

109TH CONGRESS
1ST SESSION

S. 1057

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

IN THE SENATE OF THE UNITED STATES

MAY 17, 2005

Mr. MCCAIN (for himself and Mr. DORGAN) introduced the following bill; which was read twice and referred to the Committee on Indian Affairs

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 2005”.

6 **SEC. 2. INDIAN HEALTH CARE IMPROVEMENT ACT AMEND-**

7 **ED.**

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

1 **“SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

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

4 “(b) TABLE OF CONTENTS.—The table of contents
5 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 Indi-
ans.

“Sec. 104. Indian health professions scholarships.

“Sec. 105. American Indians Into Psychology program.

“Sec. 106. Funding for tribes for scholarship programs.

“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 for Alaska.

“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
programs.

“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. 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. 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. Office of Urban Indian Health.
- “Sec. 511. Grants for alcohol and substance abuse-related services.
- “Sec. 512. Treatment of certain demonstration projects.
- “Sec. 513. Urban NIAAA transferred programs.
- “Sec. 514. Consultation with Urban Indian Organizations.
- “Sec. 515. Federal Tort Claim Act coverage.
- “Sec. 516. Urban youth treatment center demonstration.
- “Sec. 517. Use of Federal Government facilities and sources of supply.
- “Sec. 518. Grants for diabetes prevention, treatment, and control.
- “Sec. 519. Community health representatives.
- “Sec. 520. Regulations.
- “Sec. 521. Eligibility for services.
- “Sec. 522. Authorization of appropriations.

“TITLE VI—ORGANIZATIONAL IMPROVEMENTS

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

“TITLE VII—BEHAVIORAL HEALTH PROGRAMS

- “Sec. 701. Behavioral health prevention and treatment services.
- “Sec. 702. Memoranda of agreement with the Department of the Interior.
- “Sec. 703. Comprehensive behavioral health prevention and treatment program.
- “Sec. 704. Mental health technician program.
- “Sec. 705. Licensing requirement for mental health care workers.
- “Sec. 706. Indian women treatment programs.
- “Sec. 707. Indian youth program.

- “Sec. 708. Inpatient and community-based mental health facilities design, construction, and staffing.
- “Sec. 709. Training and community education.
- “Sec. 710. Behavioral health program.
- “Sec. 711. Fetal alcohol disorder funding.
- “Sec. 712. Child sexual abuse and prevention treatment programs.
- “Sec. 713. Behavioral health research.
- “Sec. 714. Definitions.
- “Sec. 715. Authorization of appropriations.

“TITLE VIII—MISCELLANEOUS

- “Sec. 801. Reports.
- “Sec. 802. Regulations.
- “Sec. 803. Plan of implementation.
- “Sec. 804. Availability of funds.
- “Sec. 805. Limitation on use of funds appropriated to the Indian Health Service.
- “Sec. 806. Eligibility of California Indians.
- “Sec. 807. Health services for ineligible persons.
- “Sec. 808. Reallocation of base resources.
- “Sec. 809. Results of demonstration projects.
- “Sec. 810. Provision of services in Montana.
- “Sec. 811. Moratorium.
- “Sec. 812. Tribal employment.
- “Sec. 813. 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-
 10 ices which will permit the health status of Indians
 11 to be raised to the highest possible level and to en-

1 courage the maximum participation of Indians in the
2 planning and management of those services.

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

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

11 **“SEC. 3. DECLARATION OF NATIONAL INDIAN HEALTH POL-
12 ICY.**

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

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

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

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

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

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

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

16 **“SEC. 4. DEFINITIONS.**

17 “For purposes of this Act:

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

22 “(2) The term ‘Area Office’ means an adminis-
23 trative entity, including a program office, within the
24 Service through which services and funds are pro-

1 vided to the Service Units within a defined geo-
2 graphic area.

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

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

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

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

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

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

19 “(B) a junior or community college.

20 “(7) The term ‘contract health service’ means
21 health services provided at the expense of the Serv-
22 ice or a Tribal Health Program by public or private
23 medical providers or hospitals, other than the Serv-
24 ice Unit or the Tribal Health Program at whose ex-
25 pense the services are provided.

1 “(8) The term ‘Department’ means, unless oth-
2 erwise designated, the Department of Health and
3 Human Services.

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

8 “(A) controlling—

9 “(i) development of diabetes;

10 “(ii) high blood pressure;

11 “(iii) infectious agents;

12 “(iv) injuries;

13 “(v) occupational hazards and disabil-
14 ities;

15 “(vi) sexually transmittable diseases;

16 and

17 “(vii) toxic agents; and

18 “(B) providing—

19 “(i) fluoridation of water; and

20 “(ii) immunizations.

21 “(10) The term ‘health profession’ means
22 allopathic medicine, family medicine, internal medi-
23 cine, pediatrics, geriatric medicine, obstetrics and
24 gynecology, podiatric medicine, nursing, public
25 health nursing, dentistry, psychiatry, osteopathy, op-

1 tometry, pharmacy, psychology, public health, social
2 work, marriage and family therapy, chiropractic
3 medicine, environmental health and engineering, al-
4 lied health professions, and any other health profes-
5 sion.

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

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

13 “(B) encouraging adequate and appro-
14 priate diet, exercise, and sleep;

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

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

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

21 “(F) promoting adequate opportunity for
22 spiritual, religious, and Traditional Health Care
23 Practices; and

24 “(G) providing adequate and appropriate
25 programs, including—

- 1 “(i) abuse prevention (mental and
2 physical);
- 3 “(ii) community health;
- 4 “(iii) community safety;
- 5 “(iv) consumer health education;
- 6 “(v) diet and nutrition;
- 7 “(vi) immunization and other preven-
8 tion of communicable diseases, including
9 HIV/AIDS;
- 10 “(vii) environmental health;
- 11 “(viii) exercise and physical fitness;
- 12 “(ix) avoidance of fetal alcohol dis-
13 orders;
- 14 “(x) first aid and CPR education;
- 15 “(xi) human growth and development;
- 16 “(xii) injury prevention and personal
17 safety;
- 18 “(xiii) behavioral health;
- 19 “(xiv) monitoring of disease indicators
20 between health care provider visits,
21 through appropriate means, including
22 Internet-based health care management
23 systems;
- 24 “(xv) personal health and wellness
25 practices;

- 1 “(xvi) personal capacity building;
- 2 “(xvii) prenatal, pregnancy, and in-
- 3 fant care;
- 4 “(xviii) psychological well-being;
- 5 “(xix) reproductive health and family
- 6 planning;
- 7 “(xx) safe and adequate water;
- 8 “(xxi) safe housing, relating to elimi-
- 9 nation, reduction, and prevention of con-
- 10 taminants that create unhealthy housing
- 11 conditions;
- 12 “(xxii) safe work environments;
- 13 “(xxiii) stress control;
- 14 “(xxiv) substance abuse;
- 15 “(xxv) sanitary facilities;
- 16 “(xxvi) sudden infant death syndrome
- 17 prevention;
- 18 “(xxvii) tobacco use cessation and re-
- 19 duction;
- 20 “(xxviii) violence prevention; and
- 21 “(xxix) such other activities identified
- 22 by the Service, a Tribal Health Program,
- 23 or an Urban Indian Organization, to pro-
- 24 mote achievement of any of the objectives
- 25 described in section 3(2).

1 “(12) The term ‘Indian’, unless otherwise des-
2 ignated, means any person who is a member of an
3 Indian tribe or is eligible for health services under
4 section 806, except that, for the purpose of sections
5 102 and 103, the term also means any individual
6 who—

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

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

16 “(B) is an Eskimo or Aleut or other Alas-
17 ka Native;

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

20 “(D) is determined be an Indian under
21 regulations promulgated by the Secretary.

22 “(13) The term ‘Indian Health Program’
23 means—

24 “(A) any health program administered di-
25 rectly by the Service;

1 “(B) any Tribal Health Program; or

2 “(C) any Indian Tribe or Tribal Organiza-
3 tion to which the Secretary provides funding
4 pursuant to section 23 of the Act of April 30,
5 1908 (25 U.S.C. 47), commonly known as the
6 ‘Buy Indian Act’.

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

10 “(15) The term ‘junior or community college’
11 has the meaning given the term by section 312(e) of
12 the Higher Education Act of 1965 (20 U.S.C.
13 1058(e)).

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

20 “(17) The term ‘Secretary’, unless otherwise
21 designated, means the Secretary of Health and
22 Human Services.

23 “(18) The term ‘Service’ means the Indian
24 Health Service.

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

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

8 “(21) The term ‘telehealth’ has the meaning
9 given the term in section 330K(a) of the Public
10 Health Service Act (42 U.S.C. 254c-16(a)).

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

19 “(23) The term ‘Traditional Health Care Prac-
20 tices’ means the application by Native healing prac-
21 titioners of the Native healing sciences (as opposed
22 or in contradistinction to Western healing sciences)
23 which embody the influences or forces of innate
24 Tribal discovery, history, description, explanation
25 and knowledge of the states of wellness and illness

1 and which call upon these influences or forces, in-
2 cluding physical, mental, and spiritual forces in the
3 promotion, restoration, preservation, and mainte-
4 nance of health, well-being, and life’s harmony.

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

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

16 “(26) The term ‘Tribal Organization’ has the
17 meaning given the term in the Indian Self-Deter-
18 mination and Education Assistance Act (25 U.S.C.
19 450 et seq.).

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

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

4 “(A) Irrespective of whether the individual
5 lives on or near a reservation, the individual is
6 a member of a tribe, band, or other organized
7 group of Indians, including those tribes, bands,
8 or groups terminated since 1940 and those
9 tribes, bands, or groups that are recognized by
10 the States in which they reside, or who is a de-
11 scendant in the first or second degree of any
12 such member.

13 “(B) The individual is an Eskimo, Aleut,
14 or other Alaskan Native.

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

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

21 “(29) The term ‘Urban Indian Organization’
22 means a nonprofit corporate body that (A) is situ-
23 ated in an Urban Center; (B) is governed by an
24 Urban Indian-controlled board of directors; (C) pro-
25 vides for the participation of all interested Indian

1 groups and individuals; and (D) is capable of legally
 2 cooperating with other public and private entities for
 3 the purpose of performing the activities described in
 4 section 503(a).

5 **“TITLE I—INDIAN HEALTH,**
 6 **HUMAN RESOURCES, AND DE-**
 7 **VELOPMENT**

8 **“SEC. 101. PURPOSE.**

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

15 **“SEC. 102. HEALTH PROFESSIONS RECRUITMENT PROGRAM**
 16 **FOR INDIANS.**

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

22 “(1) identifying Indians with a potential for
 23 education or training in the health professions and
 24 encouraging and assisting them—

1 “(A) to enroll in courses of study in such
2 health professions; or

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

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

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

17 “(b) FUNDING.—

18 “(1) APPLICATION.—The Secretary shall not
19 make a grant under this section unless an applica-
20 tion has been submitted to, and approved by, the
21 Secretary. Such application shall be in such form,
22 submitted in such manner, and contain such infor-
23 mation, as the Secretary shall by regulation pre-
24 scribe pursuant to this Act. The Secretary shall give

1 a preference to applications submitted by Tribal
2 Health Programs or Urban Indian Organizations.

3 “(2) AMOUNT OF FUNDS; PAYMENT.—The
4 amount of a grant under this section shall be deter-
5 mined by the Secretary. Payments pursuant to this
6 section may be made in advance or by way of reim-
7 bursement, and at such intervals and on such condi-
8 tions as provided for in regulations issued pursuant
9 to this Act. To the extent not otherwise prohibited
10 by law, funding commitments shall be for 3 years,
11 as provided in regulations issued pursuant to this
12 Act.

13 **“SEC. 103. HEALTH PROFESSIONS PREPARATORY SCHOL-**
14 **ARSHIP PROGRAM FOR INDIANS.**

15 “(a) SCHOLARSHIPS AUTHORIZED.—The Secretary,
16 acting through the Service, shall provide scholarship
17 grants to Indians who—

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

20 “(2) have demonstrated the potential to suc-
21 cessfully complete courses of study in the health pro-
22 fessions.

23 “(b) PURPOSES.—Scholarships provided pursuant to
24 this section shall be for the following purposes:

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

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

14 “(c) OTHER CONDITIONS.—Scholarships under this
15 section—

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

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

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

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

2 “(a) IN GENERAL.—

3 “(1) AUTHORITY.—The Secretary, acting
4 through the Service, shall make scholarship grants
5 to Indians who are enrolled full or part time in ac-
6 credited schools pursuing courses of study in the
7 health professions. Such scholarships shall be des-
8 ignated Indian Health Scholarships and shall be
9 made in accordance with section 338A of the Public
10 Health Services Act (42 U.S.C. 2541), except as
11 provided in subsection (b) of this section.

12 “(2) ALLOCATION BY FORMULA.—Except as
13 provided in paragraph (3), the funding authorized
14 by this section shall be allocated by Service Area by
15 a formula developed in consultation with Indian
16 Tribes, Tribal Organizations, and Urban Indian Or-
17 ganizations. Such formula shall consider the human
18 resource development needs in each Service Area.

19 “(3) CONTINUITY OF PRIOR SCHOLARSHIPS.—
20 Paragraph (2) shall not apply with respect to indi-
21 vidual recipients of scholarships provided under this
22 section (as in effect 1 day prior to the date of enact-
23 ment of the Indian Health Care Improvement Act
24 Amendments of 2005) until such time as the indi-
25 vidual completes the course of study that is sup-
26 ported through such scholarship.

1 “(4) CERTAIN DELEGATION NOT ALLOWED.—
2 The administration of this section shall be a respon-
3 sibility of the Assistant Secretary and shall not be
4 delegated in a contract or compact under the Indian
5 Self-Determination and Education Assistance Act
6 (25 U.S.C. 450 et seq.).

7 “(b) ACTIVE DUTY SERVICE OBLIGATION.—

8 “(1) OBLIGATION MET.—The active duty serv-
9 ice obligation under a written contract with the Sec-
10 retary under section 338A of the Public Health
11 Service Act (42 U.S.C. 2541) that an Indian has en-
12 tered into under that section shall, if that individual
13 is a recipient of an Indian Health Scholarship, be
14 met in full-time practice on an equivalent year-for-
15 year obligation, by service in one or more of the fol-
16 lowing:

17 “(A) In an Indian Health Program.

18 “(B) In a program assisted under title V
19 of this Act.

20 “(C) In the private practice of the applica-
21 ble profession if, as determined by the Sec-
22 retary, in accordance with guidelines promul-
23 gated by the Secretary, such practice is situated
24 in a physician or other health professional

1 shortage area and addresses the health care
2 needs of a substantial number of Indians.

3 “(2) OBLIGATION DEFERRED.—At the request
4 of any individual who has entered into a contract re-
5 ferred to in paragraph (1) and who receives a degree
6 in medicine (including osteopathic or allopathic med-
7 icine), dentistry, optometry, podiatry, or pharmacy,
8 the Secretary shall defer the active duty service obli-
9 gation of that individual under that contract, in
10 order that such individual may complete any intern-
11 ship, residency, or other advanced clinical training
12 that is required for the practice of that health pro-
13 fession, for an appropriate period (in years, as deter-
14 mined by the Secretary), subject to the following
15 conditions:

16 “(A) No period of internship, residency, or
17 other advanced clinical training shall be counted
18 as satisfying any period of obligated service
19 under this subsection.

20 “(B) The active duty service obligation of
21 that individual shall commence not later than
22 90 days after the completion of that advanced
23 clinical training (or by a date specified by the
24 Secretary).

1 “(C) The active duty service obligation will
2 be served in the health profession of that indi-
3 vidual in a manner consistent with paragraph
4 (1).

5 “(D) A recipient of a scholarship under
6 this section may, at the election of the recipient,
7 meet the active duty service obligation described
8 in paragraph (1) by service in a program speci-
9 fied under that paragraph that—

10 “(i) is located on the reservation of
11 the Indian Tribe in which the recipient is
12 enrolled; or

13 “(ii) serves the Indian Tribe in which
14 the recipient is enrolled.

15 “(3) PRIORITY WHEN MAKING ASSIGNMENTS.—
16 Subject to paragraph (2), the Secretary, in making
17 assignments of Indian Health Scholarship recipients
18 required to meet the active duty service obligation
19 described in paragraph (1), shall give priority to as-
20 signing individuals to service in those programs
21 specified in paragraph (1) that have a need for
22 health professionals to provide health care services
23 as a result of individuals having breached contracts
24 entered into under this section.

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

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

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

9 “(A) the part-time equivalent of 1 year for
10 each year for which the individual was provided
11 a scholarship (as determined by the Area Of-
12 fice); or

13 “(B) 2 years; and

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

20 “(d) BREACH OF CONTRACT.—

21 “(1) SPECIFIED BREACHES.—An individual
22 shall be liable to the United States for the amount
23 which has been paid to the individual, or on behalf
24 of the individual, under a contract entered into with
25 the Secretary under this section on or after the date

1 of enactment of the Indian Health Care Improve-
2 ment Act Amendments of 2005 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 determined by the educational institution under
7 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 either to 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) WAIVERS AND SUSPENSIONS.—The Sec-
10 retary shall provide for the partial or total waiver or
11 suspension of any obligation of service or payment of
12 a recipient of an Indian Health Scholarship if the
13 Secretary, in consultation with the affected Area Of-
14 fice, Indian Tribes, Tribal Organizations, and Urban
15 Indian Organizations, determines that—

16 “(A) it is not possible for the recipient to
17 meet that obligation or make that payment;

18 “(B) requiring that recipient to meet that
19 obligation or make that payment would result
20 in extreme hardship to the recipient; or

21 “(C) the enforcement of the requirement to
22 meet the obligation or make the payment would
23 be unconscionable.

24 “(5) EXTREME HARDSHIP.—Notwithstanding
25 any other provision of law, in any case of extreme

1 hardship or for other good cause shown, the Sec-
2 retary may waive, in whole or in part, the right of
3 the United States to recover funds made available
4 under this section.

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

15 **“SEC. 105. AMERICAN INDIANS INTO PSYCHOLOGY PRO-**
16 **GRAM.**

17 “(a) GRANTS AUTHORIZED.—The Secretary, acting
18 through the Service, shall make grants to at least 3 col-
19 leges and universities for the purpose of developing and
20 maintaining Indian psychology career recruitment pro-
21 grams as a means of encouraging Indians to enter the
22 mental health field. These programs shall be located at
23 various locations throughout the country to maximize their
24 availability to Indian students and new programs shall be
25 established in different locations from time to time.

