FUNDS.—Tribal Health Pro-
14 grams shall be eligible for funds appropriated under the
15 authority of this section on an equal basis with programs
16 that are administered directly by the Service.

17 “(f) REPORT.—By no later than the date that is 3
18 years after the date of enactment of the Indian Health
19 Care Improvement Act Amendments of 2006, the Sec-
20 retary shall submit to Congress the current health status
21 and resource deficiency report of the Service for each
22 Service Unit, including newly recognized or acknowledged
23 Indian Tribes. Such report shall set out—

24 “(1) the methodology then in use by the Service
25 for determining Tribal health status and resource

1 deficiencies, as well as the most recent application of
2 that methodology;

3 “(2) the extent of the health status and re-
4 source deficiency of each Indian Tribe served by the
5 Service or a Tribal Health Program;

6 “(3) the amount of funds necessary to eliminate
7 the health status and resource deficiencies of all In-
8 dian Tribes served by the Service or a Tribal Health
9 Program; and

10 “(4) an estimate of—

11 “(A) the amount of health service funds
12 appropriated under the authority of this Act, or
13 any other Act, including the amount of any
14 funds transferred to the Service for the pre-
15 ceding fiscal year which is allocated to each
16 Service Unit, Indian Tribe, or Tribal Organiza-
17 tion;

18 “(B) the number of Indians eligible for
19 health services in each Service Unit or Indian
20 Tribe or Tribal Organization; and

21 “(C) the number of Indians using the
22 Service resources made available to each Service
23 Unit, Indian Tribe or Tribal Organization, and,
24 to the extent available, information on the wait-

1 ing lists and number of Indians turned away for
2 services due to lack of resources.

3 “(g) INCLUSION IN BASE BUDGET.—Funds appro-
4 priated under this section for any fiscal year shall be in-
5 cluded in the base budget of the Service for the purpose
6 of determining appropriations under this section in subse-
7 quent fiscal years.

8 “(h) CLARIFICATION.—Nothing in this section is in-
9 tended to diminish the primary responsibility of the Serv-
10 ice to eliminate existing backlogs in unmet health care
11 needs, nor are the provisions of this section intended to
12 discourage the Service from undertaking additional efforts
13 to achieve equity among Indian Tribes and Tribal Organi-
14 zations.

15 “(i) FUNDING DESIGNATION.—Any funds appro-
16 priated under the authority of this section shall be des-
17 ignated as the ‘Indian Health Care Improvement Fund’.

18 **“SEC. 202. CATASTROPHIC HEALTH EMERGENCY FUND.**

19 “(a) ESTABLISHMENT.—There is established an In-
20 dian Catastrophic Health Emergency Fund (hereafter in
21 this section referred to as the ‘CHEF’) consisting of—

22 “(1) the amounts deposited under subsection
23 (f); and

24 “(2) the amounts appropriated to CHEF under
25 this section.

1 “(b) ADMINISTRATION.—CHEF shall be adminis-
2 tered by the Secretary, acting through the central office
3 of the Service, solely for the purpose of meeting the ex-
4 traordinary medical costs associated with the treatment of
5 victims of disasters or catastrophic illnesses who are with-
6 in the responsibility of the Service.

7 “(c) CONDITIONS ON USE OF FUND.—No part of
8 CHEF or its administration shall be subject to contract
9 or grant under any law, including the Indian Self-Deter-
10 mination and Education Assistance Act (25 U.S.C. 450
11 et seq.), nor shall CHEF funds be allocated, apportioned,
12 or delegated on an Area Office, Service Unit, or other
13 similar basis.

14 “(d) REGULATIONS.—The Secretary shall, through
15 the negotiated rulemaking process under title VIII, pro-
16 mulgate regulations consistent with the provisions of this
17 section to—

18 “(1) establish a definition of disasters and cata-
19 strophic illnesses for which the cost of the treatment
20 provided under contract would qualify for payment
21 from CHEF;

22 “(2) provide that a Service Unit shall not be el-
23 igible for reimbursement for the cost of treatment
24 from CHEF until its cost of treating any victim of
25 such catastrophic illness or disaster has reached a

1 certain threshold cost which the Secretary shall es-
2 tablish at—

3 “(A) the 2000 level of \$19,000; and

4 “(B) for any subsequent year, not less
5 than the threshold cost of the previous year in-
6 creased by the percentage increase in the med-
7 ical care expenditure category of the consumer
8 price index for all urban consumers (United
9 States city average) for the 12-month period
10 ending with December of the previous year;

11 “(3) establish a procedure for the reimburse-
12 ment of the portion of the costs that exceeds such
13 threshold cost incurred by—

14 “(A) Service Units; or

15 “(B) whenever otherwise authorized by the
16 Service, non-Service facilities or providers;

17 “(4) establish a procedure for payment from
18 CHEF in cases in which the exigencies of the med-
19 ical circumstances warrant treatment prior to the
20 authorization of such treatment by the Service; and

21 “(5) establish a procedure that will ensure that
22 no payment shall be made from CHEF to any pro-
23 vider of treatment to the extent that such provider
24 is eligible to receive payment for the treatment from

1 any other Federal, State, local, or private source of
2 reimbursement for which the patient is eligible.

3 “(e) NO OFFSET OR LIMITATION.—Amounts appro-
4 priated to CHEF under this section shall not be used to
5 offset or limit appropriations made to the Service under
6 the authority of the Act of November 2, 1921 (25 U.S.C.
7 13) (commonly known as the ‘Snyder Act’), or any other
8 law.

9 “(f) DEPOSIT OF REIMBURSEMENT FUNDS.—There
10 shall be deposited into CHEF all reimbursements to which
11 the Service is entitled from any Federal, State, local, or
12 private source (including third party insurance) by reason
13 of treatment rendered to any victim of a disaster or cata-
14 strophic illness the cost of which was paid from CHEF.

15 **“SEC. 203. HEALTH PROMOTION AND DISEASE PREVENTION**
16 **SERVICES.**

17 “(a) FINDINGS.—Congress finds that health pro-
18 motion and disease prevention activities—

19 “(1) improve the health and well-being of Indi-
20 ans; and

21 “(2) reduce the expenses for health care of In-
22 dians.

23 “(b) PROVISION OF SERVICES.—The Secretary, act-
24 ing through the Service and Tribal Health Programs, shall
25 provide health promotion and disease prevention services

1 to Indians to achieve the health status objectives set forth
2 in section 3(2).

3 “(c) EVALUATION.—The Secretary, after obtaining
4 input from the affected Tribal Health Programs, shall
5 submit to the President for inclusion in the report which
6 is required to be submitted to Congress under section 801
7 an evaluation of—

8 “(1) the health promotion and disease preven-
9 tion needs of Indians;

10 “(2) the health promotion and disease preven-
11 tion activities which would best meet such needs;

12 “(3) the internal capacity of the Service and
13 Tribal Health Programs to meet such needs; and

14 “(4) the resources which would be required to
15 enable the Service and Tribal Health Programs to
16 undertake the health promotion and disease preven-
17 tion activities necessary to meet such needs.

18 **“SEC. 204. DIABETES PREVENTION, TREATMENT, AND CON-**
19 **TROL.**

20 “(a) DETERMINATIONS REGARDING DIABETES.—
21 The Secretary, acting through the Service, and in con-
22 sultation with Indian Tribes and Tribal Organizations,
23 shall determine—

1 “(1) by Indian Tribe and by Service Unit, the
2 incidence of, and the types of complications resulting
3 from, diabetes among Indians; and

4 “(2) based on the determinations made pursu-
5 ant to paragraph (1), the measures (including pa-
6 tient education and effective ongoing monitoring of
7 disease indicators) each Service Unit should take to
8 reduce the incidence of, and prevent, treat, and con-
9 trol the complications resulting from, diabetes
10 among Indian Tribes within that Service Unit.

11 “(b) DIABETES SCREENING.—To the extent medi-
12 cally indicated and with informed consent, the Secretary
13 shall screen each Indian who receives services from the
14 Service for diabetes and for conditions which indicate a
15 high risk that the individual will become diabetic and, in
16 consultation with Indian Tribes, Urban Indian Organiza-
17 tions, and appropriate health care providers, establish a
18 cost-effective approach to ensure ongoing monitoring of
19 disease indicators. Such screening and monitoring may be
20 conducted by a Tribal Health Program and may be con-
21 ducted through appropriate Internet-based health care
22 management programs.

23 “(c) FUNDING FOR DIABETES.—The Secretary shall
24 continue to maintain each model diabetes project in exist-
25 ence on the date of enactment of the Indian Health Care

1 Improvement Act Amendments of 2006, any such other
2 diabetes programs operated by the Service or Tribal
3 Health Programs, and any additional diabetes projects,
4 such as the Medical Vanguard program provided for in
5 title IV of Public Law 108–87, as implemented to serve
6 Indian Tribes. Tribal Health Programs shall receive recur-
7 ring funding for the diabetes projects that they operate
8 pursuant to this section, both at the date of enactment
9 of the Indian Health Care Improvement Act Amendments
10 of 2006 and for projects which are added and funded
11 thereafter.

12 “(d) FUNDING FOR DIALYSIS PROGRAMS.—The Sec-
13 retary is authorized to provide funding through the Serv-
14 ice, Indian Tribes, and Tribal Organizations to establish
15 dialysis programs, including funding to purchase dialysis
16 equipment and provide necessary staffing.

17 “(e) OTHER DUTIES OF THE SECRETARY.—

18 “(1) IN GENERAL.—The Secretary shall, to the
19 extent funding is available—

20 “(A) in each Area Office, consult with In-
21 dian Tribes and Tribal Organizations regarding
22 programs for the prevention, treatment, and
23 control of diabetes;

24 “(B) establish in each Area Office a reg-
25 istry of patients with diabetes to track the inci-

1 dence of diabetes and the complications from
2 diabetes in that area; and

3 “(C) ensure that data collected in each
4 Area Office regarding diabetes and related com-
5 plications among Indians are disseminated to
6 all other Area Offices, subject to applicable pa-
7 tient privacy laws.

8 “(2) DIABETES CONTROL OFFICERS.—

9 “(A) IN GENERAL.—The Secretary may es-
10 tablish and maintain in each Area Office a posi-
11 tion of diabetes control officer to coordinate and
12 manage any activity of that Area Office relating
13 to the prevention, treatment, or control of dia-
14 betes to assist the Secretary in carrying out a
15 program under this section or section 330C of
16 the Public Health Service Act (42 U.S.C. 254c-
17 3).

18 “(B) CERTAIN ACTIVITIES.—Any activity
19 carried out by a diabetes control officer under
20 subparagraph (A) that is the subject of a con-
21 tract or compact under the Indian Self-Deter-
22 mination and Education Assistance Act (25
23 U.S.C. 450 et seq.), and any funds made avail-
24 able to carry out such an activity, shall not be
25 divisible for purposes of that Act.

1 **“SEC. 205. SHARED SERVICES FOR LONG-TERM CARE.**

2 “(a) LONG-TERM CARE.—Notwithstanding any other
3 provision of law, the Secretary, acting through the Service,
4 is authorized to provide directly, or enter into contracts
5 or compacts under the Indian Self-Determination and
6 Education Assistance Act (25 U.S.C. 450 et seq.) with
7 Indian Tribes or Tribal Organizations for, the delivery of
8 long-term care and similar services to Indians. Such agree-
9 ments shall provide for the sharing of staff or other serv-
10 ices between the Service or a Tribal Health Program and
11 a long-term care or other similar facility owned and oper-
12 ated (directly or through a contract or compact under the
13 Indian Self-Determination and Education Assistance Act
14 (25 U.S.C. 450 et seq.)) by such Indian Tribe or Tribal
15 Organization.

16 “(b) CONTENTS OF AGREEMENTS.—An agreement
17 entered into pursuant to subsection (a)—

18 “(1) may, at the request of the Indian Tribe or
19 Tribal Organization, delegate to such Indian Tribe
20 or Tribal Organization such powers of supervision
21 and control over Service employees as the Secretary
22 deems necessary to carry out the purposes of this
23 section;

24 “(2) shall provide that expenses (including sala-
25 ries) relating to services that are shared between the
26 Service and the Tribal Health Program be allocated

1 proportionately between the Service and the Indian
2 Tribe or Tribal Organization; and

3 “(3) may authorize such Indian Tribe or Tribal
4 Organization to construct, renovate, or expand a
5 long-term care or other similar facility (including the
6 construction of a facility attached to a Service facil-
7 ity).

8 “(c) MINIMUM REQUIREMENT.—Any nursing facility
9 provided for under this section shall meet the require-
10 ments for nursing facilities under section 1919 of the So-
11 cial Security Act.

12 “(d) OTHER ASSISTANCE.—The Secretary shall pro-
13 vide such technical and other assistance as may be nec-
14 essary to enable applicants to comply with the provisions
15 of this section.

16 “(e) USE OF EXISTING OR UNDERUSED FACILI-
17 TIES.—The Secretary shall encourage the use of existing
18 facilities that are underused or allow the use of swing beds
19 for long-term or similar care.

20 **“SEC. 206. HEALTH SERVICES RESEARCH.**

21 “The Secretary, acting through the Service, shall
22 make funding available for research to further the per-
23 formance of the health service responsibilities of Indian
24 Health Programs. The Secretary shall also, to the max-
25 imum extent practicable, coordinate departmental re-

1 search resources and activities to address relevant Indian
2 Health Program research needs. Tribal Health Programs
3 shall be given an equal opportunity to compete for, and
4 receive, research funds under this section. This funding
5 may be used for both clinical and nonclinical research.

6 **“SEC. 207. MAMMOGRAPHY AND OTHER CANCER SCREEN-**
7 **ING.**

8 “The Secretary, acting through the Service or Tribal
9 Health Programs, shall provide for screening as follows:

10 “(1) Screening mammography (as defined in
11 section 1861(jj) of the Social Security Act) for In-
12 dian women at a frequency appropriate to such
13 women under accepted and appropriate national
14 standards, and under such terms and conditions as
15 are consistent with standards established by the Sec-
16 retary to ensure the safety and accuracy of screen-
17 ing mammography under part B of title XVIII of
18 such Act.

19 “(2) Other cancer screening meeting accepted
20 and appropriate national standards.

21 **“SEC. 208. PATIENT TRAVEL COSTS.**

22 “The Secretary, acting through the Service and Trib-
23 al Health Programs, is authorized to provide funds for the
24 following patient travel costs, including appropriate and
25 necessary qualified escorts, associated with receiving

1 health care services provided (either through direct or con-
2 tract care or through a contract or compact under the In-
3 dian Self-Determination and Education Assistance Act
4 (25 U.S.C. 450 et seq.)) under this Act—

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

8 “(2) transportation by private vehicle (where no
9 other means of transportation is available), specially
10 equipped vehicle, and ambulance; and

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

14 **“SEC. 209. EPIDEMIOLOGY CENTERS.**

15 “(a) ADDITIONAL CENTERS.—In addition to those
16 epidemiology centers already established as of the date of
17 enactment of this Act, and without reducing the funding
18 levels for such centers, not later than 180 days after the
19 date of enactment of the Indian Health Care Improvement
20 Act Amendments of 2006, the Secretary, acting through
21 the Service, shall establish an epidemiology center in each
22 Service Area which does not yet have one to carry out the
23 functions described in subsection (b). Any new centers so
24 established may be operated by Tribal Health Programs,
25 but such funding shall not be divisible.

1 “(b) FUNCTIONS OF CENTERS.—In consultation with
2 and upon the request of Indian Tribes, Tribal Organiza-
3 tions, and Urban Indian Organizations, each Service Area
4 epidemiology center established under this subsection
5 shall, with respect to such Service Area—

6 “(1) collect data relating to, and monitor
7 progress made toward meeting, each of the health
8 status objectives of the Service, the Indian Tribes,
9 Tribal Organizations, and Urban Indian Organiza-
10 tions in the Service Area;

11 “(2) evaluate existing delivery systems, data
12 systems, and other systems that impact the improve-
13 ment of Indian health;

14 “(3) assist Indian Tribes, Tribal Organizations,
15 and Urban Indian Organizations in identifying their
16 highest priority health status objectives and the
17 services needed to achieve such objectives, based on
18 epidemiological data;

19 “(4) make recommendations for the targeting
20 of services needed by the populations served;

21 “(5) make recommendations to improve health
22 care delivery systems for Indians and Urban Indi-
23 ans;

24 “(6) provide requested technical assistance to
25 Indian Tribes, Tribal Organizations, and Urban In-

1 dian Organizations in the development of local
2 health service priorities and incidence and prevalence
3 rates of disease and other illness in the community;
4 and

5 “(7) provide disease surveillance and assist In-
6 dian Tribes, Tribal Organizations, and Urban Indian
7 Organizations to promote public health.

8 “(c) TECHNICAL ASSISTANCE.—The Director of the
9 Centers for Disease Control and Prevention shall provide
10 technical assistance to the centers in carrying out the re-
11 quirements of this subsection.

12 “(d) FUNDING FOR STUDIES.—The Secretary may
13 make funding available to Indian Tribes, Tribal Organiza-
14 tions, and Urban Indian Organizations to conduct epide-
15 miological studies of Indian communities.

16 **“SEC. 210. COMPREHENSIVE SCHOOL HEALTH EDUCATION**
17 **PROGRAMS.**

18 “(a) FUNDING FOR DEVELOPMENT OF PROGRAMS.—
19 In addition to carrying out any other program for health
20 promotion or disease prevention, the Secretary, acting
21 through the Service, is authorized to award grants to In-
22 dian Tribes, Tribal Organizations, and Urban Indian Or-
23 ganizations to develop comprehensive school health edu-
24 cation programs for children from pre-school through

1 grade 12 in schools for the benefit of Indian and Urban
2 Indian children.

3 “(b) USE OF GRANT FUNDS.—A grant awarded
4 under this section may be used for purposes which may
5 include, but are not limited to, the following:

6 “(1) Developing and implementing health edu-
7 cation curricula both for regular school programs
8 and afterschool programs.

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

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

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

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

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

21 “(7) Developing behavioral health wellness pro-
22 grams.

23 “(8) Developing chronic disease prevention pro-
24 grams.

1 “(9) Developing substance abuse prevention
2 programs.

3 “(10) Developing injury prevention and safety
4 education programs.

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

7 “(12) Developing community and environmental
8 health education programs.

9 “(13) Violence prevention.

10 “(14) Such other health issues as are appro-
11 priate.

12 “(c) TECHNICAL ASSISTANCE.—Upon request, the
13 Secretary, acting through the Service, shall provide tech-
14 nical assistance to Indian Tribes, Tribal Organizations,
15 and Urban Indian Organizations in the development of
16 comprehensive health education plans and the dissemina-
17 tion of comprehensive health education materials and in-
18 formation on existing health programs and resources.

19 “(d) CRITERIA FOR REVIEW AND APPROVAL OF AP-
20 PLICATIONS.—The Secretary, acting through the Service,
21 and in consultation with Indian Tribes, Tribal Organiza-
22 tions, and Urban Indian Organizations, shall establish cri-
23 teria for the review and approval of applications for grants
24 awarded under this section.

1 “(e) DEVELOPMENT OF PROGRAM FOR BIA FUNDED
2 SCHOOLS.—

3 “(1) IN GENERAL.—The Secretary of the Inte-
4 rior, acting through the Bureau of Indian Affairs
5 and in cooperation with the Secretary, acting
6 through the Service, and affected Indian Tribes and
7 Tribal Organizations, shall develop a comprehensive
8 school health education program for children from
9 preschool through grade 12 in schools for which sup-
10 port is provided by the Bureau of Indian Affairs.

11 “(2) REQUIREMENTS FOR PROGRAMS.—Such
12 programs shall include—

13 “(A) school programs on nutrition edu-
14 cation, personal health, oral health, and fitness;

15 “(B) behavioral health wellness programs;

16 “(C) chronic disease prevention programs;

17 “(D) substance abuse prevention pro-
18 grams;

19 “(E) injury prevention and safety edu-
20 cation programs; and

21 “(F) activities for the prevention and con-
22 trol of communicable diseases.

23 “(3) DUTIES OF THE SECRETARY.—The Sec-
24 retary of the Interior shall—

1 “(A) provide training to teachers in com-
2 prehensive school health education curricula;

3 “(B) ensure the integration and coordina-
4 tion of school-based programs with existing
5 services and health programs available in the
6 community; and

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

9 **“SEC. 211. INDIAN YOUTH PROGRAM.**

10 “(a) PROGRAM AUTHORIZED.—The Secretary, acting
11 through the Service, is authorized to establish and admin-
12 ister a program to provide grants to Indian Tribes, Tribal
13 Organizations, and Urban Indian Organizations for inno-
14 vative mental and physical disease prevention and health
15 promotion and treatment programs for Indian and Urban
16 Indian preadolescent and adolescent youths.

17 “(b) USE OF FUNDS.—

18 “(1) ALLOWABLE USES.—Funds made available
19 under this section may be used to—

20 “(A) develop prevention and treatment
21 programs for Indian youth which promote men-
22 tal and physical health and incorporate cultural
23 values, community and family involvement, and
24 traditional healers; and

1 “(B) develop and provide community train-
2 ing and education.

3 “(2) PROHIBITED USE.—Funds made available
4 under this section may not be used to provide serv-
5 ices described in section 707(c).

6 “(c) DUTIES OF THE SECRETARY.—The Secretary
7 shall—

8 “(1) disseminate to Indian Tribes, Tribal Orga-
9 nizations, and Urban Indian Organizations informa-
10 tion regarding models for the delivery of comprehen-
11 sive health care services to Indian and Urban Indian
12 adolescents;

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

15 “(3) at the request of an Indian Tribe, Tribal
16 Organization, or Urban Indian Organization, provide
17 technical assistance in the implementation of such
18 models.

19 “(d) CRITERIA FOR REVIEW AND APPROVAL OF AP-
20 PLICATIONS.—The Secretary, in consultation with Indian
21 Tribes, Tribal Organizations, and Urban Indian Organiza-
22 tions, shall establish criteria for the review and approval
23 of applications or proposals under this section.

1 **“SEC. 212. PREVENTION, CONTROL, AND ELIMINATION OF**
2 **COMMUNICABLE AND INFECTIOUS DISEASES.**

3 “(a) FUNDING AUTHORIZED.—The Secretary, acting
4 through the Service, and after consultation with Indian
5 Tribes, Tribal Organizations, Urban Indian Organiza-
6 tions, and the Centers for Disease Control and Prevention,
7 may make funding available to Indian Tribes, Tribal Or-
8 ganizations, and Urban Indian Organizations for the fol-
9 lowing:

10 “(1) Projects for the prevention, control, and
11 elimination of communicable and infectious diseases,
12 including tuberculosis, hepatitis, HIV, respiratory
13 syncitial virus, hanta virus, sexually transmitted dis-
14 eases, and H. Pylori.

15 “(2) Public information and education pro-
16 grams for the prevention, control, and elimination of
17 communicable and infectious diseases.

18 “(3) Education, training, and clinical skills im-
19 provement activities in the prevention, control, and
20 elimination of communicable and infectious diseases
21 for health professionals, including allied health pro-
22 fessionals.

23 “(4) Demonstration projects for the screening,
24 treatment, and prevention of hepatitis C virus
25 (HCV).

1 “(b) APPLICATION REQUIRED.—The Secretary may
2 provide funding under subsection (a) only if an application
3 or proposal for funding is submitted to the Secretary.

4 “(c) COORDINATION WITH HEALTH AGENCIES.—In-
5 dian Tribes, Tribal Organizations, and Urban Indian Or-
6 ganizations receiving funding under this section are en-
7 couraged to coordinate their activities with the Centers for
8 Disease Control and Prevention and State and local health
9 agencies.

10 “(d) TECHNICAL ASSISTANCE; REPORT.—In carrying
11 out this section, the Secretary—

12 “(1) may, at the request of an Indian Tribe,
13 Tribal Organization, or Urban Indian Organization,
14 provide technical assistance; and

15 “(2) shall prepare and submit a report to Con-
16 gress biennially on the use of funds under this sec-
17 tion and on the progress made toward the preven-
18 tion, control, and elimination of communicable and
19 infectious diseases among Indians and Urban Indi-
20 ans.

21 **“SEC. 213. AUTHORITY FOR PROVISION OF OTHER SERV-**
22 **ICES.**

23 “(a) FUNDING AUTHORIZED.—The Secretary, acting
24 through the Service, Indian Tribes, and Tribal Organiza-
25 tions, may provide funding under this Act to meet the ob-

1 jectives set forth in section 3 through health care-related
2 services and programs not otherwise described in this Act,
3 including—

4 “(1) hospice care;

5 “(2) assisted living;

6 “(3) long-term health care;

7 “(4) home- and community-based services, in
8 accordance with subsection (d); and

9 “(5) public health functions.

10 “(b) SERVICES TO OTHERWISE INELIGIBLE PER-
11 SONS.—Subject to section 807, at the discretion of the
12 Service, Indian Tribes, or Tribal Organizations, services
13 provided for hospice care, home- and community-based
14 care, assisted living, and long-term care may be provided
15 (subject to reimbursement) to persons otherwise ineligible
16 for the health care benefits of the Service. Any funds re-
17 ceived under this subsection shall not be used to offset
18 or limit the funding allocated to the Service or an Indian
19 Tribe or Tribal Organization.

20 “(c) TERMS AND CONDITIONS.—Any service provided
21 under this section shall be consistent with accepted and
22 appropriate standards relating to the service, including
23 any licensing term or condition under this Act.

24 “(d) DEFINITIONS.—For the purposes of this section,
25 the following definitions shall apply:

1 “(1)(A) The term ‘home- and community-based
2 services’ means 1 or more of the following:

3 “(i) Home health aide services.

4 “(ii) Personal care services.

5 “(iii) Nursing care services provided out-
6 side of a nursing facility by, or under the super-
7 vision of, a registered nurse.

8 “(iv) Respite care.

9 “(v) Training for family members.

10 “(vi) Adult day care.

11 “(vii) Such other home- and community-
12 based services as the Secretary, an Indian
13 Tribe, or a Tribal Organization may approve.

14 “(B) The term ‘home- and community-based
15 services’ does not include a service provided by an
16 immediate relative who is legally responsible for pro-
17 viding the service.

18 “(2) The term ‘hospice care’ means the items
19 and services specified in subparagraphs (A) through
20 (H) of section 1861(dd)(1) of the Social Security
21 Act (42 U.S.C. 1395x(dd)(1)), and such other serv-
22 ices which an Indian Tribe or Tribal Organization
23 determines are necessary and appropriate to provide
24 in furtherance of this care.

1 “(3)(A) The term ‘personal care services’
2 means services relating to assistance in carrying out
3 activities of daily living.

4 “(B) The term ‘personal care services’ does not
5 include a service solely relating to assistance in car-
6 rying out an ancillary activity, such as housekeeping
7 or household chores, as determined by the Secretary.

8 “(4) The term ‘public health functions’ means
9 the provision of public health-related programs,
10 functions, and services, including assessment, assur-
11 ance, and policy development which Indian Tribes
12 and Tribal Organizations are authorized and encour-
13 aged, in those circumstances where it meets their
14 needs, to do by forming collaborative relationships
15 with all levels of local, State, and Federal Govern-
16 ment.

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

18 “The Secretary, acting through the Service and In-
19 dian Tribes, Tribal Organizations, and Urban Indian Or-
20 ganizations, shall monitor and improve the quality of
21 health care for Indian women of all ages through the plan-
22 ning and delivery of programs administered by the Service,
23 in order to improve and enhance the treatment models of
24 care for Indian women.

1 **“SEC. 215. ENVIRONMENTAL AND NUCLEAR HEALTH HAZ-**
2 **ARDS.**

3 “(a) STUDIES AND MONITORING.—The Secretary
4 and the Service shall conduct, in conjunction with other
5 appropriate Federal agencies and in consultation with con-
6 cerned Indian Tribes and Tribal Organizations, studies
7 and ongoing monitoring programs to determine trends in
8 the health hazards to Indian miners and to Indians on
9 or near reservations and Indian communities as a result
10 of environmental hazards which may result in chronic or
11 life threatening health problems, such as nuclear resource
12 development, petroleum contamination, and contamination
13 of water source and of the food chain. Such studies shall
14 include—

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

19 “(2) an analysis of the potential effect of ongo-
20 ing and future environmental resource development
21 on or near reservations and Indian communities, in-
22 cluding the cumulative effect over time on health;

23 “(3) an evaluation of the types and nature of
24 activities, practices, and conditions causing or affect-
25 ing such health problems, including uranium mining
26 and milling, uranium mine tailing deposits, nuclear

1 power plant operation and construction, and nuclear
2 waste disposal; oil and gas production or transpor-
3 tation on or near reservations or Indian commu-
4 nities; and other development that could affect the
5 health of Indians and their water supply and food
6 chain;

7 “(4) a summary of any findings and rec-
8 ommendations provided in Federal and State stud-
9 ies, reports, investigations, and inspections during
10 the 5 years prior to the date of enactment of the In-
11 dian Health Care Improvement Act Amendments of
12 2006 that directly or indirectly relate to the activi-
13 ties, practices, and conditions affecting the health or
14 safety of such Indians; and

15 “(5) the efforts that have been made by Federal
16 and State agencies and resource and economic devel-
17 opment companies to effectively carry out an edu-
18 cation program for such Indians regarding the
19 health and safety hazards of such development.

20 “(b) HEALTH CARE PLANS.—Upon completion of
21 such studies, the Secretary and the Service shall take into
22 account the results of such studies and, in consultation
23 with Indian Tribes and Tribal Organizations, develop
24 health care plans to address the health problems studied
25 under subsection (a). The plans shall include—

1 “(1) methods for diagnosing and treating Indi-
2 ans currently exhibiting such health problems;

3 “(2) preventive care and testing for Indians
4 who may be exposed to such health hazards, includ-
5 ing the monitoring of the health of individuals who
6 have or may have been exposed to excessive amounts
7 of radiation or affected by other activities that have
8 had or could have a serious impact upon the health
9 of such individuals; and

10 “(3) a program of education for Indians who,
11 by reason of their work or geographic proximity to
12 such nuclear or other development activities, may ex-
13 perience health problems.

14 “(c) SUBMISSION OF REPORT AND PLAN TO CON-
15 GRESS.—The Secretary and the Service shall submit to
16 Congress the study prepared under subsection (a) no later
17 than 18 months after the date of enactment of the Indian
18 Health Care Improvement Act Amendments of 2006. The
19 health care plan prepared under subsection (b) shall be
20 submitted in a report no later than 1 year after the study
21 prepared under subsection (a) is submitted to Congress.
22 Such report shall include recommended activities for the
23 implementation of the plan, as well as an evaluation of
24 any activities previously undertaken by the Service to ad-
25 dress such health problems.

1 “(d) INTERGOVERNMENTAL TASK FORCE.—

2 “(1) ESTABLISHMENT; MEMBERS.—There is es-
3 tablished an Intergovernmental Task Force to be
4 composed of the following individuals (or their des-
5 ignees):

6 “(A) The Secretary of Energy.

7 “(B) The Secretary of the Environmental
8 Protection Agency.

9 “(C) The Director of the Bureau of Mines.

10 “(D) The Assistant Secretary for Occupa-
11 tional Safety and Health.

12 “(E) The Secretary of the Interior.

13 “(F) The Secretary of Health and Human
14 Services.

15 “(G) The Director of the Indian Health
16 Service.

17 “(2) DUTIES.—The Task Force shall—

18 “(A) identify existing and potential oper-
19 ations related to nuclear resource development
20 or other environmental hazards that affect or
21 may affect the health of Indians on or near a
22 reservation or in an Indian community; and

23 “(B) enter into activities to correct exist-
24 ing health hazards and ensure that current and
25 future health problems resulting from nuclear

1 resource or other development activities are
2 minimized or reduced.

3 “(3) CHAIRMAN; MEETINGS.—The Secretary of
4 Health and Human Services shall be the Chairman
5 of the Task Force. The Task Force shall meet at
6 least twice each year.

7 “(e) HEALTH SERVICES TO CERTAIN EMPLOYEES.—
8 In the case of any Indian who—

9 “(1) as a result of employment in or near a
10 uranium mine or mill or near any other environ-
11 mental hazard, suffers from a work-related illness or
12 condition;

13 “(2) is eligible to receive diagnosis and treat-
14 ment services from an Indian Health Program; and

15 “(3) by reason of such Indian’s employment, is
16 entitled to medical care at the expense of such mine
17 or mill operator or entity responsible for the environ-
18 mental hazard, the Indian Health Program shall, at
19 the request of such Indian, render appropriate med-
20 ical care to such Indian for such illness or condition
21 and may be reimbursed for any medical care so ren-
22 dered to which such Indian is entitled at the expense
23 of such operator or entity from such operator or en-
24 tity. Nothing in this subsection shall affect the
25 rights of such Indian to recover damages other than

1 such amounts paid to the Indian Health Program
2 from the employer for providing medical care for
3 such illness or condition.

4 **“SEC. 216. ARIZONA AS A CONTRACT HEALTH SERVICE DE-**
5 **LIVERY AREA.**

6 “(a) IN GENERAL.—For fiscal years beginning with
7 the fiscal year ending September 30, 1983, and ending
8 with the fiscal year ending September 30, 2015, the State
9 of Arizona shall be designated as a contract health service
10 delivery area by the Service for the purpose of providing
11 contract health care services to members of federally rec-
12 ognized Indian Tribes of Arizona.

13 “(b) MAINTENANCE OF SERVICES.—The Service
14 shall not curtail any health care services provided to Indi-
15 ans residing on reservations in the State of Arizona if such
16 curtailment is due to the provision of contract services in
17 such State pursuant to the designation of such State as
18 a contract health service delivery area pursuant to sub-
19 section (a).

20 **“SEC. 216A. NORTH DAKOTA AND SOUTH DAKOTA AS CON-**
21 **TRACT HEALTH SERVICE DELIVERY AREA.**

22 “(a) IN GENERAL.—Beginning in fiscal year 2003,
23 the States of North Dakota and South Dakota shall be
24 designated as a contract health service delivery area by
25 the Service for the purpose of providing contract health

1 care services to members of federally recognized Indian
2 Tribes of North Dakota and South Dakota.

3 “(b) LIMITATION.—The Service shall not curtail any
4 health care services provided to Indians residing on any
5 reservation, or in any county that has a common boundary
6 with any reservation, in the State of North Dakota or
7 South Dakota if such curtailment is due to the provision
8 of contract services in such States pursuant to the des-
9 ignation of such States as a contract health service deliv-
10 ery area pursuant to subsection (a).

11 **“SEC. 217. CALIFORNIA CONTRACT HEALTH SERVICES PRO-**
12 **GRAM.**

13 “(a) FUNDING AUTHORIZED.—The Secretary is au-
14 thorized to fund a program using the California Rural In-
15 dian Health Board (hereafter in this section referred to
16 as the ‘CRIHB’) as a contract care intermediary to im-
17 prove the accessibility of health services to California Indi-
18 ans.

19 “(b) REIMBURSEMENT CONTRACT.—The Secretary
20 shall enter into an agreement with the CRIHB to reim-
21 burse the CRIHB for costs (including reasonable adminis-
22 trative costs) incurred pursuant to this section, in pro-
23 viding medical treatment under contract to California In-
24 dians described in section 806(a) throughout the Cali-

1 ornia contract health services delivery area described in
2 section 218 with respect to high cost contract care cases.

3 “(c) ADMINISTRATIVE EXPENSES.—Not more than 5
4 percent of the amounts provided to the CRIHB under this
5 section for any fiscal year may be for reimbursement for
6 administrative expenses incurred by the CRIHB during
7 such fiscal year.

8 “(d) LIMITATION ON PAYMENT.—No payment may
9 be made for treatment provided hereunder to the extent
10 payment may be made for such treatment under the In-
11 dian Catastrophic Health Emergency Fund described in
12 section 202 or from amounts appropriated or otherwise
13 made available to the California contract health service de-
14 livery area for a fiscal year.

15 “(e) ADVISORY BOARD.—There is established an ad-
16 visory board which shall advise the CRIHB in carrying
17 out this section. The advisory board shall be composed of
18 representatives, selected by the CRIHB, from not less
19 than 8 Tribal Health Programs serving California Indians
20 covered under this section at least one half of whom of
21 whom are not affiliated with the CRIHB.

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

24 “The State of California, excluding the counties of
25 Alameda, Contra Costa, Los Angeles, Marin, Orange, Sac-

1 ramento, San Francisco, San Mateo, Santa Clara, Kern,
2 Merced, Monterey, Napa, San Benito, San Joaquin, San
3 Luis Obispo, Santa Cruz, Solano, Stanislaus, and Ven-
4 tura, shall be designated as a contract health service deliv-
5 ery area by the Service for the purpose of providing con-
6 tract health services to California Indians. However, any
7 of the counties listed herein may only be included in the
8 contract health services delivery area if funding is specifi-
9 cally provided by the Service for such services in those
10 counties.

11 **“SEC. 219. CONTRACT HEALTH SERVICES FOR THE TREN-**
12 **TON SERVICE AREA.**

13 “(a) AUTHORIZATION FOR SERVICES.—The Sec-
14 retary, acting through the Service, is directed to provide
15 contract health services to members of the Turtle Moun-
16 tain Band of Chippewa Indians that reside in the Trenton
17 Service Area of Divide, McKenzie, and Williams counties
18 in the State of North Dakota and the adjoining counties
19 of Richland, Roosevelt, and Sheridan in the State of Mon-
20 tana.

21 “(b) NO EXPANSION OF ELIGIBILITY.—Nothing in
22 this section may be construed as expanding the eligibility
23 of members of the Turtle Mountain Band of Chippewa In-
24 dians for health services provided by the Service beyond

1 the scope of eligibility for such health services that applied
2 on May 1, 1986.

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

5 “The Service shall provide funds for health care pro-
6 grams and facilities operated by Tribal Health Programs
7 on the same basis as such funds are provided to programs
8 and facilities operated directly by the Service.

9 **“SEC. 221. LICENSING.**

10 “Health care professionals employed by a Tribal
11 Health Program shall, if licensed in any State, be exempt
12 from the licensing requirements of the State in which the
13 Tribal Health Program performs the services described in
14 its contract or compact under the Indian Self-Determina-
15 tion and Education Assistance Act (25 U.S.C. 450 et
16 seq.).

17 **“SEC. 222. NOTIFICATION OF PROVISION OF EMERGENCY**
18 **CONTRACT HEALTH SERVICES.**

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

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

2 “(a) DEADLINE FOR RESPONSE.—The Service shall
3 respond to a notification of a claim by a provider of a
4 contract care service with either an individual purchase
5 order or a denial of the claim within 5 working days after
6 the receipt of such notification.

7 “(b) EFFECT OF UNTIMELY RESPONSE.—If the
8 Service fails to respond to a notification of a claim in ac-
9 cordance with subsection (a), the Service shall accept as
10 valid the claim submitted by the provider of a contract
11 care service.

12 “(c) DEADLINE FOR PAYMENT OF VALID CLAIM.—
13 The Service shall pay a valid contract care service claim
14 within 30 days after the completion of the claim.

15 **“SEC. 224. LIABILITY FOR PAYMENT.**

16 “(a) NO PATIENT LIABILITY.—A patient who re-
17 ceives contract health care services that are authorized by
18 the Service shall not be liable for the payment of any
19 charges or costs associated with the provision of such serv-
20 ices.

21 “(b) NOTIFICATION.—The Secretary shall notify a
22 contract care provider and any patient who receives con-
23 tract health care services authorized by the Service that
24 such patient is not liable for the payment of any charges
25 or costs associated with the provision of such services not

1 later than 5 business days after receipt of a notification
2 of a claim by a provider of contract care services.

3 “(c) NO RECOURSE.—Following receipt of the notice
4 provided under subsection (b), or, if a claim has been
5 deemed accepted under section 223(b), the provider shall
6 have no further recourse against the patient who received
7 the services.

8 **“SEC. 225. OFFICE OF INDIAN MEN’S HEALTH.**

9 “(a) ESTABLISHMENT.—The Secretary shall estab-
10 lish within the Service an office to be known as the ‘Office
11 of Indian Men’s Health’ (referred to in this section as the
12 ‘Office’).

13 “(b) DIRECTOR.—

14 “(1) IN GENERAL.—The Office shall be headed
15 by a Director, to be appointed by the Secretary.

16 “(2) DUTIES.—The Director shall coordinate
17 and promote the status of the health of Indian men
18 in the United States.

19 “(c) REPORT.—Not later than 2 years after the date
20 of enactment of the Indian Health Care Improvement Act
21 Amendments of 2006, the Secretary, acting through the
22 Director of the Office, shall submit to Congress a report
23 describing—

24 “(1) any activity carried out by the Director as
25 of the date on which the report is prepared; and

1 “(2) any finding of the Director with respect to
2 the health of Indian men.

3 **“SEC. 226. AUTHORIZATION OF APPROPRIATIONS.**

4 “There are authorized to be appropriated such sums
5 as may be necessary for each fiscal year through fiscal
6 year 2015 to carry out this title.

7 **“TITLE III—FACILITIES**

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

10 “(a) PREREQUISITES FOR EXPENDITURE OF
11 FUNDS.—Prior to the expenditure of, or the making of
12 any binding commitment to expend, any funds appro-
13 priated for the planning, design, construction, or renova-
14 tion of facilities pursuant to the Act of November 2, 1921
15 (25 U.S.C. 13) (commonly known as the ‘Snyder Act’),
16 the Secretary, acting through the Service, shall—

17 “(1) consult with any Indian Tribe that would
18 be significantly affected by such expenditure for the
19 purpose of determining and, whenever practicable,
20 honoring tribal preferences concerning size, location,
21 type, and other characteristics of any facility on
22 which such expenditure is to be made; and

23 “(2) ensure, whenever practicable and applica-
24 ble, that such facility meets the construction stand-
25 ards of any accrediting body recognized by the Sec-

1 retary for the purposes of the medicare, medicaid,
2 and SCHIP programs under titles XVIII, XIX, and
3 XXI of the Social Security Act by not later than 1
4 year after the date on which the construction or ren-
5 ovation of such facility is completed.

6 “(b) CLOSURES.—

7 “(1) EVALUATION REQUIRED.—Notwith-
8 standing any other provision of law, no facility oper-
9 ated by the Service may be closed if the Secretary
10 has not submitted to Congress at least 1 year prior
11 to the date of the proposed closure an evaluation of
12 the impact of the proposed closure which specifies,
13 in addition to other considerations—

14 “(A) the accessibility of alternative health
15 care resources for the population served by such
16 facility;

17 “(B) the cost-effectiveness of such closure;

18 “(C) the quality of health care to be pro-
19 vided to the population served by such facility
20 after such closure;

21 “(D) the availability of contract health
22 care funds to maintain existing levels of service;

23 “(E) the views of the Indian Tribes served
24 by such facility concerning such closure;

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

3 “(G) the distance between such facility and
4 the nearest operating Service hospital.

5 “(2) EXCEPTION FOR CERTAIN TEMPORARY
6 CLOSURES.—Paragraph (1) shall not apply to any
7 temporary closure of a facility or any portion of a
8 facility if such closure is necessary for medical, envi-
9 ronmental, or construction safety reasons.

10 “(c) HEALTH CARE FACILITY PRIORITY SYSTEM.—

11 “(1) IN GENERAL.—

12 “(A) ESTABLISHMENT.—The Secretary,
13 acting through the Service, shall establish a
14 health care facility priority system, which
15 shall—

16 “(i) be developed with Indian Tribes
17 and Tribal Organizations through nego-
18 tiated rulemaking under section 802;

19 “(ii) give Indian Tribes’ needs the
20 highest priority; and

21 “(iii) at a minimum, include the lists
22 required in paragraph (2)(B) and the
23 methodology required in paragraph (2)(E).

24 “(B) PRIORITY OF CERTAIN PROJECTS
25 PROTECTED.—The priority of any project estab-

1 lished under the construction priority system in
2 effect on the date of the Indian Health Care
3 Improvement Act Amendments of 2006 shall
4 not be affected by any change in the construc-
5 tion priority system taking place thereafter if
6 the project was identified as 1 of the 10 top-
7 priority inpatient projects, 1 of the 10 top-pri-
8 ority outpatient projects, 1 of the 10 top-pri-
9 ority staff quarters developments, or 1 of the
10 10 top-priority Youth Regional Treatment Cen-
11 ters in the fiscal year 2006 Indian Health Serv-
12 ice budget justification, or if the project had
13 completed both Phase I and Phase II of the
14 construction priority system in effect on the
15 date of enactment of such Act.

16 “(2) REPORT; CONTENTS.—The Secretary shall
17 submit to the President, for inclusion in the report
18 required to be transmitted to Congress under section
19 801, a report which sets forth the following:

20 “(A) A description of the health care facil-
21 ity priority system of the Service, established
22 under paragraph (1).

23 “(B) Health care facilities lists, includ-
24 ing—

1 “(i) the 10 top-priority inpatient
2 health care facilities;

3 “(ii) the 10 top-priority outpatient
4 health care facilities;

5 “(iii) the 10 top-priority specialized
6 health care facilities (such as long-term
7 care and alcohol and drug abuse treat-
8 ment);

9 “(iv) the 10 top-priority staff quarters
10 developments associated with health care
11 facilities; and

12 “(v) the 10 top-priority hostels associ-
13 ated with health care facilities.

14 “(C) The justification for such order of
15 priority.

16 “(D) The projected cost of such projects.

17 “(E) The methodology adopted by the
18 Service in establishing priorities under its
19 health care facility priority system.

20 “(3) REQUIREMENTS FOR PREPARATION OF RE-
21 PORTS.—In preparing each report required under
22 paragraph (2) (other than the initial report), the
23 Secretary shall annually—

24 “(A) consult with and obtain information
25 on all health care facilities needs from Indian

1 Tribes, Tribal Organizations, and Urban Indian
2 Organizations; and

3 “(B) review the total unmet needs of all
4 Indian Tribes, Tribal Organizations, and Urban
5 Indian Organizations for health care facilities
6 (including hostels and staff quarters), including
7 needs for renovation and expansion of existing
8 facilities.

9 “(4) CRITERIA FOR EVALUATING NEEDS.—For
10 purposes of this subsection, the Secretary shall, in
11 evaluating the needs of facilities operated under any
12 contract or compact under the Indian Self-Deter-
13 mination and Education Assistance Act (25 U.S.C.
14 450 et seq.) use the same criteria that the Secretary
15 uses in evaluating the needs of facilities operated di-
16 rectly by the Service.

17 “(5) NEEDS OF FACILITIES UNDER ISDEAA
18 AGREEMENTS.—The Secretary shall ensure that the
19 planning, design, construction, and renovation needs
20 of Service and non-Service facilities operated under
21 contracts or compacts in accordance with the Indian
22 Self-Determination and Education Assistance Act
23 (25 U.S.C. 450 et seq.) are fully and equitably inte-
24 grated into the health care facility priority system.

25 “(d) REVIEW OF NEED FOR FACILITIES.—

1 “(1) INITIAL REPORT.—In the year 2006, the
2 Government Accountability Office shall prepare and
3 finalize a report which sets forth the needs of the
4 Service, Indian Tribes, Tribal Organizations, and
5 Urban Indian Organizations, for the types of facili-
6 ties listed under subsection (c)(2)(B), including the
7 needs for renovation and expansion of existing facili-
8 ties. The Government Accountability Office shall
9 submit the report to the appropriate authorizing and
10 appropriations committees of Congress and to the
11 Secretary.

12 “(2) Beginning in the year 2006, the Secretary
13 shall update the report required under paragraph
14 (1) every 5 years.

15 “(3) In preparing an updated report under
16 paragraph (2), the Secretary shall consult with In-
17 dian Tribes, Tribal Organizations, and Urban Indian
18 Organizations. The Secretary shall submit the report
19 under paragraph (2) for inclusion in the report re-
20 quired to be transmitted to Congress under section
21 801.

22 “(4) For purposes of this subsection, the re-
23 ports shall, regarding the needs of facilities operated
24 under any contract or compact under the Indian
25 Self-Determination and Education Assistance Act

1 (25 U.S.C. 450 et seq.), be based on the same cri-
2 teria that the Secretary uses in evaluating the needs
3 of facilities operated directly by the Service.

4 “(5) The planning, design, construction, and
5 renovation needs of facilities operated under con-
6 tracts or compacts under the Indian Self-Determina-
7 tion and Education Assistance Act (25 U.S.C. 450
8 et seq.) shall be fully and equitably integrated into
9 the development of the health facility priority sys-
10 tem.

11 “(6) Beginning in 2007 and each fiscal year
12 thereafter, the Secretary shall provide an oppor-
13 tunity for nomination of planning, design, and con-
14 struction projects by the Service, Indian Tribes,
15 Tribal Organizations, and Urban Indian Organiza-
16 tions for consideration under the health care facility
17 priority system.

18 “(e) FUNDING CONDITION.—All funds appropriated
19 under the Act of November 2, 1921 (25 U.S.C. 13) (com-
20 monly known as the ‘Snyder Act’), for the planning, de-
21 sign, construction, or renovation of health facilities for the
22 benefit of 1 or more Indian Tribes shall be subject to the
23 provisions of the Indian Self-Determination and Edu-
24 cation Assistance Act (25 U.S.C. 450 et seq.).

1 “(f) DEVELOPMENT OF INNOVATIVE APPROACHES.—
2 The Secretary shall consult and cooperate with Indian
3 Tribes, Tribal Organizations, and Urban Indian Organiza-
4 tions in developing innovative approaches to address all
5 or part of the total unmet need for construction of health
6 facilities, including those provided for in other sections of
7 this title and other approaches.

8 **“SEC. 302. SANITATION FACILITIES.**

9 “(a) FINDINGS.—Congress finds the following:

10 “(1) The provision of sanitation facilities is pri-
11 marily a health consideration and function.

12 “(2) Indian people suffer an inordinately high
13 incidence of disease, injury, and illness directly at-
14 tributable to the absence or inadequacy of sanitation
15 facilities.

16 “(3) The long-term cost to the United States of
17 treating and curing such disease, injury, and illness
18 is substantially greater than the short-term cost of
19 providing sanitation facilities and other preventive
20 health measures.

21 “(4) Many Indian homes and Indian commu-
22 nities still lack sanitation facilities.

23 “(5) It is in the interest of the United States,
24 and it is the policy of the United States, that all In-

1 dian communities and Indian homes, new and exist-
2 ing, be provided with sanitation facilities.

3 “(b) FACILITIES AND SERVICES.—In furtherance of
4 the findings made in subsection (a), Congress reaffirms
5 the primary responsibility and authority of the Service to
6 provide the necessary sanitation facilities and services as
7 provided in section 7 of the Act of August 5, 1954 (42
8 U.S.C. 2004a). Under such authority, the Secretary, act-
9 ing through the Service, is authorized to provide the fol-
10 lowing:

11 “(1) Financial and technical assistance to In-
12 dian Tribes, Tribal Organizations, and Indian com-
13 munities in the establishment, training, and equip-
14 ping of utility organizations to operate and maintain
15 sanitation facilities, including the provision of exist-
16 ing plans, standard details, and specifications avail-
17 able in the Department, to be used at the option of
18 the Indian Tribe, Tribal Organization, or Indian
19 community.

20 “(2) Ongoing technical assistance and training
21 to Indian Tribes, Tribal Organizations, and Indian
22 communities in the management of utility organiza-
23 tions which operate and maintain sanitation facili-
24 ties.

1 “(3) Priority funding for operation and mainte-
2 nance assistance for, and emergency repairs to, sani-
3 tation facilities operated by an Indian Tribe, Tribal
4 Organization or Indian community when necessary
5 to avoid an imminent health threat or to protect the
6 investment in sanitation facilities and the investment
7 in the health benefits gained through the provision
8 of sanitation facilities.

9 “(c) FUNDING.—Notwithstanding any other provi-
10 sion of law—

11 “(1) the Secretary of Housing and Urban De-
12 velopment is authorized to transfer funds appro-
13 priated under the Native American Housing Assist-
14 ance and Self-Determination Act of 1996 to the Sec-
15 retary of Health and Human Services;

16 “(2) the Secretary of Health and Human Serv-
17 ices is authorized to accept and use such funds for
18 the purpose of providing sanitation facilities and
19 services for Indians under section 7 of the Act of
20 August 5, 1954 (42 U.S.C. 2004a);

21 “(3) unless specifically authorized when funds
22 are appropriated, the Secretary shall not use funds
23 appropriated under section 7 of the Act of August
24 5, 1954 (42 U.S.C. 2004a), to provide sanitation fa-
25 cilities to new homes constructed using funds pro-

1 vided by the Department of Housing and Urban De-
2 velopment;

3 “(4) the Secretary of Health and Human Serv-
4 ices is authorized to accept from any source, includ-
5 ing Federal and State agencies, funds for the pur-
6 pose of providing sanitation facilities and services
7 and place these funds into contracts or compacts
8 under the Indian Self-Determination and Education
9 Assistance Act (25 U.S.C. 450 et seq.);

10 “(5) except as otherwise prohibited by this sec-
11 tion, the Secretary may use funds appropriated
12 under the authority of section 7 of the Act of Au-
13 gust 5, 1954 (42 U.S.C. 2004a) to fund up to 100
14 percent of the amount of an Indian Tribe’s loan ob-
15 tained under any Federal program for new projects
16 to construct eligible sanitation facilities to serve In-
17 dian homes;

18 “(6) except as otherwise prohibited by this sec-
19 tion, the Secretary may use funds appropriated
20 under the authority of section 7 of the Act of Au-
21 gust 5, 1954 (42 U.S.C. 2004a) to meet matching
22 or cost participation requirements under other Fed-
23 eral and non-Federal programs for new projects to
24 construct eligible sanitation facilities;

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

6 “(8) the Secretary of Health and Human Serv-
7 ices shall enter into interagency agreements with
8 Federal and State agencies for the purpose of pro-
9 viding financial assistance for sanitation facilities
10 and services under this Act; and

11 “(9) the Secretary of Health and Human Serv-
12 ices shall, by regulation developed through rule-
13 making under section 802, establish standards appli-
14 cable to the planning, design, and construction of
15 sanitation facilities funded under this Act.

16 “(d) CERTAIN CAPABILITIES NOT PREREQUISITE.—
17 The financial and technical capability of an Indian Tribe,
18 Tribal Organization, or Indian community to safely oper-
19 ate, manage, and maintain a sanitation facility shall not
20 be a prerequisite to the provision or construction of sanita-
21 tion facilities by the Secretary.

22 “(e) FINANCIAL ASSISTANCE.—The Secretary is au-
23 thorized to provide financial assistance to Indian Tribes,
24 Tribal Organizations, and Indian communities for oper-

1 ation, management, and maintenance of their sanitation
2 facilities.

3 “(f) OPERATION, MANAGEMENT, AND MAINTENANCE
4 OF FACILITIES.—The Indian Tribe has the primary re-
5 sponsibility to establish, collect, and use reasonable user
6 fees, or otherwise set aside funding, for the purpose of
7 operating, managing, and maintaining sanitation facilities.
8 If a sanitation facility serving a community that is oper-
9 ated by an Indian Tribe or Tribal Organization is threat-
10 ened with imminent failure and such operator lacks capac-
11 ity to maintain the integrity or the health benefits of the
12 sanitation facility, then the Secretary is authorized to as-
13 sist the Indian Tribe, Tribal Organization, or Indian com-
14 munity in the resolution of the problem on a short-term
15 basis through cooperation with the emergency coordinator
16 or by providing operation, management, and maintenance
17 service.

18 “(g) ISDEAA PROGRAM FUNDED ON EQUAL
19 BASIS.—Tribal Health Programs shall be eligible (on an
20 equal basis with programs that are administered directly
21 by the Service) for—

22 “(1) any funds appropriated pursuant to this
23 section; and

24 “(2) any funds appropriated for the purpose of
25 providing sanitation facilities.

1 “(h) REPORT.—

2 “(1) REQUIRED; CONTENTS.—The Secretary, in
3 consultation with the Secretary of Housing and
4 Urban Development, Indian Tribes, Tribal Organiza-
5 tions, and tribally designated housing entities (as de-
6 fined in section 4 of the Native American Housing
7 Assistance and Self-Determination Act of 1996 (25
8 U.S.C. 4103)) shall submit to the President, for in-
9 clusion in the report required to be transmitted to
10 Congress under section 801, a report which sets
11 forth—

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

14 “(B) the methodology for determining
15 sanitation deficiencies and needs;

16 “(C) the level of initial and final sanitation
17 deficiency for each type of sanitation facility for
18 each project of each Indian Tribe or Indian
19 community;

20 “(D) the amount and most effective use of
21 funds, derived from whatever source, necessary
22 to accommodate the sanitation facilities needs
23 of new homes assisted with funds under the
24 Native American Housing Assistance and Self-
25 Determination Act, and to reduce the identified

1 sanitation deficiency levels of all Indian Tribes
2 and Indian communities to level I sanitation de-
3 ficiency as defined in paragraph (4)(A); and

4 “(E) a 10-year plan to provide sanitation
5 facilities to serve existing Indian homes and In-
6 dian communities and new and renovated In-
7 dian homes.

8 “(2) CRITERIA.—The criteria on which the defi-
9 ciencies and needs will be evaluated shall be devel-
10 oped through negotiated rulemaking pursuant to
11 section 802.

12 “(3) UNIFORM METHODOLOGY.—The method-
13 ology used by the Secretary in determining, pre-
14 paring cost estimates for, and reporting sanitation
15 deficiencies for purposes of paragraph (1) shall be
16 applied uniformly to all Indian Tribes and Indian
17 communities.

18 “(4) SANITATION DEFICIENCY LEVELS.—For
19 purposes of this subsection, the sanitation deficiency
20 levels for an individual, Indian Tribe, or Indian com-
21 munity sanitation facility to serve Indian homes are
22 determined as follows:

23 “(A) A level I deficiency exists if a sanita-
24 tion facility serving an individual, Indian Tribe,
25 or Indian community—

1 “(i) complies with all applicable water
2 supply, pollution control, and solid waste
3 disposal laws; and

4 “(ii) deficiencies relate to routine re-
5 placement, repair, or maintenance needs.

6 “(B) A level II deficiency exists if a sanita-
7 tion facility serving an individual, Indian Tribe,
8 or Indian community substantially or recently
9 complied with all applicable water supply, pollu-
10 tion control, and solid waste laws and any defi-
11 ciencies relate to—

12 “(i) small or minor capital improve-
13 ments needed to bring the facility back
14 into compliance;

15 “(ii) capital improvements that are
16 necessary to enlarge or improve the facili-
17 ties in order to meet the current needs for
18 domestic sanitation facilities; or

19 “(iii) the lack of equipment or train-
20 ing by an Indian Tribe, Tribal Organiza-
21 tion, or an Indian community to properly
22 operate and maintain the sanitation facili-
23 ties.

24 “(C) A level III deficiency exists if a sani-
25 tation facility serving an individual, Indian

1 Tribe or Indian community meets 1 or more of
2 the following conditions—

3 “(i) water or sewer service in the
4 home is provided by a haul system with
5 holding tanks and interior plumbing;

6 “(ii) major significant interruptions to
7 water supply or sewage disposal occur fre-
8 quently, requiring major capital improve-
9 ments to correct the deficiencies; or

10 “(iii) there is no access to or no ap-
11 proved or permitted solid waste facility
12 available.

13 “(D) A level IV deficiency exists—

14 “(i) if a sanitation facility for an indi-
15 vidual home, an Indian Tribe, or an Indian
16 community exists but—

17 “(I) lacks—

18 “(aa) a safe water supply
19 system; or

20 “(bb) a waste disposal sys-
21 tem;

22 “(II) contains no piped water or
23 sewer facilities; or

24 “(III) has become inoperable due
25 to a major component failure; or

1 “(ii) if only a washeteria or central fa-
2 cility exists in the community.

3 “(E) A level V deficiency exists in the ab-
4 sence of a sanitation facility, where individual
5 homes do not have access to safe drinking
6 water or adequate wastewater (including sew-
7 age) disposal.

8 “(i) DEFINITIONS.—For purposes of this section, the
9 following terms apply:

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

15 “(2) SANITATION FACILITIES.—The terms
16 ‘sanitation facility’ and ‘sanitation facilities’ mean
17 safe and adequate water supply systems, sanitary
18 sewage disposal systems, and sanitary solid waste
19 systems (and all related equipment and support in-
20 frastructure).

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

22 “(a) BUY INDIAN ACT.—The Secretary, acting
23 through the Service, may use the negotiating authority of
24 section 23 of the Act of June 25, 1910 (25 U.S.C. 47,
25 commonly known as the ‘Buy Indian Act’), to give pref-

1 erence to any Indian or any enterprise, partnership, cor-
2 poration, or other type of business organization owned and
3 controlled by an Indian or Indians including former or
4 currently federally recognized Indian Tribes in the State
5 of New York (hereinafter referred to as an ‘Indian firm’)
6 in the construction and renovation of Service facilities pur-
7 suant to section 301 and in the construction of sanitation
8 facilities pursuant to section 302. Such preference may be
9 accorded by the Secretary unless the Secretary finds, pur-
10 suant to regulations adopted pursuant to section 802, that
11 the project or function to be contracted for will not be
12 satisfactory or such project or function cannot be properly
13 completed or maintained under the proposed contract. The
14 Secretary, in arriving at such a finding, shall consider
15 whether the Indian or Indian firm will be deficient with
16 respect to—

- 17 “(1) ownership and control by Indians;
- 18 “(2) equipment;
- 19 “(3) bookkeeping and accounting procedures;
- 20 “(4) substantive knowledge of the project or
21 function to be contracted for;
- 22 “(5) adequately trained personnel; or
- 23 “(6) other necessary components of contract
24 performance.
- 25 “(b) LABOR STANDARDS.—

1 “(1) IN GENERAL.—For the purposes of imple-
2 menting the provisions of this title, contracts for the
3 construction or renovation of health care facilities,
4 staff quarters, and sanitation facilities, and related
5 support infrastructure, funded in whole or in part
6 with funds made available pursuant to this title,
7 shall contain a provision requiring compliance with
8 subchapter IV of chapter 31 of title 40, United
9 States Code (commonly known as the ‘Davis-Bacon
10 Act’), unless such construction or renovation—

11 “(A) is performed by a contractor pursu-
12 ant to a contract with an Indian Tribe or Trib-
13 al Organization with funds supplied through a
14 contract or compact authorized by the Indian
15 Self-Determination and Education Assistance
16 Act (25 U.S.C. 450 et seq.), or other statutory
17 authority; and

18 “(B) is subject to prevailing wage rates for
19 similar construction or renovation in the locality
20 as determined by the Indian Tribes or Tribal
21 Organizations to be served by the construction
22 or renovation.

23 “(2) EXCEPTION.—This subsection shall not
24 apply to construction or renovation carried out by an

1 Indian Tribe or Tribal Organization with its own
2 employees.

3 **“SEC. 304. EXPENDITURE OF NONSERVICE FUNDS FOR REN-**
4 **OVATION.**

5 “(a) IN GENERAL.—Notwithstanding any other pro-
6 vision of law, if the requirements of subsection (c) are met,
7 the Secretary, acting through the Service, is authorized
8 to accept any major expansion, renovation, or moderniza-
9 tion by any Indian Tribe or Tribal Organization of any
10 Service facility or of any other Indian health facility oper-
11 ated pursuant to a contract or compact under the Indian
12 Self-Determination and Education Assistance Act (25
13 U.S.C. 450 et seq.), including—

14 “(1) any plans or designs for such expansion,
15 renovation, or modernization; and

16 “(2) any expansion, renovation, or moderniza-
17 tion for which funds appropriated under any Federal
18 law were lawfully expended.

19 “(b) PRIORITY LIST.—

20 “(1) IN GENERAL.—The Secretary shall main-
21 tain a separate priority list to address the needs for
22 increased operating expenses, personnel, or equip-
23 ment for such facilities. The methodology for estab-
24 lishing priorities shall be developed through nego-
25 tiated rulemaking under section 802. The list of pri-

1 ority facilities will be revised annually in consulta-
2 tion with Indian Tribes and Tribal Organizations.

3 “(2) REPORT.—The Secretary shall submit to
4 the President, for inclusion in the report required to
5 be transmitted to Congress under section 801, the
6 priority list maintained pursuant to paragraph (1).

7 “(c) REQUIREMENTS.—The requirements of this sub-
8 section are met with respect to any expansion, renovation,
9 or modernization if—

10 “(1) the Indian Tribe or Tribal Organization—

11 “(A) provides notice to the Secretary of its
12 intent to expand, renovate, or modernize; and

13 “(B) applies to the Secretary to be placed
14 on a separate priority list to address the needs
15 of such new facilities for increased operating ex-
16 penses, personnel, or equipment; and

17 “(2) the expansion, renovation, or moderniza-
18 tion—

19 “(A) is approved by the appropriate area
20 director of the Service for Federal facilities; and

21 “(B) is administered by the Indian Tribe
22 or Tribal Organization in accordance with any
23 applicable regulations prescribed by the Sec-
24 retary with respect to construction or renova-
25 tion of Service facilities.

1 “(d) ADDITIONAL REQUIREMENT FOR EXPANSION.—

2 In addition to the requirements under subsection (c), for
3 any expansion, the Indian Tribe or Tribal Organization
4 shall provide to the Secretary additional information devel-
5 oped through negotiated rulemaking under section 802,
6 including additional staffing, equipment, and other costs
7 associated with the expansion.

8 “(e) CLOSURE OR CONVERSION OF FACILITIES.—If

9 any Service facility which has been expanded, renovated,
10 or modernized by an Indian Tribe or Tribal Organization
11 under this section ceases to be used as a Service facility
12 during the 20-year period beginning on the date such ex-
13 pansion, renovation, or modernization is completed, such
14 Indian Tribe or Tribal Organization shall be entitled to
15 recover from the United States an amount which bears
16 the same ratio to the value of such facility at the time
17 of such cessation as the value of such expansion, renova-
18 tion, or modernization (less the total amount of any funds
19 provided specifically for such facility under any Federal
20 program that were expended for such expansion, renova-
21 tion, or modernization) bore to the value of such facility
22 at the time of the completion of such expansion, renova-
23 tion, or modernization.

1 **“SEC. 305. FUNDING FOR THE CONSTRUCTION, EXPANSION,**
2 **AND MODERNIZATION OF SMALL AMBULA-**
3 **TORY CARE FACILITIES.**

4 “(a) FUNDING.—

5 “(1) IN GENERAL.—The Secretary, acting
6 through the Service, shall make grants to Indian
7 Tribes and Tribal Organizations for the construc-
8 tion, expansion, or modernization of facilities for the
9 provision of ambulatory care services to eligible Indi-
10 ans (and noneligible persons pursuant to subsections
11 (b)(2) and (c)(1)(C)). A grant made under this sec-
12 tion may cover up to 100 percent of the costs of
13 such construction, expansion, or modernization. For
14 the purposes of this section, the term ‘construction’
15 includes the replacement of an existing facility.

16 “(2) GRANT AGREEMENT REQUIRED.—A grant
17 under paragraph (1) may only be made available to
18 a Tribal Health Program operating an Indian health
19 facility (other than a facility owned or constructed
20 by the Service, including a facility originally owned
21 or constructed by the Service and transferred to an
22 Indian Tribe or Tribal Organization).

23 “(b) USE OF GRANT FUNDS.—

24 “(1) ALLOWABLE USES.—A grant awarded
25 under this section may be used for the construction,
26 expansion, or modernization (including the planning

1 and design of such construction, expansion, or mod-
2 ernization) of an ambulatory care facility—

3 “(A) located apart from a hospital;

4 “(B) not funded under section 301 or sec-
5 tion 307; and

6 “(C) which, upon completion of such con-
7 struction or modernization will—

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

10 “(ii) provide annually no fewer than
11 150 patient visits by eligible Indians and
12 other users who are eligible for services in
13 such facility in accordance with section
14 807(c)(2); and

15 “(iii) provide ambulatory care in a
16 Service Area (specified in the contract or
17 compact under the Indian Self-Determina-
18 tion and Education Assistance Act (25
19 U.S.C. 450 et seq.)) with a population of
20 no fewer than 1,500 eligible Indians and
21 other users who are eligible for services in
22 such facility in accordance with section
23 807(c)(2).

24 “(2) ADDITIONAL ALLOWABLE USE.—The Sec-
25 retary may also reserve a portion of the funding pro-

1 vided under this section and use those reserved
2 funds to reduce an outstanding debt incurred by In-
3 dian Tribes or Tribal Organizations for the con-
4 struction, expansion, or modernization of an ambula-
5 tory care facility that meets the requirements under
6 paragraph (1). The provisions of this section shall
7 apply, except that such applications for funding
8 under this paragraph shall be considered separately
9 from applications for funding under paragraph (1).