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

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

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

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

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

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

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

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

12 “(6) to the maximum extent feasible, uses exist-
13 ing university tutoring, counseling, and student sup-
14 port services; and

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

17 “(e) ACTIVE DUTY SERVICE REQUIREMENT.—The
18 active duty service obligation prescribed under section
19 338C of the Public Health Service Act (42 U.S.C. 254m)
20 shall be met by each graduate who receives a stipend de-
21 scribed in subsection (d)(4) that is funded under this sec-
22 tion. Such obligation shall be met by service—

23 “(1) in an Indian Health Program;

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

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

7 **“SEC. 106. FUNDING FOR TRIBES FOR SCHOLARSHIP PRO-**
8 **GRAMS.**

9 “(a) IN GENERAL.—

10 “(1) GRANTS AUTHORIZED.—The Secretary,
11 acting through the Service, shall make grants to
12 Tribal Health Programs for the purpose of providing
13 scholarships for Indians to serve as health profes-
14 sionals in Indian communities.

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

19 “(3) APPLICATION.—An application for a grant
20 under paragraph (1) shall be in such form and con-
21 tain such agreements, assurances, and information
22 as consistent with this section.

23 “(b) REQUIREMENTS.—

24 “(1) IN GENERAL.—A Tribal Health Program
25 receiving a grant under subsection (a) shall provide

1 scholarships to Indians in accordance with the re-
2 quirements of this section.

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

5 “(A) 80 percent of the costs of the scholar-
6 ship shall be paid from the funds made avail-
7 able pursuant to subsection (a)(1) provided to
8 the Tribal Health Program; and

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

11 “(c) COURSE OF STUDY.—A Tribal Health Program
12 shall provide scholarships under this section only to Indi-
13 ans enrolled or accepted for enrollment in a course of
14 study (approved by the Secretary) in one of the health pro-
15 fessions contemplated by this Act.

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

20 “(1) obligate such recipient to provide service in
21 an Indian Health Program or Urban Indian Organi-
22 zation, in the same Service Area where the Tribal
23 Health Program providing the scholarship is located,
24 for—

1 “(A) a number of years for which the
2 scholarship is provided (or the part-time equiva-
3 lent thereof, as determined by the Secretary),
4 or for a period of 2 years, whichever period is
5 greater; or

6 “(B) such greater period of time as the re-
7 cipient and the Tribal Health Program may
8 agree;

9 “(2) provide that the amount of the scholar-
10 ship—

11 “(A) may only be expended for—

12 “(i) tuition expenses, other reasonable
13 educational expenses, and reasonable living
14 expenses incurred in attendance at the
15 educational institution; and

16 “(ii) payment to the recipient of a
17 monthly stipend of not more than the
18 amount authorized by section 338(g)(1)(B)
19 of the Public Health Service Act (42
20 U.S.C. 254m(g)(1)(B)), with such amount
21 to be reduced pro rata (as determined by
22 the Secretary) based on the number of
23 hours such student is enrolled, and not to
24 exceed, for any year of attendance for
25 which the scholarship is provided, the total

1 amount required for the year for the pur-
2 poses authorized in this clause; and

3 “(B) may not exceed, for any year of at-
4 tendance for which the scholarship is provided,
5 the total amount required for the year for the
6 purposes authorized in subparagraph (A);

7 “(3) require the recipient of such scholarship to
8 maintain an acceptable level of academic standing as
9 determined by the educational institution in accord-
10 ance with regulations issued pursuant to this Act;
11 and

12 “(4) require the recipient of such scholarship to
13 meet the educational and licensure requirements ap-
14 propriate to each health profession.

15 “(e) BREACH OF CONTRACT.—

16 “(1) SPECIFIC BREACHES.—An individual who
17 has entered into a written contract with the Sec-
18 retary and a Tribal Health Program under sub-
19 section (d) shall be liable to the United States for
20 the Federal share of the amount which has been
21 paid to him or her, or on his or her behalf, under
22 the contract if that individual—

23 “(A) fails to maintain an acceptable level
24 of academic standing in the educational institu-
25 tion in which he or she is enrolled (such level

1 as determined by the educational institution
2 under regulations of the Secretary);

3 “(B) is dismissed from such educational
4 institution for disciplinary reasons;

5 “(C) voluntarily terminates the training in
6 such an educational institution for which he or
7 she is provided a scholarship under such con-
8 tract before the completion of such training; or

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

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

24 “(3) CANCELLATION UPON DEATH OF RECIPI-
25 ENT.—Upon the death of an individual who receives

1 an Indian Health Scholarship, any outstanding obli-
2 gation of that individual for service or payment that
3 relates to that scholarship shall be canceled.

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

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

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

20 “(2) to accept assignment under section
21 1842(b)(3)(B)(ii) of the Social Security Act for all
22 services for which payment may be made under part
23 B of title XVIII of such Act, and to enter into an
24 appropriate agreement with the State agency that
25 administers the State plan for medical assistance

1 under title XIX, or the State child health plan under
2 title XXI, of such Act to provide service to individ-
3 uals entitled to medical assistance or child health as-
4 sistance, respectively, under the plan.

5 “(g) CONTINUANCE OF FUNDING.—The Secretary
6 shall make payments under this section to a Tribal Health
7 Program for any fiscal year subsequent to the first fiscal
8 year of such payments unless the Secretary determines
9 that, for the immediately preceding fiscal year, the Tribal
10 Health Program has not complied with the requirements
11 of this section.

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

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

20 “(b) NOT COUNTED TOWARD ACTIVE DUTY SERVICE
21 OBLIGATION.—Periods of employment pursuant to this
22 subsection shall not be counted in determining fulfillment
23 of the service obligation incurred as a condition of the
24 scholarship.

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

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

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

21 “‘In order to encourage health professionals, including
22 community health representatives and emergency medical
23 technicians, to join or continue in an Indian Health Pro-
24 gram or an Urban Indian Organization and to provide
25 their services in the rural and remote areas where a sig-

1 nificant portion of Indians reside, the Secretary, acting
2 through the Service, may provide allowances to health pro-
3 fessionals employed in an Indian Health Program or an
4 Urban Indian Organization to enable them for a period
5 of time each year prescribed by regulation of the Secretary
6 to take leave of their duty stations for professional con-
7 sultation and refresher training courses.

8 **“SEC. 109. COMMUNITY HEALTH REPRESENTATIVE PRO-**
9 **GRAM.**

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

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

17 “(2) use such community health representatives
18 in the provision of health care, health promotion,
19 and disease prevention services to Indian commu-
20 nities.

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

23 “(1) provide a high standard of training for
24 community health representatives to ensure that the
25 community health representatives provide quality

1 health care, health promotion, and disease preven-
2 tion services to the Indian communities served by
3 the Program;

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

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

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

15 “(3) maintain a system which identifies the
16 needs of community health representatives for con-
17 tinuing education in health care, health promotion,
18 and disease prevention and develop programs that
19 meet the needs for continuing education;

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

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

1 “(6) promote Traditional Health Care Practices
2 of the Indian Tribes served consistent with the Serv-
3 ice standards for the provision of health care, health
4 promotion, and disease prevention.

5 **“SEC. 110. INDIAN HEALTH SERVICE LOAN REPAYMENT**
6 **PROGRAM.**

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

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

19 “(1)(A) be enrolled—

20 “(i) in a course of study or program in an
21 accredited educational institution (as deter-
22 mined by the Secretary under section
23 338B(b)(1)(c)(i) of the Public Health Service
24 Act (42 U.S.C. 254l–1(b)(1)(c)(i))) and be
25 scheduled to complete such course of study in

1 the same year such individual applies to partici-
2 pate in such program; or

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

5 “(B) have—

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

7 “(ii) a license to practice a health profes-
8 sion;

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

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

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

17 “(D) be employed in an Indian Health Program
18 or Urban Indian Organization without a service obli-
19 gation; and

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

22 “(c) APPLICATION.—

23 “(1) INFORMATION TO BE INCLUDED WITH
24 FORMS.—In disseminating application forms and
25 contract forms to individuals desiring to participate

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

15 “(2) CLEAR LANGUAGE.—The application form,
16 contract form, and all other information furnished
17 by the Secretary under this section shall be written
18 in a manner calculated to be understood by the aver-
19 age individual applying to participate in the Loan
20 Repayment Program.

21 “(3) TIMELY AVAILABILITY OF FORMS.—The
22 Secretary shall make such application forms, con-
23 tract forms, and other information available to indi-
24 viduals desiring to participate in the Loan Repay-
25 ment Program on a date sufficiently early to ensure

1 that such individuals have adequate time to carefully
2 review and evaluate such forms and information.

3 “(d) PRIORITIES.—

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

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

9 “(B) rank those positions in order of pri-
10 ority.

11 “(2) APPROVALS.—Notwithstanding the pri-
12 ority determined under paragraph (1), the Secretary,
13 in determining which applications under the Loan
14 Repayment Program to approve (and which con-
15 tracts to accept), shall—

16 “(A) give first priority to applications
17 made by individual Indians; and

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

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

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

3 “(e) RECIPIENT CONTRACTS.—

4 “(1) CONTRACT REQUIRED.—An individual be-
5 comes a participant in the Loan Repayment Pro-
6 gram only upon the Secretary and the individual en-
7 tering into a written contract described in paragraph
8 (2).

9 “(2) CONTENTS OF CONTRACT.—The written
10 contract referred to in this section between the Sec-
11 retary and an individual shall contain—

12 “(A) an agreement under which—

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

15 “(I) to pay loans on behalf of the
16 individual in accordance with the pro-
17 visions of this section; and

18 “(II) to accept (subject to the
19 availability of appropriated funds for
20 carrying out this section) the indi-
21 vidual into the Service or place the in-
22 dividual with a Tribal Health Pro-
23 gram or Urban Indian Organization
24 as provided in clause (ii)(III); and

1 “(ii) subject to subparagraph (C), the
2 individual agrees—

3 “(I) to accept loan payments on
4 behalf of the individual;

5 “(II) in the case of an individual
6 described in subsection (b)(1)—

7 “(aa) to maintain enrollment
8 in a course of study or training
9 described in subsection (b)(1)(A)
10 until the individual completes the
11 course of study or training; and

12 “(bb) while enrolled in such
13 course of study or training, to
14 maintain an acceptable level of
15 academic standing (as deter-
16 mined under regulations of the
17 Secretary by the educational in-
18 stitution offering such course of
19 study or training); and

20 “(III) to serve for a time period
21 (hereinafter in this section referred to
22 as the ‘period of obligated service’)
23 equal to 2 years or such longer period
24 as the individual may agree to serve
25 in the full-time clinical practice of

1 such individual's profession in an In-
2 dian Health Program or Urban In-
3 dian Organization to which the indi-
4 vidual may be assigned by the Sec-
5 retary;

6 “(B) a provision permitting the Secretary
7 to extend for such longer additional periods, as
8 the individual may agree to, the period of obli-
9 gated service agreed to by the individual under
10 subparagraph (A)(ii)(III);

11 “(C) a provision that any financial obliga-
12 tion of the United States arising out of a con-
13 tract entered into under this section and any
14 obligation of the individual which is conditioned
15 thereon is contingent upon funds being appro-
16 priated for loan repayments under this section;

17 “(D) a statement of the damages to which
18 the United States is entitled under subsection
19 (l) for the individual's breach of the contract;
20 and

21 “(E) such other statements of the rights
22 and liabilities of the Secretary and of the indi-
23 vidual, not inconsistent with this section.

1 “(f) DEADLINE FOR DECISION ON APPLICATION.—

2 The Secretary shall provide written notice to an individual

3 within 21 days on—

4 “(1) the Secretary’s approving, under sub-

5 section (e)(1), of the individual’s participation in the

6 Loan Repayment Program, including extensions re-

7 sulting in an aggregate period of obligated service in

8 excess of 4 years; or

9 “(2) the Secretary’s disapproving an individ-

10 ual’s participation in such Program.

11 “(g) PAYMENTS.—

12 “(1) IN GENERAL.—A loan repayment provided

13 for an individual under a written contract under the

14 Loan Repayment Program shall consist of payment,

15 in accordance with paragraph (2), on behalf of the

16 individual of the principal, interest, and related ex-

17 penses on government and commercial loans received

18 by the individual regarding the undergraduate or

19 graduate education of the individual (or both), which

20 loans were made for—

21 “(A) tuition expenses;

22 “(B) all other reasonable educational ex-

23 penses, including fees, books, and laboratory ex-

24 penses, incurred by the individual; and

1 “(C) reasonable living expenses as deter-
2 mined by the Secretary.

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

14 “(A) affects the ability of the Secretary to
15 maximize the number of contracts that can be
16 provided under the Loan Repayment Program
17 from the amounts appropriated for such con-
18 tracts;

19 “(B) provides an incentive to serve in In-
20 dian Health Programs and Urban Indian Orga-
21 nizations with the greatest shortages of health
22 professionals; and

23 “(C) provides an incentive with respect to
24 the health professional involved remaining in an
25 Indian Health Program or Urban Indian Orga-

1 nization with such a health professional short-
2 age, and continuing to provide primary health
3 services, after the completion of the period of
4 obligated service under the Loan Repayment
5 Program.

6 “(3) TIMING.—Any arrangement made by the
7 Secretary for the making of loan repayments in ac-
8 cordance with this subsection shall provide that any
9 repayments for a year of obligated service shall be
10 made no later than the end of the fiscal year in
11 which the individual completes such year of service.

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

16 “(A) in addition to such payments, may
17 make payments to the individual in an amount
18 equal to not less than 20 percent and not more
19 than 39 percent of the total amount of loan re-
20 payments made for the taxable year involved;
21 and

22 “(B) may make such additional payments
23 as the Secretary determines to be appropriate
24 with respect to such purpose.

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

6 “(h) EMPLOYMENT CEILING.—Notwithstanding any
7 other provision of law, individuals who have entered into
8 written contracts with the Secretary under this section
9 shall not be counted against any employment ceiling af-
10 fecting the Department while those individuals are under-
11 going academic training.

12 “(i) RECRUITMENT.—The Secretary shall conduct re-
13 cruiting programs for the Loan Repayment Program and
14 other Service manpower programs of the Service at edu-
15 cational institutions training health professionals or spe-
16 cialists identified in subsection (a).

17 “(j) APPLICABILITY OF LAW.—Section 214 of the
18 Public Health Service Act (42 U.S.C. 215) shall not apply
19 to individuals during their period of obligated service
20 under the Loan Repayment Program.

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

1 “(1) ensure that the staffing needs of Tribal
2 Health Programs and Urban Indian Organizations
3 receive consideration on an equal basis with pro-
4 grams that are administered directly by the Service;
5 and

6 “(2) give priority to assigning individuals to In-
7 dian Health Programs and Urban Indian Organiza-
8 tions that have a need for health professionals to
9 provide health care services as a result of individuals
10 having breached contracts entered into under this
11 section.

12 “(l) BREACH OF CONTRACT.—

13 “(1) SPECIFIC BREACHES.—An individual who
14 has entered into a written contract with the Sec-
15 retary under this section and has not received a
16 waiver under subsection (m) shall be liable, in lieu
17 of any service obligation arising under such contract,
18 to the United States for the amount which has been
19 paid on such individual’s behalf under the contract
20 if that individual—

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

23 “(i) fails to maintain an acceptable
24 level of academic standing in the edu-
25 cational institution in which he or she is

1 enrolled (such level determined by the edu-
2 cational institution under regulations of
3 the Secretary);

4 “(ii) voluntarily terminates such en-
5 rollment; or

6 “(iii) is dismissed from such edu-
7 cational institution before completion of
8 such course of study; or

9 “(B) is enrolled in a graduate training pro-
10 gram and fails to complete such training pro-
11 gram.

12 “(2) OTHER BREACHES; FORMULA FOR
13 AMOUNT OWED.—If, for any reason not specified in
14 paragraph (1), an individual breaches his or her
15 written contract under this section by failing either
16 to begin, or complete, such individual’s period of ob-
17 ligated service in accordance with subsection (e)(2),
18 the United States shall be entitled to recover from
19 such individual an amount to be determined in ac-
20 cordance with the following formula: $A=3Z(t-s/t)$
21 in which—

22 “(A) ‘A’ is the amount the United States
23 is entitled to recover;

24 “(B) ‘Z’ is the sum of the amounts paid
25 under this section to, or on behalf of, the indi-

1 vidual and the interest on such amounts which
2 would be payable if, at the time the amounts
3 were paid, they were loans bearing interest at
4 the maximum legal prevailing rate, as deter-
5 mined by the Secretary of the Treasury;

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

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

12 “(3) DEDUCTIONS IN MEDICARE PAYMENTS.—
13 Amounts not paid within such period shall be sub-
14 ject to collection through deductions in medicare
15 payments pursuant to section 1892 of the Social Se-
16 curity Act.

17 “(4) TIME PERIOD FOR REPAYMENT.—Any
18 amount of damages which the United States is enti-
19 tled to recover under this subsection shall be paid to
20 the United States within the 1-year period beginning
21 on the date of the breach or such longer period be-
22 ginning on such date as shall be specified by the
23 Secretary.

24 “(5) RECOVERY OF DELINQUENCY.—

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

5 “(i) use collection agencies contracted
6 with by the Administrator of General Serv-
7 ices; or

8 “(ii) enter into contracts for the re-
9 covery of such damages with collection
10 agencies selected by the Secretary.

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

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

21 “(1) IN GENERAL.—The Secretary shall by reg-
22 ulation provide for the partial or total waiver or sus-
23 pension of any obligation of service or payment by
24 an individual under the Loan Repayment Program
25 whenever compliance by the individual is impossible

1 or would involve extreme hardship to the individual
2 and if enforcement of such obligation with respect to
3 any individual would be unconscionable.

4 “(2) CANCELED UPON DEATH.—Any obligation
5 of an individual under the Loan Repayment Pro-
6 gram for service or payment of damages shall be
7 canceled upon the death of the individual.

8 “(3) HARDSHIP WAIVER.—The Secretary may
9 waive, in whole or in part, the rights of the United
10 States to recover amounts under this section in any
11 case of extreme hardship or other good cause shown,
12 as determined by the Secretary.

13 “(4) BANKRUPTCY.—Any obligation of an indi-
14 vidual under the Loan Repayment Program for pay-
15 ment of damages may be released by a discharge in
16 bankruptcy under title 11 of the United States Code
17 only if such discharge is granted after the expiration
18 of the 5-year period beginning on the first date that
19 payment of such damages is required, and only if
20 the bankruptcy court finds that nondischarge of the
21 obligation would be unconscionable.

22 “(n) REPORT.—The Secretary shall submit to the
23 President, for inclusion in each report required to be sub-
24 mitted to Congress under section 801, a report concerning

1 the previous fiscal year which sets forth by Service Area
2 the following:

3 “(1) A list of the health professional positions
4 maintained by Indian Health Programs and Urban
5 Indian Organizations for which recruitment or reten-
6 tion is difficult.