10 “(3) USE ONLY FOR CERTAIN PORTION OF
11 COSTS.—A grant provided under this section may be
12 used only for the cost of that portion of a construc-
13 tion, expansion, or modernization project that bene-
14 fits the Service population identified above in sub-
15 section (b)(1)(C) (ii) and (iii). The requirements of
16 clauses (ii) and (iii) of paragraph (1)(C) shall not
17 apply to an Indian Tribe or Tribal Organization ap-
18 plying for a grant under this section for a health
19 care facility located or to be constructed on an is-
20 land or when such facility is not located on a road
21 system providing direct access to an inpatient hos-
22 pital where care is available to the Service popu-
23 lation.

24 “(c) GRANTS.—

1 “(1) APPLICATION.—No grant may be made
2 under this section unless an application or proposal
3 for the grant has been approved by the Secretary in
4 accordance with applicable regulations and has forth
5 reasonable assurance by the applicant that, at all
6 times after the construction, expansion, or mod-
7 ernization of a facility carried out using a grant re-
8 ceived under this section—

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

12 “(B) such facility will be available to eligi-
13 ble Indians without regard to ability to pay or
14 source of payment; and

15 “(C) such facility will, as feasible without
16 diminishing the quality or quantity of services
17 provided to eligible Indians, serve noneligible
18 persons on a cost basis.

19 “(2) PRIORITY.—In awarding grants under this
20 section, the Secretary shall give priority to Indian
21 Tribes and Tribal Organizations that demonstrate—

22 “(A) a need for increased ambulatory care
23 services; and

24 “(B) insufficient capacity to deliver such
25 services.

1 “(3) PEER REVIEW PANELS.—The Secretary
2 may provide for the establishment of peer review
3 panels, as necessary, to review and evaluate applica-
4 tions and proposals and to advise the Secretary re-
5 garding such applications using the criteria devel-
6 oped pursuant to subsection (a)(1).

7 “(d) REVERSION OF FACILITIES.—If any facility (or
8 portion thereof) with respect to which funds have been
9 paid under this section, ceases, within 5 years after com-
10 pletion of the construction, expansion, or modernization
11 carried out with such funds, to be used for the purposes
12 of providing health care services to eligible Indians, all of
13 the right, title, and interest in and to such facility (or por-
14 tion thereof) shall transfer to the United States unless
15 otherwise negotiated by the Service and the Indian Tribe
16 or Tribal Organization.

17 “(e) FUNDING NONRECURRING.—Funding provided
18 under this section shall be nonrecurring and shall not be
19 available for inclusion in any individual Indian Tribe’s
20 tribal share for an award under the Indian Self-Deter-
21 mination and Education Assistance Act (25 U.S.C. 450
22 et seq.) or for reallocation or redesign thereunder.

1 **“SEC. 306. INDIAN HEALTH CARE DELIVERY DEMONSTRA-**
2 **TION PROJECT.**

3 “(a) HEALTH CARE DEMONSTRATION PROJECTS.—
4 The Secretary, acting through the Service, and in con-
5 sultation with Indian Tribes and Tribal Organizations, is
6 authorized to enter into construction agreements under
7 the Indian Self-Determination and Education Assistance
8 Act (25 U.S.C. 450 et seq.) with Indian Tribes or Tribal
9 Organizations for the purpose of carrying out a health
10 care delivery demonstration project to test alternative
11 means of delivering health care and services to Indians
12 through facilities.

13 “(b) USE OF FUNDS.—The Secretary, in approving
14 projects pursuant to this section, may authorize funding
15 for the construction and renovation of hospitals, health
16 centers, health stations, and other facilities to deliver
17 health care services and is authorized to—

18 “(1) waive any leasing prohibition;

19 “(2) permit carryover of funds appropriated for
20 the provision of health care services;

21 “(3) permit the use of other available funds;

22 “(4) permit the use of funds or property do-
23 nated from any source for project purposes;

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

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

3 “(c) REGULATIONS.—The Secretary shall develop
4 and promulgate regulations not later than 1 year after the
5 date of enactment of the Indian Health Care Improvement
6 Act Amendments of 2006. If the Secretary has not pro-
7 mulgated regulations by that date, the Secretary shall de-
8 velop and publish regulations, through rulemaking under
9 section 802, for the review and approval of applications
10 submitted under this section.

11 “(d) CRITERIA.—The Secretary may approve projects
12 that meet the following criteria:

13 “(1) There is a need for a new facility or pro-
14 gram or the reorientation of an existing facility or
15 program.

16 “(2) A significant number of Indians, including
17 those with low health status, will be served by the
18 project.

19 “(3) The project has the potential to deliver
20 services in an efficient and effective manner.

21 “(4) The project is economically viable.

22 “(5) The Indian Tribe or Tribal Organization
23 has the administrative and financial capability to ad-
24 minister the project.

1 “(6) The project is integrated with providers of
2 related health and social services and is coordinated
3 with, and avoids duplication of, existing services.

4 “(e) PEER REVIEW PANELS.—The Secretary may
5 provide for the establishment of peer review panels, as nec-
6 essary, to review and evaluate applications using the cri-
7 teria developed pursuant to subsection (d).

8 “(f) PRIORITY.—The Secretary shall give priority to
9 applications for demonstration projects in each of the fol-
10 lowing Service Units to the extent that such applications
11 are timely filed and meet the criteria specified in sub-
12 section (d):

13 “(1) Cass Lake, Minnesota.

14 “(2) Clinton, Oklahoma.

15 “(3) Harlem, Montana.

16 “(4) Mescalero, New Mexico.

17 “(5) Owyhee, Nevada.

18 “(6) Parker, Arizona.

19 “(7) Schurz, Nevada.

20 “(8) Winnebago, Nebraska.

21 “(9) Ft. Yuma, California.

22 “(g) TECHNICAL ASSISTANCE.—The Secretary shall
23 provide such technical and other assistance as may be nec-
24 essary to enable applicants to comply with the provisions
25 of this section.

1 “(h) SERVICE TO INELIGIBLE PERSONS.—Subject to
2 section 807, the authority to provide services to persons
3 otherwise ineligible for the health care benefits of the
4 Service and the authority to extend hospital privileges in
5 Service facilities to non-Service health practitioners as
6 provided in section 807 may be included, subject to the
7 terms of such section, in any demonstration project ap-
8 proved pursuant to this section.

9 “(i) EQUITABLE TREATMENT.—For purposes of sub-
10 section (d)(1), the Secretary shall, in evaluating facilities
11 operated under any contract or compact under the Indian
12 Self-Determination and Education Assistance Act (25
13 U.S.C. 450 et seq.), use the same criteria that the Sec-
14 retary uses in evaluating facilities operated directly by the
15 Service.

16 “(j) EQUITABLE INTEGRATION OF FACILITIES.—The
17 Secretary shall ensure that the planning, design, construc-
18 tion, renovation, and expansion needs of Service and non-
19 Service facilities which are the subject of a contract or
20 compact under the Indian Self-Determination and Edu-
21 cation Assistance Act (25 U.S.C. 450 et seq.) for health
22 services are fully and equitably integrated into the imple-
23 mentation of the health care delivery demonstration
24 projects under this section.

1 **“SEC. 307. LAND TRANSFER.**

2 “Notwithstanding any other provision of law, the Bu-
3 reau of Indian Affairs and all other agencies and depart-
4 ments of the United States are authorized to transfer, at
5 no cost, land and improvements to the Service for the pro-
6 vision of health care services. The Secretary is authorized
7 to accept such land and improvements for such purposes.

8 **“SEC. 308. LEASES, CONTRACTS, AND OTHER AGREEMENTS.**

9 “The Secretary, acting through the Service, may
10 enter into leases, contracts, and other agreements with In-
11 dian Tribes and Tribal Organizations which hold (1) title
12 to, (2) a leasehold interest in, or (3) a beneficial interest
13 in (when title is held by the United States in trust for
14 the benefit of an Indian Tribe) facilities used or to be used
15 for the administration and delivery of health services by
16 an Indian Health Program. Such leases, contracts, or
17 agreements may include provisions for construction or ren-
18 ovation and provide for compensation to the Indian Tribe
19 or Tribal Organization of rental and other costs consistent
20 with section 105(l) of the Indian Self-Determination and
21 Education Assistance Act (25 U.S.C. 450j(l)) and regula-
22 tions thereunder.

23 **“SEC. 309. STUDY ON LOANS, LOAN GUARANTEES, AND**
24 **LOAN REPAYMENT.**

25 “(a) IN GENERAL.—The Secretary, in consultation
26 with the Secretary of the Treasury, Indian Tribes, and

1 Tribal Organizations, shall carry out a study to determine
2 the feasibility of establishing a loan fund to provide to In-
3 dian Tribes and Tribal Organizations direct loans or guar-
4 antees for loans for the construction of health care facili-
5 ties, including—

6 “(1) inpatient facilities;

7 “(2) outpatient facilities;

8 “(3) staff quarters;

9 “(4) hostels; and

10 “(5) specialized care facilities, such as behav-
11 ioral health and elder care facilities.

12 “(b) DETERMINATIONS.—In carrying out the study
13 under subsection (a), the Secretary shall determine—

14 “(1) the maximum principal amount of a loan
15 or loan guarantee that should be offered to a recipi-
16 ent from the loan fund;

17 “(2) the percentage of eligible costs, not to ex-
18 ceed 100 percent, that may be covered by a loan or
19 loan guarantee from the loan fund (including costs
20 relating to planning, design, financing, site land de-
21 velopment, construction, rehabilitation, renovation,
22 conversion, improvements, medical equipment and
23 furnishings, and other facility-related costs and cap-
24 ital purchase (but excluding staffing));

1 “(3) the cumulative total of the principal of di-
2 rect loans and loan guarantees, respectively, that
3 may be outstanding at any 1 time;

4 “(4) the maximum term of a loan or loan guar-
5 antee that may be made for a facility from the loan
6 fund;

7 “(5) the maximum percentage of funds from
8 the loan fund that should be allocated for payment
9 of costs associated with planning and applying for a
10 loan or loan guarantee;

11 “(6) whether acceptance by the Secretary of an
12 assignment of the revenue of an Indian Tribe or
13 Tribal Organization as security for any direct loan
14 or loan guarantee from the loan fund would be ap-
15 propriate;

16 “(7) whether, in the planning and design of
17 health facilities under this section, users eligible
18 under section 807(c) may be included in any projec-
19 tion of patient population;

20 “(8) whether funds of the Service provided
21 through loans or loan guarantees from the loan fund
22 should be eligible for use in matching other Federal
23 funds under other programs;

1 “(9) the appropriateness of, and best methods
 2 for, coordinating the loan fund with the health care
 3 priority system of the Service under section 301; and

4 “(10) any legislative or regulatory changes re-
 5 quired to implement recommendations of the Sec-
 6 retary based on results of the study.

7 “(c) REPORT.—Not later than September 30, 2007,
 8 the Secretary shall submit to the Committee on Indian Af-
 9 fairs of the Senate and the Committee on Resources and
 10 the Committee on Energy and Commerce of the House
 11 of Representatives a report that describes—

12 “(1) the manner of consultation made as re-
 13 quired by subsection (a); and

14 “(2) the results of the study, including any rec-
 15 ommendations of the Secretary based on results of
 16 the study.

17 **“SEC. 310. TRIBAL LEASING.**

18 “A Tribal Health Program may lease permanent
 19 structures for the purpose of providing health care services
 20 without obtaining advance approval in appropriation Acts.

21 **“SEC. 311. INDIAN HEALTH SERVICE/TRIBAL FACILITIES**

22 **JOINT VENTURE PROGRAM.**

23 “(a) IN GENERAL.—The Secretary, acting through
 24 the Service, shall make arrangements with Indian Tribes
 25 and Tribal Organizations to establish joint venture dem-

1 onstration projects under which an Indian Tribe or Tribal
2 Organization shall expend tribal, private, or other avail-
3 able funds, for the acquisition or construction of a health
4 facility for a minimum of 10 years, under a no-cost lease,
5 in exchange for agreement by the Service to provide the
6 equipment, supplies, and staffing for the operation and
7 maintenance of such a health facility. An Indian Tribe or
8 Tribal Organization may use tribal funds, private sector,
9 or other available resources, including loan guarantees, to
10 fulfill its commitment under a joint venture entered into
11 under this subsection. An Indian Tribe or Tribal Organi-
12 zation shall be eligible to establish a joint venture project
13 if, when it submits a letter of intent, it—

14 “(1) has begun but not completed the process
15 of acquisition or construction of a health facility to
16 be used in the joint venture project; or

17 “(2) has not begun the process of acquisition or
18 construction of a health facility for use in the joint
19 venture project.

20 “(b) REQUIREMENTS.—The Secretary shall make
21 such an arrangement with an Indian Tribe or Tribal Orga-
22 nization only if—

23 “(1) the Secretary first determines that the In-
24 dian Tribe or Tribal Organization has the adminis-
25 trative and financial capabilities necessary to com-

1 plete the timely acquisition or construction of the
2 relevant health facility; and

3 “(2) the Indian Tribe or Tribal Organization
4 meets the need criteria which shall be developed
5 through the negotiated rulemaking process provided
6 for under section 802.

7 “(c) CONTINUED OPERATION.—The Secretary shall
8 negotiate an agreement with the Indian Tribe or Tribal
9 Organization regarding the continued operation of the fa-
10 cility at the end of the initial 10 year no-cost lease period.

11 “(d) BREACH OF AGREEMENT.—An Indian Tribe or
12 Tribal Organization that has entered into a written agree-
13 ment with the Secretary under this section, and that
14 breaches or terminates without cause such agreement,
15 shall be liable to the United States for the amount that
16 has been paid to the Indian Tribe or Tribal Organization,
17 or paid to a third party on the Indian Tribe’s or Tribal
18 Organization’s behalf, under the agreement. The Sec-
19 retary has the right to recover tangible property (including
20 supplies) and equipment, less depreciation, and any funds
21 expended for operations and maintenance under this sec-
22 tion. The preceding sentence does not apply to any funds
23 expended for the delivery of health care services, per-
24 sonnel, or staffing.

1 “(e) RECOVERY FOR NONUSE.—An Indian Tribe or
2 Tribal Organization that has entered into a written agree-
3 ment with the Secretary under this subsection shall be en-
4 titled to recover from the United States an amount that
5 is proportional to the value of such facility if, at any time
6 within the 10-year term of the agreement, the Service
7 ceases to use the facility or otherwise breaches the agree-
8 ment.

9 “(f) DEFINITION.—For the purposes of this section,
10 the term ‘health facility’ or ‘health facilities’ includes
11 quarters needed to provide housing for staff of the rel-
12 evant Tribal Health Program.

13 **“SEC. 312. LOCATION OF FACILITIES.**

14 “(a) IN GENERAL.—In all matters involving the reor-
15 ganization or development of Service facilities or in the
16 establishment of related employment projects to address
17 unemployment conditions in economically depressed areas,
18 the Bureau of Indian Affairs and the Service shall give
19 priority to locating such facilities and projects on Indian
20 lands, or lands in Alaska owned by any Alaska Native vil-
21 lage, or village or regional corporation under the Alaska
22 Native Claims Settlement Act, or any land allotted to any
23 Alaska Native, if requested by the Indian owner and the
24 Indian Tribe with jurisdiction over such lands or other
25 lands owned or leased by the Indian Tribe or Tribal Orga-

1 nization. Top priority shall be given to Indian land owned
2 by 1 or more Indian Tribes.

3 “(b) DEFINITION.—For purposes of this section, the
4 term ‘Indian lands’ means—

5 “(1) all lands within the exterior boundaries of
6 any reservation; and

7 “(2) any lands title to which is held in trust by
8 the United States for the benefit of any Indian
9 Tribe or individual Indian or held by any Indian
10 Tribe or individual Indian subject to restriction by
11 the United States against alienation.

12 **“SEC. 313. MAINTENANCE AND IMPROVEMENT OF HEALTH**
13 **CARE FACILITIES.**

14 “(a) REPORT.—The Secretary shall submit to the
15 President, for inclusion in the report required to be trans-
16 mitted to Congress under section 801, a report which iden-
17 tifies the backlog of maintenance and repair work required
18 at both Service and tribal health care facilities, including
19 new health care facilities expected to be in operation in
20 the next fiscal year. The report shall also identify the need
21 for renovation and expansion of existing facilities to sup-
22 port the growth of health care programs.

23 “(b) MAINTENANCE OF NEWLY CONSTRUCTED
24 SPACE.—The Secretary, acting through the Service, is au-
25 thorized to expend maintenance and improvement funds

1 to support maintenance of newly constructed space only
2 if such space falls within the approved supportable space
3 allocation for the Indian Tribe or Tribal Organization.
4 Supportable space allocation shall be defined through the
5 negotiated rulemaking process provided for under section
6 802.

7 “(c) REPLACEMENT FACILITIES.—In addition to
8 using maintenance and improvement funds for renovation,
9 modernization, and expansion of facilities, an Indian Tribe
10 or Tribal Organization may use maintenance and improve-
11 ment funds for construction of a replacement facility if
12 the costs of renovation of such facility would exceed a
13 maximum renovation cost threshold. The maximum ren-
14 ovation cost threshold shall be determined through the ne-
15 gotiated rulemaking process provided for under section
16 802.

17 **“SEC. 314. TRIBAL MANAGEMENT OF FEDERALLY OWNED**
18 **QUARTERS.**

19 “(a) RENTAL RATES.—

20 “(1) ESTABLISHMENT.—Notwithstanding any
21 other provision of law, a Tribal Health Program
22 which operates a hospital or other health facility and
23 the federally owned quarters associated therewith
24 pursuant to a contract or compact under the Indian
25 Self-Determination and Education Assistance Act

1 (25 U.S.C. 450 et seq.) shall have the authority to
2 establish the rental rates charged to the occupants
3 of such quarters by providing notice to the Secretary
4 of its election to exercise such authority.

5 “(2) OBJECTIVES.—In establishing rental rates
6 pursuant to authority of this subsection, a Tribal
7 Health Program shall endeavor to achieve the fol-
8 lowing objectives:

9 “(A) To base such rental rates on the rea-
10 sonable value of the quarters to the occupants
11 thereof.

12 “(B) To generate sufficient funds to pru-
13 dently provide for the operation and mainte-
14 nance of the quarters, and subject to the discre-
15 tion of the Tribal Health Program, to supply
16 reserve funds for capital repairs and replace-
17 ment of the quarters.

18 “(3) EQUITABLE FUNDING.—Any quarters
19 whose rental rates are established by a Tribal
20 Health Program pursuant to this subsection shall
21 remain eligible for quarters improvement and repair
22 funds to the same extent as all federally owned
23 quarters used to house personnel in Services-sup-
24 ported programs.

1 “(4) NOTICE OF RATE CHANGE.—A Tribal
2 Health Program which exercises the authority pro-
3 vided under this subsection shall provide occupants
4 with no less than 60 days notice of any change in
5 rental rates.

6 “(b) DIRECT COLLECTION OF RENT.—

7 “(1) IN GENERAL.—Notwithstanding any other
8 provision of law, and subject to paragraph (2), a
9 Tribal Health Program shall have the authority to
10 collect rents directly from Federal employees who oc-
11 cupy such quarters in accordance with the following:

12 “(A) The Tribal Health Program shall no-
13 tify the Secretary and the subject Federal em-
14 ployees of its election to exercise its authority
15 to collect rents directly from such Federal em-
16 ployees.

17 “(B) Upon receipt of a notice described in
18 subparagraph (A), the Federal employees shall
19 pay rents for occupancy of such quarters di-
20 rectly to the Tribal Health Program and the
21 Secretary shall have no further authority to col-
22 lect rents from such employees through payroll
23 deduction or otherwise.

24 “(C) Such rent payments shall be retained
25 by the Tribal Health Program and shall not be

1 made payable to or otherwise be deposited with
2 the United States.

3 “(D) Such rent payments shall be depos-
4 ited into a separate account which shall be used
5 by the Tribal Health Program for the mainte-
6 nance (including capital repairs and replace-
7 ment) and operation of the quarters and facili-
8 ties as the Tribal Health Program shall deter-
9 mine.

10 “(2) RETROCESSION OF AUTHORITY.—If a
11 Tribal Health Program which has made an election
12 under paragraph (1) requests retrocession of its au-
13 thority to directly collect rents from Federal employ-
14 ees occupying federally owned quarters, such ret-
15 rocession shall become effective on the earlier of—

16 “(A) the first day of the month that begins
17 no less than 180 days after the Tribal Health
18 Program notifies the Secretary of its desire to
19 retrocede; or

20 “(B) such other date as may be mutually
21 agreed by the Secretary and the Tribal Health
22 Program.

23 “(c) RATES IN ALASKA.—To the extent that a Tribal
24 Health Program, pursuant to authority granted in sub-
25 section (a), establishes rental rates for federally owned

1 quarters provided to a Federal employee in Alaska, such
2 rents may be based on the cost of comparable private rent-
3 al housing in the nearest established community with a
4 year-round population of 1,500 or more individuals.

5 **“SEC. 315. APPLICABILITY OF BUY AMERICAN ACT RE-**
6 **QUIREMENT.**

7 “(a) **APPLICABILITY.**—The Secretary shall ensure
8 that the requirements of the Buy American Act apply to
9 all procurements made with funds provided pursuant to
10 section 317. Indian Tribes and Tribal Organizations shall
11 be exempt from these requirements.

12 “(b) **EFFECT OF VIOLATION.**—If it has been finally
13 determined by a court or Federal agency that any person
14 intentionally affixed a label bearing a ‘Made in America’
15 inscription or any inscription with the same meaning, to
16 any product sold in or shipped to the United States that
17 is not made in the United States, such person shall be
18 ineligible to receive any contract or subcontract made with
19 funds provided pursuant to section 317, pursuant to the
20 debarment, suspension, and ineligibility procedures de-
21 scribed in sections 9.400 through 9.409 of title 48, Code
22 of Federal Regulations.

23 “(c) **DEFINITIONS.**—For purposes of this section, the
24 term ‘Buy American Act’ means title III of the Act enti-
25 tled ‘An Act making appropriations for the Treasury and

1 Post Office Departments for the fiscal year ending June
2 30, 1934, and for other purposes', approved March 3,
3 1933 (41 U.S.C. 10a et seq.).

4 **“SEC. 316. OTHER FUNDING FOR FACILITIES.**

5 “(a) AUTHORITY TO ACCEPT FUNDS.—The Sec-
6 retary is authorized to accept from any source, including
7 Federal and State agencies, funds that are available for
8 the construction of health care facilities and use such
9 funds to plan, design, and construct health care facilities
10 for Indians and to place such funds into a contract or com-
11 pact under the Indian Self-Determination and Education
12 Assistance Act (25 U.S.C. 450 et seq.). Receipt of such
13 funds shall have no effect on the priorities established pur-
14 suant to section 301.

15 “(b) INTERAGENCY AGREEMENTS.—The Secretary is
16 authorized to enter into interagency agreements with
17 other Federal agencies or State agencies and other entities
18 and to accept funds from such Federal or State agencies
19 or other sources to provide for the planning, design, and
20 construction of health care facilities to be administered by
21 Indian Health Programs in order to carry out the pur-
22 poses of this Act and the purposes for which the funds
23 were appropriated or for which the funds were otherwise
24 provided.

1 “(c) TRANSFERRED FUNDS.—Any Federal agency to
2 which funds for the construction of health care facilities
3 are appropriated is authorized to transfer such funds to
4 the Secretary for the construction of health care facilities
5 to carry out the purposes of this Act as well as the pur-
6 poses for which such funds are appropriated to such other
7 Federal agency.

8 “(d) ESTABLISHMENT OF STANDARDS.—The Sec-
9 retary, through the Service, shall establish standards by
10 regulation, developed by rulemaking under section 802, for
11 the planning, design, and construction of health care fa-
12 cilities serving Indians under this Act.

13 **“SEC. 317. AUTHORIZATION OF APPROPRIATIONS.**

14 “There are authorized to be appropriated such sums
15 as may be necessary for each fiscal year through fiscal
16 year 2015 to carry out this title.

17 **“TITLE IV—ACCESS TO HEALTH**
18 **SERVICES**

19 **“SEC. 401. TREATMENT OF PAYMENTS UNDER SOCIAL SE-**
20 **CURITY ACT HEALTH CARE PROGRAMS.**

21 “(a) DISREGARD OF MEDICARE, MEDICAID, AND
22 SCHIP PAYMENTS IN DETERMINING APPROPRIATIONS.—
23 Any payments received by an Indian Health Program or
24 by an Urban Indian Organization made under title XVIII,
25 XIX, or XXI of the Social Security Act for services pro-

1 vided to Indians eligible for benefits under such respective
2 titles shall not be considered in determining appropria-
3 tions for the provision of health care and services to Indi-
4 ans.

5 “(b) NONPREFERENTIAL TREATMENT.—Nothing in
6 this Act authorizes the Secretary to provide services to an
7 Indian with coverage under title XVIII, XIX, or XXI of
8 the Social Security Act in preference to an Indian without
9 such coverage.

10 “(c) USE OF FUNDS.—

11 “(1) SPECIAL FUND.—Notwithstanding any
12 other provision of law, but subject to paragraph (2),
13 payments to which a facility of the Service is enti-
14 tled by reason of a provision of the Social Security
15 Act shall be placed in a special fund to be held by
16 the Secretary and first used (to such extent or in
17 such amounts as are provided in appropriation Acts)
18 for the purpose of making any improvements in the
19 programs of the Service which may be necessary to
20 achieve or maintain compliance with the applicable
21 conditions and requirements of titles XVIII, XIX,
22 and XXI of the Social Security Act. Any amounts to
23 be reimbursed that are in excess of the amount nec-
24 essary to achieve or maintain such conditions and
25 requirements shall, subject to the consultation with

1 Indian Tribes being served by the Service Unit, be
2 used for reducing the health resource deficiencies of
3 the Indian Tribes. In making payments from such
4 fund, the Secretary shall ensure that each Service
5 Unit of the Service receives 100 percent of the
6 amount to which the facilities of the Service, for
7 which such Service Unit makes collections, are enti-
8 tled by reason of a provision of the Social Security
9 Act.

10 “(2) DIRECT PAYMENT OPTION.—Paragraph
11 (1) shall not apply upon the election of a Tribal
12 Health Program under subsection (d) to receive pay-
13 ments directly. No payment may be made out of the
14 special fund described in such paragraph with re-
15 spect to reimbursement made for services provided
16 during the period of such election.

17 “(d) DIRECT BILLING.—

18 “(1) IN GENERAL.—A Tribal Health Program
19 may directly bill for, and receive payment for, health
20 care items and services provided by such Indian
21 Tribe or Tribal Organization for which payment is
22 made under title XVIII, XIX, or XXI of the Social
23 Security Act or from any other third party payor.

24 “(2) DIRECT REIMBURSEMENT.—

1 “(A) USE OF FUNDS.—Each Tribal Health
2 Program exercising the option described in
3 paragraph (1) with respect to a program under
4 a title of the Social Security Act shall be reim-
5 bursed directly by that program for items and
6 services furnished without regard to section
7 401(c), but all amounts so reimbursed shall be
8 used by the Tribal Health Program for the pur-
9 pose of making any improvements in Tribal fa-
10 cilities or Tribal Health Programs that may be
11 necessary to achieve or maintain compliance
12 with the conditions and requirements applicable
13 generally to such items and services under the
14 program under such title and to provide addi-
15 tional health care services, improvements in
16 health care facilities and Tribal Health Pro-
17 grams, any health care-related purpose, or oth-
18 erwise to achieve the objectives provided in sec-
19 tion 3 of this Act.

20 “(B) AUDITS.—The amounts paid to an
21 Indian Tribe or Tribal Organization exercising
22 the option described in paragraph (1) with re-
23 spect to a program under a title of the Social
24 Security Act shall be subject to all auditing re-

1 quirements applicable to programs administered
2 by an Indian Health Program.

3 “(C) IDENTIFICATION OF SOURCE OF PAY-
4 MENTS.—If an Indian Tribe or Tribal Organi-
5 zation receives funding from the Service under
6 the Indian Self-Determination and Education
7 Assistance Act (25 U.S.C. 450 et seq.) or an
8 Urban Indian Organization receives funding
9 from the Service under title V of this Act and
10 receives reimbursements or payments under
11 title XVIII, XIX, or XXI of the Social Security
12 Act, such Indian Tribe or Tribal Organization,
13 or Urban Indian Organization, shall provide to
14 the Service a list of each provider enrollment
15 number (or other identifier) under which it re-
16 ceives such reimbursements or payments.

17 “(3) EXAMINATION AND IMPLEMENTATION OF
18 CHANGES.—The Secretary, acting through the Serv-
19 ice and with the assistance of the Administrator of
20 the Centers for Medicare & Medicaid Services, shall
21 examine on an ongoing basis and implement any ad-
22 ministrative changes that may be necessary to facili-
23 tate direct billing and reimbursement under the pro-
24 gram established under this subsection, including
25 any agreements with States that may be necessary

1 to provide for direct billing under a program under
2 a title of the Social Security Act.

3 “(4) WITHDRAWAL FROM PROGRAM.—A Tribal
4 Health Program that bills directly under the pro-
5 gram established under this subsection may with-
6 draw from participation in the same manner and
7 under the same conditions that an Indian Tribe or
8 Tribal Organization may retrocede a contracted pro-
9 gram to the Secretary under the authority of the In-
10 dian Self-Determination and Education Assistance
11 Act (25 U.S.C. 450 et seq.). All cost accounting and
12 billing authority under the program established
13 under this subsection shall be returned to the Sec-
14 retary upon the Secretary’s acceptance of the with-
15 drawal of participation in this program.

16 **“SEC. 402. GRANTS TO AND CONTRACTS WITH THE SERV-**
17 **ICE, INDIAN TRIBES, TRIBAL ORGANIZA-**
18 **TIONS, AND URBAN INDIAN ORGANIZATIONS.**

19 “(a) INDIAN TRIBES AND TRIBAL ORGANIZA-
20 TIONS.—The Secretary, acting through the Service, shall
21 make grants to or enter into contracts with Indian Tribes
22 and Tribal Organizations to assist such Tribes and Tribal
23 Organizations in establishing and administering programs
24 on or near reservations and trust lands to assist individual
25 Indians—

1 “(1) to enroll for benefits under title XVIII,
2 XIX, or XXI of the Social Security Act and other
3 health benefits programs; and

4 “(2) to pay premiums for coverage for such
5 benefits, which may be based on financial need (as
6 determined by the Indian Tribe or Tribes being
7 served based on a schedule of income levels devel-
8 oped or implemented by such Tribe or Tribes).

9 “(b) CONDITIONS.—The Secretary, acting through
10 the Service, shall place conditions as deemed necessary to
11 effect the purpose of this section in any grant or contract
12 which the Secretary makes with any Indian Tribe or Trib-
13 al Organization pursuant to this section. Such conditions
14 shall include requirements that the Indian Tribe or Tribal
15 Organization successfully undertake—

16 “(1) to determine the population of Indians eli-
17 gible for the benefits described in subsection (a);

18 “(2) to educate Indians with respect to the ben-
19 efits available under the respective programs;

20 “(3) to provide transportation for such indi-
21 vidual Indians to the appropriate offices for enroll-
22 ment or applications for such benefits; and

23 “(4) to develop and implement methods of im-
24 proving the participation of Indians in receiving the

1 benefits provided under titles XVIII, XIX, and XXI
2 of the Social Security Act.

3 “(c) AGREEMENTS RELATING TO IMPROVING EN-
4 ROLLMENT OF INDIANS UNDER SOCIAL SECURITY ACT
5 PROGRAMS.—

6 “(1) AGREEMENTS WITH SECRETARY TO IM-
7 PROVE RECEIPT AND PROCESSING OF APPLICA-
8 TIONS.—

9 “(A) AUTHORIZATION.—The Secretary,
10 acting through the Service, may enter into an
11 agreement with an Indian Tribe, Tribal Organi-
12 zation, or Urban Indian Organization which
13 provides for the receipt and processing of appli-
14 cations by Indians for assistance under titles
15 XIX and XXI of the Social Security Act, and
16 benefits under title XVIII of such Act, by an
17 Indian Health Program or Urban Indian Orga-
18 nization.

19 “(B) REIMBURSEMENT OF COSTS.—Such
20 agreements may provide for reimbursement of
21 costs of outreach, education regarding eligibility
22 and benefits, and translation when such services
23 are provided. The reimbursement may, as ap-
24 propriate, be added to the applicable rate per
25 encounter or be provided as a separate fee-for-

1 service payment to the Indian Tribe or Tribal
2 Organization.

3 “(C) PROCESSING CLARIFIED.—In this
4 paragraph, the term ‘processing’ does not in-
5 clude a final determination of eligibility.

6 “(2) AGREEMENTS WITH STATES FOR OUT-
7 REACH ON OR NEAR RESERVATION.—

8 “(A) IN GENERAL.—In order to improve
9 the access of Indians residing on or near a res-
10 ervation to obtain benefits under title XIX or
11 XXI of the Social Security Act, the Secretary
12 shall encourage the State to take steps to pro-
13 vide for enrollment on or near the reservation.
14 Such steps may include outreach efforts such as
15 the outstationing of eligibility workers, entering
16 into agreements with Indian Tribes and Tribal
17 Organizations to provide outreach, education re-
18 garding eligibility and benefits, enrollment, and
19 translation services when such services are pro-
20 vided.

21 “(B) CONSTRUCTION.—Nothing in sub-
22 paragraph (A) shall be construed as affecting
23 arrangements entered into between States and
24 Indian Tribes and Tribal Organizations for
25 such Indian Tribes and Tribal Organizations to

1 conduct administrative activities under such ti-
2 tles.

3 “(d) FACILITATING COOPERATION.—The Secretary,
4 acting through the Centers for Medicare & Medicaid Serv-
5 ices, shall take such steps as are necessary to facilitate
6 cooperation with, and agreements between, States and the
7 Service, Indian Tribes, Tribal Organizations, or Urban In-
8 dian Organizations.

9 “(e) APPLICATION TO URBAN INDIAN ORGANIZA-
10 TIONS.—

11 “(1) IN GENERAL.—The provisions of sub-
12 section (a) shall apply with respect to grants and
13 other funding to Urban Indian Organizations with
14 respect to populations served by such organizations
15 in the same manner they apply to grants and con-
16 tracts with Indian Tribes and Tribal Organizations
17 with respect to programs on or near reservations.