7 “(2) The number of Loan Repayment Program
8 applications filed with respect to each type of health
9 profession.

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

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

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

18 “(6) The amount of scholarship grants provided
19 under section 104 and 106, in total and by health
20 profession.

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

1 “(8) The measures the Secretary plans to take
2 to fill the health professional positions maintained
3 by Indian Health Programs or Urban Indian Orga-
4 nizations for which recruitment or retention is dif-
5 ficult.

6 **“SEC. 111. SCHOLARSHIP AND LOAN REPAYMENT RECOV-
7 ERY FUND.**

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

19 “(b) USE OF FUNDS.—

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

24 “(A) to which a scholarship recipient under
25 section 104 and 106 or a loan repayment pro-

1 gram participant under section 110 has been
2 assigned to meet the obligated service require-
3 ments pursuant to such sections; and

4 “(B) that has a need for a health profes-
5 sional to provide health care services as a result
6 of such recipient or participant having breached
7 the contract entered into under section 104,
8 106, or section 110.

9 “(2) BY TRIBAL HEALTH PROGRAMS.—A Tribal
10 Health Program receiving payments pursuant to
11 paragraph (1) may expend the payments to provide
12 scholarships or recruit and employ, directly or by
13 contract, health professionals to provide health care
14 services.

15 “(c) INVESTMENT OF FUNDS.—The Secretary of the
16 Treasury shall invest such amounts of the LRRF as the
17 Secretary of Health and Human Services determines are
18 not required to meet current withdrawals from the LRRF.
19 Such investments may be made only in interest bearing
20 obligations of the United States. For such purpose, such
21 obligations may be acquired on original issue at the issue
22 price, or by purchase of outstanding obligations at the
23 market price.

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

4 **“SEC. 112. RECRUITMENT ACTIVITIES.**

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

14 “(b) RECRUITMENT PERSONNEL.—The Secretary,
15 acting through the Service, shall assign one individual in
16 each Area Office to be responsible on a full-time basis for
17 recruitment activities.

18 **“SEC. 113. INDIAN RECRUITMENT AND RETENTION PRO-**
19 **GRAM.**

20 “(a) IN GENERAL.—The Secretary, acting through
21 the Service, shall fund, on a competitive basis, innovative
22 demonstration projects for a period not to exceed 3 years
23 to enable Tribal Health Programs and Urban Indian Or-
24 ganizations to recruit, place, and retain health profes-
25 sionals to meet their staffing needs.

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

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

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

13 “(b) SERVICE OBLIGATION.—An individual who par-
14 ticipates in a program under subsection (a), where the
15 educational costs are borne by the Service, shall incur an
16 obligation to serve in an Indian Health Program or Urban
17 Indian Organization for a period of obligated service equal
18 to at least the period of time during which the individual
19 participates in such program. In the event that the indi-
20 vidual fails to complete such obligated service, the indi-
21 vidual shall be liable to the United States for the period
22 of service remaining. In such event, with respect to indi-
23 viduals entering the program after the date of enactment
24 of the Indian Health Care Improvement Act Amendments
25 of 2005, the United States shall be entitled to recover

1 from such individual an amount to be determined in ac-
2 cordance with the formula specified in subsection (l) of
3 section 110 in the manner provided for in such subsection.

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

8 **“SEC. 115. QUENTIN N. BURDICK AMERICAN INDIANS INTO**
9 **NURSING PROGRAM.**

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

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

16 “(2) Tribal colleges or universities.

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

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

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

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

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

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

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

19 “(c) APPLICATIONS.—Each application for funding
20 under subsection (a) shall include such information as the
21 Secretary may require to establish the connection between
22 the program of the applicant and a health care facility
23 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 “(e) QUENTIN N. BURDICK PROGRAM GRANT.—The
13 Secretary shall provide one of the grants authorized under
14 subsection (a) to establish and maintain a program at the
15 University of North Dakota to be known as the ‘Quentin
16 N. Burdick American Indians Into Nursing Program’.
17 Such program shall, to the maximum extent feasible, co-
18 ordinate with the Quentin N. Burdick Indian Health Pro-
19 grams established under section 117(b) and the Quentin
20 N. Burdick American Indians Into Psychology Program
21 established under section 105(b).

22 “(f) ACTIVE DUTY SERVICE OBLIGATION.—The ac-
23 tive duty service obligation prescribed under section 338C
24 of the Public Health Service Act (42 U.S.C. 254m) shall
25 be met by each individual who receives training or assist-

1 ance described in paragraph (1) or (2) of subsection (b)
2 that is funded by a grant provided under subsection (a).

3 Such obligation shall be met by service—

4 “(1) in the Service;

5 “(2) in a program of an Indian Tribe or Tribal
6 Organization conducted under the Indian Self-Deter-
7 mination and Education Assistance Act (including
8 programs under agreements with the Bureau of In-
9 dian Affairs);

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

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

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

19 “(a) CULTURAL EDUCATION OF EMPLOYEES.—The
20 Secretary, acting through the Service, shall require that
21 appropriate employees of the Service who serve Indian
22 Tribes in each Service Area receive educational instruction
23 in the history and culture of such Indian Tribes and their
24 relationship to the Service.

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

4 “(1) be developed in consultation with the af-
5 fected Indian Tribes, Tribal Organizations, and
6 Urban Indian Organizations;

7 “(2) be carried out through tribal colleges or
8 universities;

9 “(3) include instruction in American Indian
10 studies; and

11 “(4) describe the use and place of Traditional
12 Health Care Practices of the Indian Tribes in the
13 Service Area.

14 **“SEC. 117. INMED PROGRAM.**

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

22 “(b) QUENTIN N. BURDICK GRANT.—The Secretary
23 shall provide one of the grants authorized under sub-
24 section (a) to maintain the INMED program at the Uni-
25 versity of North Dakota, to be known as the ‘Quentin N.

1 Burdick Indian Health Programs’, unless the Secretary
2 makes a determination, based upon program reviews, that
3 the program is not meeting the purposes of this section.
4 Such program shall, to the maximum extent feasible, co-
5 ordinate with the Quentin N. Burdick American Indians
6 Into Psychology Program established under section 105(b)
7 and the Quentin N. Burdick American Indians Into Nurs-
8 ing Program established under section 115.

9 “(c) REGULATIONS.—The Secretary, pursuant to this
10 Act, shall develop regulations to govern grants pursuant
11 to this section.

12 “(d) REQUIREMENTS.—Applicants for grants pro-
13 vided under this section shall agree to provide a program
14 which—

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

20 “(2) incorporates a program advisory board
21 comprised of representatives from the Indian Tribes
22 and Indian communities which will be served by the
23 program;

24 “(3) provides summer preparatory programs for
25 Indian students who need enrichment in the subjects

1 of math and science in order to pursue training in
2 the health professions;

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

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

9 **“SEC. 118. HEALTH TRAINING PROGRAMS OF COMMUNITY**
10 **COLLEGES.**

11 “(a) GRANTS TO ESTABLISH PROGRAMS.—

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

21 “(2) AMOUNT OF GRANTS.—The amount of any
22 grant awarded to a community college under para-
23 graph (1) for the first year in which such a grant
24 is provided to the community college shall not exceed
25 \$100,000.

1 “(b) GRANTS FOR MAINTENANCE AND RECRUIT-
2 ING.—

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

9 “(2) REQUIREMENTS.—Grants may only be
10 made under this section to a community college
11 which—

12 “(A) is accredited;

13 “(B) has a relationship with a hospital fa-
14 cility, Service facility, or hospital that could
15 provide training of nurses or health profes-
16 sionals;

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

20 “(i) provide a program that enhances
21 the transition and recruitment of students
22 into advanced baccalaureate or graduate
23 programs which train health professionals;
24 and

1 “(ii) stipulate certifications necessary
2 to approve internship and field placement
3 opportunities at Indian Health Programs;

4 “(D) has a qualified staff which has the
5 appropriate certifications;

6 “(E) is capable of obtaining State or re-
7 gional accreditation of the program described in
8 subsection (a)(1); and

9 “(F) agrees to provide for Indian pref-
10 erence for applicants for programs under this
11 section.

12 “(c) TECHNICAL ASSISTANCE.—The Secretary shall
13 encourage community colleges described in subsection
14 (b)(2) to establish and maintain programs described in
15 subsection (a)(1) by—

16 “(1) entering into agreements with such col-
17 leges for the provision of qualified personnel of the
18 Service to teach courses of study in such programs;
19 and

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

22 “(d) ADVANCED TRAINING.—

23 “(1) REQUIRED.—Any program receiving as-
24 sistance under this section that is conducted with re-
25 spect to a health profession shall also offer courses

1 of study which provide advanced training for any
2 health professional who—

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

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

7 “(2) MAY BE OFFERED AT ALTERNATE SITE.—
8 Such courses of study may be offered in conjunction
9 with the college or university with which the commu-
10 nity college has entered into the agreement required
11 under subsection (b)(2)(C).

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

16 **“SEC. 119. RETENTION BONUS.**

17 “(a) BONUS AUTHORIZED.—The Secretary may pay
18 a retention bonus to any health professional employed by,
19 or assigned to, and serving in, an Indian Health Program
20 or Urban Indian Organization either as a civilian employee
21 or as a commissioned officer in the Regular or Reserve
22 Corps of the Public Health Service who—

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

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

4 “(3) has—

5 “(A) completed 3 years of employment
6 with an Indian Health Program or Urban In-
7 dian Organization; or

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

10 “(i) any Federal scholarship program;

11 or

12 “(ii) any Federal education loan re-
13 payment program; and

14 “(4) enters into an agreement with an Indian
15 Health Program or Urban Indian Organization for
16 continued employment for a period of not less than
17 1 year.

18 “(b) RATES.—The Secretary may establish rates for
19 the retention bonus which shall provide for a higher an-
20 nual rate for multiyear agreements than for single year
21 agreements referred to in subsection (a)(4), but in no
22 event shall the annual rate be more than \$25,000 per
23 annum.

24 “(c) DEFAULT OF RETENTION AGREEMENT.—Any
25 health professional failing to complete the agreed upon

1 term of service, except where such failure is through no
2 fault of the individual, shall be obligated to refund to the
3 Government the full amount of the retention bonus for the
4 period covered by the agreement, plus interest as deter-
5 mined by the Secretary in accordance with section
6 110(l)(2)(B).

7 “(d) OTHER RETENTION BONUS.—The Secretary
8 may pay a retention bonus to any health professional em-
9 ployed by a Tribal Health Program if such health profes-
10 sional is serving in a position which the Secretary deter-
11 mines is—

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

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

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

17 “(a) ESTABLISHMENT OF PROGRAM.—The Sec-
18 retary, acting through the Service, shall establish a pro-
19 gram to enable Indians who are licensed practical nurses,
20 licensed vocational nurses, and registered nurses who are
21 working in an Indian Health Program or Urban Indian
22 Organization, and have done so for a period of not less
23 than 1 year, to pursue advanced training. Such program
24 shall include a combination of education and work study
25 in an Indian Health Program or Urban Indian Organiza-

1 tion leading to an associate or bachelor's degree (in the
2 case of a licensed practical nurse or licensed vocational
3 nurse), a bachelor's degree (in the case of a registered
4 nurse), or advanced degrees or certifications in nursing
5 and public health.

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

18 **“SEC. 121. COMMUNITY HEALTH AIDE PROGRAM FOR ALAS-**

19 **KA.**

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

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

3 “(2) uses such aides or practitioners in the pro-
4 vision of health care, health promotion, and disease
5 prevention services to Alaska Natives living in vil-
6 lages in rural Alaska; and

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

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

14 “(1) using trainers accredited by the Program,
15 provide a high standard of training to community
16 health aides and community health practitioners to
17 ensure that such aides and practitioners provide
18 quality health care, health promotion, and disease
19 prevention services to the villages served by the Pro-
20 gram;

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

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

1 “(B) provides instruction and practical ex-
2 perience in the provision of acute care, emer-
3 gency care, health promotion, disease preven-
4 tion, and the efficient and effective manage-
5 ment of clinic pharmacies, supplies, equipment,
6 and facilities; and

7 “(C) promotes the achievement of the
8 health status objectives specified in section
9 3(2);

10 “(3) establish and maintain a Community
11 Health Aide Certification Board to certify as com-
12 munity health aides or community health practi-
13 tioners individuals who have successfully completed
14 the training described in paragraph (1) or can dem-
15 onstrate equivalent experience;

16 “(4) develop and maintain a system which iden-
17 tifies the needs of community health aides and com-
18 munity health practitioners for continuing education
19 in the provision of health care, including the areas
20 described in paragraph (2)(B), and develop pro-
21 grams that meet the needs for such continuing edu-
22 cation;

23 “(5) develop and maintain a system that pro-
24 vides close supervision of community health aides
25 and community health practitioners; and

1 “(6) develop a system under which the work of
2 community health aides and community health prac-
3 titioners is reviewed and evaluated to assure the pro-
4 vision of quality health care, health promotion, and
5 disease prevention services.

6 “(c) NATIONAL COMMUNITY HEALTH AIDE PRO-
7 GRAM.—

8 “(1) IN GENERAL.—The Secretary, acting
9 through the Service, is authorized to establish a na-
10 tional Community Health Aide Program in accord-
11 ance with subsection (a), except as provided in para-
12 graphs (2) and (3), without reducing funds for the
13 Community Health Aide Program for Alaska.

14 “(2) LIMITED CERTIFICATION.—Except for any
15 dental health aide in the State of Alaska, the Sec-
16 retary, acting through the Community Health Aide
17 Program of the Service, shall ensure that, for a pe-
18 riod of 4 years, dental health aides are certified only
19 to provide services relating to—

20 “(A) early childhood dental disease preven-
21 tion and reversible dental procedures; and

22 “(B) the development of local capacity to
23 provide those dental services.

24 “(3) REVIEW.—

1 “(A) IN GENERAL.—During the 4-year pe-
2 riod described in paragraph (2), the Secretary,
3 acting through the Community Health Aide
4 Program of the Service, shall conduct a review
5 of the dental health aide program in the State
6 of Alaska to determine the ability of the pro-
7 gram to address the dental care needs of Native
8 Alaskans, the quality of care provided (includ-
9 ing any training, improvement, or additional
10 oversight needed), and whether the program is
11 appropriate and necessary to carry out in any
12 other Indian community.

13 “(B) REPORT.—After conducting the re-
14 view under subparagraph (A), the Secretary
15 shall submit to the Committee on Indian Af-
16 fairs of the Senate and the Committee on Re-
17 sources of the House of Representatives a re-
18 port describing any finding of the Secretary
19 under the review.

20 “(C) FUTURE AUTHORIZATION OF CER-
21 TIFICATIONS.—Before authorizing any dental
22 procedure not described in paragraph (2)(A),
23 the Secretary shall consult with Indian tribes,
24 Tribal Organizations, Urban Indian Organiza-
25 tions, and other interested parties to ensure

1 that the safety and quality of care of the Com-
2 munity Health Aide Program are adequate and
3 appropriate.

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

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

8 **“SEC. 123. HEALTH PROFESSIONAL CHRONIC SHORTAGE**
9 **DEMONSTRATION PROGRAMS.**

10 “(a) DEMONSTRATION PROGRAMS AUTHORIZED.—

11 The Secretary, acting through the Service, may fund dem-
12 onstration programs for Tribal Health Programs to ad-
13 dress the chronic shortages of health professionals.

14 “(b) PURPOSES OF PROGRAMS.—The purposes of
15 demonstration programs funded under subsection (a) shall
16 be—

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

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

23 “(3) to provide academic and scholarly opportu-
24 nities for health professionals serving Indians by

1 identifying all academic and scholarly resources of
2 the region.

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

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

9 “(a) NO REDUCTION IN SERVICES.—The Secretary
10 shall not—

11 “(1) remove a member of the National Health
12 Service Corps from an Indian Health Program or
13 Urban Indian Organization; or

14 “(2) withdraw funding used to support such
15 member, unless the Secretary, acting through the
16 Service, Indian Tribes, or Tribal Organizations, has
17 ensured that the Indians receiving services from
18 such member will experience no reduction in serv-
19 ices.

20 “(b) EXEMPTION FROM LIMITATIONS.—National
21 Health Service Corps scholars qualifying for the Commis-
22 sioned Corps in the United States Public Health Service
23 shall be exempt from the full-time equivalent limitations
24 of the National Health Service Corps and the Service

1 when serving as a commissioned corps officer in a Tribal
2 Health Program or an Urban Indian Organization.

3 **“SEC. 125. SUBSTANCE ABUSE COUNSELOR EDUCATIONAL**
4 **CURRICULA DEMONSTRATION PROGRAMS.**

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

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

16 “(c) TIME PERIOD OF ASSISTANCE; RENEWAL.—A
17 contract entered into or a grant provided under this sec-
18 tion shall be for a period of 1 year. Such contract or grant
19 may be renewed for an additional 1-year period upon the
20 approval of the Secretary.

21 “(d) CRITERIA FOR REVIEW AND APPROVAL OF AP-
22 PPLICATIONS.—Not later than 180 days after the date of
23 enactment of the Indian Health Care Improvement Act
24 Amendments of 2005, the Secretary, after consultation
25 with Indian Tribes and administrators of tribal colleges

1 and universities and eligible accredited and accessible com-
2 munity colleges, shall develop and issue criteria for the
3 review and approval of applications for funding (including
4 applications for renewals of funding) under this section.
5 Such criteria shall ensure that demonstration programs
6 established under this section promote the development of
7 the capacity of such entities to educate substance abuse
8 counselors.

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

13 “(f) REPORT.—Each fiscal year, the Secretary shall
14 submit to the President, for inclusion in the report which
15 is required to be submitted under section 801 for that fis-
16 cal year, a report on the findings and conclusions derived
17 from the demonstration programs conducted under this
18 section during that fiscal year.

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

22 “(1) Classroom education.

23 “(2) Clinical work experience.

24 “(3) Continuing education workshops.

1 **“SEC. 126. BEHAVIORAL HEALTH TRAINING AND COMMU-**
2 **NITY EDUCATION PROGRAMS.**

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

11 “(b) **POSITIONS.**—The positions referred to in sub-
12 section (a) are—

13 “(1) staff positions within the Bureau of Indian
14 Affairs, including existing positions, in the fields
15 of—

16 “(A) elementary and secondary education;

17 “(B) social services and family and child
18 welfare;

19 “(C) law enforcement and judicial services;

20 and

21 “(D) alcohol and substance abuse;

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

23 “(3) staff positions similar to those identified in
24 paragraphs (1) and (2) established and maintained
25 by Indian Tribes, Tribal Organizations (without re-

1 gard to the funding source), and Urban Indian Or-
2 ganizations.