18 “(2) REQUIREMENTS.—The Secretary shall in-
19 clude in the grants or contracts made or provided
20 under paragraph (1) requirements that are—

21 “(A) consistent with the requirements im-
22 posed by the Secretary under subsection (b);

23 “(B) appropriate to Urban Indian Organi-
24 zations and Urban Indians; and

1 “(C) necessary to effect the purposes of
2 this section.

3 **“SEC. 403. REIMBURSEMENT FROM CERTAIN THIRD PAR-**
4 **TIES OF COSTS OF HEALTH SERVICES.**

5 “(a) RIGHT OF RECOVERY.—Except as provided in
6 subsection (f), the United States, an Indian Tribe, or
7 Tribal Organization shall have the right to recover from
8 an insurance company, health maintenance organization,
9 employee benefit plan, third-party tortfeasor, or any other
10 responsible or liable third party (including a political sub-
11 division or local governmental entity of a State) the rea-
12 sonable charges billed by the Secretary, an Indian Tribe,
13 or Tribal Organization, in providing health services,
14 through the Service, an Indian Tribe, or Tribal Organiza-
15 tion to any individual to the same extent that such indi-
16 vidual, or any nongovernmental provider of such services,
17 would be eligible to receive damages, reimbursement, or
18 indemnification for such charges or expenses if—

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

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

24 “(b) LIMITATIONS ON RECOVERIES FROM STATES.—
25 Subsection (a) shall provide a right of recovery against

1 any State, only if the injury, illness, or disability for which
2 health services were provided is covered under—

3 “(1) workers’ compensation laws; or

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

6 “(c) NONAPPLICATION OF OTHER LAWS.—No law of
7 any State, or of any political subdivision of a State and
8 no provision of any contract, insurance or health mainte-
9 nance organization policy, employee benefit plan, self-in-
10 surance plan, managed care plan, or other health care plan
11 or program entered into or renewed after the date of the
12 enactment of the Indian Health Care Amendments of
13 1988, shall prevent or hinder the right of recovery of the
14 United States, an Indian Tribe, or Tribal Organization
15 under subsection (a).

16 “(d) NO EFFECT ON PRIVATE RIGHTS OF ACTION.—
17 No action taken by the United States, an Indian Tribe,
18 or Tribal Organization to enforce the right of recovery
19 provided under this section shall operate to deny to the
20 injured person the recovery for that portion of the person’s
21 damage not covered hereunder.

22 “(e) ENFORCEMENT.—

23 “(1) IN GENERAL.—The United States, an In-
24 dian Tribe, or Tribal Organization may enforce the
25 right of recovery provided under subsection (a) by—

1 “(A) intervening or joining in any civil ac-
2 tion or proceeding brought—

3 “(i) by the individual for whom health
4 services were provided by the Secretary, an
5 Indian Tribe, or Tribal Organization; or

6 “(ii) by any representative or heirs of
7 such individual, or

8 “(B) instituting a civil action, including a
9 civil action for injunctive relief and other relief,
10 including an action under the Federal Medical
11 Cost Recovery Act (42 U.S.C. 2651–2653), and
12 including, with respect to a political subdivision
13 or local governmental entity of a State, such an
14 action against an official thereof.

15 “(2) NOTICE.—All reasonable efforts shall be
16 made to provide notice of action instituted under
17 paragraph (1)(B) to the individual to whom health
18 services were provided, either before or during the
19 pendency of such action.

20 “(f) LIMITATION.—Absent specific written authoriza-
21 tion by the governing body of an Indian Tribe for the pe-
22 riod of such authorization (which may not be for a period
23 of more than 1 year and which may be revoked at any
24 time upon written notice by the governing body to the
25 Service), the United States shall not have a right of recov-

1 ery under this section if the injury, illness, or disability
2 for which health services were provided is covered under
3 a self-insurance plan funded by an Indian Tribe, Tribal
4 Organization, or Urban Indian Organization. Where such
5 authorization is provided, the Service may receive and ex-
6 pend such amounts for the provision of additional health
7 services consistent with such authorization.

8 “(g) COSTS AND ATTORNEYS’ FEES.—In any action
9 brought to enforce the provisions of this section, a pre-
10 vailing plaintiff shall be awarded its reasonable attorneys’
11 fees and costs of litigation.

12 “(h) NONAPPLICATION OF CLAIMS FILING REQUIRE-
13 MENTS.—An insurance company, health maintenance or-
14 ganization, self-insurance plan, managed care plan, or
15 other health care plan or program (under the Social Secu-
16 rity Act or otherwise) may not deny a claim for benefits
17 submitted by the Service or by an Indian Tribe or Tribal
18 Organization based on the format in which the claim is
19 submitted if such format complies with the format re-
20 quired for submission of claims under title XVIII of the
21 Social Security Act or recognized under section 1175 of
22 such Act.

23 “(i) APPLICATION TO URBAN INDIAN ORGANIZA-
24 TIONS.—The previous provisions of this section shall apply
25 to Urban Indian Organizations with respect to populations

1 served by such Organizations in the same manner they
2 apply to Indian Tribes and Tribal Organizations with re-
3 spect to populations served by such Indian Tribes and
4 Tribal Organizations.

5 “(j) STATUTE OF LIMITATIONS.—The provisions of
6 section 2415 of title 28, United States Code, shall apply
7 to all actions commenced under this section, and the ref-
8 erences therein to the United States are deemed to include
9 Indian Tribes, Tribal Organizations, and Urban Indian
10 Organizations.

11 “(k) SAVINGS.—Nothing in this section shall be con-
12 strued to limit any right of recovery available to the
13 United States, an Indian Tribe, or Tribal Organization
14 under the provisions of any applicable, Federal, State, or
15 Tribal law, including medical lien laws and the Federal
16 Medical Care Recovery Act (42 U.S.C. 2651 et seq.).

17 **“SEC. 404. CREDITING OF REIMBURSEMENTS.**

18 “(a) USE OF AMOUNTS.—

19 “(1) RETENTION BY PROGRAM.—Except as pro-
20 vided in section 202(g) (relating to the Catastrophic
21 Health Emergency Fund) and section 807 (relating
22 to health services for ineligible persons), all reim-
23 bursements received or recovered under any of the
24 programs described in paragraph (2), including
25 under section 807, by reason of the provision of

1 health services by the Service, by an Indian Tribe or
 2 Tribal Organization, or by an Urban Indian Organi-
 3 zation, shall be credited to the Service, such Indian
 4 Tribe or Tribal Organization, or such Urban Indian
 5 Organization, respectively, and may be used as pro-
 6 vided in section 401. In the case of such a service
 7 provided by or through a Service Unit, such
 8 amounts shall be credited to such unit and used for
 9 such purposes.

10 “(2) PROGRAMS COVERED.—The programs re-
 11 ferred to in paragraph (1) are the following:

12 “(A) Titles XVIII, XIX, and XXI of the
 13 Social Security Act.

14 “(B) This Act, including section 807.

15 “(C) Public Law 87–693.

16 “(D) Any other provision of law, including
 17 the Federal Medical Cost Recovery Act (42
 18 U.S.C. 2651–2653).

19 “(b) NO OFFSET OF AMOUNTS.—The Service may
 20 not offset or limit any amount obligated to any Service
 21 Unit or entity receiving funding from the Service because
 22 of the receipt of reimbursements under subsection (a).

23 **“SEC. 405. PURCHASING HEALTH CARE COVERAGE.**

24 “(a) IN GENERAL.—Insofar as amounts are made
 25 available under law (including a provision of the Social

1 Security Act, the Indian Self-Determination and Edu-
2 cation Assistance Act (25 U.S.C. 450 et seq.), or other
3 law, other than under section 402) to Indian Tribes, Trib-
4 al Organizations, and Urban Indian Organizations for
5 health benefits for Service beneficiaries, Indian Tribes,
6 Tribal Organizations, and Urban Indian Organizations
7 may use such amounts to purchase health benefits cov-
8 erage for such beneficiaries in any manner, including
9 through—

10 “(1) a tribally owned and operated health care
11 plan;

12 “(2) a State or locally authorized or licensed
13 health care plan;

14 “(3) a health insurance provider or managed
15 care organization; or

16 “(4) a self-insured plan.

17 The purchase of such coverage by an Indian Tribe, Tribal
18 Organization, or Urban Indian Organization may be based
19 on the financial needs of such beneficiaries (as determined
20 by the Indian Tribe or Tribes being served based on a
21 schedule of income levels developed or implemented by
22 such Indian Tribe or Tribes).

23 “(b) EXPENSES FOR SELF-INSURED PLAN.—In the
24 case of a self-insured plan under subsection (a)(4), the
25 amounts may be used for expenses of operating the plan,

1 including administration and insurance to limit the finan-
2 cial risks to the entity offering the plan.

3 “(c) CONSTRUCTION.—Nothing in this section shall
4 be construed as affecting the use of any amounts not re-
5 ferred to in subsection (a).

6 **“SEC. 406. SHARING ARRANGEMENTS WITH FEDERAL AGEN-**
7 **CIES.**

8 “(a) AUTHORITY.—

9 “(1) IN GENERAL.—The Secretary may enter
10 into (or expand) arrangements for the sharing of
11 medical facilities and services between the Service,
12 Indian Tribes, and Tribal Organizations and the De-
13 partment of Veterans Affairs and the Department of
14 Defense.

15 “(2) CONSULTATION BY SECRETARY RE-
16 QUIRED.—The Secretary may not finalize any ar-
17 rangement between the Service and a Department
18 described in paragraph (1) without first consulting
19 with the Indian Tribes which will be significantly af-
20 fected by the arrangement.

21 “(b) LIMITATIONS.—The Secretary shall not take
22 any action under this section or under subchapter IV of
23 chapter 81 of title 38, United States Code, which would
24 impair—

1 “(1) the priority access of any Indian to health
2 care services provided through the Service and the
3 eligibility of any Indian to receive health services
4 through the Service;

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

7 “(3) the priority access of any veteran to health
8 care services provided by the Department of Vet-
9 erans Affairs;

10 “(4) the quality of health care services provided
11 by the Department of Veterans Affairs or the De-
12 partment of Defense; or

13 “(5) the eligibility of any Indian who is a vet-
14 eran to receive health services through the Depart-
15 ment of Veterans Affairs.

16 “(c) REIMBURSEMENT.—The Service, Indian Tribe,
17 or Tribal Organization shall be reimbursed by the Depart-
18 ment of Veterans Affairs or the Department of Defense
19 (as the case may be) where services are provided through
20 the Service, an Indian Tribe, or a Tribal Organization to
21 beneficiaries eligible for services from either such Depart-
22 ment, notwithstanding any other provision of law.

23 “(d) CONSTRUCTION.—Nothing in this section may
24 be construed as creating any right of a non-Indian veteran
25 to obtain health services from the Service.

1 **“SEC. 407. PAYOR OF LAST RESORT.**

2 “Indian Health Programs and health care programs
3 operated by Urban Indian Organizations shall be the
4 payor of last resort for services provided to persons eligible
5 for services from Indian Health Programs and Urban In-
6 dian Organizations, notwithstanding any Federal, State,
7 or local law to the contrary.

8 **“SEC. 408. NONDISCRIMINATION IN QUALIFICATIONS FOR**
9 **REIMBURSEMENT FOR SERVICES.**

10 “For purposes of determining the eligibility of an en-
11 tity that is operated by the Service, an Indian Tribe, Trib-
12 al Organization, or Urban Indian Organization to receive
13 payment or reimbursement from any federally funded
14 health care program for health care services the entity fur-
15 nishes such program must provide that such entity, meet-
16 ing generally applicable State or other requirements appli-
17 cable for participation, must be accepted as a provider on
18 the same basis as any other qualified provider, except that
19 any requirement that the entity be licensed or recognized
20 under State or local law to furnish such services shall be
21 deemed to have been met if the entity meets all the appli-
22 cable standards for such licensure, but the entity need not
23 obtain a license or other documentation. In determining
24 whether the entity meets such standards, the absence of
25 licensure issued by the state in which the entity is located
26 of any staff member of the entity may not be taken into

1 account, so long as such staff member holds a valid license
2 in any state.

3 **“SEC. 409. CONSULTATION.**

4 “(a) TRIBAL TECHNICAL ADVISORY GROUP
5 (TTAG).—The Secretary shall maintain within the Cen-
6 ters for Medicaid & Medicare Services (CMS) a Tribal
7 Technical Advisory Group, established in accordance with
8 requirements of the charter dated September 30, 2003,
9 and in such group shall include a representative of the
10 Urban Indian Organizations and the Service. The rep-
11 resentative of the Urban Indian Organization shall be
12 deemed to be an elected officer of a tribal government for
13 purposes of applying section 204(b) of the Unfunded Man-
14 dates Reform Act of 1995 (2 U.S.C. 1534(b)).

15 “(b) SOLICITATION OF MEDICAID ADVICE.—

16 “(1) IN GENERAL.—As part of its plan under
17 title XIX of the Social Security Act, a State in
18 which the Service operates or funds health care pro-
19 grams, or in which 1 or more Indian Health Pro-
20 grams or Urban Indian Organizations provide health
21 care in the State for which medical assistance is
22 available under such title, may establish a process
23 under which the State seeks advice on a regular, on-
24 going basis from designees of such Indian Health
25 Programs and Urban Indian Organizations on mat-

1 ters relating to the application of such title to and
2 likely to have a direct effect on such Indian Health
3 Programs and Urban Indian Organizations.

4 “(2) MANNER OF ADVICE.—The process de-
5 scribed in paragraph (1) should include solicitation
6 of advice prior to submission of any plan amend-
7 ments, waiver requests, and proposals for dem-
8 onstration projects likely to have a direct effect on
9 Indians, Indian Health Programs, or Urban Indian
10 Organizations. Such process may include appoint-
11 ment of an advisory committee and of a designee of
12 such Indian Health Programs and Urban Indian Or-
13 ganizations to the medical care advisory committee
14 advising the State on its medicaid plan.

15 “(3) PAYMENT OF EXPENSES.—The reasonable
16 expenses of carrying out this subsection shall be eli-
17 gible for reimbursement under section 1903(a) of
18 the Social Security Act.

19 “(c) CONSTRUCTION.—Nothing in this section shall
20 be construed as superseding existing advisory committees,
21 working groups, or other advisory procedures established
22 by the Secretary or by any State.

1 **“SEC. 410. STATE CHILDREN’S HEALTH INSURANCE PRO-**
2 **GRAM (SCHIP).**

3 “(a) OPTIONAL USE OF FUNDS FOR INDIAN HEALTH
4 PROGRAM PAYMENTS.—Subject to the succeeding provi-
5 sions of this section, a State may provide under its State
6 child health plan under title XXI of the Social Security
7 Act (regardless of whether such plan is implemented under
8 such title, title XIX of such Act, or both) for payments
9 under this section to Indian Health Programs and Urban
10 Indian Organizations operating in the State. Such pay-
11 ments shall be treated under title XXI of the Social Secu-
12 rity Act as expenditures described in section
13 2105(a)(1)(A) of such Act.

14 “(b) USE OF FUNDS.—Payments under this section
15 may be used only for expenditures described in clauses (i)
16 through (iii) of section 2105(a)(1)(D) of the Social Secu-
17 rity Act for targeted low-income children or other low-in-
18 come children (as defined in 2110 of such Act) who are—

19 “(1) Indians; or

20 “(2) otherwise eligible for health services from
21 the Indian Health Program involved.

22 “(c) SPECIAL RESTRICTIONS.—The following condi-
23 tions apply to a State electing to provide payments under
24 this section:

25 “(1) NO LIMITATION ON OTHER SCHIP PARTICI-
26 PATION OF, OR PROVIDER PAYMENTS TO, INDIAN

1 HEALTH PROGRAMS.—The State may not exclude or
2 limit participation of otherwise eligible Indian
3 Health Programs in its State child health program
4 under title XXI of the Social Security Act or its
5 medicaid program under title XIX of such Act or
6 pay such Programs less than they otherwise would
7 as participating providers on the basis that pay-
8 ments are made to such Programs under this sec-
9 tion.

10 “(2) NO LIMITATION ON OTHER SCHIP ELIGI-
11 BILITY OF INDIANS.—The State may not exclude or
12 limit participation of otherwise eligible Indian chil-
13 dren in such State child health or medicaid program
14 on the basis that payments are made for assistance
15 for such children under this section.

16 “(3) LIMITATION ON ACCEPTANCE OF CON-
17 TRIBUTIONS.—

18 “(A) IN GENERAL.—The State may not ac-
19 cept contributions or condition making of pay-
20 ments under this section upon contribution of
21 funds from any Indian Health Program to meet
22 the State’s non-Federal matching fund require-
23 ments under titles XIX and XXI of the Social
24 Security Act.

1 “(B) CONTRIBUTION DEFINED.—For pur-
2 poses of subparagraph (A), the term ‘contribu-
3 tion’ includes any tax, donation, fee, or other
4 payment made, whether made voluntarily or in-
5 voluntarily.

6 “(d) APPLICATION OF SEPARATE 10 PERCENT LIM-
7 TATION.—Payment may be made under section 2105(a)
8 of the Social Security Act to a State for a fiscal year for
9 payments under this section up to an amount equal to 10
10 percent of the total amount available under title XXI of
11 such Act (including allotments and reallolements available
12 from previous fiscal years) to the State with respect to
13 the fiscal year.

14 “(e) GENERAL TERMS.—A payment under this sec-
15 tion shall only be made upon application to the State from
16 the Indian Health Program involved and under such terms
17 and conditions, and in a form and manner, as the Sec-
18 retary determines appropriate.

19 **“SEC. 411. SOCIAL SECURITY ACT SANCTIONS.**

20 “(a) REQUESTS FOR WAIVER OF SANCTIONS.—

21 “(1) IN GENERAL.—For purposes of applying
22 any authority under a provision of title XI, XVIII,
23 XIX, or XXI of the Social Security Act to seek a
24 waiver of a sanction imposed against a health care
25 provider insofar as that provider provides services to

1 individuals through an Indian Health Program, the
2 Indian Health Program shall request the State to
3 seek such waiver, and if such State has not sought
4 the waiver within 60 days of the Indian Health Pro-
5 gram request, the Indian Health Program itself may
6 petition the Secretary for such waiver.

7 “(2) PROCEDURE.—In seeking a waiver under
8 paragraph (1), the Indian Health Program must
9 provide notice and a copy of the request, including
10 the reasons for the waiver sought, to the State. The
11 Secretary may consider the State’s views in the de-
12 termination of the waiver request, but may not with-
13 hold or delay a determination based on the lack of
14 the State’s views.

15 “(b) SAFE HARBOR FOR TRANSACTIONS BETWEEN
16 AND AMONG INDIAN HEALTH CARE PROGRAMS.—For
17 purposes of applying section 1128B(b) of the Social Secu-
18 rity Act, the exchange of anything of value between or
19 among the following shall not be treated as remuneration
20 if the exchange arises from or relates to any of the fol-
21 lowing health programs:

22 “(1) An exchange between or among the fol-
23 lowing:

24 “(A) Any Indian Health Program.

25 “(B) Any Urban Indian Organization.

1 “(2) An exchange between an Indian Tribe,
2 Tribal Organization, or an Urban Indian Organiza-
3 tion and any patient served or eligible for service
4 from an Indian Tribe, Tribal Organization, or
5 Urban Indian Organization, including patients
6 served or eligible for service pursuant to section 807,
7 but only if such exchange—

8 “(A) is for the purpose of transporting the
9 patient for the provision of health care items or
10 services;

11 “(B) is for the purpose of providing hous-
12 ing to the patient (including a pregnant pa-
13 tient) and immediate family members or an es-
14 cort incidental to assuring the timely provision
15 of health care items and services to the patient;

16 “(C) is for the purpose of paying pre-
17 miums, copayments, deductibles, or other cost-
18 sharing on behalf of patients; or

19 “(D) consists of an item or service of small
20 value that is provided as a reasonable incentive
21 to secure timely and necessary preventive and
22 other items and services.

23 “(3) Other exchanges involving an Indian
24 Health Program, an Urban Indian Organization, or
25 an Indian Tribe or Tribal Organization that meet

1 such standards as the Secretary of Health and
2 Human Services, in consultation with the Attorney
3 General, determines is appropriate, taking into ac-
4 count the special circumstances of such Indian
5 Health Programs, Urban Indian Organizations, In-
6 dian Tribes, and Tribal Organizations and of pa-
7 tients served by Indian Health Programs, Urban In-
8 dian Organizations, Indian Tribes, and Tribal Orga-
9 nizations.

10 **“SEC. 412. COST SHARING.**

11 “(a) COINSURANCE, COPAYMENTS, AND
12 DEDUCTIBLES.—Notwithstanding any other provision of
13 Federal or State law—

14 “(1) PROTECTION FOR ELIGIBLE INDIANS
15 UNDER SOCIAL SECURITY ACT HEALTH PRO-
16 GRAMS.—No Indian who is furnished an item or
17 service for which payment may be made under title
18 XIX or XXI of the Social Security Act may be
19 charged a deductible, copayment, or coinsurance if
20 the item or service is furnished by, or upon referral
21 made by, the Service, and Indian Tribe, Tribal Or-
22 ganization, or Urban Indian Organization.

23 “(2) PROTECTION FOR INDIANS.—No Indian
24 who is furnished an item or service by the Service

1 may be charged a deductible, copayment, or coinsur-
2 ance.

3 “(3) NO REDUCTION IN AMOUNT OF PAYMENT
4 TO INDIAN HEALTH PROVIDERS.—The payment or
5 reimbursement due to the Service, Indian Tribe,
6 Tribal Organization, or Urban Indian Organization
7 under title XIX or XXI of the Social Security Act
8 may not be reduced by the amount of the deductible,
9 copayment, or coinsurance that would be due from
10 the Indian but for the operation of this section.

11 “(b) EXEMPTION FROM MEDICAID AND SCHIP PRE-
12 MIUMS.—Notwithstanding any other provision of Federal
13 or State law, no Indian who is otherwise eligible for serv-
14 ices under title XIX of the Social Security Act (relating
15 to the medicaid program) or title XXI of such Act (relat-
16 ing to the State children’s health insurance program) may
17 be charged a premium, enrollment fee, or similar charge
18 as a condition of receiving benefits under the program
19 under the respective title.

20 “(c) TREATMENT OF CERTAIN PROPERTY FOR MED-
21 ICAID ELIGIBILITY.—Notwithstanding any other provision
22 of Federal or State law, the following property may not
23 be included when determining eligibility for services under
24 title XIX of the Social Security Act:

1 “(1) Property, including real property and im-
2 provements, located on a reservation, including any
3 federally recognized Indian Tribe’s reservation,
4 Pueblo, or Colony, including former reservations in
5 Oklahoma, Alaska Native regions established by the
6 Alaska Native Claims Settlement Act and Indian al-
7 lotments on or near a reservation as designated and
8 approved by the Bureau of Indian Affairs of the De-
9 partment of the Interior.

10 “(2) For any federally recognized Tribe not de-
11 scribed in paragraph (1), property located within the
12 most recent boundaries of a prior Federal reserva-
13 tion.

14 “(3) Ownership interests in rents, leases, royal-
15 ties, or usage rights related to natural resources (in-
16 cluding extraction of natural resources or harvesting
17 of timber, other plants and plant products, animals,
18 fish, and shellfish) resulting from the exercise of fed-
19 erally protected rights.

20 “(4) Ownership interests in or usage rights to
21 items not covered by paragraphs (1) through (3)
22 that have unique religious, spiritual, traditional, or
23 cultural significance or rights that support subsist-
24 ence or a traditional life style according to applicable
25 tribal law or custom.

1 “(d) CONTINUATION OF CURRENT LAW PROTEC-
2 TIONS OF CERTAIN INDIAN PROPERTY FROM MEDICAID
3 ESTATE RECOVERY.—Income, resources, and property
4 that are exempt from medicaid estate recovery under title
5 XIX of the Social Security Act as of April 1, 2003, under
6 manual instructions issued to carry out section 1917(b)(3)
7 of such Act because of Federal responsibility for Indian
8 Tribes and Alaska Native Villages shall remain so exempt.
9 Nothing in this subsection shall be construed as pre-
10 venting the Secretary from providing additional medicaid
11 estate recovery exemptions for Indians.

12 **“SEC. 413. TREATMENT UNDER MEDICAID MANAGED CARE.**

13 “(a) PROVISION OF SERVICES, TO ENROLLEES WITH
14 NON-INDIAN MEDICAID MANAGED CARE ENTITIES, BY
15 INDIAN HEALTH PROGRAMS AND URBAN INDIAN ORGANI-
16 ZATIONS.—

17 “(1) PAYMENT RULES.—

18 “(A) IN GENERAL.—Subject to subpara-
19 graph (B), in the case of an Indian who is en-
20 rolled with a non-Indian medicaid managed care
21 entity (as defined in subsection (c)) and who re-
22 ceives covered medicaid managed care services
23 from an Indian Health Program or an Urban
24 Indian Organization, whether or not it is a par-

1 ticipating provider with respect to such entity,
2 the following rules apply:

3 “(i) DIRECT PAYMENT.—The entity
4 shall make prompt payment (in accordance
5 with rules applicable to medicaid managed
6 care entities under title XIX of the Social
7 Security Act) to the Indian Health Pro-
8 gram or Urban Indian Organization at a
9 rate established by the entity for such serv-
10 ices that is equal to the rate negotiated be-
11 tween such entity and the Program or Or-
12 ganization involved or, if such a rate has
13 not been negotiated, a rate that is not less
14 than the level and amount of payment
15 which the entity would make for the serv-
16 ices if the services were furnished by a pro-
17 vider which is not such a Program or Or-
18 ganization.

19 “(ii) PAYMENT THROUGH STATE.—If
20 there is no arrangement for direct payment
21 under clause (i) or if a State provides for
22 this clause to apply in lieu of clause (i),
23 the State shall provide for payment to the
24 Indian Health Program or Urban Indian
25 Organization under its State program

1 under title XIX of such Act at the rate
2 that would be otherwise applicable for such
3 services under such program and shall pro-
4 vide for an appropriate adjustment of the
5 capitation payment made to the entity to
6 take into account such payment.

7 “(B) COMPLIANCE WITH GENERALLY AP-
8 PLICABLE REQUIREMENTS.—

9 “(i) IN GENERAL.—Except as other-
10 wise provided, as a condition of payment
11 under subparagraph (A), the Indian
12 Health Program or Urban Indian Organi-
13 zation shall comply with the generally ap-
14 plicable requirements of title XIX of the
15 Social Security Act with respect to covered
16 services.

17 “(ii) SATISFACTION OF CLAIM RE-
18 QUIREMENT.—Any requirement for the
19 submission of a claim or other documenta-
20 tion for services covered under subpara-
21 graph (A) by the enrollee is deemed to be
22 satisfied through the submission of a claim
23 or other documentation by the Indian
24 Health Program or Urban Indian Organi-
25 zation consistent with section 403(h).

1 “(C) CONSTRUCTION.—Nothing in this
2 subsection shall be construed as waiving the ap-
3 plication of section 1902(a)(30)(A) of the Social
4 Security Act (relating to application of stand-
5 ards to assure that payments are consistent
6 with efficiency, economy, and quality of care).

7 “(2) ENROLLEE OPTION TO SELECT AN INDIAN
8 HEALTH PROGRAM OR URBAN INDIAN ORGANIZATION
9 AS PRIMARY CARE PROVIDER.—In the case of a non-
10 Indian medicaid managed care entity that—

11 “(A) has an Indian enrolled with the enti-
12 ty; and

13 “(B) has an Indian Health Program or
14 Urban Indian Organization that is participating
15 as a primary care provider within the network
16 of the entity,

17 insofar as the Indian is otherwise eligible to receive
18 services from such Program or Organization and the
19 Program or Organization has the capacity to provide
20 primary care services to such Indian, the Indian
21 shall be allowed to choose such Program or Organi-
22 zation as the Indian’s primary care provider under
23 the entity.

24 “(b) OFFERING OF MANAGED CARE THROUGH IN-
25 DIAN MEDICAID MANAGED CARE ENTITIES.—If—

1 “(1) a State elects to provide services through
2 medicaid managed care entities under its medicaid
3 managed care program; and

4 “(2) an Indian Health Program or Urban In-
5 dian Organization that is funded in whole or in part
6 by the Service, or a consortium thereof, has estab-
7 lished an Indian medicaid managed care entity in
8 the State that meets generally applicable standards
9 required of such an entity under such medicaid man-
10 aged care program,

11 the State shall offer to enter into an agreement with the
12 entity to serve as a medicaid managed care entity with
13 respect to eligible Indians served by such entity under
14 such program.

15 “(c) SPECIAL RULES FOR INDIAN MANAGED CARE
16 ENTITIES.—The following are special rules regarding the
17 application of a medicaid managed care program to Indian
18 medicaid managed care entities:

19 “(1) ENROLLMENT.—

20 “(A) LIMITATION TO INDIANS.—An Indian
21 medicaid managed care entity may restrict en-
22 rollment under such program to Indians and to
23 members of specific Tribes in the same manner
24 as Indian Health Programs may restrict the de-

1 livery of services to such Indians and tribal
2 members.

3 “(B) NO LESS CHOICE OF PLANS.—Under
4 such program the State may not limit the
5 choice of an Indian among medicaid managed
6 care entities only to Indian medicaid managed
7 care entities or to be more restrictive than the
8 choice of managed care entities offered to indi-
9 viduals who are not Indians.

10 “(C) DEFAULT ENROLLMENT.—

11 “(i) IN GENERAL.—If such program
12 of a State requires the enrollment of Indi-
13 ans in a medicaid managed care entity in
14 order to receive benefits, the State shall
15 provide for the enrollment of Indians de-
16 scribed in clause (ii) who are not otherwise
17 enrolled with such an entity in an Indian
18 medicaid managed care entity described in
19 such clause.

20 “(ii) INDIAN DESCRIBED.—An Indian
21 described in this clause, with respect to an
22 Indian medicaid managed care entity, is an
23 Indian who, based upon the service area
24 and capacity of the entity, is eligible to be

1 enrolled with the entity consistent with
2 subparagraph (A).

3 “(D) EXCEPTION TO STATE LOCK-IN.—A
4 request by an Indian who is enrolled under such
5 program with a non-Indian medicaid managed
6 care entity to change enrollment with that enti-
7 ty to enrollment with an Indian medicaid man-
8 aged care entity shall be considered cause for
9 granting such request under procedures speci-
10 fied by the Secretary.

11 “(2) FLEXIBILITY IN APPLICATION OF SOL-
12 VENCY.—In applying section 1903(m)(1) of the So-
13 cial Security Act to an Indian medicaid managed
14 care entity—

15 “(A) any reference to a ‘State’ in subpara-
16 graph (A)(ii) of that section shall be deemed to
17 be a reference to the ‘Secretary’; and

18 “(B) the entity shall be deemed to be a
19 public entity described in subparagraph (C)(ii)
20 of that section.

21 “(3) EXCEPTIONS TO ADVANCE DIRECTIVES.—
22 The Secretary may modify or waive the require-
23 ments of section 1902(w) of the Social Security Act
24 (relating to provision of written materials on ad-
25 vance directives) insofar as the Secretary finds that

1 the requirements otherwise imposed are not an ap-
2 propriate or effective way of communicating the in-
3 formation to Indians.

4 “(4) FLEXIBILITY IN INFORMATION AND MAR-
5 KETING.—

6 “(A) MATERIALS.—The Secretary may
7 modify requirements under section 1932(a)(5)
8 of the Social Security Act in a manner that im-
9 proves the materials to take into account the
10 special circumstances of such entities and their
11 enrollees while maintaining and clearly commu-
12 nicating to potential enrollees their rights, pro-
13 tections, and benefits.

14 “(B) DISTRIBUTION OF MARKETING MATE-
15 RIALS.—The provisions of section
16 1932(d)(2)(B) of the Social Security Act re-
17 quiring the distribution of marketing materials
18 to an entire service area shall be deemed satis-
19 fied in the case of an Indian medicaid managed
20 care entity that distributes appropriate mate-
21 rials only to those Indians who are potentially
22 eligible to enroll with the entity in the service
23 area.

24 “(d) MALPRACTICE INSURANCE.—Insofar as, under
25 a medicaid managed care program, a health care provider

1 is required to have medical malpractice insurance coverage
2 as a condition of contracting as a provider with a medicaid
3 managed care entity, an Indian Health Program, or an
4 Urban Indian Organization that is a Federally-qualified
5 health center under title XIX of the Social Security Act,
6 that is covered under the Federal Tort Claims Act (28
7 U.S.C. 1346(b), 2671 et seq.) is deemed to satisfy such
8 requirement.

9 “(e) DEFINITIONS.—For purposes of this section:

10 “(1) MEDICAID MANAGED CARE ENTITY.—The
11 term ‘medicaid managed care entity’ means a man-
12 aged care entity (whether a managed care organiza-
13 tion or a primary care case manager) under title
14 XIX of the Social Security Act, whether pursuant to
15 section 1903(m) or section 1932 of such Act, a waiv-
16 er under section 1115 or 1915(b) of such Act, or
17 otherwise.

18 “(2) INDIAN MEDICAID MANAGED CARE ENTI-
19 TY.—The term ‘Indian medicaid managed care enti-
20 ty’ means a managed care entity that is controlled
21 (within the meaning of the last sentence of section
22 1903(m)(1)(C) of the Social Security Act) by the In-
23 dian Health Service, a Tribe, Tribal Organization, or
24 Urban Indian Organization (as such terms are de-
25 fined in section 4), or a consortium, which may be

1 composed of 1 or more Tribes, Tribal Organizations,
2 or Urban Indian Organizations, and which also may
3 include the Service.

4 “(3) NON-INDIAN MEDICAID MANAGED CARE
5 ENTITY.—The term ‘non-Indian medicaid managed
6 care entity’ means a medicaid managed care entity
7 that is not an Indian medicaid managed care entity.

8 “(4) COVERED MEDICAID MANAGED CARE
9 SERVICES.—The term ‘covered medicaid managed
10 care services’ means, with respect to an individual
11 enrolled with a medicaid managed care entity, items
12 and services that are within the scope of items and
13 services for which benefits are available with respect
14 to the individual under the contract between the en-
15 tity and the State involved.

16 “(5) MEDICAID MANAGED CARE PROGRAM.—
17 The term ‘medicaid managed care program’ means
18 a program under sections 1903(m) and 1932 of the
19 Social Security Act and includes a managed care
20 program operating under a waiver under section
21 1915(b) or 1115 of such Act or otherwise.

22 **“SEC. 414. NAVAJO NATION MEDICAID AGENCY FEASI-**
23 **BILITY STUDY.**

24 “(a) STUDY.—The Secretary shall conduct a study
25 to determine the feasibility of treating the Navajo Nation

1 as a State for the purposes of title XIX of the Social Secu-
2 rity Act, to provide services to Indians living within the
3 boundaries of the Navajo Nation through an entity estab-
4 lished having the same authority and performing the same
5 functions as single-State medicaid agencies responsible for
6 the administration of the State plan under title XIX of
7 the Social Security Act.

8 “(b) CONSIDERATIONS.—In conducting the study,
9 the Secretary shall consider the feasibility of—

10 “(1) assigning and paying all expenditures for
11 the provision of services and related administration
12 funds, under title XIX of the Social Security Act, to
13 Indians living within the boundaries of the Navajo
14 Nation that are currently paid to or would otherwise
15 be paid to the State of Arizona, New Mexico, or
16 Utah;

17 “(2) providing assistance to the Navajo Nation
18 in the development and implementation of such enti-
19 ty for the administration, eligibility, payment, and
20 delivery of medical assistance under title XIX of the
21 Social Security Act;

22 “(3) providing an appropriate level of matching
23 funds for Federal medical assistance with respect to
24 amounts such entity expends for medical assistance
25 for services and related administrative costs; and

1 “(4) authorizing the Secretary, at the option of
2 the Navajo Nation, to treat the Navajo Nation as a
3 State for the purposes of title XIX of the Social Se-
4 curity Act (relating to the State children’s health in-
5 surance program) under terms equivalent to those
6 described in paragraphs (2) through (4).

7 “(c) REPORT.—Not later than 3 years after the date
8 of enactment of the Indian Health Act Improvement Act
9 Amendments of 2006, the Secretary shall submit to the
10 Committee on Indian Affairs and Committee on Finance
11 of the Senate and the Committee on Resources and Com-
12 mittee on Energy and Commerce of the House of Rep-
13 resentatives a report that includes—

14 “(1) the results of the study under this section;

15 “(2) a summary of any consultation that oc-
16 curred between the Secretary and the Navajo Na-
17 tion, other Indian Tribes, the States of Arizona,
18 New Mexico, and Utah, counties which include Nav-
19 ajo Lands, and other interested parties, in con-
20 ducting this study;

21 “(3) projected costs or savings associated with
22 establishment of such entity, and any estimated im-
23 pact on services provided as described in this section
24 in relation to probable costs or savings; and

1 “(4) legislative actions that would be required
2 to authorize the establishment of such entity if such
3 entity is determined by the Secretary to be feasible.

4 **“SEC. 415. AUTHORIZATION OF APPROPRIATIONS.**

5 “There are authorized to be appropriated such sums
6 as may be necessary for each fiscal year through fiscal
7 year 2015 to carry out this title.

8 **“TITLE V—HEALTH SERVICES**
9 **FOR URBAN INDIANS**

10 **“SEC. 501. PURPOSE.**

11 “The purpose of this title is to establish and maintain
12 programs in Urban Centers to make health services more
13 accessible and available to Urban Indians.

14 **“SEC. 502. CONTRACTS WITH, AND GRANTS TO, URBAN IN-**
15 **DIAN ORGANIZATIONS.**

16 “Under authority of the Act of November 2, 1921
17 (25 U.S.C. 13) (commonly known as the ‘Snyder Act’),
18 the Secretary, acting through the Service, shall enter into
19 contracts with, or make grants to, Urban Indian Organi-
20 zations to assist such organizations in the establishment
21 and administration, within Urban Centers, of programs
22 which meet the requirements set forth in this title. Subject
23 to section 506, the Secretary, acting through the Service,
24 shall include such conditions as the Secretary considers
25 necessary to effect the purpose of this title in any contract

1 into which the Secretary enters with, or in any grant the
2 Secretary makes to, any Urban Indian Organization pur-
3 suant to this title.

4 **“SEC. 503. CONTRACTS AND GRANTS FOR THE PROVISION**
5 **OF HEALTH CARE AND REFERRAL SERVICES.**

6 “(a) REQUIREMENTS FOR GRANTS AND CON-
7 TRACTS.—Under authority of the Act of November 2,
8 1921 (25 U.S.C. 13) (commonly known as the ‘Snyder
9 Act’), the Secretary, acting through the Service, shall
10 enter into contracts with, and make grants to, Urban In-
11 dian Organizations for the provision of health care and
12 referral services for Urban Indians. Any such contract or
13 grant shall include requirements that the Urban Indian
14 Organization successfully undertake to—

15 “(1) estimate the population of Urban Indians
16 residing in the Urban Center or centers that the or-
17 ganization proposes to serve who are or could be re-
18 cipients of health care or referral services;

19 “(2) estimate the current health status of
20 Urban Indians residing in such Urban Center or
21 centers;

22 “(3) estimate the current health care needs of
23 Urban Indians residing in such Urban Center or
24 centers;

1 “(4) provide basic health education, including
2 health promotion and disease prevention education,
3 to Urban Indians;

4 “(5) make recommendations to the Secretary
5 and Federal, State, local, and other resource agen-
6 cies on methods of improving health service pro-
7 grams to meet the needs of Urban Indians; and

8 “(6) where necessary, provide, or enter into
9 contracts for the provision of, health care services
10 for Urban Indians.

11 “(b) CRITERIA.—The Secretary, acting through the
12 Service, shall, by regulation, prescribe the criteria for se-
13 lecting Urban Indian Organizations to enter into contracts
14 or receive grants under this section. Such criteria shall,
15 among other factors, include—

16 “(1) the extent of unmet health care needs of
17 Urban Indians in the Urban Center or centers in-
18 volved;

19 “(2) the size of the Urban Indian population in
20 the Urban Center or centers involved;

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

24 “(4) the capability of an Urban Indian Organi-
25 zation to perform the activities set forth in sub-

1 section (a) and to enter into a contract with the Sec-
2 retary or to meet the requirements for receiving a
3 grant under this section;

4 “(5) the satisfactory performance and success-
5 ful completion by an Urban Indian Organization of
6 other contracts with the Secretary under this title;

7 “(6) the appropriateness and likely effectiveness
8 of conducting the activities set forth in subsection
9 (a) in an Urban Center or centers; and

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

14 “(c) ACCESS TO HEALTH PROMOTION AND DISEASE
15 PREVENTION PROGRAMS.—The Secretary, acting through
16 the Service, shall facilitate access to or provide health pro-
17 motion and disease prevention services for Urban Indians
18 through grants made to Urban Indian Organizations ad-
19 ministering contracts entered into or receiving grants
20 under subsection (a).

21 “(d) IMMUNIZATION SERVICES.—

22 “(1) ACCESS OR SERVICES PROVIDED.—The
23 Secretary, acting through the Service, shall facilitate
24 access to, or provide, immunization services for
25 Urban Indians through grants made to Urban In-

1 dian Organizations administering contracts entered
2 into or receiving grants under this section.

3 “(2) DEFINITION.—For purposes of this sub-
4 section, the term ‘immunization services’ means
5 services to provide without charge immunizations
6 against vaccine-preventable diseases.

7 “(e) BEHAVIORAL HEALTH SERVICES.—

8 “(1) ACCESS OR SERVICES PROVIDED.—The
9 Secretary, acting through the Service, shall facilitate
10 access to, or provide, behavioral health services for
11 Urban Indians through grants made to Urban In-
12 dian Organizations administering contracts entered
13 into or receiving grants under subsection (a).

14 “(2) ASSESSMENT REQUIRED.—Except as pro-
15 vided by paragraph (3)(A), a grant may not be made
16 under this subsection to an Urban Indian Organiza-
17 tion until that organization has prepared, and the
18 Service has approved, an assessment of the fol-
19 lowing:

20 “(A) The behavioral health needs of the
21 Urban Indian population concerned.

22 “(B) The behavioral health services and
23 other related resources available to that popu-
24 lation.

1 “(C) The barriers to obtaining those serv-
2 ices and resources.

3 “(D) The needs that are unmet by such
4 services and resources.

5 “(3) PURPOSES OF GRANTS.—Grants may be
6 made under this subsection for the following:

7 “(A) To prepare assessments required
8 under paragraph (2).

9 “(B) To provide outreach, educational, and
10 referral services to Urban Indians regarding the
11 availability of direct behavioral health services,
12 to educate Urban Indians about behavioral
13 health issues and services, and effect coordina-
14 tion with existing behavioral health providers in
15 order to improve services to Urban Indians.

16 “(C) To provide outpatient behavioral
17 health services to Urban Indians, including the
18 identification and assessment of illness, thera-
19 peutic treatments, case management, support
20 groups, family treatment, and other treatment.

21 “(D) To develop innovative behavioral
22 health service delivery models which incorporate
23 Indian cultural support systems and resources.

24 “(f) PREVENTION OF CHILD ABUSE.—

1 “(1) ACCESS OR SERVICES PROVIDED.—The
2 Secretary, acting through the Service, shall facilitate
3 access to or provide services for Urban Indians
4 through grants to Urban Indian Organizations ad-
5 ministering contracts entered into or receiving
6 grants under subsection (a) to prevent and treat
7 child abuse (including sexual abuse) among Urban
8 Indians.

9 “(2) EVALUATION REQUIRED.—Except as pro-
10 vided by paragraph (3)(A), a grant may not be made
11 under this subsection to an Urban Indian Organiza-
12 tion until that organization has prepared, and the
13 Service has approved, an assessment that documents
14 the prevalence of child abuse in the Urban Indian
15 population concerned and specifies the services and
16 programs (which may not duplicate existing services
17 and programs) for which the grant is requested.

18 “(3) PURPOSES OF GRANTS.—Grants may be
19 made under this subsection for the following:

20 “(A) To prepare assessments required
21 under paragraph (2).

22 “(B) For the development of prevention,
23 training, and education programs for Urban In-
24 dians, including child education, parent edu-
25 cation, provider training on identification and

1 intervention, education on reporting require-
2 ments, prevention campaigns, and establishing
3 service networks of all those involved in Indian
4 child protection.

5 “(C) To provide direct outpatient treat-
6 ment services (including individual treatment,
7 family treatment, group therapy, and support
8 groups) to Urban Indians who are child victims
9 of abuse (including sexual abuse) or adult sur-
10 vivors of child sexual abuse, to the families of
11 such child victims, and to Urban Indian per-
12 petrators of child abuse (including sexual
13 abuse).

14 “(4) CONSIDERATIONS WHEN MAKING
15 GRANTS.—In making grants to carry out this sub-
16 section, the Secretary shall take into consideration—

17 “(A) the support for the Urban Indian Or-
18 ganization demonstrated by the child protection
19 authorities in the area, including committees or
20 other services funded under the Indian Child
21 Welfare Act of 1978 (25 U.S.C. 1901 et seq.),
22 if any;

23 “(B) the capability and expertise dem-
24 onstrated by the Urban Indian Organization to

1 address the complex problem of child sexual
2 abuse in the community; and

3 “(C) the assessment required under para-
4 graph (2).

5 “(g) OTHER GRANTS.—The Secretary, acting
6 through the Service, may enter into a contract with or
7 make grants to an Urban Indian Organization that pro-
8 vides or arranges for the provision of health care services
9 (through satellite facilities, provider networks, or other-
10 wise) to Urban Indians in more than 1 Urban Center.

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

13 “(a) GRANTS AND CONTRACTS AUTHORIZED.—
14 Under authority of the Act of November 2, 1921 (25
15 U.S.C. 13) (commonly known as the ‘Snyder Act’), the
16 Secretary, acting through the Service, may enter into con-
17 tracts with or make grants to Urban Indian Organizations
18 situated in Urban Centers for which contracts have not
19 been entered into or grants have not been made under sec-
20 tion 503.

21 “(b) PURPOSE.—The purpose of a contract or grant
22 made under this section shall be the determination of the
23 matters described in subsection (c)(1) in order to assist
24 the Secretary in assessing the health status and health
25 care needs of Urban Indians in the Urban Center involved

1 and determining whether the Secretary should enter into
2 a contract or make a grant under section 503 with respect
3 to the Urban Indian Organization which the Secretary has
4 entered into a contract with, or made a grant to, under
5 this section.

6 “(c) GRANT AND CONTRACT REQUIREMENTS.—Any
7 contract entered into, or grant made, by the Secretary
8 under this section shall include requirements that—

9 “(1) the Urban Indian Organization success-
10 fully undertakes to—

11 “(A) document the health care status and
12 unmet health care needs of Urban Indians in
13 the Urban Center involved; and

14 “(B) with respect to Urban Indians in the
15 Urban Center involved, determine the matters
16 described in paragraphs (2), (3), (4), and (7) of
17 section 503(b); and

18 “(2) the Urban Indian Organization complete
19 performance of the contract, or carry out the re-
20 quirements of the grant, within 1 year after the date
21 on which the Secretary and such organization enter
22 into such contract, or within 1 year after such orga-
23 nization receives such grant, whichever is applicable.

1 “(d) NO RENEWALS.—The Secretary may not renew
2 any contract entered into or grant made under this sec-
3 tion.

4 **“SEC. 505. EVALUATIONS; RENEWALS.**

5 “(a) PROCEDURES FOR EVALUATIONS.—The Sec-
6 retary, acting through the Service, shall develop proce-
7 dures to evaluate compliance with grant requirements and
8 compliance with and performance of contracts entered into
9 by Urban Indian Organizations under this title. Such pro-
10 cedures shall include provisions for carrying out the re-
11 quirements of this section.

12 “(b) EVALUATIONS.—The Secretary, acting through
13 the Service, shall evaluate the compliance of each Urban
14 Indian Organization which has entered into a contract or
15 received a grant under section 503 with the terms of such
16 contract or grant. For purposes of this evaluation, in de-
17 termining the capacity of an Urban Indian Organization
18 to deliver quality patient care the Secretary shall—

19 “(1) acting through the Service, conduct an an-
20 nual onsite evaluation of the organization; or

21 “(2) accept in lieu of such onsite evaluation evi-
22 dence of the organization’s provisional or full accred-
23 itation by a private independent entity recognized by
24 the Secretary for purposes of conducting quality re-

1 views of providers participating in the Medicare pro-
2 gram under title XVIII of the Social Security Act.

3 “(c) NONCOMPLIANCE; UNSATISFACTORY PERFORM-
4 ANCE.—If, as a result of the evaluations conducted under
5 this section, the Secretary determines that an Urban In-
6 dian Organization has not complied with the requirements
7 of a grant or complied with or satisfactorily performed a
8 contract under section 503, the Secretary shall, prior to
9 renewing such contract or grant, attempt to resolve with
10 the organization the areas of noncompliance or unsatisfac-
11 tory performance and modify the contract or grant to pre-
12 vent future occurrences of noncompliance or unsatisfac-
13 tory performance. If the Secretary determines that the
14 noncompliance or unsatisfactory performance cannot be
15 resolved and prevented in the future, the Secretary shall
16 not renew the contract or grant with the organization and
17 is authorized to enter into a contract or make a grant
18 under section 503 with another Urban Indian Organiza-
19 tion which is situated in the same Urban Center as the
20 Urban Indian Organization whose contract or grant is not
21 renewed under this section.

22 “(d) CONSIDERATIONS FOR RENEWALS.—In deter-
23 mining whether to renew a contract or grant with an
24 Urban Indian Organization under section 503 which has
25 completed performance of a contract or grant under sec-

tion 504, the Secretary shall review the records of the Urban Indian Organization, the reports submitted under section 507, and shall consider the results of the onsite evaluations or accreditations under subsection (b).

“SEC. 506. OTHER CONTRACT AND GRANT REQUIREMENTS.

“(a) **PROCUREMENT.**—Contracts with Urban Indian Organizations entered into pursuant to this title shall be in accordance with all Federal contracting laws and regulations relating to procurement except that in the discretion of the Secretary, such contracts may be negotiated without advertising and need not conform to the provisions of sections 1304 and 3131 through 3133 of title 40, United States Code.

“(b) **PAYMENTS UNDER CONTRACTS OR GRANTS.**—Payments under any contracts or grants pursuant to this title shall, notwithstanding any term or condition of such contract or grant—

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

1 “(2) if any portion thereof is unexpended by the
2 Urban Indian Organization during the funding pe-
3 riod with respect to which the payments initially
4 apply, shall be carried forward for expenditure with
5 respect to allowable or reimbursable costs incurred
6 by the organization during 1 or more subsequent
7 funding periods without additional justification or
8 documentation by the organization as a condition of
9 carrying forward the availability for expenditure of
10 such funds.

11 “(c) REVISION OR AMENDMENT OF CONTRACTS.—
12 Notwithstanding any provision of law to the contrary, the
13 Secretary may, at the request and consent of an Urban
14 Indian Organization, revise or amend any contract entered
15 into by the Secretary with such organization under this
16 title as necessary to carry out the purposes of this title.

17 “(d) FAIR AND UNIFORM SERVICES AND ASSIST-
18 ANCE.—Contracts with or grants to Urban Indian Organi-
19 zations and regulations adopted pursuant to this title shall
20 include provisions to assure the fair and uniform provision
21 to Urban Indians of services and assistance under such
22 contracts or grants by such organizations.

23 **“SEC. 507. REPORTS AND RECORDS.**

24 “(a) REPORTS.—For each fiscal year during which
25 an Urban Indian Organization receives or expends funds

1 pursuant to a contract entered into or a grant received
2 pursuant to this title, such Urban Indian Organization
3 shall submit to the Secretary not more frequently than
4 every 6 months, a report that includes the following:

5 “(1) In the case of a contract or grant under
6 section 503, recommendations pursuant to section
7 503(a)(5).

8 “(2) Information on activities conducted by the
9 organization pursuant to the contract or grant.

10 “(3) An accounting of the amounts and purpose
11 for which Federal funds were expended.

12 “(4) A minimum set of data, using uniformly
13 defined elements, as specified by the Secretary after
14 consultation with Urban Indian Organizations.

15 “(b) AUDIT.—The reports and records of the Urban
16 Indian Organization with respect to a contract or grant
17 under this title shall be subject to audit by the Secretary
18 and the Comptroller General of the United States.

19 “(c) COSTS OF AUDITS.—The Secretary shall allow
20 as a cost of any contract or grant entered into or awarded
21 under section 502 or 503 the cost of an annual inde-
22 pendent financial audit conducted by—

23 “(1) a certified public accountant; or

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

1 **“SEC. 508. LIMITATION ON CONTRACT AUTHORITY.**

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

6 **“SEC. 509. FACILITIES.**

7 “(a) GRANTS.—The Secretary, acting through the
8 Service, may make grants to contractors or grant recipi-
9 ents under this title for the lease, purchase, renovation,
10 construction, or expansion of facilities, including leased fa-
11 cilities, in order to assist such contractors or grant recipi-
12 ents in complying with applicable licensure or certification
13 requirements.

14 “(b) LOAN FUND STUDY.—The Secretary, acting
15 through the Services, may carry out a study to determine
16 the feasibility of establishing a loan fund to provide to
17 Urban Indian Organizations direct loans or guarantees for
18 loans for the construction of health care facilities in a
19 manner consistent with section 309.

20 **“SEC. 510. DIVISION OF URBAN INDIAN HEALTH.**

21 “There is established within the Service a Division
22 of Urban Indian Health, which shall be responsible for—

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

24 “(2) providing central oversight of the pro-
25 grams and services authorized under this title; and

1 “(3) providing technical assistance to Urban In-
2 dian Organizations.

3 **“SEC. 511. GRANTS FOR ALCOHOL AND SUBSTANCE ABUSE-**
4 **RELATED SERVICES.**

5 “(a) GRANTS AUTHORIZED.—The Secretary, acting
6 through the Service, may make grants for the provision
7 of health-related services in prevention of, treatment of,
8 rehabilitation of, or school- and community-based edu-
9 cation regarding, alcohol and substance abuse in Urban
10 Centers to those Urban Indian Organizations with which
11 the Secretary has entered into a contract under this title
12 or under section 201.

13 “(b) GOALS.—Each grant made pursuant to sub-
14 section (a) shall set forth the goals to be accomplished
15 pursuant to the grant. The goals shall be specific to each
16 grant as agreed to between the Secretary and the grantee.

17 “(c) CRITERIA.—The Secretary shall establish cri-
18 teria for the grants made under subsection (a), including
19 criteria relating to the following:

20 “(1) The size of the Urban Indian population.

21 “(2) Capability of the organization to ade-
22 quately perform the activities required under the
23 grant.

24 “(3) Satisfactory performance standards for the
25 organization in meeting the goals set forth in such

1 grant. The standards shall be negotiated and agreed
 2 to between the Secretary and the grantee on a
 3 grant-by-grant basis.

4 “(4) Identification of the need for services.

5 “(d) ALLOCATION OF GRANTS.—The Secretary shall
 6 develop a methodology for allocating grants made pursu-
 7 ant to this section based on the criteria established pursu-
 8 ant to subsection (c).

9 “(e) GRANTS SUBJECT TO CRITERIA.—Any funds re-
 10 ceived by an Urban Indian Organization under this Act
 11 for substance abuse prevention, treatment, and rehabilita-
 12 tion shall be subject to the criteria set forth in subsection
 13 (c).

14 **“SEC. 512. TREATMENT OF CERTAIN DEMONSTRATION**
 15 **PROJECTS.**

16 “Notwithstanding any other provision of law, the
 17 Tulsa Clinic and Oklahoma City Clinic demonstration
 18 projects shall—

19 “(1) be permanent programs within the Serv-
 20 ice’s direct care program;

21 “(2) continue to be treated as Service Units in
 22 the allocation of resources and coordination of care;
 23 and

24 “(3) shall be subject to the provisions of the In-
 25 dian Self-Determination and Education Assistance

1 Act (25 U.S.C. 450 et seq.), except that the pro-
2 grams shall not be divisible.

3 **“SEC. 513. URBAN NIAAA TRANSFERRED PROGRAMS.**

4 “(a) GRANTS AND CONTRACTS.—The Secretary,
5 through the Division of Urban Indian Health, shall make
6 grants or enter into contracts with Urban Indian Organi-
7 zations, to take effect not later than September 30, 2008,
8 for the administration of Urban Indian alcohol programs
9 that were originally established under the National Insti-
10 tute on Alcoholism and Alcohol Abuse (hereafter in this
11 section referred to as ‘NIAAA’) and transferred to the
12 Service.

13 “(b) USE OF FUNDS.—Grants provided or contracts
14 entered into under this section shall be used to provide
15 support for the continuation of alcohol prevention and
16 treatment services for Urban Indian populations and such
17 other objectives as are agreed upon between the Service
18 and a recipient of a grant or contract under this section.

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

23 “(d) REPORT.—The Secretary shall evaluate and re-
24 port to Congress on the activities of programs funded
25 under this section not less than every 5 years.

1 **“SEC. 514. CONSULTATION WITH URBAN INDIAN ORGANIZA-**
2 **TIONS.**

3 “(a) IN GENERAL.—The Secretary shall ensure that
4 the Service consults, to the greatest extent practicable,
5 with Urban Indian Organizations.

6 “(b) DEFINITION OF CONSULTATION.—For purposes
7 of subsection (a), consultation is the open and free ex-
8 change of information and opinions which leads to mutual
9 understanding and comprehension and which emphasizes
10 trust, respect, and shared responsibility.

11 **“SEC. 515. URBAN YOUTH TREATMENT CENTER DEM-**
12 **ONSTRATION.**

13 “(a) CONSTRUCTION AND OPERATION.—The Sec-
14 retary, acting through the Service, through grant or con-
15 tract, is authorized to fund the construction and operation
16 of at least 2 residential treatment centers in each State
17 described in subsection (b) to demonstrate the provision
18 of alcohol and substance abuse treatment services to
19 Urban Indian youth in a culturally competent residential
20 setting.

21 “(b) DEFINITION OF STATE.—A State described in
22 this subsection is a State in which—

23 “(1) there resides Urban Indian youth with
24 need for alcohol and substance abuse treatment serv-
25 ices in a residential setting; and

1 “(2) there is a significant shortage of culturally
2 competent residential treatment services for Urban
3 Indian youth.

4 **“SEC. 516. USE OF FEDERAL GOVERNMENT FACILITIES AND**
5 **SOURCES OF SUPPLY.**

6 “(a) AUTHORIZATION FOR USE.—The Secretary, act-
7 ing through the Service, shall allow an Urban Indian Or-
8 ganization that has entered into a contract or received a
9 grant pursuant to this title, in carrying out such contract
10 or grant, to use existing facilities and all equipment there-
11 in or pertaining thereto and other personal property
12 owned by the Federal Government within the Secretary’s
13 jurisdiction under such terms and conditions as may be
14 agreed upon for their use and maintenance.

15 “(b) DONATIONS.—Subject to subsection (d), the
16 Secretary may donate to an Urban Indian Organization
17 that has entered into a contract or received a grant pursu-
18 ant to this title any personal or real property determined
19 to be excess to the needs of the Service or the General
20 Services Administration for purposes of carrying out the
21 contract or grant.

22 “(c) ACQUISITION OF PROPERTY FOR DONATION.—
23 The Secretary may acquire excess or surplus government
24 personal or real property for donation (subject to sub-
25 section (d)), to an Urban Indian Organization that has

1 entered into a contract or received a grant pursuant to
2 this title if the Secretary determines that the property is
3 appropriate for use by the Urban Indian Organization for
4 a purpose for which a contract or grant is authorized
5 under this title.

6 “(d) PRIORITY.—In the event that the Secretary re-
7 ceives a request for donation of a specific item of personal
8 or real property described in subsection (b) or (c) from
9 both an Urban Indian Organization and from an Indian
10 Tribe or Tribal Organization, the Secretary shall give pri-
11 ority to the request for donation of the Indian Tribe or
12 Tribal Organization if the Secretary receives the request
13 from the Indian Tribe or Tribal Organization before the
14 date the Secretary transfers title to the property or, if ear-
15 lier, the date the Secretary transfers the property phys-
16 ically to the Urban Indian Organization.

17 “(e) URBAN INDIAN ORGANIZATIONS DEEMED EX-
18 ECUTIVE AGENCY FOR CERTAIN PURPOSES.—For pur-
19 poses of section 501 of title 40, United States Code, (relat-
20 ing to Federal sources of supply, including lodging pro-
21 viders, airlines, and other transportation providers), an
22 Urban Indian Organization that has entered into a con-
23 tract or received a grant pursuant to this title shall be
24 deemed an executive agency when carrying out such con-
25 tract or grant.

1 **“SEC. 517. GRANTS FOR DIABETES PREVENTION, TREAT-**
2 **MENT, AND CONTROL.**

3 “(a) GRANTS AUTHORIZED.—The Secretary may
4 make grants to those Urban Indian Organizations that
5 have entered into a contract or have received a grant
6 under this title for the provision of services for the preven-
7 tion and treatment of, and control of the complications
8 resulting from, diabetes among Urban Indians.

9 “(b) GOALS.—Each grant made pursuant to sub-
10 section (a) shall set forth the goals to be accomplished
11 under the grant. The goals shall be specific to each grant
12 as agreed to between the Secretary and the grantee.

13 “(c) ESTABLISHMENT OF CRITERIA.—The Secretary
14 shall establish criteria for the grants made under sub-
15 section (a) relating to—

16 “(1) the size and location of the Urban Indian
17 population to be served;

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

22 “(3) performance standards for the organiza-
23 tion in meeting the goals set forth in such grant
24 that are negotiated and agreed to by the Secretary
25 and the grantee;

1 “(4) the capability of the organization to ade-
2 quately perform the activities required under the
3 grant; and

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

8 “(d) FUNDS SUBJECT TO CRITERIA.—Any funds re-
9 ceived by an Urban Indian Organization under this Act
10 for the prevention, treatment, and control of diabetes
11 among Urban Indians shall be subject to the criteria devel-
12 oped by the Secretary under subsection (c).

13 **“SEC. 518. COMMUNITY HEALTH REPRESENTATIVES.**

14 “The Secretary, acting through the Service, may
15 enter into contracts with, and make grants to, Urban In-
16 dian Organizations for the employment of Indians trained
17 as health service providers through the Community Health
18 Representatives Program under section 109 in the provi-
19 sion of health care, health promotion, and disease preven-
20 tion services to Urban Indians.

21 **“SEC. 519. EFFECTIVE DATE.**

22 “The amendments made by the Indian Health Care
23 Improvement Act Amendments of 2006 to this title shall
24 take effect beginning on the date of enactment of that Act,

1 regardless of whether the Secretary has promulgated regu-
2 lations implementing such amendments.

3 **“SEC. 520. ELIGIBILITY FOR SERVICES.**

4 “Urban Indians shall be eligible and the ultimate
5 beneficiaries for health care or referral services provided
6 pursuant to this title.

7 **“SEC. 521. AUTHORIZATION OF APPROPRIATIONS.**

8 “There are authorized to be appropriated such sums
9 as may be necessary for each fiscal year through fiscal
10 year 2015 to carry out this title.

11 **“TITLE VI—ORGANIZATIONAL**
12 **IMPROVEMENTS**

13 **“SEC. 601. ESTABLISHMENT OF THE INDIAN HEALTH SERV-**
14 **ICE AS AN AGENCY OF THE PUBLIC HEALTH**
15 **SERVICE.**

16 “(a) ESTABLISHMENT.—

17 “(1) IN GENERAL.—In order to more effectively
18 and efficiently carry out the responsibilities, authori-
19 ties, and functions of the United States to provide
20 health care services to Indians and Indian Tribes, as
21 are or may be hereafter provided by Federal statute
22 or treaties, there is established within the Public
23 Health Service of the Department the Indian Health
24 Service.

1 “(2) ASSISTANT SECRETARY OF INDIAN
2 HEALTH.—The Service shall be administered by an
3 Assistant Secretary of Indian Health, who shall be
4 appointed by the President, by and with the advice
5 and consent of the Senate. The Assistant Secretary
6 shall report to the Secretary. Effective with respect
7 to an individual appointed by the President, by and
8 with the advice and consent of the Senate, after
9 January 1, 2005, the term of service of the Assist-
10 ant Secretary shall be 4 years. An Assistant Sec-
11 retary may serve more than 1 term.

12 “(3) INCUMBENT.—The individual serving in
13 the position of Director of the Indian Health Service
14 on the day before the date of enactment of the In-
15 dian Health Care Improvement Act Amendments of
16 2006 shall serve as Assistant Secretary.

17 “(4) ADVOCACY AND CONSULTATION.—The po-
18 sition of Assistant Secretary is established to, in a
19 manner consistent with the government-to-govern-
20 ment relationship between the United States and In-
21 dian Tribes—

22 “(A) facilitate advocacy for the develop-
23 ment of appropriate Indian health policy; and

24 “(B) promote consultation on matters re-
25 lating to Indian health.

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

5 “(c) DUTIES.—The Assistant Secretary of Indian
6 Health shall—

7 “(1) perform all functions that were, on the day
8 before the date of enactment of the Indian Health
9 Care Improvement Act Amendments of 2006, car-
10 ried out by or under the direction of the individual
11 serving as Director of the Service on that day;

12 “(2) perform all functions of the Secretary re-
13 lating to the maintenance and operation of hospital
14 and health facilities for Indians and the planning
15 for, and provision and utilization of, health services
16 for Indians;

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

21 “(A) this Act;

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

24 “(C) the Act of August 5, 1954 (42 U.S.C.
25 2001 et seq.);

1 “(D) the Act of August 16, 1957 (42
2 U.S.C. 2005 et seq.); and

3 “(E) the Indian Self-Determination and
4 Education Assistance Act (25 U.S.C. 450 et
5 seq.);

6 “(4) administer all scholarship and loan func-
7 tions carried out under title I;

8 “(5) report directly to the Secretary concerning
9 all policy- and budget-related matters affecting In-
10 dian health;

11 “(6) collaborate with the Assistant Secretary
12 for Health concerning appropriate matters of Indian
13 health that affect the agencies of the Public Health
14 Service;

15 “(7) advise each Assistant Secretary of the De-
16 partment concerning matters of Indian health with
17 respect to which that Assistant Secretary has au-
18 thority and responsibility;

19 “(8) advise the heads of other agencies and pro-
20 grams of the Department concerning matters of In-
21 dian health with respect to which those heads have
22 authority and responsibility;

23 “(9) coordinate the activities of the Department
24 concerning matters of Indian health; and

1 “(10) perform such other functions as the Sec-
2 retary may designate.

3 “(d) AUTHORITY.—

4 “(1) IN GENERAL.—The Secretary, acting
5 through the Assistant Secretary, shall have the au-
6 thority—

7 “(A) except to the extent provided for in
8 paragraph (2), to appoint and compensate em-
9 ployees for the Service in accordance with title
10 5, United States Code;

11 “(B) to enter into contracts for the pro-
12 curement of goods and services to carry out the
13 functions of the Service; and

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

16 “(2) PERSONNEL ACTIONS.—Notwithstanding
17 any other provision of law, the provisions of section
18 12 of the Act of June 18, 1934 (48 Stat. 986; 25
19 U.S.C. 472), shall apply to all personnel actions
20 taken with respect to new positions created within
21 the Service as a result of its establishment under
22 subsection (a).

23 “(e) REFERENCES.—Any reference to the Director of
24 the Indian Health Service in any other Federal law, Exec-
25 utive order, rule, regulation, or delegation of authority, or

1 in any document of or relating to the Director of the In-
2 dian Health Service, shall be deemed to refer to the Assist-
3 ant Secretary.

4 **“SEC. 602. AUTOMATED MANAGEMENT INFORMATION SYS-**
5 **TEM.**

6 “(a) ESTABLISHMENT.—

7 “(1) IN GENERAL.—The Secretary shall estab-
8 lish an automated management information system
9 for the Service.

10 “(2) REQUIREMENTS OF SYSTEM.—The infor-
11 mation system established under paragraph (1) shall
12 include—

13 “(A) a financial management system;

14 “(B) a patient care information system for
15 each area served by the Service;

16 “(C) a privacy component that protects the
17 privacy of patient information held by, or on be-
18 half of, the Service;

19 “(D) a services-based cost accounting com-
20 ponent that provides estimates of the costs as-
21 sociated with the provision of specific medical
22 treatments or services in each Area office of the
23 Service;

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

1 “(F) a training component.