3 “(c) TRAINING CRITERIA.—

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

21 “(2) POSITION SPECIFIC TRAINING CRITERIA.—

22 Position specific training criteria shall be culturally
23 relevant to Indians and Indian Tribes and shall en-
24 sure that appropriate information regarding Tradi-
25 tional Health Care Practices is provided.

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

15 “(e) PLAN.—Not later than 90 days after the date
16 of enactment of the Indian Health Care Improvement Act
17 Amendments of 2005, the Secretary shall develop a plan
18 under which the Service will increase the health care staff
19 providing behavioral health services by at least 500 posi-
20 tions within 5 years after the date of enactment of this
21 section, with at least 200 of such positions devoted to
22 child, adolescent, and family services. The plan developed
23 under this subsection shall be implemented under the Act
24 of November 2, 1921 (25 U.S.C. 13) (commonly known
25 as the ‘Snyder Act’).

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

2 “There are 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 II—HEALTH SERVICES**

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

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

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

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

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

20 “(4) eliminating inequities in funding for both
21 direct care and contract health service programs;
22 and

23 “(5) augmenting the ability of the Service to
24 meet the following health service responsibilities with
25 respect to those Indian Tribes with the highest levels

1 of health status deficiencies and resource defi-
2 ciencies:

3 “(A) Clinical care, including inpatient care,
4 outpatient care (including audiology, clinical
5 eye, and vision care), primary care, secondary
6 and tertiary care, and long-term care.

7 “(B) Preventive health, including mam-
8 mography and other cancer screening in accord-
9 ance with section 207.

10 “(C) Dental care.

11 “(D) Mental health, including community
12 mental health services, inpatient mental health
13 services, dormitory mental health services,
14 therapeutic and residential treatment centers,
15 and training of traditional health care practi-
16 tioners.

17 “(E) Emergency medical services.

18 “(F) Treatment and control of, and reha-
19 bilitative care related to, alcoholism and drug
20 abuse (including fetal alcohol syndrome) among
21 Indians.

22 “(G) Accident prevention programs.

23 “(H) Home health care.

24 “(I) Community health representatives.

25 “(J) Maintenance and repair.

1 “(K) Traditional Health Care Practices.

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

8 “(c) ALLOCATION; USE.—

9 “(1) IN GENERAL.—Funds appropriated under
10 the authority of this section shall be allocated to
11 Service Units, Indian Tribes, or Tribal Organiza-
12 tions. The funds allocated to each Indian Tribe,
13 Tribal Organization, or Service Unit under this
14 paragraph shall be used by the Indian Tribe, Tribal
15 Organization, or Service Unit under this paragraph
16 to improve the health status and reduce the resource
17 deficiency of each Indian Tribe served by such Serv-
18 ice Unit, Indian Tribe, or Tribal Organization.

19 “(2) APPORTIONMENT OF ALLOCATED
20 FUNDS.—The apportionment of funds allocated to a
21 Service Unit, Indian Tribe, or Tribal Organization
22 under paragraph (1) among the health service re-
23 sponsibilities described in subsection (a)(5) shall be
24 determined by the Service in consultation with, and

1 with the active participation of, the affected Indian
2 Tribes and Tribal Organizations.

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

6 “(1) DEFINITION.—The term ‘health status
7 and resource deficiency’ means the extent to
8 which—

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

11 “(B) the Indian Tribe or Tribal Organiza-
12 tion does not have available to it the health re-
13 sources it needs, taking into account the actual
14 cost of providing health care services given local
15 geographic, climatic, rural, or other cir-
16 cumstances.

17 “(2) AVAILABLE RESOURCES.—The health re-
18 sources available to an Indian Tribe or Tribal Orga-
19 nization include health resources provided by the
20 Service as well as health resources used by the In-
21 dian Tribe or Tribal Organization, including services
22 and financing systems provided by any Federal pro-
23 grams, private insurance, and programs of State or
24 local governments.

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

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

12 “(f) REPORT.—By no later than the date that is 3
13 years after the date of enactment of the Indian Health
14 Care Improvement Act Amendments of 2005, the Sec-
15 retary shall submit to Congress the current health status
16 and resource deficiency report of the Service for each
17 Service Unit, including newly recognized or acknowledged
18 Indian Tribes. Such report shall set out—

19 “(1) the methodology then in use by the Service
20 for determining Tribal health status and resource
21 deficiencies, as well as the most recent application of
22 that methodology;

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

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

5 “(4) an estimate of—

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

13 “(B) the number of Indians eligible for
14 health services in each Service Unit or Indian
15 Tribe or Tribal Organization; and

16 “(C) the number of Indians using the
17 Service resources made available to each Service
18 Unit, Indian Tribe or Tribal Organization, and,
19 to the extent available, information on the wait-
20 ing lists and number of Indians turned away for
21 services due to lack of resources.

22 “(g) INCLUSION IN BASE BUDGET.—Funds appro-
23 priated under this section for any fiscal year shall be in-
24 cluded in the base budget of the Service for the purpose

1 of determining appropriations under this section in subse-
2 quent fiscal years.

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

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

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

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

17 “(1) the amounts deposited under subsection
18 (f); and

19 “(2) the amounts appropriated to CHEF under
20 this section.

21 “(b) ADMINISTRATION.—CHEF shall be adminis-
22 tered by the Secretary, acting through the central office
23 of the Service, solely for the purpose of meeting the ex-
24 traordinary medical costs associated with the treatment of

1 victims of disasters or catastrophic illnesses who are with-
2 in the responsibility of the Service.

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

10 “(d) REGULATIONS.—The Secretary shall, through
11 the negotiated rulemaking process under title VIII, pro-
12 mulgate regulations consistent with the provisions of this
13 section to—

14 “(1) establish a definition of disasters and cata-
15 strophic illnesses for which the cost of the treatment
16 provided under contract would qualify for payment
17 from CHEF;

18 “(2) provide that a Service Unit shall not be el-
19 igible for reimbursement for the cost of treatment
20 from CHEF until its cost of treating any victim of
21 such catastrophic illness or disaster has reached a
22 certain threshold cost which the Secretary shall es-
23 tablish at—

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

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

8 “(3) establish a procedure for the reimburse-
9 ment of the portion of the costs that exceeds such
10 threshold cost incurred by—

11 “(A) Service Units; or

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

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

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

24 “(e) NO OFFSET OR LIMITATION.—Amounts appro-
25 priated to CHEF under this section shall not be used to

1 offset or limit appropriations made to the Service under
2 the authority of the Act of November 2, 1921 (25 U.S.C.
3 13) (commonly known as the ‘Snyder Act’), or any other
4 law.

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

11 **“SEC. 203. HEALTH PROMOTION AND DISEASE PREVENTION**
12 **SERVICES.**

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

15 “(1) improve the health and well-being of Indi-
16 ans; and

17 “(2) reduce the expenses for health care of In-
18 dians.

19 “(b) PROVISION OF SERVICES.—The Secretary, act-
20 ing through the Service and Tribal Health Programs, shall
21 provide health promotion and disease prevention services
22 to Indians to achieve the health status objectives set forth
23 in section 3(2).

24 “(c) EVALUATION.—The Secretary, after obtaining
25 input from the affected Tribal Health Programs, shall

1 submit to the President for inclusion in each report which
2 is required to be submitted to Congress under section 801
3 an evaluation of—

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

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

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

10 “(4) the resources which would be required to
11 enable the Service and Tribal Health Programs to
12 undertake the health promotion and disease preven-
13 tion activities necessary to meet such needs.

14 **“SEC. 204. DIABETES PREVENTION, TREATMENT, AND CON-**
15 **TROL.**

16 “(a) DETERMINATIONS REGARDING DIABETES.—
17 The Secretary, acting through the Service, and in con-
18 sultation with Indian Tribes and Tribal Organizations,
19 shall determine—

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

23 “(2) based on the determinations made pursu-
24 ant to paragraph (1), the measures (including pa-
25 tient education and effective ongoing monitoring of

1 disease indicators) each Service Unit should take to
2 reduce the incidence of, and prevent, treat, and con-
3 trol the complications resulting from, diabetes
4 among Indian Tribes within that Service Unit.

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

17 “(c) FUNDING FOR DIABETES.—The Secretary shall
18 continue to maintain each model diabetes project in exist-
19 ence on the date of enactment of the Indian Health
20 Amendments Care Improvement Act of 2005, any such
21 other diabetes programs operated by the Service or Tribal
22 Health Programs, and any additional diabetes projects,
23 such as the Medical Vanguard program provided for in
24 title IV of Public Law 108–87, as implemented to serve
25 Indian Tribes. Tribal Health Programs shall receive recur-

1 ring funding for the diabetes projects that they operate
2 pursuant to this section, both at the date of enactment
3 of the Indian Health Care Improvement Act Amendments
4 of 2005 and for projects which are added and funded
5 thereafter.

6 “(d) FUNDING FOR DIALYSIS PROGRAMS.—The Sec-
7 retary is authorized to provide funding through the Serv-
8 ice, Indian Tribes, and Tribal Organizations to establish
9 dialysis programs, including funding to purchase dialysis
10 equipment and provide necessary staffing.

11 “(e) OTHER DUTIES OF THE SECRETARY.—The Sec-
12 retary shall, to the extent funding is available—

13 “(1) in each Area Office, consult with Indian
14 Tribes and Tribal Organizations regarding programs
15 for the prevention, treatment, and control of diabe-
16 tes;

17 “(2) establish in each Area Office a registry of
18 patients with diabetes to track the incidence of dia-
19 betes and the complications from diabetes in that
20 area; and

21 “(3) ensure that data collected in each Area Of-
22 fice regarding diabetes and related complications
23 among Indians are disseminated to all other Area
24 Offices, subject to applicable patient privacy laws.

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 2005, the Secretary, acting through
21 the Service, shall establish and fund an epidemiology cen-
22 ter in each Service Area which does not yet have one to
23 carry out the functions described in subsection (b). Any
24 new centers so established may be operated by Tribal
25 Health Programs, 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 FUNDS.—Funding provided under this
4 section may be used for purposes which may include, but
5 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 that include traditional
9 health care practitioners.

10 “(13) Violence prevention.

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

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

20 “(d) CRITERIA FOR REVIEW AND APPROVAL OF AP-
21 PPLICATIONS.—The Secretary, acting through the Service,
22 and in consultation with Indian Tribes, Tribal Organiza-
23 tions, and Urban Indian Organizations, shall establish cri-
24 teria for the review and approval of applications for fund-
25 ing provided pursuant to 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 funding to Indian Tribes, Trib-
13 al Organizations, and Urban Indian Organizations for in-
14 novative mental and physical disease prevention and
15 health promotion and treatment programs for Indian and
16 Urban 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 health care practitioners; 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 syncytial 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; and

8 “(5) public health functions.

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

19 “(c) DEFINITIONS.—For the purposes of this section,
 20 the following definitions shall apply:

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

23 “(A) Homemaker/home health aide serv-
 24 ices.

25 “(B) Chore services.

1 “(C) Personal care services.

2 “(D) Nursing care services provided out-
3 side of a nursing facility by, or under the super-
4 vision of, a registered nurse.

5 “(E) Respite care.

6 “(F) Training for family members.

7 “(G) Adult day care.

8 “(H) Such other home- and community-
9 based services as the Secretary, an Indian tribe,
10 or a Tribal Organization may approve.

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

18 “(3) The term ‘public health functions’ means
19 the provision of public health-related programs,
20 functions, and services, including assessment, assur-
21 ance, and policy development which Indian Tribes
22 and Tribal Organizations are authorized and encour-
23 aged, in those circumstances where it meets their
24 needs, to do by forming collaborative relationships

1 with all levels of local, State, and Federal Govern-
2 ment.

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

4 “The Secretary, acting through the Service and In-
5 dian Tribes, Tribal Organizations, and Urban Indian Or-
6 ganizations, shall monitor and improve the quality of
7 health care for Indian women of all ages through the plan-
8 ning and delivery of programs administered by the Service,
9 in order to improve and enhance the treatment models of
10 care for Indian women.

11 **“SEC. 215. ENVIRONMENTAL AND NUCLEAR HEALTH HAZ-
12 ARDS.**

13 “(a) STUDIES AND MONITORING.—The Secretary
14 and the Service shall conduct, in conjunction with other
15 appropriate Federal agencies and in consultation with con-
16 cerned Indian Tribes and Tribal Organizations, studies
17 and ongoing monitoring programs to determine trends in
18 the health hazards to Indian miners and to Indians on
19 or near reservations and Indian communities as a result
20 of environmental hazards which may result in chronic or
21 life threatening health problems, such as nuclear resource
22 development, petroleum contamination, and contamination
23 of water source and of the food chain. Such studies shall
24 include—

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

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

9 “(3) an evaluation of the types and nature of
10 activities, practices, and conditions causing or affect-
11 ing such health problems, including uranium mining
12 and milling, uranium mine tailing deposits, nuclear
13 power plant operation and construction, and nuclear
14 waste disposal; oil and gas production or transpor-
15 tation on or near reservations or Indian commu-
16 nities; and other development that could affect the
17 health of Indians and their water supply and food
18 chain;

19 “(4) a summary of any findings and rec-
20 ommendations provided in Federal and State stud-
21 ies, reports, investigations, and inspections during
22 the 5 years prior to the date of enactment of the In-
23 dian Health Care Improvement Act Amendments of
24 2005 that directly or indirectly relate to the activi-

1 ties, practices, and conditions affecting the health or
2 safety of such Indians; and

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

8 “(b) HEALTH CARE PLANS.—Upon completion of
9 such studies, the Secretary and the Service shall take into
10 account the results of such studies and, in consultation
11 with Indian Tribes and Tribal Organizations, develop
12 health care plans to address the health problems studied
13 under subsection (a). The plans shall include—

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

16 “(2) preventive care and testing for Indians
17 who may be exposed to such health hazards, includ-
18 ing the monitoring of the health of individuals who
19 have or may have been exposed to excessive amounts
20 of radiation or affected by other activities that have
21 had or could have a serious impact upon the health
22 of such individuals; and

23 “(3) a program of education for Indians who,
24 by reason of their work or geographic proximity to

1 such nuclear or other development activities, may ex-
2 perience health problems.

3 “(c) SUBMISSION OF REPORT AND PLAN TO CON-
4 GRESS.—The Secretary and the Service shall submit to
5 Congress the study prepared under subsection (a) no later
6 than 18 months after the date of enactment of the Indian
7 Health Care Improvement Act Amendments of 2005. The
8 health care plan prepared under subsection (b) shall be
9 submitted in a report no later than 1 year after the study
10 prepared under subsection (a) is submitted to Congress.
11 Such report shall include recommended activities for the
12 implementation of the plan, as well as an evaluation of
13 any activities previously undertaken by the Service to ad-
14 dress such health problems.

15 “(d) INTERGOVERNMENTAL TASK FORCE.—

16 “(1) ESTABLISHMENT; MEMBERS.—There is es-
17 tablished an Intergovernmental Task Force to be
18 composed of the following individuals (or their des-
19 ignees):

20 “(A) The Secretary of Energy.

21 “(B) The Secretary of the Environmental
22 Protection Agency.

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

24 “(D) The Assistant Secretary for Occupa-
25 tional Safety and Health.

1 “(E) The Secretary of the Interior.

2 “(F) The Secretary of Health and Human
3 Services.

4 “(G) The Director of the Indian Health
5 Service.

6 “(2) DUTIES.—The Task Force shall—

7 “(A) identify existing and potential oper-
8 ations related to nuclear resource development
9 or other environmental hazards that affect or
10 may affect the health of Indians on or near a
11 reservation or in an Indian community; and

12 “(B) enter into activities to correct exist-
13 ing health hazards and ensure that current and
14 future health problems resulting from nuclear
15 resource or other development activities are
16 minimized or reduced.

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

21 “(e) HEALTH SERVICES TO CERTAIN EMPLOYEES.—

22 In the case of any Indian who—

23 “(1) as a result of employment in or near a
24 uranium mine or mill or near any other environ-

1 mental hazard, suffers from a work-related illness or
2 condition;

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

5 “(3) by reason of such Indian’s employment, is
6 entitled to medical care at the expense of such mine
7 or mill operator or entity responsible for the environ-
8 mental hazard, the Indian Health Program shall, at
9 the request of such Indian, render appropriate med-
10 ical care to such Indian for such illness or condition
11 and may be reimbursed for any medical care so ren-
12 dered to which such Indian is entitled at the expense
13 of such operator or entity from such operator or en-
14 tity. Nothing in this subsection shall affect the
15 rights of such Indian to recover damages other than
16 such amounts paid to the Indian Health Program
17 from the employer for providing medical care for
18 such illness or condition.

19 **“SEC. 216. ARIZONA AS A CONTRACT HEALTH SERVICE DE-**
20 **LIVERY AREA.**

21 “(a) IN GENERAL.—For fiscal years beginning with
22 the fiscal year ending September 30, 1983, and ending
23 with the fiscal year ending September 30, 2015, the State
24 of Arizona shall be designated as a contract health service
25 delivery area by the Service for the purpose of providing

1 contract health care services to members of federally rec-
2 ognized Indian Tribes of Arizona.

3 “(b) MAINTENANCE OF SERVICES.—The Service
4 shall not curtail any health care services provided to Indi-
5 ans residing on reservations in the State of Arizona if such
6 curtailment is due to the provision of contract services in
7 such State pursuant to the designation of such State as
8 a contract health service delivery area pursuant to sub-
9 section (a).

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

12 “(a) IN GENERAL.—Beginning in fiscal year 2003,
13 the States of North Dakota and South Dakota shall be
14 designated as a contract health service delivery area by
15 the Service for the purpose of providing contract health
16 care services to members of federally recognized Indian
17 Tribes of North Dakota and South Dakota.

18 “(b) LIMITATION.—The Service shall not curtail any
19 health care services provided to Indians residing on any
20 reservation, or in any county that has a common boundary
21 with any reservation, in the State of North Dakota or
22 South Dakota if such curtailment is due to the provision
23 of contract services in such States pursuant to the des-
24 ignation of such States as a contract health service deliv-
25 ery area pursuant to subsection (a).

1 **“SEC. 217. CALIFORNIA CONTRACT HEALTH SERVICES PRO-**
2 **GRAM.**

3 “(a) **FUNDING AUTHORIZED.**—The Secretary is au-
4 thorized to fund a program using the California Rural In-
5 dian Health Board (hereafter in this section referred to
6 as the ‘CRIHB’) as a contract care intermediary to im-
7 prove the accessibility of health services to California Indi-
8 ans.

9 “(b) **REIMBURSEMENT CONTRACT.**—The Secretary
10 shall enter into an agreement with the CRIHB to reim-
11 burse the CRIHB for costs (including reasonable adminis-
12 trative costs) incurred pursuant to this section, in pro-
13 viding medical treatment under contract to California In-
14 dians described in section 806(a) throughout the Cali-
15 fornia contract health services delivery area described in
16 section 218 with respect to high cost contract care cases.

17 “(c) **ADMINISTRATIVE EXPENSES.**—Not more than 5
18 percent of the amounts provided to the CRIHB under this
19 section for any fiscal year may be for reimbursement for
20 administrative expenses incurred by the CRIHB during
21 such fiscal year.

22 “(d) **LIMITATION ON PAYMENT.**—No payment may
23 be made for treatment provided hereunder to the extent
24 payment may be made for such treatment under the In-
25 dian Catastrophic Health Emergency Fund described in
26 section 202 or from amounts appropriated or otherwise

1 made available to the California contract health service de-
2 livery area for a fiscal year.

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

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

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

1 **“SEC. 219. CONTRACT HEALTH SERVICES FOR THE TREN-**
2 **TON SERVICE AREA.**

3 “(a) AUTHORIZATION FOR SERVICES.—The Sec-
4 retary, acting through the Service, is directed to provide
5 contract health services to members of the Turtle Moun-
6 tain Band of Chippewa Indians that reside in the Trenton
7 Service Area of Divide, McKenzie, and Williams counties
8 in the State of North Dakota and the adjoining counties
9 of Richland, Roosevelt, and Sheridan in the State of Mon-
10 tana.

11 “(b) NO EXPANSION OF ELIGIBILITY.—Nothing in
12 this section may be construed as expanding the eligibility
13 of members of the Turtle Mountain Band of Chippewa In-
14 dians for health services provided by the Service beyond
15 the scope of eligibility for such health services that applied
16 on May 1, 1986.

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

19 “The Service shall provide funds for health care pro-
20 grams and facilities operated by Tribal Health Programs
21 on the same basis as such funds are provided to programs
22 and facilities operated directly by the Service.

23 **“SEC. 221. LICENSING.**

24 “Health care professionals employed by a Tribal
25 Health Program shall, if licensed in any State, be exempt
26 from the licensing requirements of the State in which the

1 Tribal Health Program performs the services described in
2 its contract or compact under the Indian Self-Determina-
3 tion and Education Assistance Act (25 U.S.C. 450 et
4 seq.).

5 **“SEC. 222. NOTIFICATION OF PROVISION OF EMERGENCY**
6 **CONTRACT HEALTH SERVICES.**

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

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

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

19 “(b) EFFECT OF UNTIMELY RESPONSE.—If the
20 Service fails to respond to a notification of a claim in ac-
21 cordance with subsection (a), the Service shall accept as
22 valid the claim submitted by the provider of a contract
23 care service.

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

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

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

10 “(b) NOTIFICATION.—The Secretary shall notify a
11 contract care provider and any patient who receives con-
12 tract health care services authorized by the Service that
13 such patient is not liable for the payment of any charges
14 or costs associated with the provision of such services not
15 later than 5 business days after receipt of a notification
16 of a claim by a provider of contract care services.

17 “(c) NO RECOURSE.—Following receipt of the notice
18 provided under subsection (b), or, if a claim has been
19 deemed accepted under section 223(b), the provider shall
20 have no further recourse against the patient who received
21 the services.

22 **“SEC. 225. AUTHORIZATION OF APPROPRIATIONS.**

23 “There are authorized to be appropriated such sums
24 as may be necessary for each fiscal year through fiscal
25 year 2015 to carry out this title.

“TITLE III—FACILITIES**“SEC. 301. CONSULTATION: CONSTRUCTION AND RENOVATION OF FACILITIES; REPORTS.**

“(a) PREREQUISITES FOR EXPENDITURE OF FUNDS.—Prior to the expenditure of, or the making of any binding commitment to expend, any funds appropriated for the planning, design, construction, or renovation of facilities pursuant to the Act of November 2, 1921 (25 U.S.C. 13) (commonly known as the ‘Snyder Act’), the Secretary, acting through the Service, shall—

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

“(2) ensure, whenever practicable and applicable, that such facility meets the construction standards of any accrediting body recognized by the Secretary for the purposes of the medicare, medicaid, and SCHIP programs under titles XVIII, XIX, and XXI of the Social Security Act by not later than 1 year after the date on which the construction or renovation of such facility is completed.

“(b) CLOSURES.—

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

8 “(A) the accessibility of alternative health
9 care resources for the population served by such
10 facility;

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

12 “(C) the quality of health care to be pro-
13 vided to the population served by such facility
14 after such closure;

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

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

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

21 “(G) the distance between such facility and
22 the nearest operating Service hospital.

23 “(2) EXCEPTION FOR CERTAIN TEMPORARY
24 CLOSURES.—Paragraph (1) shall not apply to any
25 temporary closure of a facility or any portion of a

1 facility if such closure is necessary for medical, envi-
2 ronmental, or construction safety reasons.

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

4 “(1) IN GENERAL.—

5 “(A) ESTABLISHMENT.—The Secretary,
6 acting through the Service, shall establish a
7 health care facility priority system, which
8 shall—

9 “(i) be developed with Indian Tribes
10 and Tribal Organizations through nego-
11 tiated rulemaking under section 802;

12 “(ii) give Indian Tribes’ needs the
13 highest priority; and

14 “(iii) at a minimum, include the lists
15 required in paragraph (2)(B) and the
16 methodology required in paragraph (2)(E).

17 “(B) PRIORITY OF CERTAIN PROJECTS
18 PROTECTED.—The priority of any project estab-
19 lished under the construction priority system in
20 effect on the date of the Indian Health Care
21 Improvement Act Amendments of 2005 shall
22 not be affected by any change in the construc-
23 tion priority system taking place thereafter if
24 the project was identified as 1 of the 10 top-
25 priority inpatient projects, 1 of the 10 top-pri-

1 ority outpatient projects, 1 of the 10 top-pri-
2 ority staff quarters developments, or 1 of the
3 10 top-priority Youth Regional Treatment Cen-
4 ters in the fiscal year 2005 Indian Health Serv-
5 ice budget justification, or if the project had
6 completed both Phase I and Phase II of the
7 construction priority system in effect on the
8 date of enactment of such Act.

9 “(2) REPORT; CONTENTS.—The Secretary shall
10 submit to the President, for inclusion in each report
11 required to be transmitted to Congress under section
12 801, a report which sets forth the following:

13 “(A) A description of the health care facil-
14 ity priority system of the Service, established
15 under paragraph (1).

16 “(B) Health care facilities lists, includ-
17 ing—

18 “(i) the 10 top-priority inpatient
19 health care facilities;

20 “(ii) the 10 top-priority outpatient
21 health care facilities;

22 “(iii) the 10 top-priority specialized
23 health care facilities (such as long-term
24 care and alcohol and drug abuse treat-
25 ment);

1 “(iv) the 10 top-priority staff quarters
2 developments associated with health care
3 facilities; and

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

6 “(C) The justification for such order of
7 priority.

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

9 “(E) The methodology adopted by the
10 Service in establishing priorities under its
11 health care facility priority system.

12 “(3) REQUIREMENTS FOR PREPARATION OF RE-
13 PORTS.—In preparing each report required under
14 paragraph (2) (other than the initial report), the
15 Secretary shall annually—

16 “(A) consult with and obtain information
17 on all health care facilities needs from Indian
18 Tribes, Tribal Organizations, and Urban Indian
19 Organizations; and

20 “(B) review the total unmet needs of all
21 Indian Tribes, Tribal Organizations, and Urban
22 Indian Organizations for health care facilities
23 (including hostels and staff quarters), including
24 needs for renovation and expansion of existing
25 facilities.

1 “(4) CRITERIA FOR EVALUATING NEEDS.—For
2 purposes of this subsection, the Secretary shall, in
3 evaluating the needs of facilities operated under any
4 contract or compact under the Indian Self-Deter-
5 mination and Education Assistance Act (25 U.S.C.
6 450 et seq.) use the same criteria that the Secretary
7 uses in evaluating the needs of facilities operated di-
8 rectly by the Service.

9 “(5) NEEDS OF FACILITIES UNDER ISDEAA
10 AGREEMENTS.—The Secretary shall ensure that the
11 planning, design, construction, and renovation needs
12 of Service and non-Service facilities operated under
13 contracts or compacts in accordance with the Indian
14 Self-Determination and Education Assistance Act
15 (25 U.S.C. 450 et seq.) are fully and equitably inte-
16 grated into the health care facility priority system.

17 “(d) REVIEW OF NEED FOR FACILITIES.—

18 “(1) INITIAL REPORT.—In the year 2006, the
19 Government Accountability Office shall prepare and
20 finalize a report which sets forth the needs of the
21 Service, Indian Tribes, Tribal Organizations, and
22 Urban Indian Organizations, for the facilities listed
23 under subsection (c)(2)(B), including the needs for
24 renovation and expansion of existing facilities. The
25 Government Accountability Office shall submit the

1 report to the appropriate authorizing and appropria-
2 tions committees of Congress and to the Secretary.

3 “(2) Beginning in the year 2006, the Secretary
4 shall update the report required under paragraph
5 (1) every 5 years.

6 “(3) The Comptroller General and the Sec-
7 retary shall consult with Indian Tribes, Tribal Orga-
8 nizations, and Urban Indian Organizations. The
9 Secretary shall submit the reports required by para-
10 graphs (1) and (2), to the President for inclusion in
11 the report required to be transmitted to Congress
12 under section 801.

13 “(4) For purposes of this subsection, the re-
14 ports shall, regarding the needs of facilities operated
15 under any contract or compact under the Indian
16 Self-Determination and Education Assistance Act
17 (25 U.S.C. 450 et seq.), be based on the same cri-
18 teria that the Secretary uses in evaluating the needs
19 of facilities operated directly by the Service.

20 “(5) The planning, design, construction, and
21 renovation needs of facilities operated under con-
22 tracts or compacts under the Indian Self-Determina-
23 tion and Education Assistance Act (25 U.S.C. 450
24 et seq.) shall be fully and equitably integrated into

1 the development of the health facility priority sys-
2 tem.

3 “(6) Beginning in 2007 and each fiscal year
4 thereafter, the Secretary shall provide an oppor-
5 tunity for nomination of planning, design, and con-
6 struction projects by the Service, Indian Tribes,
7 Tribal Organizations, and Urban Indian Organiza-
8 tions for consideration under the health care facility
9 priority system.

10 “(e) FUNDING CONDITION.—All funds appropriated
11 under the Act of November 2, 1921 (25 U.S.C. 13) (com-
12 monly known as the ‘Snyder Act’), for the planning, de-
13 sign, construction, or renovation of health facilities for the
14 benefit of 1 or more Indian Tribes shall be subject to the
15 provisions of the Indian Self-Determination and Edu-
16 cation Assistance Act (25 U.S.C. 450 et seq.).

17 “(f) DEVELOPMENT OF INNOVATIVE APPROACHES.—
18 The Secretary shall consult and cooperate with Indian
19 Tribes, Tribal Organizations, and Urban Indian Organiza-
20 tions in developing innovative approaches to address all
21 or part of the total unmet need for construction of health
22 facilities, including those provided for in other sections of
23 this title and other approaches.

24 **“SEC. 302. SANITATION FACILITIES.**

25 “(a) FINDINGS.—Congress finds the following:

1 “(1) The provision of sanitation facilities is pri-
2 marily a health consideration and function.

3 “(2) Indian people suffer an inordinately high
4 incidence of disease, injury, and illness directly at-
5 tributable to the absence or inadequacy of sanitation
6 facilities.

7 “(3) The long-term cost to the United States of
8 treating and curing such disease, injury, and illness
9 is substantially greater than the short-term cost of
10 providing sanitation facilities and other preventive
11 health measures.

12 “(4) Many Indian homes and Indian commu-
13 nities still lack sanitation facilities.

14 “(5) It is in the interest of the United States,
15 and it is the policy of the United States, that all In-
16 dian communities and Indian homes, new and exist-
17 ing, be provided with sanitation facilities.

18 “(b) FACILITIES AND SERVICES.—In furtherance of
19 the findings made in subsection (a), Congress reaffirms
20 the primary responsibility and authority of the Service to
21 provide the necessary sanitation facilities and services as
22 provided in section 7 of the Act of August 5, 1954 (42
23 U.S.C. 2004a). Under such authority, the Secretary, act-
24 ing through the Service, is authorized to provide the fol-
25 lowing:

1 “(1) Financial and technical assistance to In-
2 dian Tribes, Tribal Organizations, and Indian com-
3 munities in the establishment, training, and equip-
4 ping of utility organizations to operate and maintain
5 sanitation facilities, including the provision of exist-
6 ing plans, standard details, and specifications avail-
7 able in the Department, to be used at the option of
8 the Indian Tribe, Tribal Organization, or Indian
9 community.

10 “(2) Ongoing technical assistance and training
11 to Indian Tribes, Tribal Organizations, and Indian
12 communities in the management of utility organiza-
13 tions which operate and maintain sanitation facili-
14 ties.

15 “(3) Priority funding for operation and mainte-
16 nance assistance for, and emergency repairs to, sani-
17 tation facilities operated by an Indian Tribe, Tribal
18 Organization or Indian community when necessary
19 to avoid an imminent health threat or to protect the
20 investment in sanitation facilities and the investment
21 in the health benefits gained through the provision
22 of sanitation facilities.

23 “(c) FUNDING.—Notwithstanding any other provi-
24 sion of law—

1 “(1) the Secretary of Housing and Urban De-
2 velopment is authorized to transfer funds appro-
3 priated under the Native American Housing Assist-
4 ance and Self-Determination Act of 1996 to the Sec-
5 retary of Health and Human Services;

6 “(2) the Secretary of Health and Human Serv-
7 ices is authorized to accept and use such funds for
8 the purpose of providing sanitation facilities and
9 services for Indians under section 7 of the Act of
10 August 5, 1954 (42 U.S.C. 2004a);

11 “(3) unless specifically authorized when funds
12 are appropriated, the Secretary shall not use funds
13 appropriated under section 7 of the Act of August
14 5, 1954 (42 U.S.C. 2004a), to provide sanitation fa-
15 cilities to new homes constructed using funds pro-
16 vided by the Department of Housing and Urban De-
17 velopment;

18 “(4) the Secretary of Health and Human Serv-
19 ices is authorized to accept from any source, includ-
20 ing Federal and State agencies, funds for the pur-
21 pose of providing sanitation facilities and services
22 and place these funds into contracts or compacts
23 under the Indian Self-Determination and Education
24 Assistance Act (25 U.S.C. 450 et seq.);

1 “(5) except as otherwise prohibited by this sec-
2 tion, the Secretary may use funds appropriated
3 under the authority of section 7 of the Act of Au-
4 gust 5, 1954 (42 U.S.C. 2004a) to fund up to 100
5 percent of the amount of an Indian Tribe’s loan ob-
6 tained under any Federal program for new projects
7 to construct eligible sanitation facilities to serve In-
8 dian homes;

9 “(6) except as otherwise prohibited by this sec-
10 tion, the Secretary may use funds appropriated
11 under the authority of section 7 of the Act of Au-
12 gust 5, 1954 (42 U.S.C. 2004a) to meet matching
13 or cost participation requirements under other Fed-
14 eral and non-Federal programs for new projects to
15 construct eligible sanitation facilities;

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

21 “(8) the Secretary of Health and Human Serv-
22 ices shall enter into interagency agreements with
23 Federal and State agencies for the purpose of pro-
24 viding financial assistance for sanitation facilities
25 and services under this Act; and

1 “(9) the Secretary of Health and Human Serv-
2 ices shall, by regulation developed through rule-
3 making under section 802, establish standards appli-
4 cable to the planning, design, and construction of
5 sanitation facilities funded under this Act.

6 “(d) CERTAIN CAPABILITIES NOT PREREQUISITE.—
7 The financial and technical capability of an Indian Tribe,
8 Tribal Organization, or Indian community to safely oper-
9 ate, manage, and maintain a sanitation facility shall not
10 be a prerequisite to the provision or construction of sanita-
11 tion facilities by the Secretary.

12 “(e) FINANCIAL ASSISTANCE.—The Secretary is au-
13 thorized to provide financial assistance to Indian Tribes,
14 Tribal Organizations, and Indian communities for oper-
15 ation, management, and maintenance of their sanitation
16 facilities.

17 “(f) OPERATION, MANAGEMENT, AND MAINTENANCE
18 OF FACILITIES.—The Indian Tribe has the primary re-
19 sponsibility to establish, collect, and use reasonable user
20 fees, or otherwise set aside funding, for the purpose of
21 operating, managing, and maintaining sanitation facilities.
22 If a sanitation facility serving a community that is oper-
23 ated by an Indian Tribe or Tribal Organization is threat-
24 ened with imminent failure and such operator lacks capac-
25 ity to maintain the integrity or the health benefits of the

1 sanitation facility, then the Secretary is authorized to as-
2 sist the Indian Tribe, Tribal Organization, or Indian com-
3 munity in the resolution of the problem on a short-term
4 basis through cooperation with the emergency coordinator
5 or by providing operation, management, and maintenance
6 service.

7 “(g) ISDEEAA PROGRAM FUNDED ON EQUAL
8 BASIS.—Tribal Health Programs shall be eligible (on an
9 equal basis with programs that are administered directly
10 by the Service) for—

11 “(1) any funds appropriated pursuant to this
12 section; and

13 “(2) any funds appropriated for the purpose of
14 providing sanitation facilities.

15 “(h) REPORT.—

16 “(1) REQUIRED; CONTENTS.—The Secretary, in
17 consultation with the Secretary of Housing and
18 Urban Development, Indian Tribes, Tribal Organiza-
19 tions, and tribally designated housing entities (as de-
20 fined in section 4 of the Native American Housing
21 Assistance and Self-Determination Act of 1996 (25
22 U.S.C. 4103)) shall submit to the President, for in-
23 clusion in each report required to be transmitted to
24 Congress under section 801, a report which sets
25 forth—

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

3 “(B) the methodology for determining
4 sanitation deficiencies and needs;

5 “(C) the level of initial and final sanitation
6 deficiency for each type of sanitation facility for
7 each project of each Indian Tribe or Indian
8 community;

9 “(D) the amount and most effective use of
10 funds, derived from whatever source, necessary
11 to accommodate the sanitation facilities needs
12 of new homes assisted with funds under the
13 Native American Housing Assistance and Self-
14 Determination Act, and to reduce the identified
15 sanitation deficiency levels of all Indian Tribes
16 and Indian communities to level I sanitation de-
17 ficiency as defined in paragraph (4)(A); and

18 “(E) a 10-year plan to provide sanitation
19 facilities to serve existing Indian homes and In-
20 dian communities and new and renovated In-
21 dian homes.