2 “(b) PROVISION OF SYSTEMS TO TRIBES AND ORGA-
3 NIZATIONS.—The Secretary shall provide each Tribal
4 Health Program automated management information sys-
5 tems which—

6 “(1) meet the management information needs
7 of such Tribal Health Program with respect to the
8 treatment by the Tribal Health Program of patients
9 of the Service; and

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

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

16 “(d) AUTHORITY TO ENHANCE INFORMATION TECH-
17 NOLOGY.—The Secretary, acting through the Assistant
18 Secretary, shall have the authority to enter into contracts,
19 agreements, or joint ventures with other Federal agencies,
20 States, private and nonprofit organizations, for the pur-
21 pose of enhancing information technology in Indian health
22 programs and facilities.

1 **“SEC. 603. AUTHORIZATION OF APPROPRIATIONS.**

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

5 **“TITLE VII—BEHAVIORAL**
6 **HEALTH PROGRAMS**

7 **“SEC. 701. BEHAVIORAL HEALTH PREVENTION AND TREAT-**
8 **MENT SERVICES.**

9 “(a) PURPOSES.—The purposes of this section are as
10 follows:

11 “(1) To authorize and direct the Secretary, act-
12 ing through the Service, Indian Tribes, Tribal Orga-
13 nizations, and Urban Indian Organizations, to de-
14 velop a comprehensive behavioral health prevention
15 and treatment program which emphasizes collabora-
16 tion among alcohol and substance abuse, social serv-
17 ices, and mental health programs.

18 “(2) To provide information, direction, and
19 guidance relating to mental illness and dysfunction
20 and self-destructive behavior, including child abuse
21 and family violence, to those Federal, tribal, State,
22 and local agencies responsible for programs in In-
23 dian communities in areas of health care, education,
24 social services, child and family welfare, alcohol and
25 substance abuse, law enforcement, and judicial serv-
26 ices.

1 “(3) To assist Indian Tribes to identify services
2 and resources available to address mental illness and
3 dysfunctional and self-destructive behavior.

4 “(4) To provide authority and opportunities for
5 Indian Tribes and Tribal Organizations to develop,
6 implement, and coordinate with community-based
7 programs which include identification, prevention,
8 education, referral, and treatment services, including
9 through multidisciplinary resource teams.

10 “(5) To ensure that Indians, as citizens of the
11 United States and of the States in which they re-
12 side, have the same access to behavioral health serv-
13 ices to which all citizens have access.

14 “(6) To modify or supplement existing pro-
15 grams and authorities in the areas identified in
16 paragraph (2).

17 “(b) PLANS.—

18 “(1) DEVELOPMENT.—The Secretary, acting
19 through the Service, Indian Tribes, Tribal Organiza-
20 tions, and Urban Indian Organizations, shall encour-
21 age Indian Tribes and Tribal Organizations to de-
22 velop tribal plans, and Urban Indian Organizations
23 to develop local plans, and for all such groups to
24 participate in developing areawide plans for Indian

1 Behavioral Health Services. The plans shall include,
2 to the extent feasible, the following components:

3 “(A) An assessment of the scope of alcohol
4 or other substance abuse, mental illness, and
5 dysfunctional and self-destructive behavior, in-
6 cluding suicide, child abuse, and family vio-
7 lence, among Indians, including—

8 “(i) the number of Indians served who
9 are directly or indirectly affected by such
10 illness or behavior; or

11 “(ii) an estimate of the financial and
12 human cost attributable to such illness or
13 behavior.

14 “(B) An assessment of the existing and
15 additional resources necessary for the preven-
16 tion and treatment of such illness and behavior,
17 including an assessment of the progress toward
18 achieving the availability of the full continuum
19 of care described in subsection (c).

20 “(C) An estimate of the additional funding
21 needed by the Service, Indian Tribes, Tribal
22 Organizations, and Urban Indian Organizations
23 to meet their responsibilities under the plans.

24 “(2) NATIONAL CLEARINGHOUSE.—The Sec-
25 retary, acting through the Service, shall establish a

1 national clearinghouse of plans and reports on the
2 outcomes of such plans developed by Indian Tribes,
3 Tribal Organizations, Urban Indian Organizations,
4 and Service Areas relating to behavioral health. The
5 Secretary shall ensure access to these plans and out-
6 comes by any Indian Tribe, Tribal Organization,
7 Urban Indian Organization, or the Service.

8 “(3) TECHNICAL ASSISTANCE.—The Secretary
9 shall provide technical assistance to Indian Tribes,
10 Tribal Organizations, and Urban Indian Organiza-
11 tions in preparation of plans under this section and
12 in developing standards of care that may be used
13 and adopted locally.

14 “(c) PROGRAMS.—The Secretary, acting through the
15 Service, Indian Tribes, and Tribal Organizations, shall
16 provide, to the extent feasible and if funding is available,
17 programs including the following:

18 “(1) COMPREHENSIVE CARE.—A comprehensive
19 continuum of behavioral health care which pro-
20 vides—

21 “(A) community-based prevention, inter-
22 vention, outpatient, and behavioral health
23 aftercare;

24 “(B) detoxification (social and medical);

25 “(C) acute hospitalization;

1 “(D) intensive outpatient/day treatment;

2 “(E) residential treatment;

3 “(F) transitional living for those needing a
4 temporary, stable living environment that is
5 supportive of treatment and recovery goals;

6 “(G) emergency shelter;

7 “(H) intensive case management; and

8 “(I) diagnostic services.

9 “(2) CHILD CARE.—Behavioral health services
10 for Indians from birth through age 17, including—

11 “(A) preschool and school age fetal alcohol
12 disorder services, including assessment and be-
13 havioral intervention;

14 “(B) mental health and substance abuse
15 services (emotional, organic, alcohol, drug, in-
16 halant, and tobacco);

17 “(C) identification and treatment of co-oc-
18 ccurring disorders and comorbidity;

19 “(D) prevention of alcohol, drug, inhalant,
20 and tobacco use;

21 “(E) early intervention, treatment, and
22 aftercare;

23 “(F) promotion of healthy approaches to
24 risk and safety issues; and

1 “(G) identification and treatment of ne-
2 glect and physical, mental, and sexual abuse.

3 “(3) ADULT CARE.—Behavioral health services
4 for Indians from age 18 through 55, including—

5 “(A) early intervention, treatment, and
6 aftercare;

7 “(B) mental health and substance abuse
8 services (emotional, alcohol, drug, inhalant, and
9 tobacco), including sex specific services;

10 “(C) identification and treatment of co-oc-
11 curring disorders (dual diagnosis) and comor-
12 bidity;

13 “(D) promotion of healthy approaches for
14 risk-related behavior;

15 “(E) treatment services for women at risk
16 of giving birth to a child with a fetal alcohol
17 disorder; and

18 “(F) sex specific treatment for sexual as-
19 sault and domestic violence.

20 “(4) FAMILY CARE.—Behavioral health services
21 for families, including—

22 “(A) early intervention, treatment, and
23 aftercare for affected families;

24 “(B) treatment for sexual assault and do-
25 mestic violence; and

1 “(C) promotion of healthy approaches re-
2 lating to parenting, domestic violence, and other
3 abuse issues.

4 “(5) ELDER CARE.—Behavioral health services
5 for Indians 56 years of age and older, including—

6 “(A) early intervention, treatment, and
7 aftercare;

8 “(B) mental health and substance abuse
9 services (emotional, alcohol, drug, inhalant, and
10 tobacco), including sex specific services;

11 “(C) identification and treatment of co-oc-
12 curring disorders (dual diagnosis) and comor-
13 bidity;

14 “(D) promotion of healthy approaches to
15 managing conditions related to aging;

16 “(E) sex specific treatment for sexual as-
17 sault, domestic violence, neglect, physical and
18 mental abuse and exploitation; and

19 “(F) identification and treatment of de-
20 mentias regardless of cause.

21 “(d) COMMUNITY BEHAVIORAL HEALTH PLAN.—

22 “(1) ESTABLISHMENT.—The governing body of
23 any Indian Tribe, Tribal Organization, or Urban In-
24 dian Organization may adopt a resolution for the es-
25 tablishment of a community behavioral health plan

1 providing for the identification and coordination of
2 available resources and programs to identify, pre-
3 vent, or treat substance abuse, mental illness, or
4 dysfunctional and self-destructive behavior, including
5 child abuse and family violence, among its members
6 or its service population. This plan should include
7 behavioral health services, social services, intensive
8 outpatient services, and continuing aftercare.

9 “(2) TECHNICAL ASSISTANCE.—At the request
10 of an Indian Tribe, Tribal Organization, or Urban
11 Indian Organization, the Bureau of Indian Affairs
12 and the Service shall cooperate with and provide
13 technical assistance to the Indian Tribe, Tribal Or-
14 ganization, or Urban Indian Organization in the de-
15 velopment and implementation of such plan.

16 “(3) FUNDING.—The Secretary, acting through
17 the Service, may make funding available to Indian
18 Tribes and Tribal Organizations which adopt a reso-
19 lution pursuant to paragraph (1) to obtain technical
20 assistance for the development of a community be-
21 havioral health plan and to provide administrative
22 support in the implementation of such plan.

23 “(e) COORDINATION FOR AVAILABILITY OF SERV-
24 ICES.—The Secretary, acting through the Service, Indian
25 Tribes, Tribal Organizations, and Urban Indian Organiza-

1 tions, shall coordinate behavioral health planning, to the
2 extent feasible, with other Federal agencies and with State
3 agencies, to encourage comprehensive behavioral health
4 services for Indians regardless of their place of residence.

5 “(f) MENTAL HEALTH CARE NEED ASSESSMENT.—
6 Not later than 1 year after the date of enactment of the
7 Indian Health Care Improvement Act Amendments of
8 2006, the Secretary, acting through the Service, shall
9 make an assessment of the need for inpatient mental
10 health care among Indians and the availability and cost
11 of inpatient mental health facilities which can meet such
12 need. In making such assessment, the Secretary shall con-
13 sider the possible conversion of existing, underused Service
14 hospital beds into psychiatric units to meet such need.

15 **“SEC. 702. MEMORANDA OF AGREEMENT WITH THE DE-**
16 **PARTMENT OF THE INTERIOR.**

17 “(a) CONTENTS.—Not later than 12 months after the
18 date of enactment of the Indian Health Care Improvement
19 Act Amendments of 2006, the Secretary, acting through
20 the Service, and the Secretary of the Interior shall develop
21 and enter into a memoranda of agreement, or review and
22 update any existing memoranda of agreement, as required
23 by section 4205 of the Indian Alcohol and Substance
24 Abuse Prevention and Treatment Act of 1986 (25 U.S.C.
25 2411) under which the Secretaries address the following:

1 “(1) The scope and nature of mental illness and
2 dysfunctional and self-destructive behavior, including
3 child abuse and family violence, among Indians.

4 “(2) The existing Federal, tribal, State, local,
5 and private services, resources, and programs avail-
6 able to provide behavioral health services for Indi-
7 ans.

8 “(3) The unmet need for additional services, re-
9 sources, and programs necessary to meet the needs
10 identified pursuant to paragraph (1).

11 “(4)(A) The right of Indians, as citizens of the
12 United States and of the States in which they re-
13 side, to have access to behavioral health services to
14 which all citizens have access.

15 “(B) The right of Indians to participate in, and
16 receive the benefit of, such services.

17 “(C) The actions necessary to protect the exer-
18 cise of such right.

19 “(5) The responsibilities of the Bureau of In-
20 dian Affairs and the Service, including mental illness
21 identification, prevention, education, referral, and
22 treatment services (including services through multi-
23 disciplinary resource teams), at the central, area,
24 and agency and Service Unit, Service Area, and

1 headquarters levels to address the problems identi-
2 fied in paragraph (1).

3 “(6) A strategy for the comprehensive coordina-
4 tion of the behavioral health services provided by the
5 Bureau of Indian Affairs and the Service to meet
6 the problems identified pursuant to paragraph (1),
7 including—

8 “(A) the coordination of alcohol and sub-
9 stance abuse programs of the Service, the Bu-
10 reau of Indian Affairs, and Indian Tribes and
11 Tribal Organizations (developed under the In-
12 dian Alcohol and Substance Abuse Prevention
13 and Treatment Act of 1986 (25 U.S.C. 2401 et
14 seq.)) with behavioral health initiatives pursu-
15 ant to this Act, particularly with respect to the
16 referral and treatment of dually diagnosed indi-
17 viduals requiring behavioral health and sub-
18 stance abuse treatment; and

19 “(B) ensuring that the Bureau of Indian
20 Affairs and Service programs and services (in-
21 cluding multidisciplinary resource teams) ad-
22 dressing child abuse and family violence are co-
23 ordinated with such non-Federal programs and
24 services.

1 “(7) Directing appropriate officials of the Bu-
2 reau of Indian Affairs and the Service, particularly
3 at the agency and Service Unit levels, to cooperate
4 fully with tribal requests made pursuant to commu-
5 nity behavioral health plans adopted under section
6 701(c) and section 4206 of the Indian Alcohol and
7 Substance Abuse Prevention and Treatment Act of
8 1986 (25 U.S.C. 2412).

9 “(8) Providing for an annual review of such
10 agreement by the Secretaries which shall be provided
11 to Congress and Indian Tribes and Tribal Organiza-
12 tions.

13 “(b) SPECIFIC PROVISIONS REQUIRED.—The memo-
14 randa of agreement updated or entered into pursuant to
15 subsection (a) shall include specific provisions pursuant to
16 which the Service shall assume responsibility for—

17 “(1) the determination of the scope of the prob-
18 lem of alcohol and substance abuse among Indians,
19 including the number of Indians within the jurisdic-
20 tion of the Service who are directly or indirectly af-
21 fected by alcohol and substance abuse and the finan-
22 cial and human cost;

23 “(2) an assessment of the existing and needed
24 resources necessary for the prevention of alcohol and

1 substance abuse and the treatment of Indians af-
2 fected by alcohol and substance abuse; and

3 “(3) an estimate of the funding necessary to
4 adequately support a program of prevention of alco-
5 hol and substance abuse and treatment of Indians
6 affected by alcohol and substance abuse.

7 “(c) CONSULTATION.—The Secretary, acting through
8 the Service, and the Secretary of the Interior shall, in de-
9 veloping the memoranda of agreement under subsection
10 (a), consult with and solicit the comments from—

11 “(1) Indian Tribes and Tribal Organizations;

12 “(2) Indians;

13 “(3) Urban Indian Organizations and other In-
14 dian organizations; and

15 “(4) behavioral health service providers.

16 “(d) PUBLICATION.—Each memorandum of agree-
17 ment entered into or renewed (and amendments or modi-
18 fications thereto) under subsection (a) shall be published
19 in the Federal Register. At the same time as publication
20 in the Federal Register, the Secretary shall provide a copy
21 of such memoranda, amendment, or modification to each
22 Indian Tribe, Tribal Organization, and Urban Indian Or-
23 ganization.

1 **“SEC. 703. COMPREHENSIVE BEHAVIORAL HEALTH PRE-**
2 **VENTION AND TREATMENT PROGRAM.**

3 “(a) ESTABLISHMENT.—

4 “(1) IN GENERAL.—The Secretary, acting
5 through the Service, Indian Tribes, and Tribal Orga-
6 nizations, shall provide a program of comprehensive
7 behavioral health prevention, treatment, aftercare,
8 Systems of Care, which shall include—

9 “(A) prevention, through educational inter-
10 vention, in Indian communities;

11 “(B) acute detoxification, psychiatric hos-
12 pitalization, residential, and intensive outpatient
13 treatment;

14 “(C) community-based rehabilitation and
15 aftercare;

16 “(D) community education and involve-
17 ment, including extensive training of health
18 care, educational, and community-based per-
19 sonnel;

20 “(E) specialized residential treatment pro-
21 grams for high-risk populations, including preg-
22 nant and postpartum women and their children;
23 and

24 “(F) diagnostic services.

25 “(2) TARGET POPULATIONS.—The target popu-
26 lation of such programs shall be members of Indian

1 Tribes. Efforts to train and educate key members of
2 the Indian community shall also target employees of
3 health, education, judicial, law enforcement, legal,
4 and social service programs.

5 “(b) CONTRACT HEALTH SERVICES.—

6 “(1) IN GENERAL.—The Secretary, acting
7 through the Service, Indian Tribes, and Tribal Orga-
8 nizations, may enter into contracts with public or
9 private providers of behavioral health treatment
10 services for the purpose of carrying out the program
11 required under subsection (a).

12 “(2) PROVISION OF ASSISTANCE.—In carrying
13 out this subsection, the Secretary shall provide as-
14 sistance to Indian Tribes and Tribal Organizations
15 to develop criteria for the certification of behavioral
16 health service providers and accreditation of service
17 facilities which meet minimum standards for such
18 services and facilities.

19 **“SEC. 704. MENTAL HEALTH TECHNICIAN PROGRAM.**

20 “(a) IN GENERAL.—Under the authority of the Act
21 of November 2, 1921 (25 U.S.C. 13) (commonly known
22 as the ‘Snyder Act’), the Secretary shall establish and
23 maintain a mental health technician program within the
24 Service which—

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

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

7 “(b) PARAPROFESSIONAL TRAINING.—In carrying
8 out subsection (a), the Secretary, acting through the Serv-
9 ice, Indian Tribes, and Tribal Organizations, shall provide
10 high-standard paraprofessional training in mental health
11 care necessary to provide quality care to the Indian com-
12 munities to be served. Such training shall be based upon
13 a curriculum developed or approved by the Secretary
14 which combines education in the theory of mental health
15 care with supervised practical experience in the provision
16 of such care.

17 “(c) SUPERVISION AND EVALUATION OF TECHNI-
18 CIANS.—The Secretary, acting through the Service, Indian
19 Tribes, and Tribal Organizations, shall supervise and
20 evaluate the mental health technicians in the training pro-
21 gram.

22 “(d) TRADITIONAL HEALTH CARE PRACTICES.—The
23 Secretary, acting through the Service, shall ensure that
24 the program established pursuant to this subsection in-
25 volves the use and promotion of the traditional Indian

1 health care and treatment practices of the Indian Tribes
2 to be served.

3 **“SEC. 705. LICENSING REQUIREMENT FOR MENTAL**
4 **HEALTH CARE WORKERS.**

5 “Subject to the provisions of section 221, any person
6 employed as a psychologist, social worker, or marriage and
7 family therapist for the purpose of providing mental health
8 care services to Indians in a clinical setting under this Act
9 is required to be licensed as a clinical psychologist, social
10 worker, or marriage and family therapist, respectively, or
11 working under the direct supervision of a licensed clinical
12 psychologist, social worker, or marriage and family thera-
13 pist, respectively.

14 **“SEC. 706. INDIAN WOMEN TREATMENT PROGRAMS.**

15 “(a) GRANTS.—The Secretary, consistent with sec-
16 tion 701, may make grants to Indian Tribes, Tribal Orga-
17 nizations, and Urban Indian Organizations to develop and
18 implement a comprehensive behavioral health program of
19 prevention, intervention, treatment, and relapse preven-
20 tion services that specifically addresses the spiritual, cul-
21 tural, historical, social, and child care needs of Indian
22 women, regardless of age.

23 “(b) USE OF GRANT FUNDS.—A grant made pursu-
24 ant to this section may be used to—

1 “(1) develop and provide community training,
2 education, and prevention programs for Indian
3 women relating to behavioral health issues, including
4 fetal alcohol disorders;

5 “(2) identify and provide psychological services,
6 counseling, advocacy, support, and relapse preven-
7 tion to Indian women and their families; and

8 “(3) develop prevention and intervention models
9 for Indian women which incorporate traditional heal-
10 ers, cultural values, and community and family in-
11 volvement.

12 “(c) CRITERIA.—The Secretary, in consultation with
13 Indian Tribes and Tribal Organizations, shall establish
14 criteria for the review and approval of applications and
15 proposals for funding under this section.

16 “(d) EARMARK OF CERTAIN FUNDS.—Twenty per-
17 cent of the funds appropriated pursuant to this section
18 shall be used to make grants to Urban Indian Organiza-
19 tions.

20 **“SEC. 707. INDIAN YOUTH PROGRAM.**

21 “(a) DETOXIFICATION AND REHABILITATION.—The
22 Secretary, acting through the Service, consistent with sec-
23 tion 701, shall develop and implement a program for acute
24 detoxification and treatment for Indian youths, including
25 behavioral health services. The program shall include re-

1 gional treatment centers designed to include detoxification
2 and rehabilitation for both sexes on a referral basis and
3 programs developed and implemented by Indian Tribes or
4 Tribal Organizations at the local level under the Indian
5 Self-Determination and Education Assistance Act (25
6 U.S.C. 450 et seq.). Regional centers shall be integrated
7 with the intake and rehabilitation programs based in the
8 referring Indian community.

9 “(b) ALCOHOL AND SUBSTANCE ABUSE TREATMENT
10 CENTERS OR FACILITIES.—

11 “(1) ESTABLISHMENT.—

12 “(A) IN GENERAL.—The Secretary, acting
13 through the Service, Indian Tribes, and Tribal
14 Organizations, shall construct, renovate, or, as
15 necessary, purchase, and appropriately staff
16 and operate, at least 1 youth regional treatment
17 center or treatment network in each area under
18 the jurisdiction of an Area Office.

19 “(B) AREA OFFICE IN CALIFORNIA.—For
20 the purposes of this subsection, the Area Office
21 in California shall be considered to be 2 Area
22 Offices, 1 office whose jurisdiction shall be con-
23 sidered to encompass the northern area of the
24 State of California, and 1 office whose jurisdic-
25 tion shall be considered to encompass the re-

1 mainder of the State of California for the pur-
2 pose of implementing California treatment net-
3 works.

4 “(2) FUNDING.—For the purpose of staffing
5 and operating such centers or facilities, funding
6 shall be pursuant to the Act of November 2, 1921
7 (25 U.S.C. 13).

8 “(3) LOCATION.—A youth treatment center
9 constructed or purchased under this subsection shall
10 be constructed or purchased at a location within the
11 area described in paragraph (1) agreed upon (by ap-
12 propriate tribal resolution) by a majority of the In-
13 dian Tribes to be served by such center.

14 “(4) SPECIFIC PROVISION OF FUNDS.—

15 “(A) IN GENERAL.—Notwithstanding any
16 other provision of this title, the Secretary may,
17 from amounts authorized to be appropriated for
18 the purposes of carrying out this section, make
19 funds available to—

20 “(i) the Tanana Chiefs Conference,
21 Incorporated, for the purpose of leasing,
22 constructing, renovating, operating, and
23 maintaining a residential youth treatment
24 facility in Fairbanks, Alaska; and

1 “(ii) the Southeast Alaska Regional
2 Health Corporation to staff and operate a
3 residential youth treatment facility without
4 regard to the proviso set forth in section
5 4(l) of the Indian Self-Determination and
6 Education Assistance Act (25 U.S.C.
7 450b(l)).

8 “(B) PROVISION OF SERVICES TO ELIGI-
9 BLE YOUTHS.—Until additional residential
10 youth treatment facilities are established in
11 Alaska pursuant to this section, the facilities
12 specified in subparagraph (A) shall make every
13 effort to provide services to all eligible Indian
14 youths residing in Alaska.

15 “(c) INTERMEDIATE ADOLESCENT BEHAVIORAL
16 HEALTH SERVICES.—

17 “(1) IN GENERAL.—The Secretary, acting
18 through the Service, Indian Tribes, and Tribal Orga-
19 nizations, may provide intermediate behavioral
20 health services to Indian children and adolescents,
21 including—

22 “(A) pretreatment assistance;

23 “(B) inpatient, outpatient, and aftercare
24 services;

25 “(C) emergency care;

1 “(D) suicide prevention and crisis interven-
2 tion; and

3 “(E) prevention and treatment of mental
4 illness and dysfunctional and self-destructive
5 behavior, including child abuse and family vio-
6 lence.

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

9 “(A) to construct or renovate an existing
10 health facility to provide intermediate behav-
11 ioral health services;

12 “(B) to hire behavioral health profes-
13 sionals;

14 “(C) to staff, operate, and maintain an in-
15 termediate mental health facility, group home,
16 sober housing, transitional housing or similar
17 facilities, or youth shelter where intermediate
18 behavioral health services are being provided;

19 “(D) to make renovations and hire appro-
20 priate staff to convert existing hospital beds
21 into adolescent psychiatric units; and

22 “(E) for intensive home- and community-
23 based services, including collaborative Systems
24 of Care.

1 “(3) CRITERIA.—The Secretary, acting through
2 the Service, shall, in consultation with Indian Tribes
3 and Tribal Organizations, establish criteria for the
4 review and approval of applications or proposals for
5 funding made available pursuant to this subsection.

6 “(d) FEDERALLY OWNED STRUCTURES.—

7 “(1) IN GENERAL.—The Secretary, in consulta-
8 tion with Indian Tribes and Tribal Organizations,
9 shall—

10 “(A) identify and use, where appropriate,
11 federally owned structures suitable for local res-
12 idential or regional behavioral health treatment
13 for Indian youths; and

14 “(B) establish guidelines, in consultation
15 with Indian Tribes and Tribal Organizations,
16 for determining the suitability of any such fed-
17 erally owned structure to be used for local resi-
18 dential or regional behavioral health treatment
19 for Indian youths.

20 “(2) TERMS AND CONDITIONS FOR USE OF
21 STRUCTURE.—Any structure described in paragraph
22 (1) may be used under such terms and conditions as
23 may be agreed upon by the Secretary and the agency
24 having responsibility for the structure and any In-

1 dian Tribe or Tribal Organization operating the pro-
2 gram.

3 “(e) REHABILITATION AND AFTERCARE SERVICES.—

4 “(1) IN GENERAL.—The Secretary, Indian
5 Tribes, or Tribal Organizations, in cooperation with
6 the Secretary of the Interior, shall develop and im-
7 plement within each Service Unit, community-based
8 rehabilitation and follow-up services for Indian
9 youths who are having significant behavioral health
10 problems, and require long-term treatment, commu-
11 nity reintegration, and monitoring to support the In-
12 dian youths after their return to their home commu-
13 nity.

14 “(2) ADMINISTRATION.—Services under para-
15 graph (1) shall be provided by trained staff within
16 the community who can assist the Indian youths in
17 their continuing development of self-image, positive
18 problem-solving skills, and nonalcohol or substance
19 abusing behaviors. Such staff may include alcohol
20 and substance abuse counselors, mental health pro-
21 fessionals, and other health professionals and para-
22 professionals, including community health represent-
23 atives.

24 “(f) INCLUSION OF FAMILY IN YOUTH TREATMENT
25 PROGRAM.—In providing the treatment and other services

1 to Indian youths authorized by this section, the Secretary,
2 acting through the Service, Indian Tribes, and Tribal Or-
3 ganizations, shall provide for the inclusion of family mem-
4 bers of such youths in the treatment programs or other
5 services as may be appropriate. Not less than 10 percent
6 of the funds appropriated for the purposes of carrying out
7 subsection (e) shall be used for outpatient care of adult
8 family members related to the treatment of an Indian
9 youth under that subsection.

10 “(g) MULTIDRUG ABUSE PROGRAM.—The Secretary,
11 acting through the Service, Indian Tribes, Tribal Organi-
12 zations, and Urban Indian Organizations, shall provide,
13 consistent with section 701, programs and services to pre-
14 vent and treat the abuse of multiple forms of substances,
15 including alcohol, drugs, inhalants, and tobacco, among
16 Indian youths residing in Indian communities, on or near
17 reservations, and in urban areas and provide appropriate
18 mental health services to address the incidence of mental
19 illness among such youths.

20 “(h) SYSTEMS OF CARE.—

21 “(1) PURPOSE AND AUTHORIZATION.—The pur-
22 pose of this section is to authorize the Secretary to
23 carry out a grant program to expand the oppor-
24 tunity for Tribes, Tribal Organizations, and Urban
25 Indian Organizations to plan and implement Sys-

1 tems of Care programs that make Indian families
2 and communities partners in the development of be-
3 havioral health services that address suicide preven-
4 tion and other behavioral health needs of Indian
5 children, youth, and families.

6 “(2) ELIGIBILITY FOR GRANTS.—Tribes, Tribal
7 Organizations, and Urban Indian Organizations that
8 provide behavioral health services are eligible to re-
9 ceive a grant under this section.

10 “(3) GRANT PERIOD.—Grants awarded under
11 this section shall each be for a period of three years.

12 “(4) TECHNICAL ASSISTANCE.—The Secretary
13 may use up to 10 percent of the funds available for
14 grants to provide technical assistance to grantees,
15 directly or through contracts

16 “(5) AUTHORIZATION OF APPROPRIATIONS.—
17 There is authorized to be appropriated to carry out
18 this section \$2,500,000 for each of fiscal years 2007
19 through 2010.

20 “(i) INDIAN YOUTH MENTAL HEALTH.—The Sec-
21 retary, acting through the Service, shall collect data for
22 the report under section 801 with respect to—

23 “(1) the number of Indian youth who are being
24 provided mental health services through the Service
25 and Tribal Health Programs;

1 “(2) a description of, and costs associated with,
2 the mental health services provided for Indian youth
3 through the Service and Tribal Health Programs;

4 “(3) the number of youth referred to the Serv-
5 ice or Tribal Health Programs for mental health
6 services;

7 “(4) the number of Indian youth provided resi-
8 dential treatment for mental health and other behav-
9 ioral problems through the Service and Tribal
10 Health Programs, reported separately for on- and
11 off-reservation facilities; and

12 “(5) the costs of the services described in para-
13 graph (4).

14 “(6) For the purposes of this subsection,
15 “youth” shall include individuals under 21 years of
16 age.

17 **“SEC. 708. INDIAN YOUTH TELEMENTAL HEALTH DEM-**
18 **ONSTRATION PROJECT.**

19 “(a) PURPOSE.—The purpose of this section is to au-
20 thorize the Secretary to carry out a demonstration project
21 to test the use of telemental health services in suicide pre-
22 vention, intervention and treatment of Indian youth, in-
23 cluding through—

24 “(1) the use of psychotherapy, psychiatric as-
25 sessments, diagnostic interviews, therapies for men-

1 tal health conditions predisposing to suicide, and al-
2 cohol and substance abuse treatment;

3 “(2) the provision of clinical expertise to, con-
4 sultation services with, and medical advice and train-
5 ing for frontline health care providers working with
6 Indian youth;

7 “(3) training and related support for commu-
8 nity leaders, family members and health and edu-
9 cation workers who work with Indian youth;

10 “(4) the development of culturally-relevant edu-
11 cational materials on suicide; and

12 “(5) data collection and reporting.

13 “(b) DEFINITIONS.—For the purpose of this section,
14 the following definitions shall apply:

15 “(1) DEMONSTRATION PROJECT.—The term
16 ‘demonstration project’ means the Indian youth tele-
17 mental health demonstration project authorized
18 under subsection (c).

19 “(2) TELEMENTAL HEALTH.—The term ‘tele-
20 mental health’ means the use of electronic informa-
21 tion and telecommunications technologies to support
22 long distance mental health care, patient and profes-
23 sional-related education, public health, and health
24 administration.

25 “(c) AUTHORIZATION.—

1 “(1) IN GENERAL.—The Secretary is authorized
2 to award grants under the demonstration project for
3 the provision of telemental health services to Indian
4 youth who—

5 “(A) have expressed suicidal ideas;

6 “(B) have attempted suicide; or

7 “(C) have mental health conditions that in-
8 crease or could increase the risk of suicide.

9 “(2) ELIGIBILITY FOR GRANTS.—Such grants
10 shall be awarded to Indian Tribes, Tribal Organiza-
11 tions, and Urban Indian Organizations that operate
12 1 or more facilities—

13 “(A) located in Alaska and part of the
14 Alaska Federal Health Care Access Network;

15 “(B) reporting active clinical telehealth ca-
16 pabilities; or

17 “(C) offering school-based telemental
18 health services relating to psychiatry to Indian
19 youth.

20 “(3) GRANT PERIOD.—The Secretary shall
21 award grants under this section for a period of up
22 to 4 years.

23 “(4) AWARDING OF GRANTS.—Not more than 5
24 grants shall be provided under paragraph (1), with
25 priority consideration given to Indian Tribes, Tribal

1 Organizations, and Urban Indian Organizations
2 that—

3 “(A) serve a particular community or geo-
4 graphic area where there is a demonstrated
5 need to address Indian youth suicide;

6 “(B) enter in to collaborative partnerships
7 with Indian Health Service or other Tribal
8 Health Programs or facilities to provide services
9 under this demonstration project;

10 “(C) serve an isolated community or geo-
11 graphic area which has limited or no access to
12 behavioral health services; or

13 “(D) operate a detention facility at which
14 youth are detained.

15 “(d) USE OF FUNDS.—An Indian Tribe, Tribal Orga-
16 nization, or Urban Indian Organization shall use a grant
17 received under subsection (c) for the following purposes:

18 “(1) To provide telemental health services to
19 Indian youth, including the provision of—

20 “(A) psychotherapy;

21 “(B) psychiatric assessments and diag-
22 nostic interviews, therapies for mental health
23 conditions predisposing to suicide, and treat-
24 ment; and

1 “(C) alcohol and substance abuse treat-
2 ment.

3 “(2) To provide clinician-interactive medical ad-
4 vice, guidance and training, assistance in diagnosis
5 and interpretation, crisis counseling and interven-
6 tion, and related assistance to Service, tribal, or
7 urban clinicians and health services providers work-
8 ing with youth being served under this demonstra-
9 tion project.

10 “(3) To assist, educate and train community
11 leaders, health education professionals and para-
12 professionals, tribal outreach workers, and family
13 members who work with the youth receiving tele-
14 mental health services under this demonstration
15 project, including with identification of suicidal ten-
16 dencies, crisis intervention and suicide prevention,
17 emergency skill development, and building and ex-
18 panding networks among these individuals and with
19 State and local health services providers.

20 “(4) To develop and distribute culturally appro-
21 priate community educational materials on—

22 “(A) suicide prevention;

23 “(B) suicide education;

24 “(C) suicide screening;

25 “(D) suicide intervention; and

1 “(E) ways to mobilize communities with
2 respect to the identification of risk factors for
3 suicide.

4 “(5) For data collection and reporting related
5 to Indian youth suicide prevention efforts.

6 “(e) APPLICATIONS.—To be eligible to receive a grant
7 under subsection (c), an Indian Tribe, Tribal Organiza-
8 tion, or Urban Indian Organization shall prepare and sub-
9 mit to the Secretary an application, at such time, in such
10 manner, and containing such information as the Secretary
11 may require, including—

12 “(1) a description of the project that the Indian
13 Tribe, Tribal Organization, or Urban Indian Organi-
14 zation will carry out using the funds provided under
15 the grant;

16 “(2) a description of the manner in which the
17 project funded under the grant would—

18 “(A) meet the telemental health care needs
19 of the Indian youth population to be served by
20 the project; or

21 “(B) improve the access of the Indian
22 youth population to be served to suicide preven-
23 tion and treatment services;

24 “(3) evidence of support for the project from
25 the local community to be served by the project;

1 “(4) a description of how the families and lead-
2 ership of the communities or populations to be
3 served by the project would be involved in the devel-
4 opment and ongoing operations of the project;

5 “(5) a plan to involve the tribal community of
6 the youth who are provided services by the project
7 in planning and evaluating the mental health care
8 and suicide prevention efforts provided, in order to
9 ensure the integration of community, clinical, envi-
10 ronmental, and cultural components of the treat-
11 ment; and

12 “(6) a plan for sustaining the project after Fed-
13 eral assistance for the demonstration project has ter-
14 minated.

15 “(f) TRADITIONAL HEALTH CARE PRACTICES.—The
16 Secretary, acting through the Service, shall ensure that
17 the demonstration project established pursuant to this sec-
18 tion involves the use and promotion of the traditional In-
19 dian health care and treatment practices of the Indian
20 Tribes of the youth to be served.

21 “(g) COLLABORATION; REPORTING TO NATIONAL
22 CLEARINGHOUSE.—

23 “(1) COLLABORATION.—The Secretary, acting
24 through the Service, shall encourage Indian Tribes,
25 Tribal Organizations, and Urban Indian Organiza-

1 tions receiving grants under this section to collabo-
2 rate to enable comparisons about best practices
3 across projects.

4 “(2) REPORTING TO NATIONAL CLEARING-
5 HOUSE.—The Secretary, acting through the Service,
6 shall also encourage Indian Tribes, Tribal Organiza-
7 tions, and Urban Indian Organizations receiving
8 grants under this section to submit relevant, declas-
9 sified project information to the national clearing-
10 house authorized under section 701(b)(2) in order to
11 better facilitate program performance and improve
12 suicide prevention, intervention, and treatment serv-
13 ices.

14 “(h) ANNUAL REPORT.—Each grant recipient shall
15 submit to the Secretary an annual report that—

16 “(1) describes the number of telemental health
17 services provided; and

18 “(2) includes any other information that the
19 Secretary may require.

20 “(i) REPORT TO CONGRESS.—Not later than 270
21 days after the termination of the demonstration project,
22 the Secretary shall submit to the Committee on Indian Af-
23 fairs of the Senate and the Committee on Resources and
24 Committee on Energy and Commerce of the House of

1 Representatives a final report, based on the annual reports
 2 provided by grant recipients under subsection (h), that—

3 “(1) describes the results of the projects funded
 4 by grants awarded under this section, including any
 5 data available which indicates the number of at-
 6 tempted suicides; and

7 “(2) evaluates the impact of the telemental
 8 health services funded by the grants in reducing the
 9 number of completed suicides among Indian youth.

10 “(j) AUTHORIZATION OF APPROPRIATIONS.—There
 11 is authorized to be appropriated to carry out this section
 12 \$1,500,000 for each of fiscal years 2006 through 2009.

13 **“SEC. 709. INPATIENT AND COMMUNITY-BASED MENTAL**
 14 **HEALTH FACILITIES DESIGN, CONSTRUC-**
 15 **TION, AND STAFFING.**

16 “Not later than 1 year after the date of enactment
 17 of the Indian Health Care Improvement Act Amendments
 18 of 2006, the Secretary, acting through the Service, Indian
 19 Tribes, and Tribal Organizations, may provide, in each
 20 area of the Service, not less than 1 inpatient mental health
 21 care facility, or the equivalent, for Indians with behavioral
 22 health problems. For the purposes of this subsection, Cali-
 23 fornia shall be considered to be 2 Area Offices, 1 office
 24 whose location shall be considered to encompass the north-
 25 ern area of the State of California and 1 office whose ju-

1 jurisdiction shall be considered to encompass the remainder
2 of the State of California. The Secretary shall consider
3 the possible conversion of existing, underused Service hos-
4 pital beds into psychiatric units to meet such need.

5 **“SEC. 710. TRAINING AND COMMUNITY EDUCATION.**

6 “(a) PROGRAM.—The Secretary, in cooperation with
7 the Secretary of the Interior, shall develop and implement
8 or provide funding for Indian Tribes and Tribal Organiza-
9 tions to develop and implement, within each Service Unit
10 or tribal program, a program of community education and
11 involvement which shall be designed to provide concise and
12 timely information to the community leadership of each
13 tribal community. Such program shall include education
14 about behavioral health issues to political leaders, Tribal
15 judges, law enforcement personnel, members of tribal
16 health and education boards, health care providers and
17 other critical members of each tribal community. Commu-
18 nity-based training (oriented toward local capacity devel-
19 opment) shall also include tribal community provider
20 training (designed for adult learners from the commu-
21 nities receiving services for prevention, intervention, treat-
22 ment, and aftercare).

23 “(b) INSTRUCTION.—The Secretary, acting through
24 the Service, shall, either directly or through Indian Tribes
25 and Tribal Organizations, provide instruction in the area

1 of behavioral health issues, including instruction in crisis
2 intervention and family relations in the context of alcohol
3 and substance abuse, child sexual abuse, youth alcohol and
4 substance abuse, and the causes and effects of fetal alco-
5 hol disorders to appropriate employees of the Bureau of
6 Indian Affairs and the Service, and to personnel in schools
7 or programs operated under any contract with the Bureau
8 of Indian Affairs or the Service, including supervisors of
9 emergency shelters and halfway houses described in sec-
10 tion 4213 of the Indian Alcohol and Substance Abuse Pre-
11 vention and Treatment Act of 1986 (25 U.S.C. 2433).

12 “(c) TRAINING MODELS.—In carrying out the edu-
13 cation and training programs required by this section, the
14 Secretary, in consultation with Indian Tribes, Tribal Or-
15 ganizations, Indian behavioral health experts, and Indian
16 alcohol and substance abuse prevention experts, shall de-
17 velop and provide community-based training models. Such
18 models shall address—

19 “(1) the elevated risk of alcohol and behavioral
20 health problems faced by children of alcoholics;

21 “(2) the cultural, spiritual, and
22 multigenerational aspects of behavioral health prob-
23 lem prevention and recovery; and

1 “(3) community-based and multidisciplinary
2 strategies for preventing and treating behavioral
3 health problems.

4 **“SEC. 711. BEHAVIORAL HEALTH PROGRAM.**

5 “(a) INNOVATIVE PROGRAMS.—The Secretary, acting
6 through the Service, Indian Tribes, and Tribal Organiza-
7 tions, consistent with section 701, may plan, develop, im-
8 plement, and carry out programs to deliver innovative
9 community-based behavioral health services to Indians.

10 “(b) FUNDING; CRITERIA.—The Secretary may
11 award such funding for a project under subsection (a) to
12 an Indian Tribe or Tribal Organization and may consider
13 the following criteria:

14 “(1) The project will address significant unmet
15 behavioral health needs among Indians.

16 “(2) The project will serve a significant number
17 of Indians.

18 “(3) The project has the potential to deliver
19 services in an efficient and effective manner.

20 “(4) The Indian Tribe or Tribal Organization
21 has the administrative and financial capability to ad-
22 minister the project.

23 “(5) The project may deliver services in a man-
24 ner consistent with traditional Indian healing and
25 treatment practices.

1 “(6) The project is coordinated with, and avoids
2 duplication of, existing services.

3 “(c) **EQUITABLE TREATMENT.**—For purposes of this
4 subsection, the Secretary shall, in evaluating project appli-
5 cations or proposals, use the same criteria that the Sec-
6 retary uses in evaluating any other application or proposal
7 for such funding.

8 **“SEC. 712. FETAL ALCOHOL DISORDER PROGRAMS.**

9 “(a) **PROGRAMS.**—

10 “(1) **ESTABLISHMENT.**—The Secretary, con-
11 sistent with section 701, acting through the Service,
12 Indian Tribes, and Tribal Organizations, is author-
13 ized to establish and operate fetal alcohol disorder
14 programs as provided in this section for the pur-
15 poses of meeting the health status objectives speci-
16 fied in section 3.

17 “(2) **USE OF FUNDS.**—Funding provided pursu-
18 ant to this section shall be used for the following:

19 “(A) To develop and provide for Indians
20 community and in school training, education,
21 and prevention programs relating to fetal alco-
22 hol disorders.

23 “(B) To identify and provide behavioral
24 health treatment to high-risk Indian women

1 and high-risk women pregnant with an Indian's
2 child.

3 “(C) To identify and provide appropriate
4 psychological services, educational and voca-
5 tional support, counseling, advocacy, and infor-
6 mation to fetal alcohol disorder affected Indians
7 and their families or caretakers.

8 “(D) To develop and implement counseling
9 and support programs in schools for fetal alco-
10 hol disorder affected Indian children.

11 “(E) To develop prevention and interven-
12 tion models which incorporate traditional heal-
13 ers, cultural and spiritual values, and commu-
14 nity involvement.

15 “(F) To develop, print, and disseminate
16 education and prevention materials on fetal al-
17 cohol disorder.

18 “(G) To develop and implement, in con-
19 sultation with Indian Tribes, Tribal Organiza-
20 tions, and Urban Indian Organizations, cul-
21 turally sensitive assessment and diagnostic tools
22 including dysmorphology clinics and multidisci-
23 plinary fetal alcohol disorder clinics for use in
24 Indian communities and Urban Centers.

1 “(H) To develop early childhood interven-
2 tion projects from birth on to mitigate the ef-
3 fects of fetal alcohol disorder among Indians.

4 “(I) To develop—

5 “(i) community-based support services
6 for Indians and women pregnant with In-
7 dian children; and

8 “(ii) to the extent funding is available,
9 community-based housing for adult Indians
10 with fetal alcohol disorder.

11 “(3) CRITERIA FOR APPLICATIONS.—The Sec-
12 retary shall establish criteria for the review and ap-
13 proval of applications for funding under this section.

14 “(b) SERVICES.—The Secretary, acting through the
15 Service and Indian Tribes, Tribal Organizations, and
16 Urban Indian Organizations, shall—

17 “(1) develop and provide services for the pre-
18 vention, intervention, treatment, and aftercare for
19 those affected by fetal alcohol disorder in Indian
20 communities; and

21 “(2) provide supportive services, including serv-
22 ices to meet the special educational, vocational,
23 school-to-work transition, and independent living
24 needs of adolescent and adult Indians with fetal al-
25 cohol disorder.

1 “(c) TASK FORCE.—The Secretary shall establish a
2 task force to be known as the Fetal Alcohol Disorder Task
3 Force to advise the Secretary in carrying out subsection
4 (b). Such task force shall be composed of representatives
5 from the following:

6 “(1) The National Institute on Drug Abuse.

7 “(2) The National Institute on Alcohol and Al-
8 coholism.

9 “(3) The Office of Substance Abuse Prevention.

10 “(4) The National Institute of Mental Health.

11 “(5) The Service.

12 “(6) The Office of Minority Health of the De-
13 partment of Health and Human Services.

14 “(7) The Administration for Native Americans.

15 “(8) The National Institute of Child Health
16 and Human Development (NICHD).

17 “(9) The Centers for Disease Control and Pre-
18 vention.

19 “(10) The Bureau of Indian Affairs.

20 “(11) Indian Tribes.

21 “(12) Tribal Organizations.

22 “(13) Urban Indian Organizations.

23 “(14) Indian fetal alcohol disorder experts.

24 “(d) APPLIED RESEARCH PROJECTS.—The Sec-
25 retary, acting through the Substance Abuse and Mental

1 Health Services Administration, shall make grants to In-
 2 dian Tribes, Tribal Organizations, and Urban Indian Or-
 3 ganizations for applied research projects which propose to
 4 elevate the understanding of methods to prevent, inter-
 5 vene, treat, or provide rehabilitation and behavioral health
 6 aftercare for Indians and Urban Indians affected by fetal
 7 alcohol disorder.

8 “(e) FUNDING FOR URBAN INDIAN ORGANIZA-
 9 TIONS.—Ten percent of the funds appropriated pursuant
 10 to this section shall be used to make grants to Urban In-
 11 dian Organizations funded under title V.

12 **“SEC. 713. CHILD SEXUAL ABUSE AND PREVENTION TREAT-**
 13 **MENT PROGRAMS.**

14 “(a) ESTABLISHMENT.—The Secretary, acting
 15 through the Service, and the Secretary of the Interior, In-
 16 dian Tribes, and Tribal Organizations, shall establish,
 17 consistent with section 701, in every Service Area, pro-
 18 grams involving treatment for—

19 “(1) victims of sexual abuse who are Indian
 20 children or children in an Indian household; and

21 “(2) perpetrators of child sexual abuse who are
 22 Indian or members of an Indian household.

23 “(b) USE OF FUNDS.—Funding provided pursuant to
 24 this section shall be used for the following:

1 “(1) To develop and provide community edu-
2 cation and prevention programs related to sexual
3 abuse of Indian children or children in an Indian
4 household.

5 “(2) To identify and provide behavioral health
6 treatment to victims of sexual abuse who are Indian
7 children or children in an Indian household, and to
8 their family members who are affected by sexual
9 abuse.

10 “(3) To develop prevention and intervention
11 models which incorporate cultural and spiritual val-
12 ues and community involvement.

13 “(4) To develop and implement, in consultation
14 with Indian Tribes, Tribal Organizations, and Urban
15 Indian Organizations, culturally sensitive assessment
16 and diagnostic tools for use in Indian communities
17 and Urban Centers.

18 “(5) To identify and provide behavioral health
19 treatment to Indian perpetrators and perpetrators
20 who are members of an Indian household—

21 “(A) making efforts to begin offender and
22 behavioral health treatment while the pepe-
23 trator is incarcerated or at the earliest possible
24 date if the perpetrator is not incarcerated; and

1 “(B) providing treatment after the perpe-
2 trator is released, until it is determined that the
3 perpetrator is not a threat to children.

4 **“SEC. 714. BEHAVIORAL HEALTH RESEARCH.**

5 “The Secretary, in consultation with appropriate
6 Federal agencies, shall make grants to, or enter into con-
7 tracts with, Indian Tribes, Tribal Organizations, and
8 Urban Indian Organizations or enter into contracts with,
9 or make grants to appropriate institutions for, the conduct
10 of research on the incidence and prevalence of behavioral
11 health problems among Indians served by the Service, In-
12 dian Tribes, or Tribal Organizations and among Indians
13 in urban areas. Research priorities under this section shall
14 include—

15 “(1) the multifactorial causes of Indian youth
16 suicide, including—

17 “(A) protective and risk factors and sci-
18 entific data that identifies those factors; and

19 “(B) the effects of loss of cultural identity
20 and the development of scientific data on those
21 effects;

22 “(2) the interrelationship and interdependence
23 of behavioral health problems with alcoholism and
24 other substance abuse, suicide, homicides, other in-
25 juries, and the incidence of family violence; and

3 The effect of the interrelationships and interdependencies
4 referred to in paragraph (2) on children, and the develop-
5 ment of prevention techniques under paragraph (3) appli-
6 cable to children, shall be emphasized.

7 **“SEC. 715. DEFINITIONS.**

8 “For the purpose of this title, the following defini-
9 tions shall apply:

“(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 OR ARND.—The term ‘alcohol-related neurodevelopmental disorders’ or ‘ARND’ means, with a history of maternal alcohol consumption during pregnancy, central nervous system involvement such as developmental delay, intellectual deficit, or neurologic abnormalities. Behaviorally, there can be problems with irritability, and failure to thrive as infants. As children become older there will likely be hyperactivity, attention deficit, language dysfunction, and perceptual and judgment problems.

1 “(3) BEHAVIORAL HEALTH AFTERCARE.—The
2 term ‘behavioral health aftercare’ includes those ac-
3 tivities and resources used to support recovery fol-
4 lowing inpatient, residential, intensive substance
5 abuse, or mental health outpatient or outpatient
6 treatment. The purpose is to help prevent or deal
7 with relapse by ensuring that by the time a client or
8 patient is discharged from a level of care, such as
9 outpatient treatment, an aftercare plan has been de-
10 veloped with the client. An aftercare plan may use
11 such resources as a community-based therapeutic
12 group, transitional living facilities, a 12-step spon-
13 sor, a local 12-step or other related support group,
14 and other community-based providers (mental health
15 professionals, community health aides, community
16 health representatives, mental health technicians,
17 ministers, etc.)

18 “(4) DUAL DIAGNOSIS.—The term ‘dual diag-
19 nosis’ means coexisting substance abuse and mental
20 illness conditions or diagnosis. Such clients are
21 sometimes referred to as mentally ill chemical abus-
22 ers (MICAs).

23 “(5) FETAL ALCOHOL DISORDERS.—The term
24 ‘fetal alcohol disorders’ means fetal alcohol syn-

drome, partial fetal alcohol syndrome and alcohol related neurodevelopmental disorder (ARND).

“(6) FETAL ALCOHOL SYNDROME OR FAS.—The term ‘fetal alcohol syndrome’ or ‘FAS’ means a syndrome in which, with a history of maternal alcohol consumption during pregnancy, the following criteria are met:

“(A) Central nervous system involvement such as developmental delay, intellectual deficit, microencephaly, or neurologic abnormalities.

“(B) Craniofacial abnormalities with at least 2 of the following: microphthalmia, short palpebral fissures, poorly developed philtrum, thin upper lip, flat nasal bridge, and short upturned nose.

“(C) Prenatal or postnatal growth delay.

“(7) PARTIAL FAS.—The term ‘partial FAS’ means, with a history of maternal alcohol consumption during pregnancy, having most of the criteria of FAS, though not meeting a minimum of at least 2 of the following: microphthalmia, short palpebral fissures, poorly developed philtrum, thin upper lip, flat nasal bridge, and short upturned nose.

“(8) REHABILITATION.—The term ‘rehabilitation’ means to restore the ability or capacity to en-

1 gage in usual and customary life activities through
2 education and therapy.

3 “(9) SUBSTANCE ABUSE.—The term ‘substance
4 abuse’ includes inhalant abuse.

5 “(10) SYSTEMS OF CARE.—The term ‘Systems
6 of Care’ means a system for delivering services to
7 children and their families that is child-centered,
8 family-focused and family-driven, community-based,
9 culturally competent, and responsive to the needs of
10 the children and families being served. The System
11 of Care values prevention and early identification,
12 smooth transitions for children and families, child
13 and family participation and advocacy, comprehen-
14 sive array of services, individualized service plan-
15 ning, services in the least restrictive environment,
16 and integrated services with coordinated planning
17 across the child-serving systems.

18 **“SEC. 716. AUTHORIZATION OF APPROPRIATIONS.**

19 “There is authorized to be appropriated such sums
20 as may be necessary for each fiscal year through fiscal
21 year 2015 to carry out the provisions of this title.

22 **“TITLE VIII—MISCELLANEOUS**

23 **“SEC. 801. REPORTS.**

24 “For each fiscal year following the date of enactment
25 of the Indian Health Care Improvement Act Amendments

1 of 2006, the Secretary shall transmit to Congress a report
2 containing the following:

3 “(1) A report on the progress made in meeting
4 the objectives of this Act, including a review of pro-
5 grams established or assisted pursuant to this Act
6 and assessments and recommendations of additional
7 programs or additional assistance necessary to, at a
8 minimum, provide health services to Indians and en-
9 sure a health status for Indians, which are at a par-
10 ity with the health services available to and the
11 health status of the general population, including
12 specific comparisons of appropriations provided and
13 those required for such parity.

14 “(2) A report on whether, and to what extent,
15 new national health care programs, benefits, initia-
16 tives, or financing systems have had an impact on
17 the purposes of this Act and any steps that the Sec-
18 retary may have taken to consult with Indian Tribes,
19 Tribal Organizations, and Urban Indian Organiza-
20 tions to address such impact, including a report on
21 proposed changes in allocation of funding pursuant
22 to section 808.

23 “(3) A report on the use of health services by
24 Indians—

1 “(A) on a national and area or other rel-
2 evant geographical basis;

3 “(B) by gender and age;

4 “(C) by source of payment and type of
5 service;

6 “(D) comparing such rates of use with
7 rates of use among comparable non-Indian pop-
8 ulations; and

9 “(E) provided under contracts.

10 “(4) A report of contractors to the Secretary on
11 Health Care Educational Loan Repayments every 6
12 months required by section 110.

13 “(5) A general audit report of the Secretary on
14 the Health Care Educational Loan Repayment Pro-
15 gram as required by section 110(n).

16 “(6) A report of the findings and conclusions of
17 demonstration programs on development of edu-
18 cational curricula for substance abuse counseling as
19 required in section 125(f).

20 “(7) A separate statement which specifies the
21 amount of funds requested to carry out the provi-
22 sions of section 201.

23 “(8) A report of the evaluations of health pro-
24 motion and disease prevention as required in section
25 203(c).

1 “(9) A biennial report to Congress on infectious
2 diseases as required by section 212.

3 “(10) A report on environmental and nuclear
4 health hazards as required by section 215.

5 “(11) An annual report on the status of all
6 health care facilities needs as required by section
7 301(c)(2) and 301(d).

8 “(12) Reports on safe water and sanitary waste
9 disposal facilities as required by section 302(h).

10 “(13) An annual report on the expenditure of
11 nonservice funds for renovation as required by sec-
12 tions 304(b)(2).

13 “(14) A report identifying the backlog of main-
14 tenance and repair required at Service and tribal fa-
15 cilities required by section 313(a).

16 “(15) A report providing an accounting of reim-
17 bursement funds made available to the Secretary
18 under titles XVIII, XIX, and XXI of the Social Se-
19 curity Act.

20 “(16) A report on any arrangements for the
21 sharing of medical facilities or services, as author-
22 ized by section 406.

23 “(17) A report on evaluation and renewal of
24 Urban Indian programs under section 505.

1 “(18) A report on the evaluation of programs
2 as required by section 513(d).

3 “(19) A report on alcohol and substance abuse
4 as required by section 701(f).

5 “(20) A report on Indian youth mental health
6 services as required by section 707(h).

7 **“SEC. 802. REGULATIONS.**

8 “(a) DEADLINES.—

9 “(1) PROCEDURES.—Not later than 90 days
10 after the date of enactment of the Indian Health
11 Care Improvement Act Amendments of 2006, the
12 Secretary shall initiate procedures under subchapter
13 III of chapter 5 of title 5, United States Code, to
14 negotiate and promulgate such regulations or
15 amendments thereto that are necessary to carry out
16 titles I (except sections 105, 115, and 117), II, III,
17 and VII. The Secretary may promulgate regulations
18 to carry out sections 105, 115, 117, and titles IV
19 and V, using the procedures required by chapter V
20 of title 5, United States Code (commonly known as
21 the ‘Administrative Procedure Act’). The Secretary
22 shall issue no regulations to carry out titles VI and
23 VIII.

24 “(2) PROPOSED REGULATIONS.—Proposed reg-
25 ulations to implement this Act shall be published in

1 the Federal Register by the Secretary no later than
2 1 year after the date of enactment of the Indian
3 Health Care Improvement Act Amendments of 2006
4 and shall have no less than a 120-day comment pe-
5 riod.

6 “(3) EXPIRATION OF AUTHORITY.—Except as
7 otherwise provided herein, the authority to promul-
8 gate regulations under this Act shall expire 24
9 months from the date of enactment of this Act.

10 “(b) COMMITTEE.—A negotiated rulemaking com-
11 mittee established pursuant to section 565 of title 5,
12 United States Code, to carry out this section shall have
13 as its members only representatives of the Federal Gov-
14 ernment and representatives of Indian Tribes and Tribal
15 Organizations, a majority of whom shall be nominated by
16 and be representatives of Indian Tribes, Tribal Organiza-
17 tions, and Urban Indian Organizations from each Service
18 Area. The representative of the Urban Indian Organiza-
19 tion shall be deemed to be an elected officer of a tribal
20 government for purposes of applying section 204(b) of the
21 Unfunded Mandates Reform Act of 1995 (2 U.S.C.
22 1534(b)).

23 “(c) ADAPTATION OF PROCEDURES.—The Secretary
24 shall adapt the negotiated rulemaking procedures to the
25 unique context of self-governance and the government-to-

1 government relationship between the United States and
2 Indian Tribes.

3 “(d) LACK OF REGULATIONS.—The lack of promul-
4 gated regulations shall not limit the effect of this Act.

5 “(e) INCONSISTENT REGULATIONS.—The provisions
6 of this Act shall supersede any conflicting provisions of
7 law in effect on the day before the date of enactment of
8 the Indian Health Care Improvement Act Amendments of
9 2006, and the Secretary is authorized to repeal any regu-
10 lation inconsistent with the provisions of this Act.

11 **“SEC. 803. PLAN OF IMPLEMENTATION.**

12 “Not later than 9 months after the date of enactment
13 of the Indian Health Care Improvement Act Amendments
14 of 2006, the Secretary in consultation with Indian Tribes,
15 Tribal Organizations, and Urban Indian Organizations,
16 shall submit to Congress a plan explaining the manner and
17 schedule (including a schedule of appropriation requests),
18 by title and section, by which the Secretary will implement
19 the provisions of this Act.

20 **“SEC. 804. AVAILABILITY OF FUNDS.**

21 “The funds appropriated pursuant to this Act shall
22 remain available until expended.

1 **“SEC. 805. LIMITATION ON USE OF FUNDS APPROPRIATED**
2 **TO THE INDIAN HEALTH SERVICE.**

3 “Any limitation on the use of funds contained in an
4 Act providing appropriations for the Department for a pe-
5 riod with respect to the performance of abortions shall
6 apply for that period with respect to the performance of
7 abortions using funds contained in an Act providing ap-
8 propriations for the Service.

9 **“SEC. 806. ELIGIBILITY OF CALIFORNIA INDIANS.**

10 “(a) IN GENERAL.—The following California Indians
11 shall be eligible for health services provided by the Service:

12 “(1) Any member of a federally recognized In-
13 dian Tribe.

14 “(2) Any descendant of an Indian who was re-
15 siding in California on June 1, 1852, if such de-
16 scendant—

17 “(A) is a member of the Indian community
18 served by a local program of the Service; and

19 “(B) is regarded as an Indian by the com-
20 munity in which such descendant lives.

21 “(3) Any Indian who holds trust interests in
22 public domain, national forest, or reservation allot-
23 ments in California.

24 “(4) Any Indian in California who is listed on
25 the plans for distribution of the assets of rancherias
26 and reservations located within the State of Cali-

1 fornia under the Act of August 18, 1958 (72 Stat.
2 619), and any descendant of such an Indian.

3 “(b) CLARIFICATION.—Nothing in this section may
4 be construed as expanding the eligibility of California Indi-
5 ans for health services provided by the Service beyond the
6 scope of eligibility for such health services that applied on
7 May 1, 1986.

8 **“SEC. 807. HEALTH SERVICES FOR INELIGIBLE PERSONS.**

9 “(a) CHILDREN.—Any individual who—

10 “(1) has not attained 19 years of age;

11 “(2) is the natural or adopted child, stepchild,
12 foster child, legal ward, or orphan of an eligible In-
13 dian; and

14 “(3) is not otherwise eligible for health services
15 provided by the Service,

16 shall be eligible for all health services provided by the
17 Service on the same basis and subject to the same rules
18 that apply to eligible Indians until such individual attains
19 19 years of age. The existing and potential health needs
20 of all such individuals shall be taken into consideration
21 by the Service in determining the need for, or the alloca-
22 tion of, the health resources of the Service. If such an indi-
23 vidual has been determined to be legally incompetent prior
24 to attaining 19 years of age, such individual shall remain

1 eligible for such services until 1 year after the date of a
2 determination of competency.

3 “(b) SPOUSES.—Any spouse of an eligible Indian who
4 is not an Indian, or who is of Indian descent but is not
5 otherwise eligible for the health services provided by the
6 Service, shall be eligible for such health services if all such
7 spouses or spouses who are married to members of each
8 Indian Tribe being served are made eligible, as a class,
9 by an appropriate resolution of the governing body of the
10 Indian Tribe or Tribal Organization providing such serv-
11 ices. The health needs of persons made eligible under this
12 paragraph shall not be taken into consideration by the
13 Service in determining the need for, or allocation of, its
14 health resources.

15 “(c) PROVISION OF SERVICES TO OTHER INDIVID-
16 UALS.—

17 “(1) IN GENERAL.—The Secretary is authorized
18 to provide health services under this subsection
19 through health programs operated directly by the
20 Service to individuals who reside within the Service
21 Unit and who are not otherwise eligible for such
22 health services if—

23 “(A) the Indian Tribes served by such
24 Service Unit request such provision of health
25 services to such individuals; and

1 “(B) the Secretary and the served Indian
2 Tribes have jointly determined that—

3 “(i) the provision of such health serv-
4 ices will not result in a denial or diminu-
5 tion of health services to eligible Indians;
6 and

7 “(ii) there is no reasonable alternative
8 health facilities or services, within or with-
9 out the Service Unit, available to meet the
10 health needs of such individuals.

11 “(2) ISDEAA PROGRAMS.—In the case of
12 health programs and facilities operated under a con-
13 tract or compact entered into under the Indian Self-
14 Determination and Education Assistance Act (25
15 U.S.C. 450 et seq.), the governing body of the In-
16 dian Tribe or Tribal Organization providing health
17 services under such contract or compact is author-
18 ized to determine whether health services should be
19 provided under such contract or compact to individ-
20 uals who are not otherwise eligible for such services
21 under any other subsection of this section or under
22 any other provision of law. In making such deter-
23 mination, the governing body of the Indian Tribe or
24 Tribal Organization shall take into account the con-

1 siderations described in clauses (i) and (ii) of para-
2 graph (1)(B).

3 “(3) PAYMENT FOR SERVICES.—

4 “(A) IN GENERAL.—Persons receiving
5 health services provided by the Service under
6 this subsection shall be liable for payment of
7 such health services under a schedule of charges
8 prescribed by the Secretary which, in the judg-
9 ment of the Secretary, results in reimbursement
10 in an amount not less than the actual cost of
11 providing the health services. Notwithstanding
12 section 404 of this Act or any other provision
13 of law, amounts collected under this subsection,
14 including medicare, medicaid, or SCHIP reim-
15 bursements under titles XVIII, XIX, and XXI
16 of the Social Security Act, shall be credited to
17 the account of the program providing the serv-
18 ice and shall be used for the purposes listed in
19 section 401(d)(2) and amounts collected under
20 this subsection shall be available for expendi-
21 ture within such program.

22 “(B) INDIGENT PEOPLE.—Health services
23 may be provided by the Secretary through the
24 Service under this subsection to an indigent in-
25 dividual who would not be otherwise eligible for

1 such health services but for the provisions of
2 paragraph (1) only if an agreement has been
3 entered into with a State or local government
4 under which the State or local government
5 agrees to reimburse the Service for the expenses
6 incurred by the Service in providing such health
7 services to such indigent individual.

8 “(4) REVOCATION OF CONSENT FOR SERV-
9 ICES.—

10 “(A) SINGLE TRIBE SERVICE AREA.—In
11 the case of a Service Area which serves only 1
12 Indian Tribe, the authority of the Secretary to
13 provide health services under paragraph (1)
14 shall terminate at the end of the fiscal year suc-
15 ceeding the fiscal year in which the governing
16 body of the Indian Tribe revokes its concur-
17 rence to the provision of such health services.

18 “(B) MULTITRIBAL SERVICE AREA.—In
19 the case of a multitribal Service Area, the au-
20 thority of the Secretary to provide health serv-
21 ices under paragraph (1) shall terminate at the
22 end of the fiscal year succeeding the fiscal year
23 in which at least 51 percent of the number of
24 Indian Tribes in the Service Area revoke their

1 concurrence to the provisions of such health
2 services.

3 “(d) OTHER SERVICES.—The Service may provide
4 health services under this subsection to individuals who
5 are not eligible for health services provided by the Service
6 under any other provision of law in order to—

7 “(1) achieve stability in a medical emergency;

8 “(2) prevent the spread of a communicable dis-
9 ease or otherwise deal with a public health hazard;

10 “(3) provide care to non-Indian women preg-
11 nant with an eligible Indian’s child for the duration
12 of the pregnancy through postpartum; or

13 “(4) provide care to immediate family members
14 of an eligible individual if such care is directly re-
15 lated to the treatment of the eligible individual.

16 “(e) HOSPITAL PRIVILEGES FOR PRACTITIONERS.—
17 Hospital privileges in health facilities operated and main-
18 tained by the Service or operated under a contract or com-
19 pact pursuant to the Indian Self-Determination and Edu-
20 cation Assistance Act (25 U.S.C. 450 et seq.) may be ex-
21 tended to non-Service health care practitioners who pro-
22 vide services to individuals described in subsection (a), (b),
23 (c), or (d). Such non-Service health care practitioners
24 may, as part of privileging process, be designated as em-
25 ployees of the Federal Government for purposes of section

1 1346(b) and chapter 171 of title 28, United States Code
2 (relating to Federal tort claims) only with respect to acts
3 or omissions which occur in the course of providing serv-
4 ices to eligible individuals as a part of the conditions under
5 which such hospital privileges are extended.

6 “(f) ELIGIBLE INDIAN.—For purposes of this sec-
7 tion, the term ‘eligible Indian’ means any Indian who is
8 eligible for health services provided by the Service without
9 regard to the provisions of this section.

10 **“SEC. 808. REALLOCATION OF BASE RESOURCES.**

11 “(a) REPORT REQUIRED.—Notwithstanding any
12 other provision of law, any allocation of Service funds for
13 a fiscal year that reduces by 5 percent or more from the
14 previous fiscal year the funding for any recurring pro-
15 gram, project, or activity of a Service Unit may be imple-
16 mented only after the Secretary has submitted to the
17 President, for inclusion in the report required to be trans-
18 mitted to Congress under section 801, a report on the pro-
19 posed change in allocation of funding, including the rea-
20 sons for the change and its likely effects.

21 “(b) EXCEPTION.—Subsection (a) shall not apply if
22 the total amount appropriated to the Service for a fiscal
23 year is at least 5 percent less than the amount appro-
24 priated to the Service for the previous fiscal year.