22 “(2) CRITERIA.—The criteria on which the defi-
23 ciencies and needs will be evaluated shall be devel-
24 oped through negotiated rulemaking pursuant to
25 section 802.

1 “(3) UNIFORM METHODOLOGY.—The method-
2 ology used by the Secretary in determining, pre-
3 paring cost estimates for, and reporting sanitation
4 deficiencies for purposes of paragraph (1) shall be
5 applied uniformly to all Indian Tribes and Indian
6 communities.

7 “(4) SANITATION DEFICIENCY LEVELS.—For
8 purposes of this subsection, the sanitation deficiency
9 levels for an individual, Indian Tribe, or Indian com-
10 munity sanitation facility to serve Indian homes are
11 determined as follows:

12 “(A) A level I deficiency exists if a sanita-
13 tion facility serving an individual, Indian Tribe,
14 or Indian community—

15 “(i) complies with all applicable water
16 supply, pollution control, and solid waste
17 disposal laws; and

18 “(ii) deficiencies relate to routine re-
19 placement, repair, or maintenance needs.

20 “(B) A level II deficiency exists if a sanita-
21 tion facility serving an individual, Indian Tribe,
22 or Indian community substantially or recently
23 complied with all applicable water supply, pollu-
24 tion control, and solid waste laws and any defi-
25 ciencies relate to—

1 “(i) small or minor capital improve-
2 ments needed to bring the facility back
3 into compliance;

4 “(ii) capital improvements that are
5 necessary to enlarge or improve the facili-
6 ties in order to meet the current needs for
7 domestic sanitation facilities; or

8 “(iii) the lack of equipment or train-
9 ing by an Indian Tribe, Tribal Organiza-
10 tion, or an Indian community to properly
11 operate and maintain the sanitation facili-
12 ties.

13 “(C) A level III deficiency exists if a sani-
14 tation facility serving an individual, Indian
15 Tribe or Indian community meets one or more
16 of the following conditions—

17 “(i) water or sewer service in the
18 home is provided by a haul system with
19 holding tanks and interior plumbing;

20 “(ii) major significant interruptions to
21 water supply or sewage disposal occur fre-
22 quently, requiring major capital improve-
23 ments to correct the deficiencies; or

1 “(iii) there is no access to or no ap-
2 proved or permitted solid waste facility
3 available.

4 “(D) A level IV deficiency exists if—

5 “(i) a sanitation facility of an indi-
6 vidual, Indian Tribe, Tribal Organization,
7 or Indian community has no piped water
8 or sewer facilities in the home or the facil-
9 ity has become inoperable due to major
10 component failure; or

11 “(ii) where only a washeteria or cen-
12 tral facility exists in the community.

13 “(E) A level V deficiency exists in the ab-
14 sence of a sanitation facility, where individual
15 homes do not have access to safe drinking
16 water or adequate wastewater (including sew-
17 age) disposal.

18 “(i) DEFINITIONS.—For purposes of this section, the
19 following terms apply:

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

1 “(2) SANITATION FACILITIES.—The terms
2 ‘sanitation facility’ and ‘sanitation facilities’ mean
3 safe and adequate water supply systems, sanitary
4 sewage disposal systems, and sanitary solid waste
5 systems (and all related equipment and support in-
6 frastructure).

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

8 “(a) BUY INDIAN ACT.—The Secretary, acting
9 through the Service, may use the negotiating authority of
10 section 23 of the Act of June 25, 1910 (25 U.S.C. 47,
11 commonly known as the ‘Buy Indian Act’), to give pref-
12 erence to any Indian or any enterprise, partnership, cor-
13 poration, or other type of business organization owned and
14 controlled by an Indian or Indians including former or
15 currently federally recognized Indian Tribes in the State
16 of New York (hereinafter referred to as an ‘Indian firm’)
17 in the construction and renovation of Service facilities pur-
18 suant to section 301 and in the construction of sanitation
19 facilities pursuant to section 302. Such preference may be
20 accorded by the Secretary unless the Secretary finds, pur-
21 suant to regulations adopted pursuant to section 802, that
22 the project or function to be contracted for will not be
23 satisfactory or such project or function cannot be properly
24 completed or maintained under the proposed contract. The
25 Secretary, in arriving at such a finding, shall consider

1 whether the Indian or Indian firm will be deficient with
2 respect to—

3 “(1) ownership and control by Indians;

4 “(2) equipment;

5 “(3) bookkeeping and accounting procedures;

6 “(4) substantive knowledge of the project or
7 function to be contracted for;

8 “(5) adequately trained personnel; or

9 “(6) other necessary components of contract
10 performance.

11 “(b) LABOR STANDARDS.—

12 “(1) IN GENERAL.—For the purposes of imple-
13 menting the provisions of this title, contracts for the
14 construction or renovation of health care facilities,
15 staff quarters, and sanitation facilities, and related
16 support infrastructure, funded in whole or in part
17 with funds made available pursuant to this title,
18 shall contain a provision requiring compliance with
19 subchapter IV of chapter 31 of title 40, United
20 States Code (commonly known as the ‘Davis-Bacon
21 Act’), unless such construction or renovation—

22 “(A) is performed by a contractor pursu-
23 ant to a contract with an Indian Tribe or Trib-
24 al Organization with funds supplied through a
25 contract or compact authorized by the Indian

1 Self-Determination and Education Assistance
2 Act, or other statutory authority; and

3 “(B) is subject to prevailing wage rates for
4 similar construction or renovation in the locality
5 as determined by the Indian Tribes or Tribal
6 Organizations to be served by the construction
7 or renovation.

8 “(2) EXCEPTION.—This subsection shall not
9 apply to construction or renovation carried out by an
10 Indian Tribe or Tribal Organization with its own
11 employees.

12 **“SEC. 304. EXPENDITURE OF NONSERVICE FUNDS FOR REN-**
13 **OVATION.**

14 “(a) IN GENERAL.—Notwithstanding any other pro-
15 vision of law, if the requirements of subsection (c) are met,
16 the Secretary, acting through the Service, is authorized
17 to accept any major expansion, renovation, or moderniza-
18 tion by any Indian Tribe or Tribal Organization of any
19 Service facility or of any other Indian health facility oper-
20 ated pursuant to a contract or compact under the Indian
21 Self-Determination and Education Assistance Act (25
22 U.S.C. 450 et seq.), including—

23 “(1) any plans or designs for such expansion,
24 renovation, or modernization; and

1 “(2) any expansion, renovation, or moderniza-
2 tion for which funds appropriated under any Federal
3 law were lawfully expended.

4 “(b) PRIORITY LIST.—

5 “(1) IN GENERAL.—The Secretary shall main-
6 tain a separate priority list to address the needs for
7 increased operating expenses, personnel, or equip-
8 ment for such facilities. The methodology for estab-
9 lishing priorities shall be developed through nego-
10 tiated rulemaking under section 802. The list of pri-
11 ority facilities will be revised annually in consulta-
12 tion with Indian Tribes and Tribal Organizations.

13 “(2) REPORT.—The Secretary shall submit to
14 the President, for inclusion in each report required
15 to be transmitted to Congress under section 801, the
16 priority list maintained pursuant to paragraph (1).

17 “(c) REQUIREMENTS.—The requirements of this sub-
18 section are met with respect to any expansion, renovation,
19 or modernization if—

20 “(1) the Indian Tribe or Tribal Organization—

21 “(A) provides notice to the Secretary of its
22 intent to expand, renovate, or modernize; and

23 “(B) applies to the Secretary to be placed
24 on a separate priority list to address the needs

1 of such new facilities for increased operating ex-
2 penses, personnel, or equipment; and

3 “(2) the expansion, renovation, or moderniza-
4 tion—

5 “(A) is approved by the appropriate area
6 director of the Service for Federal facilities; and

7 “(B) is administered by the Indian Tribe
8 or Tribal Organization in accordance with any
9 applicable regulations prescribed by the Sec-
10 retary with respect to construction or renova-
11 tion of Service facilities.

12 “(d) ADDITIONAL REQUIREMENT FOR EXPANSION.—
13 In addition to the requirements under subsection (c), for
14 any expansion, the Indian Tribe or Tribal Organization
15 shall provide to the Secretary additional information devel-
16 oped through negotiated rulemaking under section 802,
17 including additional staffing, equipment, and other costs
18 associated with the expansion.

19 “(e) CLOSURE OR CONVERSION OF FACILITIES.—If
20 any Service facility which has been expanded, renovated,
21 or modernized by an Indian Tribe or Tribal Organization
22 under this section ceases to be used as a Service facility
23 during the 20-year period beginning on the date such ex-
24 pansion, renovation, or modernization is completed, such
25 Indian Tribe or Tribal Organization shall be entitled to

1 recover from the United States an amount which bears
2 the same ratio to the value of such facility at the time
3 of such cessation as the value of such expansion, renova-
4 tion, or modernization (less the total amount of any funds
5 provided specifically for such facility under any Federal
6 program that were expended for such expansion, renova-
7 tion, or modernization) bore to the value of such facility
8 at the time of the completion of such expansion, renova-
9 tion, or modernization.

10 **“SEC. 305. FUNDING FOR THE CONSTRUCTION, EXPANSION,**
11 **AND MODERNIZATION OF SMALL AMBULA-**
12 **TORY CARE FACILITIES.**

13 “(a) FUNDING.—

14 “(1) IN GENERAL.—The Secretary, acting
15 through the Service, in consultation with Indian
16 Tribes and Tribal Organizations, shall make grants
17 to Indian Tribes and Tribal Organizations for the
18 construction, expansion, or modernization of facili-
19 ties for the provision of ambulatory care services to
20 eligible Indians (and noneligible persons pursuant to
21 subsections (b)(2) and (c)(1)(C)). Funding made
22 under this section may cover up to 100 percent of
23 the costs of such construction, expansion, or mod-
24 ernization. For the purposes of this section, the term

1 ‘construction’ includes the replacement of an exist-
2 ing facility.

3 “(2) AGREEMENT REQUIRED.—Funding under
4 paragraph (1) may only be made available to a Trib-
5 al Health Program operating an Indian health facil-
6 ity (other than a facility owned or constructed by
7 the Service, including a facility originally owned or
8 constructed by the Service and transferred to an In-
9 dian Tribe or Tribal Organization).

10 “(b) USE OF FUNDS.—

11 “(1) ALLOWABLE USES.—Funding provided
12 under this section may be used for the construction,
13 expansion, or modernization (including the planning
14 and design of such construction, expansion, or mod-
15 ernization) of an ambulatory care facility—

16 “(A) located apart from a hospital;

17 “(B) not funded under section 301 or sec-
18 tion 307; and

19 “(C) which, upon completion of such con-
20 struction or modernization will—

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

23 “(ii) provide annually no fewer than
24 150 patient visits by eligible Indians and
25 other users who are eligible for services in

1 such facility in accordance with section
2 807(e)(2); and

3 “(iii) provide ambulatory care in a
4 Service Area (specified in the contract or
5 compact under the Indian Self-Determina-
6 tion and Education Assistance Act (25
7 U.S.C. 450 et seq.)) with a population of
8 no fewer than 1,500 eligible Indians and
9 other users who are eligible for services in
10 such facility in accordance with section
11 807(e)(2).

12 “(2) ADDITIONAL ALLOWABLE USE.—The Sec-
13 retary may also reserve a portion of the funding pro-
14 vided under this section and use those reserved
15 funds to reduce an outstanding debt incurred by In-
16 dian Tribes or Tribal Organizations for the con-
17 struction, expansion, or modernization of an ambula-
18 tory care facility that meets the requirements under
19 paragraph (1). The provisions of this section shall
20 apply, except that such applications for funding
21 under this paragraph shall be considered separately
22 from applications for funding under paragraph (1).

23 “(3) USE ONLY FOR CERTAIN PORTION OF
24 COSTS.—Funding provided under this section may
25 be used only for the cost of that portion of a con-

1 construction, expansion, or modernization project that
2 benefits the Service population identified above in
3 subsection (b)(1)(C) (ii) and (iii). The requirements
4 of clauses (ii) and (iii) of paragraph (1)(C) shall not
5 apply to an Indian Tribe or Tribal Organization ap-
6 plying for funding under this section for a health
7 care facility located or to be constructed on an is-
8 land or when such facility is not located on a road
9 system providing direct access to an inpatient hos-
10 pital where care is available to the Service popu-
11 lation.

12 “(c) FUNDING.—

13 “(1) APPLICATION.—No funding may be made
14 available under this section unless an application or
15 proposal for such funding has been approved by the
16 Secretary in accordance with applicable regulations
17 and has forth reasonable assurance by the applicant
18 that, at all times after the construction, expansion,
19 or modernization of a facility carried out pursuant
20 to funding received under this section—

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

1 “(B) such facility will be available to eligi-
2 ble Indians without regard to ability to pay or
3 source of payment; and

4 “(C) such facility will, as feasible without
5 diminishing the quality or quantity of services
6 provided to eligible Indians, serve noneligible
7 persons on a cost basis.

8 “(2) PRIORITY.—In awarding funding under
9 this section, the Secretary shall give priority to In-
10 dian Tribes and Tribal Organizations that dem-
11 onstrate—

12 “(A) a need for increased ambulatory care
13 services; and

14 “(B) insufficient capacity to deliver such
15 services.

16 “(3) PEER REVIEW PANELS.—The Secretary
17 may provide for the establishment of peer review
18 panels, as necessary, to review and evaluate applica-
19 tions and proposals and to advise the Secretary re-
20 garding such applications using the criteria devel-
21 oped during consultations pursuant to subsection
22 (a)(1).

23 “(d) REVERSION OF FACILITIES.—If any facility (or
24 portion thereof) with respect to which funds have been
25 paid under this section, ceases, within 5 years after com-

1 pletion of the construction, expansion, or modernization
2 carried out with such funds, to be used for the purposes
3 of providing health care services to eligible Indians, all of
4 the right, title, and interest in and to such facility (or por-
5 tion thereof) shall transfer to the United States unless
6 otherwise negotiated by the Service and the Indian Tribe
7 or Tribal Organization.

8 “(e) FUNDING NONRECURRING.—Funding provided
9 under this section shall be nonrecurring and shall not be
10 available for inclusion in any individual Indian Tribe’s
11 tribal share for an award under the Indian Self-Deter-
12 mination and Education Assistance Act or for reallocation
13 or redesign thereunder.

14 **“SEC. 306. INDIAN HEALTH CARE DELIVERY DEMONSTRA-**
15 **TION PROJECT.**

16 “(a) HEALTH CARE DEMONSTRATION PROJECTS.—
17 The Secretary, acting through the Service, and in con-
18 sultation with Indian Tribes and Tribal Organizations, is
19 authorized to enter into construction agreements under
20 the Indian Self-Determination and Education Assistance
21 Act (25 U.S.C. 450 et seq.) with Indian Tribes or Tribal
22 Organizations for the purpose of carrying out a health
23 care delivery demonstration project to test alternative
24 means of delivering health care and services to Indians
25 through facilities.

1 “(b) USE OF FUNDS.—The Secretary, in approving
2 projects pursuant to this section, may authorize funding
3 for the construction and renovation of hospitals, health
4 centers, health stations, and other facilities to deliver
5 health care services and is authorized to—

6 “(1) waive any leasing prohibition;

7 “(2) permit carryover of funds appropriated for
8 the provision of health care services;

9 “(3) permit the use of other available funds;

10 “(4) permit the use of funds or property do-
11 nated from any source for project purposes;

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

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

16 “(c) REGULATIONS.—The Secretary shall develop
17 and promulgate regulations not later than 1 year after the
18 date of enactment of the Indian Health Care Improvement
19 Act Amendments of 2005. If the Secretary has not pro-
20 mulgated regulations by that date, the Secretary shall de-
21 velop and publish regulations, through rulemaking under
22 section 802, for the review and approval of applications
23 submitted under this section.

24 “(d) CRITERIA.—The Secretary may approve projects
25 that meet the following criteria:

1 “(1) There is a need for a new facility or pro-
2 gram or the reorientation of an existing facility or
3 program.

4 “(2) A significant number of Indians, including
5 those with low health status, will be served by the
6 project.

7 “(3) The project has the potential to deliver
8 services in an efficient and effective manner.

9 “(4) The project is economically viable.

10 “(5) The Indian Tribe or Tribal Organization
11 has the administrative and financial capability to ad-
12 minister the project.

13 “(6) The project is integrated with providers of
14 related health and social services and is coordinated
15 with, and avoids duplication of, existing services.

16 “(e) PEER REVIEW PANELS.—The Secretary may
17 provide for the establishment of peer review panels, as nec-
18 essary, to review and evaluate applications using the cri-
19 teria developed pursuant to subsection (d).

20 “(f) PRIORITY.—The Secretary shall give priority to
21 applications for demonstration projects in each of the fol-
22 lowing Service Units to the extent that such applications
23 are timely filed and meet the criteria specified in sub-
24 section (d):

25 “(1) Cass Lake, Minnesota.

1 “(2) Clinton, Oklahoma.

2 “(3) Harlem, Montana.

3 “(4) Mescalero, New Mexico.

4 “(5) Owyhee, Nevada.

5 “(6) Parker, Arizona.

6 “(7) Schurz, Nevada.

7 “(8) Winnebago, Nebraska.

8 “(9) Ft. Yuma, California.

9 “(g) TECHNICAL ASSISTANCE.—The Secretary shall
10 provide such technical and other assistance as may be nec-
11 essary to enable applicants to comply with the provisions
12 of this section.

13 “(h) SERVICE TO INELIGIBLE PERSONS.—Subject to
14 section 807, the authority to provide services to persons
15 otherwise ineligible for the health care benefits of the
16 Service and the authority to extend hospital privileges in
17 Service facilities to non-Service health practitioners as
18 provided in section 807 may be included, subject to the
19 terms of such section, in any demonstration project ap-
20 proved pursuant to this section.

21 “(i) EQUITABLE TREATMENT.—For purposes of sub-
22 section (d)(1), the Secretary shall, in evaluating facilities
23 operated under any contract or compact under the Indian
24 Self-Determination and Education Assistance Act (25
25 U.S.C. 450 et seq.), use the same criteria that the Sec-

1 retary uses in evaluating facilities operated directly by the
2 Service.