1 **“SEC. 809. RESULTS OF DEMONSTRATION PROJECTS.**

2 “The Secretary shall provide for the dissemination to
3 Indian Tribes, Tribal Organizations, and Urban Indian
4 Organizations of the findings and results of demonstration
5 projects conducted under this Act.

6 **“SEC. 810. PROVISION OF SERVICES IN MONTANA.**

7 “(a) CONSISTENT WITH COURT DECISION.—The
8 Secretary, acting through the Service, shall provide serv-
9 ices and benefits for Indians in Montana in a manner con-
10 sistent with the decision of the United States Court of Ap-
11 peals for the Ninth Circuit in McNabb for McNabb v.
12 Bowen, 829 F.2d 787 (9th Cir. 1987).

13 “(b) CLARIFICATION.—The provisions of subsection
14 (a) shall not be construed to be an expression of the sense
15 of Congress on the application of the decision described
16 in subsection (a) with respect to the provision of services
17 or benefits for Indians living in any State other than Mon-
18 tana.

19 **“SEC. 811. MORATORIUM.**

20 “During the period of the moratorium imposed on
21 implementation of the final rule published in the Federal
22 Register on September 16, 1987, by the Health Resources
23 and Services Administration of the Public Health Service,
24 relating to eligibility for the health care services of the
25 Indian Health Service, the Indian Health Service shall
26 provide services pursuant to the criteria for eligibility for

1 such services that were in effect on September 15, 1987,
2 subject to the provisions of sections 806 and 807 until
3 such time as new criteria governing eligibility for services
4 are developed in accordance with section 802.

5 **“SEC. 812. TRIBAL EMPLOYMENT.**

6 “For purposes of section 2(2) of the Act of July 5,
7 1935 (49 Stat. 450, chapter 372), an Indian Tribe or
8 Tribal Organization carrying out a contract or compact
9 pursuant to the Indian Self-Determination and Education
10 Assistance Act (25 U.S.C. 450 et seq.) shall not be consid-
11 ered an ‘employer’.

12 **“SEC. 813. SEVERABILITY PROVISIONS.**

13 “If any provision of this Act, any amendment made
14 by the Act, or the application of such provision or amend-
15 ment to any person or circumstances is held to be invalid,
16 the remainder of this Act, the remaining amendments
17 made by this Act, and the application of such provisions
18 to persons or circumstances other than those to which it
19 is held invalid, shall not be affected thereby.

20 **“SEC. 814. ESTABLISHMENT OF NATIONAL BIPARTISAN**
21 **COMMISSION ON INDIAN HEALTH CARE.**

22 “(a) ESTABLISHMENT.—There is established the Na-
23 tional Bipartisan Indian Health Care Commission (the
24 ‘Commission’).

1 “(b) DUTIES OF COMMISSION.—The duties of the
2 Commission are the following:

3 “(1) To establish a study committee composed
4 of those members of the Commission appointed by
5 the Director and at least 4 members of Congress
6 from among the members of the Commission, the
7 duties of which shall be the following:

8 “(A) To the extent necessary to carry out
9 its duties, collect and compile data necessary to
10 understand the extent of Indian needs with re-
11 gard to the provision of health services, regard-
12 less of the location of Indians, including holding
13 hearings and soliciting the views of Indians, In-
14 dian Tribes, Tribal Organizations, and Urban
15 Indian Organizations, which may include au-
16 thorizing and making funds available for feasi-
17 bility studies of various models for providing
18 and funding health services for all Indian bene-
19 ficiaries, including those who live outside of a
20 reservation, temporarily or permanently.

21 “(B) To make legislative recommendations
22 to the Commission regarding the delivery of
23 Federal health care services to Indians. Such
24 recommendations shall include those related to
25 issues of eligibility, benefits, the range of serv-

1 ice providers, the cost of such services, financ-
2 ing such services, and the optimal manner in
3 which to provide such services.

4 “(C) To determine the effect of the enact-
5 ment of such recommendations on (i) the exist-
6 ing system of delivery of health services for In-
7 dians, and (ii) the sovereign status of Indian
8 Tribes.

9 “(D) Not later than 12 months after the
10 appointment of all members of the Commission,
11 to submit a written report of its findings and
12 recommendations to the full Commission. The
13 report shall include a statement of the minority
14 and majority position of the Committee and
15 shall be disseminated, at a minimum, to every
16 Indian Tribe, Tribal Organization, and Urban
17 Indian Organization for comment to the Com-
18 mission.

19 “(E) To report regularly to the full Com-
20 mission regarding the findings and rec-
21 ommendations developed by the study com-
22 mittee in the course of carrying out its duties
23 under this section.

24 “(2) To review and analyze the recommenda-
25 tions of the report of the study committee.

1 “(3) To make legislative recommendations to
2 Congress regarding the delivery of Federal health
3 care services to Indians. Such recommendations
4 shall include those related to issues of eligibility,
5 benefits, the range of service providers, the cost of
6 such services, financing such services, and the opti-
7 mal manner in which to provide such services.

8 “(4) Not later than 18 months following the
9 date of appointment of all members of the Commis-
10 sion, submit a written report to Congress regarding
11 the delivery of Federal health care services to Indi-
12 ans. Such recommendations shall include those re-
13 lated to issues of eligibility, benefits, the range of
14 service providers, the cost of such services, financing
15 such services, and the optimal manner in which to
16 provide such services.

17 “(c) MEMBERS.—

18 “(1) APPOINTMENT.—The Commission shall be
19 composed of 25 members, appointed as follows:

20 “(A) Ten members of Congress, including
21 3 from the House of Representatives and 2
22 from the Senate, appointed by their respective
23 majority leaders, and 3 from the House of Rep-
24 resentatives and 2 from the Senate, appointed
25 by their respective minority leaders, and who

1 shall be members of the standing committees of
2 Congress that consider legislation affecting
3 health care to Indians.

4 “(B) Twelve persons chosen by the con-
5 gressional members of the Commission, 1 from
6 each Service Area as currently designated by
7 the Director to be chosen from among 3 nomi-
8 nees from each Service Area put forward by the
9 Indian Tribes within the area, with due regard
10 being given to the experience and expertise of
11 the nominees in the provision of health care to
12 Indians and to a reasonable representation on
13 the commission of members who are familiar
14 with various health care delivery modes and
15 who represent Indian Tribes of various size
16 populations.

17 “(C) Three persons appointed by the Di-
18 rector who are knowledgeable about the provi-
19 sion of health care to Indians, at least 1 of
20 whom shall be appointed from among 3 nomi-
21 nees put forward by those programs whose
22 funds are provided in whole or in part by the
23 Service primarily or exclusively for the benefit
24 of Urban Indians.

1 “(D) All those persons chosen by the con-
2 gressional members of the Commission and by
3 the Director shall be members of federally rec-
4 ognized Indian Tribes.

5 “(2) CHAIR; VICE CHAIR.—The Chair and Vice
6 Chair of the Commission shall be selected by the
7 congressional members of the Commission.

8 “(3) TERMS.—The terms of members of the
9 Commission shall be for the life of the Commission.

10 “(4) DEADLINE FOR APPOINTMENTS.—Con-
11 gressional members of the Commission shall be ap-
12 pointed not later than 180 days after the date of en-
13 actment of the Indian Health Care Improvement Act
14 Amendments of 2006, and the remaining members
15 of the Commission shall be appointed not later than
16 60 days following the appointment of the congres-
17 sional members.

18 “(5) VACANCY.—A vacancy in the Commission
19 shall be filled in the manner in which the original
20 appointment was made.

21 “(d) COMPENSATION.—

22 “(1) CONGRESSIONAL MEMBERS.—Each con-
23 gressional member of the Commission shall receive
24 no additional pay, allowances, or benefits by reason
25 of their service on the Commission and shall receive

1 travel expenses and per diem in lieu of subsistence
2 in accordance with sections 5702 and 5703 of title
3 5, United States Code.

4 “(2) OTHER MEMBERS.—Remaining members
5 of the Commission, while serving on the business of
6 the Commission (including travel time), shall be en-
7 titled to receive compensation at the per diem equiv-
8 alent of the rate provided for level IV of the Execu-
9 tive Schedule under section 5315 of title 5, United
10 States Code, and while so serving away from home
11 and the member’s regular place of business, a mem-
12 ber may be allowed travel expenses, as authorized by
13 the Chairman of the Commission. For purpose of
14 pay (other than pay of members of the Commission)
15 and employment benefits, rights, and privileges, all
16 personnel of the Commission shall be treated as if
17 they were employees of the United States Senate.

18 “(e) MEETINGS.—The Commission shall meet at the
19 call of the Chair.

20 “(f) QUORUM.—A quorum of the Commission shall
21 consist of not less than 15 members, provided that no less
22 than 6 of the members of Congress who are Commission
23 members are present and no less than 9 of the members
24 who are Indians are present.

25 “(g) EXECUTIVE DIRECTOR; STAFF; FACILITIES.—

1 “(1) APPOINTMENT; PAY.—The Commission
2 shall appoint an executive director of the Commis-
3 sion. The executive director shall be paid the rate of
4 basic pay for level V of the Executive Schedule.

5 “(2) STAFF APPOINTMENT.—With the approval
6 of the Commission, the executive director may ap-
7 point such personnel as the executive director deems
8 appropriate.

9 “(3) STAFF PAY.—The staff of the Commission
10 shall be appointed without regard to the provisions
11 of title 5, United States Code, governing appoint-
12 ments in the competitive service, and shall be paid
13 without regard to the provisions of chapter 51 and
14 subchapter III of chapter 53 of such title (relating
15 to classification and General Schedule pay rates).

16 “(4) TEMPORARY SERVICES.—With the ap-
17 proval of the Commission, the executive director may
18 procure temporary and intermittent services under
19 section 3109(b) of title 5, United States Code.

20 “(5) FACILITIES.—The Administrator of Gen-
21 eral Services shall locate suitable office space for the
22 operation of the Commission. The facilities shall
23 serve as the headquarters of the Commission and
24 shall include all necessary equipment and incidentals

1 required for the proper functioning of the Commis-
2 sion.

3 “(h) HEARINGS.—(1) For the purpose of carrying
4 out its duties, the Commission may hold such hearings
5 and undertake such other activities as the Commission de-
6 termines to be necessary to carry out its duties, provided
7 that at least 6 regional hearings are held in different areas
8 of the United States in which large numbers of Indians
9 are present. Such hearings are to be held to solicit the
10 views of Indians regarding the delivery of health care serv-
11 ices to them. To constitute a hearing under this sub-
12 section, at least 5 members of the Commission, including
13 at least 1 member of Congress, must be present. Hearings
14 held by the study committee established in this section
15 may count toward the number of regional hearings re-
16 quired by this subsection.

17 “(2) Upon request of the Commission, the Comp-
18 troller General shall conduct such studies or investigations
19 as the Commission determines to be necessary to carry
20 out its duties.

21 “(3)(A) The Director of the Congressional Budget
22 Office or the Chief Actuary of the Centers for Medicare
23 & Medicaid Services, or both, shall provide to the Commis-
24 sion, upon the request of the Commission, such cost esti-

1 mates as the Commission determines to be necessary to
2 carry out its duties.

3 “(B) The Commission shall reimburse the Director
4 of the Congressional Budget Office for expenses relating
5 to the employment in the office of the Director of such
6 additional staff as may be necessary for the Director to
7 comply with requests by the Commission under subpara-
8 graph (A).

9 “(4) Upon the request of the Commission, the head
10 of any Federal agency is authorized to detail, without re-
11 imbursement, any of the personnel of such agency to the
12 Commission to assist the Commission in carrying out its
13 duties. Any such detail shall not interrupt or otherwise
14 affect the civil service status or privileges of the Federal
15 employee.

16 “(5) Upon the request of the Commission, the head
17 of a Federal agency shall provide such technical assistance
18 to the Commission as the Commission determines to be
19 necessary to carry out its duties.

20 “(6) The Commission may use the United States
21 mails in the same manner and under the same conditions
22 as Federal agencies and shall, for purposes of the frank,
23 be considered a commission of Congress as described in
24 section 3215 of title 39, United States Code.

1 “(7) The Commission may secure directly from any
2 Federal agency information necessary to enable it to carry
3 out its duties, if the information may be disclosed under
4 section 552 of title 4, United States Code. Upon request
5 of the Chairman of the Commission, the head of such
6 agency shall furnish such information to the Commission.

7 “(8) Upon the request of the Commission, the Ad-
8 ministrator of General Services shall provide to the Com-
9 mission on a reimbursable basis such administrative sup-
10 port services as the Commission may request.

11 “(9) For purposes of costs relating to printing and
12 binding, including the cost of personnel detailed from the
13 Government Printing Office, the Commission shall be
14 deemed to be a committee of Congress.

15 “(i) AUTHORIZATION OF APPROPRIATIONS.—There is
16 authorized to be appropriated \$4,000,000 to carry out the
17 provisions of this section, which sum shall not be deducted
18 from or affect any other appropriation for health care for
19 Indian persons.

20 “(j) FACA.—The Federal Advisory Committee Act
21 (5 U.S.C. App.) shall not apply to the Commission.

22 **“SEC. 815. APPROPRIATIONS; AVAILABILITY.**

23 “Any new spending authority (described in subsection
24 (c)(2)(A) or (B) of section 401 of the Congressional Budg-
25 et Act of 1974) which is provided under this Act shall

1 be effective for any fiscal year only to such extent or in
2 such amounts as are provided in appropriation Acts.

3 **“SEC. 816. AUTHORIZATION OF APPROPRIATIONS.**

4 “(a) IN GENERAL.—There are authorized to be ap-
5 propriated such sums as may be necessary for each fiscal
6 year through fiscal year 2015 to carry out this title.”.

7 (b) RATE OF PAY.—

8 (1) POSITIONS AT LEVEL IV.—Section 5315 of
9 title 5, United States Code, is amended by striking
10 “Assistant Secretaries of Health and Human Serv-
11 ices (6).” and inserting “Assistant Secretaries of
12 Health and Human Services (7)”.

13 (2) POSITIONS AT LEVEL V.—Section 5316 of
14 title 5, United States Code, is amended by striking
15 “Director, Indian Health Service, Department of
16 Health and Human Services”.

17 (c) AMENDMENTS TO OTHER PROVISIONS OF LAW.—

18 (1) Section 3307(b)(1)(C) of the Children’s
19 Health Act of 2000 (25 U.S.C. 1671 note; Public
20 Law 106–310) is amended by striking “Director of
21 the Indian Health Service” and inserting “Assistant
22 Secretary for Indian Health”.

23 (2) The Indian Lands Open Dump Cleanup Act
24 of 1994 is amended—

25 (A) in section 3 (25 U.S.C. 3902)—

1 (i) by striking paragraph (2);
2 (ii) by redesignating paragraphs (1),
3 (3), (4), (5), and (6) as paragraphs (4),
4 (5), (2), (6), and (1), respectively, and
5 moving those paragraphs so as to appear
6 in numerical order; and

7 (iii) by inserting before paragraph (4)
8 (as redesignated by subclause (II)) the fol-
9 lowing:

10 “(3) ASSISTANT SECRETARY.—The term ‘As-
11 sistant Secretary’ means the Assistant Secretary for
12 Indian Health.”;

13 (B) in section 5 (25 U.S.C. 3904), by
14 striking the section heading and inserting the
15 following:

16 “AUTHORITY OF ASSISTANT SECRETARY FOR INDIAN
17 HEALTH

18 “SEC. 5.”;

19 (C) in section 6(a) (25 U.S.C. 3905(a)), in
20 the subsection heading, by striking “DIREC-
21 TOR” and inserting “ASSISTANT SECRETARY”;

22 (D) in section 9(a) (25 U.S.C. 3908(a)), in
23 the subsection heading, by striking “DIREC-
24 TOR” and inserting “ASSISTANT SECRETARY”;
25 and

1 (E) by striking “Director” each place it
2 appears and inserting “Assistant Secretary”.

3 (3) Section 5504(d)(2) of the Augustus F.
4 Hawkins-Robert T. Stafford Elementary and Sec-
5 ondary School Improvement Amendments of 1988
6 (25 U.S.C. 2001 note; Public Law 100–297) is
7 amended by striking “Director of the Indian Health
8 Service” and inserting “Assistant Secretary for In-
9 dian Health”.

10 (4) Section 203(a)(1) of the Rehabilitation Act
11 of 1973 (29 U.S.C. 763(a)(1)) is amended by strik-
12 ing “Director of the Indian Health Service” and in-
13 serting “Assistant Secretary for Indian Health”.

14 (5) Subsections (b) and (e) of section 518 of
15 the Federal Water Pollution Control Act (33 U.S.C.
16 1377) are amended by striking “Director of the In-
17 dian Health Service” each place it appears and in-
18 serting “Assistant Secretary for Indian Health”.

19 (6) Section 317M(b) of the Public Health Serv-
20 ice Act (42 U.S.C. 247b–14(b)) is amended—

21 (A) by striking “Director of the Indian
22 Health Service” each place it appears and in-
23 serting “Assistant Secretary for Indian
24 Health”; and

1 (B) in paragraph (2)(A), by striking “the
2 Directors referred to in such paragraph” and
3 inserting “the Director of the Centers for Dis-
4 ease Control and Prevention and the Assistant
5 Secretary for Indian Health”.

6 (7) Section 417C(b) of the Public Health Serv-
7 ice Act (42 U.S.C. 285–9(b)) is amended by striking
8 “Director of the Indian Health Service” and insert-
9 ing “Assistant Secretary for Indian Health”.

10 (8) Section 1452(i) of the Safe Drinking Water
11 Act (42 U.S.C. 300j–12(i)) is amended by striking
12 “Director of the Indian Health Service” each place
13 it appears and inserting “Assistant Secretary for In-
14 dian Health”.

15 (9) Section 803B(d)(1) of the Native American
16 Programs Act of 1974 (42 U.S.C. 2991b–2(d)(1)) is
17 amended in the last sentence by striking “Director
18 of the Indian Health Service” and inserting “Assist-
19 ant Secretary for Indian Health”.

20 (10) Section 203(b) of the Michigan Indian
21 Land Claims Settlement Act (Public Law 105–143;
22 111 Stat. 2666) is amended by striking “Director of
23 the Indian Health Service” and inserting “Assistant
24 Secretary for Indian Health”.

1 **SEC. 3. SOBOBA SANITATION FACILITIES.**

2 The Act of December 17, 1970 (84 Stat. 1465), is
3 amended by adding at the end the following new section:

4 “SEC. 9. Nothing in this Act shall preclude the
5 Soboba Band of Mission Indians and the Soboba Indian
6 Reservation from being provided with sanitation facilities
7 and services under the authority of section 7 of the Act
8 of August 5, 1954 (68 Stat. 674), as amended by the Act
9 of July 31, 1959 (73 Stat. 267).”.

10 **SEC. 4. AMENDMENTS TO THE MEDICAID AND STATE CHIL-**
11 **DREN’S HEALTH INSURANCE PROGRAMS.**

12 (a) EXPANSION OF MEDICAID PAYMENT FOR ALL
13 COVERED SERVICES FURNISHED BY INDIAN HEALTH
14 PROGRAMS.—

15 (1) EXPANSION TO ALL COVERED SERVICES.—

16 Section 1911 of the Social Security Act (42 U.S.C.
17 1396j) is amended—

18 (A) by amending the heading to read as
19 follows:

20 “INDIAN HEALTH PROGRAMS

21 “SEC. 1911.”; and

22 (B) by amending subsection (a) to read as
23 follows:

24 “(a) ELIGIBILITY FOR REIMBURSEMENT FOR MED-
25 ICAL ASSISTANCE.—The Indian Health Service and an In-
26 dian Tribe, Tribal Organization, or an Urban Indian Or-

1 ganization (as such terms are defined in section 4 of the
2 Indian Health Care Improvement Act) shall be eligible for
3 reimbursement for medical assistance provided under a
4 State plan or under waiver authority with respect to items
5 and services furnished by the Indian Health Service, In-
6 dian Tribe, Tribal Organization, or Urban Indian Organi-
7 zation if the furnishing of such services meets all the con-
8 ditions and requirements which are applicable generally to
9 the furnishing of items and services under this title and
10 under such plan or waiver authority.”.

11 (2) ELIMINATION OF TEMPORARY DEEMING
12 PROVISION.—Such section is amended by striking
13 subsection (b).

14 (3) REVISION OF AUTHORITY TO ENTER INTO
15 AGREEMENTS.—Subsection (c) of such section is re-
16 designated as subsection (b) and is amended to read
17 as follows:

18 “(b) AUTHORITY TO ENTER INTO AGREEMENTS.—
19 The Secretary may enter into an agreement with a State
20 for the purpose of reimbursing the State for medical as-
21 sistance provided by the Indian Health Service, an Indian
22 Tribe, Tribal Organizations, or an Urban Indian Organi-
23 zation (as so defined), directly, through referral, or under
24 contracts or other arrangements between the Indian
25 Health Service, an Indian Tribe, Tribal Organization, or

1 an Urban Indian Organization and another health care
 2 provider to Indians who are eligible for medical assistance
 3 under the State plan or under waiver authority.”.

4 (4) REFERENCE CORRECTION.—Subsection (d)
 5 of such section is redesignated as subsection (c) and
 6 is amended—

7 (A) by striking “For” and inserting “**DI-**
 8 **RECT BILLING.**—For”; and

9 (B) by striking “section 405” and insert-
 10 ing “section 401(d)”.

11 (b) SPECIAL RULES FOR INDIANS, INDIAN HEALTH
 12 CARE PROVIDERS, AND INDIAN MANAGED CARE ENTI-
 13 TIES.—

14 (1) IN GENERAL.—Section 1932 of the Social
 15 Security Act (42 U.S.C. 1396u–2) is amended by
 16 adding at the end the following new subsection:

17 “(h) SPECIAL RULES FOR INDIANS, INDIAN HEALTH
 18 CARE PROVIDERS, AND INDIAN MANAGED CARE ENTI-
 19 TIES.—A State shall comply with the provisions of section
 20 413 of the Indian Health Care Improvement Act (relating
 21 to the treatment of Indians, Indian health care providers,
 22 and Indian managed care entities under a medicaid man-
 23 aged care program).”.

24 (2) APPLICATION TO SCHIP.—Section
 25 2107(e)(1) of the Social Security Act (42 U.S.C.

1 1397gg(1)) is amended by adding at the end the fol-
2 lowing:

3 “(E) Subsections (a)(2)(C) and (h) of sec-
4 tion 1932.”.

5 (c) SCHIP TREATMENT OF INDIAN TRIBES, TRIBAL
6 ORGANIZATIONS, AND URBAN INDIAN ORGANIZATIONS.—
7 Section 2105(c) of the Social Security Act (42 U.S.C.
8 1397ee(c)) is amended—

9 (1) in paragraph (2), by adding at the end the
10 following:

11 “(C) INDIAN HEALTH PROGRAM PAY-
12 MENTS.—For provisions relating to authorizing
13 use of allotments under this title for payments
14 to Indian Health Programs and Urban Indian
15 Organizations, see section 410 of the Indian
16 Health Care Improvement Act.”; and

17 (2) in paragraph (6)(B), by inserting “or by an
18 Indian Tribe, Tribal Organization, or Urban Indian
19 Organization (as such terms are defined in section
20 4 of the Indian Health Care Improvement Act)”
21 after “Service”.

1 **SEC. 5. NATIVE AMERICAN HEALTH AND WELLNESS FOUN-**
2 **DATION.**

3 (a) IN GENERAL.—The Indian Self-Determination
4 and Education Assistance Act (25 U.S.C. 450 et seq.) is
5 amended by adding at the end the following:

6 **“TITLE VIII—NATIVE AMERICAN**
7 **HEALTH AND WELLNESS**
8 **FOUNDATION**

9 **“SEC. 801. DEFINITIONS.**

10 “In this title:

11 “(1) BOARD.—The term ‘Board’ means the
12 Board of Directors of the Foundation.

13 “(2) COMMITTEE.—The term ‘Committee’
14 means the Committee for the Establishment of Na-
15 tive American Health and Wellness Foundation es-
16 tablished under section 802(f).

17 “(3) FOUNDATION.—The term ‘Foundation’
18 means the Native American Health and Wellness
19 Foundation established under section 802.

20 “(4) SECRETARY.—The term ‘Secretary’ means
21 the Secretary of Health and Human Services.

22 “(5) SERVICE.—The term ‘Service’ means the
23 Indian Health Service of the Department of Health
24 and Human Services.

1 **“SEC. 802. NATIVE AMERICAN HEALTH AND WELLNESS**
2 **FOUNDATION.**

3 “(a) ESTABLISHMENT.—

4 “(1) IN GENERAL.—As soon as practicable
5 after the date of enactment of this title, the Sec-
6 retary shall establish, under the laws of the District
7 of Columbia and in accordance with this title, the
8 Native American Health and Wellness Foundation.

9 “(2) FUNDING DETERMINATIONS.—No funds,
10 gift, property, or other item of value (including any
11 interest accrued on such an item) acquired by the
12 Foundation shall—

13 “(A) be taken into consideration for pur-
14 poses of determining Federal appropriations re-
15 lating to the provision of health care and serv-
16 ices to Indians; or

17 “(B) otherwise limit, diminish, or affect
18 the Federal responsibility for the provision of
19 health care and services to Indians.

20 “(b) PERPETUAL EXISTENCE.—The Foundation
21 shall have perpetual existence.

22 “(c) NATURE OF CORPORATION.—The Foundation—

23 “(1) shall be a charitable and nonprofit feder-
24 ally chartered corporation; and

25 “(2) shall not be an agency or instrumentality
26 of the United States.

1 “(d) PLACE OF INCORPORATION AND DOMICILE.—
2 The Foundation shall be incorporated and domiciled in the
3 District of Columbia.

4 “(e) DUTIES.—The Foundation shall—

5 “(1) encourage, accept, and administer private
6 gifts of real and personal property, and any income
7 from or interest in such gifts, for the benefit of, or
8 in support of, the mission of the Service;

9 “(2) undertake and conduct such other activi-
10 ties as will further the health and wellness activities
11 and opportunities of Native Americans; and

12 “(3) participate with and assist Federal, State,
13 and tribal governments, agencies, entities, and indi-
14 viduals in undertaking and conducting activities that
15 will further the health and wellness activities and op-
16 portunities of Native Americans.

17 “(f) COMMITTEE FOR THE ESTABLISHMENT OF NA-
18 TIVE AMERICAN HEALTH AND WELLNESS FOUNDA-
19 TION.—

20 “(1) IN GENERAL.—The Secretary shall estab-
21 lish the Committee for the Establishment of Native
22 American Health and Wellness Foundation to assist
23 the Secretary in establishing the Foundation.

1 “(2) DUTIES.—Not later than 180 days after
2 the date of enactment of this section, the Committee
3 shall—

4 “(A) carry out such activities as are nec-
5 essary to incorporate the Foundation under the
6 laws of the District of Columbia, including act-
7 ing as incorporators of the Foundation;

8 “(B) ensure that the Foundation qualifies
9 for and maintains the status required to carry
10 out this section, until the Board is established;

11 “(C) establish the constitution and initial
12 bylaws of the Foundation;

13 “(D) provide for the initial operation of
14 the Foundation, including providing for tem-
15 porary or interim quarters, equipment, and
16 staff; and

17 “(E) appoint the initial members of the
18 Board in accordance with the constitution and
19 initial bylaws of the Foundation.

20 “(g) BOARD OF DIRECTORS.—

21 “(1) IN GENERAL.—The Board of Directors
22 shall be the governing body of the Foundation.

23 “(2) POWERS.—The Board may exercise, or
24 provide for the exercise of, the powers of the Foun-
25 dation.

1 “(3) SELECTION.—

2 “(A) IN GENERAL.—Subject to subpara-
3 graph (B), the number of members of the
4 Board, the manner of selection of the members
5 (including the filling of vacancies), and the
6 terms of office of the members shall be as pro-
7 vided in the constitution and bylaws of the
8 Foundation.

9 “(B) REQUIREMENTS.—

10 “(i) NUMBER OF MEMBERS.—The
11 Board shall have at least 11 members, who
12 shall have staggered terms.

13 “(ii) INITIAL VOTING MEMBERS.—The
14 initial voting members of the Board—

15 “(I) shall be appointed by the
16 Committee not later than 180 days
17 after the date on which the Founda-
18 tion is established; and

19 “(II) shall have staggered terms.

20 “(iii) QUALIFICATION.—The members
21 of the Board shall be United States citi-
22 zens who are knowledgeable or experienced
23 in Native American health care and related
24 matters.

1 “(C) COMPENSATION.—A member of the
2 Board shall not receive compensation for service
3 as a member, but shall be reimbursed for actual
4 and necessary travel and subsistence expenses
5 incurred in the performance of the duties of the
6 Foundation.

7 “(h) OFFICERS.—

8 “(1) IN GENERAL.—The officers of the Founda-
9 tion shall be—

10 “(A) a secretary, elected from among the
11 members of the Board; and

12 “(B) any other officers provided for in the
13 constitution and bylaws of the Foundation.

14 “(2) SECRETARY.—The secretary of the Foun-
15 dation shall serve, at the direction of the Board, as
16 the chief operating officer of the Foundation.

17 “(3) ELECTION.—The manner of election, term
18 of office, and duties of the officers of the Founda-
19 tion shall be as provided in the constitution and by-
20 laws of the Foundation.

21 “(i) POWERS.—The Foundation—

22 “(1) shall adopt a constitution and bylaws for
23 the management of the property of the Foundation
24 and the regulation of the affairs of the Foundation;

25 “(2) may adopt and alter a corporate seal;

1 “(3) may enter into contracts;

2 “(4) may acquire (through a gift or otherwise),
3 own, lease, encumber, and transfer real or personal
4 property as necessary or convenient to carry out the
5 purposes of the Foundation;

6 “(5) may sue and be sued; and

7 “(6) may perform any other act necessary and
8 proper to carry out the purposes of the Foundation.

9 “(j) PRINCIPAL OFFICE.—

10 “(1) IN GENERAL.—The principal office of the
11 Foundation shall be in the District of Columbia.

12 “(2) ACTIVITIES; OFFICES.—The activities of
13 the Foundation may be conducted, and offices may
14 be maintained, throughout the United States in ac-
15 cordance with the constitution and bylaws of the
16 Foundation.

17 “(k) SERVICE OF PROCESS.—The Foundation shall
18 comply with the law on service of process of each State
19 in which the Foundation is incorporated and of each State
20 in which the Foundation carries on activities.

21 “(l) LIABILITY OF OFFICERS, EMPLOYEES, AND
22 AGENTS.—

23 “(1) IN GENERAL.—The Foundation shall be
24 liable for the acts of the officers, employees, and

1 agents of the Foundation acting within the scope of
2 their authority.

3 “(2) PERSONAL LIABILITY.—A member of the
4 Board shall be personally liable only for gross neg-
5 ligence in the performance of the duties of the mem-
6 ber.

7 “(m) RESTRICTIONS.—

8 “(1) LIMITATION ON SPENDING.—Beginning
9 with the fiscal year following the first full fiscal year
10 during which the Foundation is in operation, the ad-
11 ministrative costs of the Foundation shall not exceed
12 10 percent of the sum of—

13 “(A) the amounts transferred to the Foun-
14 dation under subsection (o) during the pre-
15 ceding fiscal year; and

16 “(B) donations received from private
17 sources during the preceding fiscal year.

18 “(2) APPOINTMENT AND HIRING.—The ap-
19 pointment of officers and employees of the Founda-
20 tion shall be subject to the availability of funds.

21 “(3) STATUS.—A member of the Board or offi-
22 cer, employee, or agent of the Foundation shall not
23 by reason of association with the Foundation be con-
24 sidered to be an officer, employee, or agent of the
25 United States.

1 “(n) AUDITS.—The Foundation shall comply with
2 section 10101 of title 36, United States Code, as if the
3 Foundation were a corporation under part B of subtitle
4 II of that title.

5 “(o) FUNDING.—

6 “(1) AUTHORIZATION OF APPROPRIATIONS.—

7 There is authorized to be appropriated to carry out
8 subsection (e)(1) \$500,000 for each fiscal year, as
9 adjusted to reflect changes in the Consumer Price
10 Index for all-urban consumers published by the De-
11 partment of Labor.

12 “(2) TRANSFER OF DONATED FUNDS.—The

13 Secretary shall transfer to the Foundation funds
14 held by the Department of Health and Human Serv-
15 ices under the Act of August 5, 1954 (42 U.S.C.
16 2001 et seq.), if the transfer or use of the funds is
17 not prohibited by any term under which the funds
18 were donated.

19 **“SEC. 803. ADMINISTRATIVE SERVICES AND SUPPORT.**

20 “(a) PROVISION OF SUPPORT BY SECRETARY.—Sub-
21 ject to subsection (b), during the 5-year period beginning
22 on the date on which the Foundation is established, the
23 Secretary—

24 “(1) may provide personnel, facilities, and other
25 administrative support services to the Foundation;

1 “(2) may provide funds for initial operating
2 costs and to reimburse the travel expenses of the
3 members of the Board; and

4 “(3) shall require and accept reimbursements
5 from the Foundation for—

6 “(A) services provided under paragraph
7 (1); and

8 “(B) funds provided under paragraph (2).

9 “(b) REIMBURSEMENT.—Reimbursements accepted
10 under subsection (a)(3)—

11 “(1) shall be deposited in the Treasury of the
12 United States to the credit of the applicable appro-
13 priations account; and

14 “(2) shall be chargeable for the cost of pro-
15 viding services described in subsection (a)(1) and
16 travel expenses described in subsection (a)(2).

17 “(c) CONTINUATION OF CERTAIN SERVICES.—The
18 Secretary may continue to provide facilities and necessary
19 support services to the Foundation after the termination
20 of the 5-year period specified in subsection (a) if the facili-
21 ties and services—

22 “(1) are available; and

23 “(2) are provided on reimbursable cost basis.”.

24 (b) TECHNICAL AMENDMENTS.—The Indian Self-De-
25 termination and Education Assistance Act is amended—

1 (1) by redesignating title V (25 U.S.C. 458bbb
2 et seq.)) as title VII;

3 (2) by redesignating sections 501, 502, and 503
4 (25 U.S.C. 458bbb, 458bbb–1, 458bbb–2) as sec-
5 tions 701, 702, and 703, respectively; and

6 (3) in subsection (a)(2) of section 702 and
7 paragraph (2) of section 703 (as redesignated by
8 paragraph (2)), by striking “section 501” and in-
9 serting “section 701”.

○