3 “(j) **EQUITABLE INTEGRATION OF FACILITIES.**—The
4 Secretary shall ensure that the planning, design, construc-
5 tion, renovation, and expansion needs of Service and non-
6 Service facilities which are the subject of a contract or
7 compact under the Indian Self-Determination and Edu-
8 cation Assistance Act (25 U.S.C. 450 et seq.) for health
9 services are fully and equitably integrated into the imple-
10 mentation of the health care delivery demonstration
11 projects under this section.

12 **“SEC. 307. LAND TRANSFER.**

13 “Notwithstanding any other provision of law, the Bu-
14 reau of Indian Affairs and all other agencies and depart-
15 ments of the United States are authorized to transfer, at
16 no cost, land and improvements to the Service for the pro-
17 vision of health care services. The Secretary is authorized
18 to accept such land and improvements for such purposes.

19 **“SEC. 308. LEASES, CONTRACTS, AND OTHER AGREEMENTS.**

20 “The Secretary, acting through the Service, may
21 enter into leases, contracts, and other agreements with In-
22 dian Tribes and Tribal Organizations which hold (1) title
23 to, (2) a leasehold interest in, or (3) a beneficial interest
24 in (when title is held by the United States in trust for
25 the benefit of an Indian Tribe) facilities used or to be used

1 for the administration and delivery of health services by
2 an Indian Health Program. Such leases, contracts, or
3 agreements may include provisions for construction or ren-
4 ovation and provide for compensation to the Indian Tribe
5 or Tribal Organization of rental and other costs consistent
6 with section 105(*l*) of the Indian Self-Determination and
7 Education Assistance Act and regulations thereunder.

8 **“SEC. 309. STUDY ON LOANS, LOAN GUARANTEES, AND**
9 **LOAN REPAYMENT.**

10 “(a) IN GENERAL.—The Secretary, in consultation
11 with the Secretary of the Treasury, Indian Tribes, and
12 Tribal Organizations, shall carry out a study to determine
13 the feasibility of establishing a loan fund to provide to In-
14 dian Tribes and Tribal Organizations direct loans or guar-
15 antees for loans for the construction of health care facili-
16 ties, including—

17 “(1) inpatient facilities;

18 “(2) outpatient facilities;

19 “(3) staff quarters;

20 “(4) hostels; and

21 “(5) specialized care facilities, such as behav-
22 ioral health and elder care facilities.

23 “(b) DETERMINATIONS.—In carrying out the study
24 under subsection (a), the Secretary shall determine—

1 “(1) the maximum principal amount of a loan
2 or loan guarantee that should be offered to a recipi-
3 ent from the loan fund;

4 “(2) the percentage of eligible costs, not to ex-
5 ceed 100 percent, that may be covered by a loan or
6 loan guarantee from the loan fund (including costs
7 relating to planning, design, financing, site land de-
8 velopment, construction, rehabilitation, renovation,
9 conversion, improvements, medical equipment and
10 furnishings, and other facility-related costs and cap-
11 ital purchase (but excluding staffing));

12 “(3) the cumulative total of the principal of di-
13 rect loans and loan guarantees, respectively, that
14 may be outstanding at any 1 time;

15 “(4) the maximum term of a loan or loan guar-
16 antee that may be made for a facility from the loan
17 fund;

18 “(5) the maximum percentage of funds from
19 the loan fund that should be allocated for payment
20 of costs associated with planning and applying for a
21 loan or loan guarantee;

22 “(6) whether acceptance by the Secretary of an
23 assignment of the revenue of an Indian Tribe or
24 Tribal Organization as security for any direct loan

1 or loan guarantee from the loan fund would be ap-
2 propriate;

3 “(7) whether, in the planning and design of
4 health facilities under this section, users eligible
5 under section 807(c) may be included in any projec-
6 tion of patient population;

7 “(8) whether funds of the Service provided
8 through loans or loan guarantees from the loan fund
9 should be eligible for use in matching other Federal
10 funds under other programs;

11 “(9) the appropriateness of, and best methods
12 for, coordinating the loan fund with the health care
13 priority system of the Service under section 301; and

14 “(10) any legislative or regulatory changes re-
15 quired to implement recommendations of the Sec-
16 retary based on results of the study.

17 “(c) REPORT.—Not later than September 30, 2007,
18 the Secretary shall submit to the Committee on Indian Af-
19 fairs of the Senate and the Committee on Resources and
20 the Committee on Energy and Commerce of the House
21 of Representatives a report that describes—

22 “(1) the manner of consultation made as re-
23 quired by subsection (a); and

1 “(2) the results of the study, including any rec-
2 ommendations of the Secretary based on results of
3 the study.

4 **“SEC. 310. TRIBAL LEASING.**

5 “A Tribal Health Program may lease permanent
6 structures for the purpose of providing health care services
7 without obtaining advance approval in appropriation Acts.

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

10 “(a) IN GENERAL.—The Secretary, acting through
11 the Service, shall make arrangements with Indian Tribes
12 and Tribal Organizations to establish joint venture dem-
13 onstration projects under which an Indian Tribe or Tribal
14 Organization shall expend tribal, private, or other avail-
15 able funds, for the acquisition or construction of a health
16 facility for a minimum of 10 years, under a no-cost lease,
17 in exchange for agreement by the Service to provide the
18 equipment, supplies, and staffing for the operation and
19 maintenance of such a health facility. An Indian Tribe or
20 Tribal Organization may use tribal funds, private sector,
21 or other available resources, including loan guarantees, to
22 fulfill its commitment under a joint venture entered into
23 under this subsection. An Indian Tribe or Tribal Organi-
24 zation shall be eligible to establish a joint venture project
25 if, when it submits a letter of intent, it—

1 “(1) has begun but not completed the process
2 of acquisition or construction of a health facility to
3 be used in the joint venture project; or

4 “(2) has not begun the process of acquisition or
5 construction of a health facility for use in the joint
6 venture project.

7 “(b) REQUIREMENTS.—The Secretary shall make
8 such an arrangement with an Indian Tribe or Tribal Orga-
9 nization only if—

10 “(1) the Secretary first determines that the In-
11 dian Tribe or Tribal Organization has the adminis-
12 trative and financial capabilities necessary to com-
13 plete the timely acquisition or construction of the
14 relevant health facility; and

15 “(2) the Indian Tribe or Tribal Organization
16 meets the need criteria which shall be developed
17 through the negotiated rulemaking process provided
18 for under section 802.

19 “(c) CONTINUED OPERATION.—The Secretary shall
20 negotiate an agreement with the Indian Tribe or Tribal
21 Organization regarding the continued operation of the fa-
22 cility at the end of the initial 10 year no-cost lease period.

23 “(d) BREACH OF AGREEMENT.—An Indian Tribe or
24 Tribal Organization that has entered into a written agree-
25 ment with the Secretary under this section, and that

1 breaches or terminates without cause such agreement,
2 shall be liable to the United States for the amount that
3 has been paid to the Indian Tribe or Tribal Organization,
4 or paid to a third party on the Indian Tribe's or Tribal
5 Organization's behalf, under the agreement. The Sec-
6 retary has the right to recover tangible property (including
7 supplies) and equipment, less depreciation, and any funds
8 expended for operations and maintenance under this sec-
9 tion. The preceding sentence does not apply to any funds
10 expended for the delivery of health care services, per-
11 sonnel, or staffing.

12 “(e) RECOVERY FOR NONUSE.—An Indian Tribe or
13 Tribal Organization that has entered into a written agree-
14 ment with the Secretary under this subsection shall be en-
15 titled to recover from the United States an amount that
16 is proportional to the value of such facility if, at any time
17 within the 10-year term of the agreement, the Service
18 ceases to use the facility or otherwise breaches the agree-
19 ment.

20 “(f) DEFINITION.—For the purposes of this section,
21 the term ‘health facility’ or ‘health facilities’ includes
22 quarters needed to provide housing for staff of the rel-
23 evant Tribal Health Program.

1 **“SEC. 312. LOCATION OF FACILITIES.**

2 “(a) IN GENERAL.—In all matters involving the reor-
3 ganization or development of Service facilities or in the
4 establishment of related employment projects to address
5 unemployment conditions in economically depressed areas,
6 the Bureau of Indian Affairs and the Service shall give
7 priority to locating such facilities and projects on Indian
8 lands, or lands in Alaska owned by any Alaska Native vil-
9 lage, or village or regional corporation under the Alaska
10 Native Claims Settlement Act, or any land allotted to any
11 Alaska Native, if requested by the Indian owner and the
12 Indian Tribe with jurisdiction over such lands or other
13 lands owned or leased by the Indian Tribe or Tribal Orga-
14 nization. Top priority shall be given to Indian land owned
15 by 1 or more Indian Tribes.

16 “(b) DEFINITION.—For purposes of this section, the
17 term ‘Indian lands’ means—

18 “(1) all lands within the exterior boundaries of
19 any reservation; and

20 “(2) any lands title to which is held in trust by
21 the United States for the benefit of any Indian
22 Tribe or individual Indian or held by any Indian
23 Tribe or individual Indian subject to restriction by
24 the United States against alienation.

1 **“SEC. 313. MAINTENANCE AND IMPROVEMENT OF HEALTH**
2 **CARE FACILITIES.**

3 “(a) REPORT.—The Secretary shall submit to the
4 President, for inclusion in the report required to be trans-
5 mitted to Congress under section 801, a report which iden-
6 tifies the backlog of maintenance and repair work required
7 at both Service and tribal health care facilities, including
8 new health care facilities expected to be in operation in
9 the next fiscal year. The report shall also identify the need
10 for renovation and expansion of existing facilities to sup-
11 port the growth of health care programs.

12 “(b) MAINTENANCE OF NEWLY CONSTRUCTED
13 SPACE.—The Secretary, acting through the Service, is au-
14 thorized to expend maintenance and improvement funds
15 to support maintenance of newly constructed space only
16 if such space falls within the approved supportable space
17 allocation for the Indian Tribe or Tribal Organization.
18 Supportable space allocation shall be defined through the
19 negotiated rulemaking process provided for under section
20 802.

21 “(c) REPLACEMENT FACILITIES.—In addition to
22 using maintenance and improvement funds for renovation,
23 modernization, and expansion of facilities, an Indian Tribe
24 or Tribal Organization may use maintenance and improve-
25 ment funds for construction of a replacement facility if
26 the costs of renovation of such facility would exceed a

1 maximum renovation cost threshold. The maximum ren-
2 ovation cost threshold shall be determined through the ne-
3 gotiated rulemaking process provided for under section
4 802.

5 **“SEC. 314. TRIBAL MANAGEMENT OF FEDERALLY OWNED**
6 **QUARTERS.**

7 “(a) RENTAL RATES.—

8 “(1) ESTABLISHMENT.—Notwithstanding any
9 other provision of law, a Tribal Health Program
10 which operates a hospital or other health facility and
11 the federally owned quarters associated therewith
12 pursuant to a contract or compact under the Indian
13 Self-Determination and Education Assistance Act
14 (25 U.S.C. 450 et seq.) shall have the authority to
15 establish the rental rates charged to the occupants
16 of such quarters by providing notice to the Secretary
17 of its election to exercise such authority.

18 “(2) OBJECTIVES.—In establishing rental rates
19 pursuant to authority of this subsection, a Tribal
20 Health Program shall endeavor to achieve the fol-
21 lowing objectives:

22 “(A) To base such rental rates on the rea-
23 sonable value of the quarters to the occupants
24 thereof.

1 “(B) To generate sufficient funds to pru-
2 dently provide for the operation and mainte-
3 nance of the quarters, and subject to the discre-
4 tion of the Tribal Health Program, to supply
5 reserve funds for capital repairs and replace-
6 ment of the quarters.

7 “(3) **EQUITABLE FUNDING.**—Any quarters
8 whose rental rates are established by a Tribal
9 Health Program pursuant to this subsection shall
10 remain eligible for quarters improvement and repair
11 funds to the same extent as all federally owned
12 quarters used to house personnel in Services-sup-
13 ported programs.

14 “(4) **NOTICE OF RATE CHANGE.**—A Tribal
15 Health Program which exercises the authority pro-
16 vided under this subsection shall provide occupants
17 with no less than 60 days notice of any change in
18 rental rates.

19 “(b) **DIRECT COLLECTION OF RENT.**—

20 “(1) **IN GENERAL.**—Notwithstanding any other
21 provision of law, and subject to paragraph (2), a
22 Tribal Health Program shall have the authority to
23 collect rents directly from Federal employees who oc-
24 cupy such quarters in accordance with the following:

1 “(A) The Tribal Health Program shall no-
2 tify the Secretary and the subject Federal em-
3 ployees of its election to exercise its authority
4 to collect rents directly from such Federal em-
5 ployees.

6 “(B) Upon receipt of a notice described in
7 subparagraph (A), the Federal employees shall
8 pay rents for occupancy of such quarters di-
9 rectly to the Tribal Health Program and the
10 Secretary shall have no further authority to col-
11 lect rents from such employees through payroll
12 deduction or otherwise.

13 “(C) Such rent payments shall be retained
14 by the Tribal Health Program and shall not be
15 made payable to or otherwise be deposited with
16 the United States.

17 “(D) Such rent payments shall be depos-
18 ited into a separate account which shall be used
19 by the Tribal Health Program for the mainte-
20 nance (including capital repairs and replace-
21 ment) and operation of the quarters and facili-
22 ties as the Tribal Health Program shall deter-
23 mine.

24 “(2) RETROCESSION OF AUTHORITY.—If a
25 Tribal Health Program which has made an election

1 under paragraph (1) requests retrocession of its au-
2 thority to directly collect rents from Federal employ-
3 ees occupying federally owned quarters, such ret-
4 rocession shall become effective on the earlier of—

5 “(A) the first day of the month that begins
6 no less than 180 days after the Tribal Health
7 Program notifies the Secretary of its desire to
8 retrocede; or

9 “(B) such other date as may be mutually
10 agreed by the Secretary and the Tribal Health
11 Program.

12 “(c) **RATES IN ALASKA.**—To the extent that a Tribal
13 Health Program, pursuant to authority granted in sub-
14 section (a), establishes rental rates for federally owned
15 quarters provided to a Federal employee in Alaska, such
16 rents may be based on the cost of comparable private rent-
17 al housing in the nearest established community with a
18 year-round population of 1,500 or more individuals.

19 **“SEC. 315. APPLICABILITY OF BUY AMERICAN ACT RE-**
20 **QUIREMENT.**

21 “(a) **APPLICABILITY.**—The Secretary shall ensure
22 that the requirements of the Buy American Act apply to
23 all procurements made with funds provided pursuant to
24 section 317. Indian Tribes and Tribal Organizations shall
25 be exempt from these requirements.

1 “(b) EFFECT OF VIOLATION.—If it has been finally
2 determined by a court or Federal agency that any person
3 intentionally affixed a label bearing a ‘Made in America’
4 inscription or any inscription with the same meaning, to
5 any product sold in or shipped to the United States that
6 is not made in the United States, such person shall be
7 ineligible to receive any contract or subcontract made with
8 funds provided pursuant to section 317, pursuant to the
9 debarment, suspension, and ineligibility procedures de-
10 scribed in sections 9.400 through 9.409 of title 48, Code
11 of Federal Regulations.

12 “(c) DEFINITIONS.—For purposes of this section, the
13 term ‘Buy American Act’ means title III of the Act enti-
14 tled ‘An Act making appropriations for the Treasury and
15 Post Office Departments for the fiscal year ending June
16 30, 1934, and for other purposes’, approved March 3,
17 1933 (41 U.S.C. 10a et seq.).

18 **“SEC. 316. OTHER FUNDING FOR FACILITIES.**

19 “(a) AUTHORITY TO ACCEPT FUNDS.—The Sec-
20 retary is authorized to accept from any source, including
21 Federal and State agencies, funds that are available for
22 the construction of health care facilities and use such
23 funds to plan, design, and construct health care facilities
24 for Indians and to place such funds into a contract or com-
25 pact under the Indian Self-Determination and Education

1 Assistance Act (25 U.S.C. 450 et seq.). Receipt of such
2 funds shall have no effect on the priorities established pur-
3 suant to section 301.

4 “(b) INTERAGENCY AGREEMENTS.—The Secretary is
5 authorized to enter into interagency agreements with
6 other Federal agencies or State agencies and other entities
7 and to accept funds from such Federal or State agencies
8 or other sources to provide for the planning, design, and
9 construction of health care facilities to be administered by
10 Indian Health Programs in order to carry out the pur-
11 poses of this Act and the purposes for which the funds
12 were appropriated or for which the funds were otherwise
13 provided.

14 “(c) TRANSFERRED FUNDS.—Any Federal agency to
15 which funds for the construction of health care facilities
16 are appropriated is authorized to transfer such funds to
17 the Secretary for the construction of health care facilities
18 to carry out the purposes of this Act as well as the pur-
19 poses for which such funds are appropriated to such other
20 Federal agency.

21 “(d) ESTABLISHMENT OF STANDARDS.—The Sec-
22 retary, through the Service, shall establish standards by
23 regulation, developed by rulemaking under section 802, for
24 the planning, design, and construction of health care fa-
25 cilities serving Indians under this Act.

1 **“SEC. 317. AUTHORIZATION OF APPROPRIATIONS.**

2 “There are 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 IV—ACCESS TO HEALTH**
6 **SERVICES**

7 **“SEC. 401. TREATMENT OF PAYMENTS UNDER SOCIAL SE-**
8 **CURITY ACT HEALTH CARE PROGRAMS.**

9 “(a) DISREGARD OF MEDICARE, MEDICAID, AND
10 SCHIP PAYMENTS IN DETERMINING APPROPRIATIONS.—
11 Any payments received by an Indian Health Program or
12 by an Urban Indian Organization made under title XVIII,
13 XIX, or XXI of the Social Security Act for services pro-
14 vided to Indians eligible for benefits under such respective
15 titles shall not be considered in determining appropria-
16 tions for the provision of health care and services to Indi-
17 ans.

18 “(b) NONPREFERENTIAL TREATMENT.—Nothing in
19 this Act authorizes the Secretary to provide services to an
20 Indian with coverage under title XVIII, XIX, or XXI of
21 the Social Security Act in preference to an Indian without
22 such coverage.

23 “(c) USE OF FUNDS.—

24 “(1) SPECIAL FUND.—Notwithstanding any
25 other provision of law, but subject to paragraph (2),
26 payments to which a facility of the Service is enti-

1 tled by reason of a provision of the Social Security
2 Act shall be placed in a special fund to be held by
3 the Secretary and first used (to such extent or in
4 such amounts as are provided in appropriation Acts)
5 for the purpose of making any improvements in the
6 programs of the Service which may be necessary to
7 achieve or maintain compliance with the applicable
8 conditions and requirements of titles XVIII, XIX,
9 and XXI of the Social Security Act. Any amounts to
10 be reimbursed that are in excess of the amount nec-
11 essary to achieve or maintain such conditions and
12 requirements shall, subject to the consultation with
13 Indian Tribes being served by the Service Unit, be
14 used for reducing the health resource deficiencies of
15 the Indian Tribes. In making payments from such
16 fund, the Secretary shall ensure that each Service
17 Unit of the Service receives 100 percent of the
18 amount to which the facilities of the Service, for
19 which such Service Unit makes collections, are enti-
20 tled by reason of a provision of the Social Security
21 Act.

22 “(2) DIRECT PAYMENT OPTION.—Paragraph
23 (1) shall not apply upon the election of a Tribal
24 Health Program under subsection (d) to receive pay-
25 ments directly. No payment may be made out of the

1 special fund described in such paragraph with re-
2 spect to reimbursement made for services provided
3 during the period of such election.

4 “(d) DIRECT BILLING.—

5 “(1) IN GENERAL.—A Tribal Health Program
6 may directly bill for, and receive payment for, health
7 care items and services provided by such Indian
8 Tribe or Tribal organization for which payment is
9 made under title XVIII, XIX, or XXI of the Social
10 Security Act or from any other third party payor.

11 “(2) DIRECT REIMBURSEMENT.—

12 “(A) USE OF FUNDS.—Each Tribal Health
13 Program exercising the option described in
14 paragraph (1) with respect to a program under
15 a title of the Social Security Act shall be reim-
16 bursed directly by that program for items and
17 services furnished without regard to section
18 401(c), but all amounts so reimbursed shall be
19 used by the Tribal Health Program for the pur-
20 pose of making any improvements in Tribal fa-
21 cilities or Tribal Health Programs that may be
22 necessary to achieve or maintain compliance
23 with the conditions and requirements applicable
24 generally to such items and services under the
25 program under such title and to provide addi-

1 tional health care services, improvements in
2 health care facilities and Tribal Health Pro-
3 grams, any health care-related purpose, or oth-
4 erwise to achieve the objectives provided in sec-
5 tion 3 of this Act.

6 “(B) AUDITS.—The amounts paid to an
7 Indian Tribe or Tribal Organization exercising
8 the option described in paragraph (1) with re-
9 spect to a program under a title of the Social
10 Security Act shall be subject to all auditing re-
11 quirements applicable to programs administered
12 by an Indian Health Program.

13 “(C) IDENTIFICATION OF SOURCE OF PAY-
14 MENTS.—If an Indian Tribe or Tribal Organi-
15 zation receives funding from the Service under
16 the Indian Self-Determination and Education
17 Assistance Act or an Urban Indian Organiza-
18 tion receives funding from the Service under
19 title V of this Act and receives reimbursements
20 or payments under title XVIII, XIX, or XXI of
21 the Social Security Act, such Indian Tribe or
22 Tribal Organization, or Urban Indian Organiza-
23 tion, shall provide to the Service a list of each
24 provider enrollment number (or other identifier)

1 under which it receives such reimbursements or
2 payments.

3 “(3) EXAMINATION AND IMPLEMENTATION OF
4 CHANGES.—The Secretary, acting through the Serv-
5 ice and with the assistance of the Administrator of
6 the Centers for Medicare & Medicaid Services, shall
7 examine on an ongoing basis and implement any ad-
8 ministrative changes that may be necessary to facili-
9 tate direct billing and reimbursement under the pro-
10 gram established under this subsection, including
11 any agreements with States that may be necessary
12 to provide for direct billing under a program under
13 a title of the Social Security Act.

14 “(4) WITHDRAWAL FROM PROGRAM.—A Tribal
15 Health Program that bills directly under the pro-
16 gram established under this subsection may with-
17 draw from participation in the same manner and
18 under the same conditions that an Indian Tribe or
19 Tribal Organization may retrocede a contracted pro-
20 gram to the Secretary under the authority of the In-
21 dian Self-Determination and Education Assistance
22 Act (25 U.S.C. 450 et seq.). All cost accounting and
23 billing authority under the program established
24 under this subsection shall be returned to the Sec-

1 retary upon the Secretary's acceptance of the with-
2 drawal of participation in this program.

3 **“SEC. 402. GRANTS TO AND CONTRACTS WITH THE SERV-
4 ICE, INDIAN TRIBES, TRIBAL ORGANIZA-
5 TIONS, AND URBAN INDIAN ORGANIZATIONS.**

6 “(a) INDIAN TRIBES AND TRIBAL ORGANIZA-
7 TIONS.—The Secretary, acting through the Service, shall
8 make grants to or enter into contracts with Indian Tribes
9 and Tribal Organizations to assist such Tribes and Tribal
10 Organizations in establishing and administering programs
11 on or near reservations and trust lands to assist individual
12 Indians—

13 “(1) to enroll for benefits under title XVIII,
14 XIX, or XXI of the Social Security Act and other
15 health benefits programs; and

16 “(2) to pay premiums for coverage for such
17 benefits, which may be based on financial need (as
18 determined by the Indian Tribe or Tribes being
19 served based on a schedule of income levels devel-
20 oped or implemented by such Tribe or Tribes).

21 “(b) CONDITIONS.—The Secretary, acting through
22 the Service, shall place conditions as deemed necessary to
23 effect the purpose of this section in any grant or contract
24 which the Secretary makes with any Indian Tribe or Trib-
25 al Organization pursuant to this section. Such conditions

1 shall include requirements that the Indian Tribe or Tribal
2 Organization successfully undertake—

3 “(1) to determine the population of Indians eli-
4 gible for the benefits described in subsection (a);

5 “(2) to educate Indians with respect to the ben-
6 efits available under the respective programs;

7 “(3) to provide transportation for such indi-
8 vidual Indians to the appropriate offices for enroll-
9 ment or applications for such benefits; and

10 “(4) to develop and implement methods of im-
11 proving the participation of Indians in receiving the
12 benefits provided under titles XVIII, XIX, and XXI
13 of the Social Security Act.

14 “(c) AGREEMENTS RELATING TO IMPROVING EN-
15 ROLLMENT OF INDIANS UNDER SOCIAL SECURITY ACT
16 PROGRAMS.—

17 “(1) AGREEMENTS WITH SECRETARY TO IM-
18 PROVE RECEIPT AND PROCESSING OF APPLICA-
19 TIONS.—

20 “(A) AUTHORIZATION.—The Secretary,
21 acting through the Service, may enter into an
22 agreement with an Indian Tribe, Tribal Organi-
23 zation, or Urban Indian Organization which
24 provides for the receipt and processing of appli-
25 cations by Indians for assistance under titles

1 XIX and XXI of the Social Security Act, and
2 benefits under title XVIII of such Act, by an
3 Indian Health Program or Urban Indian Orga-
4 nization.

5 “(B) REIMBURSEMENT OF COSTS.—Such
6 agreements may provide for reimbursement of
7 costs of outreach, education regarding eligibility
8 and benefits, and translation when such services
9 are provided. The reimbursement may, as ap-
10 propriate, be added to the applicable rate per
11 encounter or be provided as a separate fee-for-
12 service payment to the Indian Tribe or Tribal
13 Organization.

14 “(C) PROCESSING CLARIFIED.—In this
15 paragraph, the term ‘processing’ does not in-
16 clude a final determination of eligibility.

17 “(2) AGREEMENTS WITH STATES FOR OUT-
18 REACH ON OR NEAR RESERVATION.—

19 “(A) IN GENERAL.—In order to improve
20 the access of Indians residing on or near a res-
21 ervation to obtain benefits under title XIX or
22 XXI of the Social Security Act, the Secretary
23 shall encourage the State to take steps to pro-
24 vide for enrollment on or near the reservation.
25 Such steps may include outreach efforts such as

1 the outstationing of eligibility workers, entering
2 into agreements with Indian Tribes and Tribal
3 Organizations to provide outreach, education re-
4 garding eligibility and benefits, enrollment, and
5 translation services when such services are pro-
6 vided.

7 “(B) CONSTRUCTION.—Nothing in sub-
8 paragraph (A) shall be construed as affecting
9 arrangements entered into between States and
10 Indian Tribes and Tribal Organizations for
11 such Indian Tribes and Tribal Organizations to
12 conduct administrative activities under such ti-
13 tles.

14 “(d) FACILITATING COOPERATION.—The Secretary,
15 acting through the Centers for Medicare & Medicaid Serv-
16 ices, shall take such steps as are necessary to facilitate
17 cooperation with, and agreements between, States and the
18 Service, Indian Tribes, Tribal Organizations, or Urban In-
19 dian Organizations.

20 “(e) APPLICATION TO URBAN INDIAN ORGANIZA-
21 TIONS.—

22 “(1) IN GENERAL.—The provisions of sub-
23 section (a) shall apply with respect to grants and
24 other funding to Urban Indian Organizations with
25 respect to populations served by such organizations

1 in the same manner they apply to grants and con-
2 tracts with Indian Tribes and Tribal Organizations
3 with respect to programs on or near reservations.

4 “(2) REQUIREMENTS.—The Secretary shall in-
5 clude in the grants or contracts made or provided
6 under paragraph (1) requirements that are—

7 “(A) consistent with the requirements im-
8 posed by the Secretary under subsection (b);

9 “(B) appropriate to Urban Indian Organi-
10 zations and Urban Indians; and

11 “(C) necessary to effect the purposes of
12 this section.

13 **“SEC. 403. REIMBURSEMENT FROM CERTAIN THIRD PAR-**
14 **TIES OF COSTS OF HEALTH SERVICES.**

15 “(a) RIGHT OF RECOVERY.—Except as provided in
16 subsection (f), the United States, an Indian Tribe, or
17 Tribal Organization shall have the right to recover from
18 an insurance company, health maintenance organization,
19 employee benefit plan, third-party tortfeasor, or any other
20 responsible or liable third party (including a political sub-
21 division or local governmental entity of a State) the rea-
22 sonable charges as determined by the Secretary, and billed
23 by the Secretary, an Indian Tribe, or Tribal Organization,
24 in providing health services, through the Service, an In-
25 dian Tribe, or Tribal Organization to any individual to the

1 same extent that such individual, or any nongovernmental
2 provider of such services, would be eligible to receive dam-
3 ages, reimbursement, or indemnification for such charges
4 or expenses if—

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

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

10 “(b) LIMITATIONS ON RECOVERIES FROM STATES.—

11 Subsection (a) shall provide a right of recovery against
12 any State, only if the injury, illness, or disability for which
13 health services were provided is covered under—

14 “(1) workers’ compensation laws; or

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

17 “(c) NONAPPLICATION OF OTHER LAWS.—No law of
18 any State, or of any political subdivision of a State and
19 no provision of any contract, insurance or health mainte-
20 nance organization policy, employee benefit plan, self-in-
21 surance plan, managed care plan, or other health care plan
22 or program entered into or renewed after the date of the
23 enactment of the Indian Health Care Amendments of
24 1988, shall prevent or hinder the right of recovery of the

1 United States, an Indian Tribe, or Tribal Organization
2 under subsection (a).

3 “(d) NO EFFECT ON PRIVATE RIGHTS OF ACTION.—

4 No action taken by the United States, an Indian Tribe,
5 or Tribal Organization to enforce the right of recovery
6 provided under this section shall operate to deny to the
7 injured person the recovery for that portion of the person’s
8 damage not covered hereunder.

9 “(e) ENFORCEMENT.—

10 “(1) IN GENERAL.—The United States, an In-
11 dian Tribe, or Tribal Organization may enforce the
12 right of recovery provided under subsection (a) by—

13 “(A) intervening or joining in any civil ac-
14 tion or proceeding brought—

15 “(i) by the individual for whom health
16 services were provided by the Secretary, an
17 Indian Tribe, or Tribal Organization; or

18 “(ii) by any representative or heirs of
19 such individual, or

20 “(B) instituting a civil action, including a
21 civil action for injunctive relief and other relief
22 and including, with respect to a political sub-
23 division or local governmental entity of a State,
24 such an action against an official thereof.

1 “(2) NOTICE.—All reasonable efforts shall be
2 made to provide notice of action instituted under
3 paragraph (1)(B) to the individual to whom health
4 services were provided, either before or during the
5 pendency of such action.

6 “(f) LIMITATION.—Absent specific written authoriza-
7 tion by the governing body of an Indian Tribe for the pe-
8 riod of such authorization (which may not be for a period
9 of more than 1 year and which may be revoked at any
10 time upon written notice by the governing body to the
11 Service), the United States shall not have a right of recov-
12 ery under this section if the injury, illness, or disability
13 for which health services were provided is covered under
14 a self-insurance plan funded by an Indian Tribe, Tribal
15 Organization, or Urban Indian Organization. Where such
16 authorization is provided, the Service may receive and ex-
17 pend such amounts for the provision of additional health
18 services consistent with such authorization.

19 “(g) COSTS AND ATTORNEYS’ FEES.—In any action
20 brought to enforce the provisions of this section, a pre-
21 vailing plaintiff shall be awarded its reasonable attorneys’
22 fees and costs of litigation.

23 “(h) NONAPPLICATION OF CLAIMS FILING REQUIRE-
24 MENTS.—An insurance company, health maintenance or-
25 ganization, self-insurance plan, managed care plan, or

1 other health care plan or program (under the Social Secu-
2 rity Act or otherwise) may not deny a claim for benefits
3 submitted by the Service or by an Indian Tribe or Tribal
4 Organization based on the format in which the claim is
5 submitted if such format complies with the format re-
6 quired for submission of claims under title XVIII of the
7 Social Security Act or recognized under section 1175 of
8 such Act.

9 “(i) APPLICATION TO URBAN INDIAN ORGANIZA-
10 TIONS.—The previous provisions of this section shall apply
11 to Urban Indian Organizations with respect to populations
12 served by such Organizations in the same manner they
13 apply to Indian Tribes and Tribal Organizations with re-
14 spect to populations served by such Indian Tribes and
15 Tribal Organizations.

16 “(j) STATUTE OF LIMITATIONS.—The provisions of
17 section 2415 of title 28, United States Code, shall apply
18 to all actions commenced under this section, and the ref-
19 erences therein to the United States are deemed to include
20 Indian Tribes, Tribal Organizations, and Urban Indian
21 Organizations.

22 “(k) SAVINGS.—Nothing in this section shall be con-
23 strued to limit any right of recovery available to the
24 United States, an Indian Tribe, or Tribal Organization
25 under the provisions of any applicable, Federal, State, or

1 Tribal law, including medical lien laws and the Federal
2 Medical Care Recovery Act (42 U.S.C. 2651 et seq.).

3 **“SEC. 404. CREDITING OF REIMBURSEMENTS.**

4 “(a) USE OF AMOUNTS.—

5 “(1) RETENTION BY PROGRAM.—Except as pro-
6 vided in section 202(g) (relating to the Catastrophic
7 Health Emergency Fund) and section 807 (relating
8 to health services for ineligible persons), all reim-
9 bursements received or recovered under any of the
10 programs described in paragraph (2), including
11 under section 807, by reason of the provision of
12 health services by the Service, by an Indian Tribe or
13 Tribal Organization, or by an Urban Indian Organi-
14 zation, shall be credited to the Service, such Indian
15 Tribe or Tribal Organization, or such Urban Indian
16 Organization, respectively, and may be used as pro-
17 vided in section 401. In the case of such a service
18 provided by or through a Service Unit, such
19 amounts shall be credited to such unit and used for
20 such purposes.

21 “(2) PROGRAMS COVERED.—The programs re-
22 ferred to in paragraph (1) are the following:

23 “(A) Titles XVIII, XIX, and XXI of the
24 Social Security Act.

25 “(B) This Act, including section 807.

1 “(C) Public Law 87–693.

2 “(D) Any other provision of law.

3 “(b) NO OFFSET OF AMOUNTS.—The Service may
4 not offset or limit any amount obligated to any Service
5 Unit or entity receiving funding from the Service because
6 of the receipt of reimbursements under subsection (a).

7 **“SEC. 405. PURCHASING HEALTH CARE COVERAGE.**

8 “(a) IN GENERAL.—Insofar as amounts are made
9 available under law (including a provision of the Social
10 Security Act, the Indian Self-Determination and Edu-
11 cation Assistance Act, or other law, other than under sec-
12 tion 402) to Indian Tribes, Tribal Organizations, and
13 Urban Indian Organizations for health benefits for Service
14 beneficiaries, Indian Tribes, Tribal Organizations, and
15 Urban Indian Organizations may use such amounts to
16 purchase health benefits coverage for such beneficiaries in
17 any manner, including through—

18 “(1) a tribally owned and operated health care
19 plan;

20 “(2) a State or locally authorized or licensed
21 health care plan;

22 “(3) a health insurance provider or managed
23 care organization; or

24 “(4) a self-insured plan.

1 The purchase of such coverage by an Indian Tribe, Tribal
2 Organization, or Urban Indian Organization may be based
3 on the financial needs of such beneficiaries (as determined
4 by the Indian Tribe or Tribes being served based on a
5 schedule of income levels developed or implemented by
6 such Indian Tribe or Tribes).

7 “(b) EXPENSES FOR SELF-INSURED PLAN.—In the
8 case of a self-insured plan under subsection (a)(4), the
9 amounts may be used for expenses of operating the plan,
10 including administration and insurance to limit the finan-
11 cial risks to the entity offering the plan.

12 “(c) CONSTRUCTION.—Nothing in this section shall
13 be construed as affecting the use of any amounts not re-
14 ferred to in subsection (a).

15 **“SEC. 406. SHARING ARRANGEMENTS WITH FEDERAL AGEN-**
16 **CIES.**

17 “(a) AUTHORITY.—

18 “(1) IN GENERAL.—The Secretary may enter
19 into (or expand) arrangements for the sharing of
20 medical facilities and services between the Service,
21 Indian Tribes, and Tribal Organizations and the De-
22 partment of Veterans Affairs and the Department of
23 Defense.

24 “(2) CONSULTATION BY SECRETARY RE-
25 QUIRED.—The Secretary may not finalize any ar-

1 rangement between the Service and a Department
2 described in paragraph (1) without first consulting
3 with the Indian Tribes which will be significantly af-
4 fected by the arrangement.

5 “(b) LIMITATIONS.—The Secretary shall not take
6 any action under this section or under subchapter IV of
7 chapter 81 of title 38, United States Code, which would
8 impair—

9 “(1) the priority access of any Indian to health
10 care services provided through the Service and the
11 eligibility of any Indian to receive health services
12 through the Service;

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

15 “(3) the priority access of any veteran to health
16 care services provided by the Department of Vet-
17 erans Affairs;

18 “(4) the quality of health care services provided
19 by the Department of Veterans Affairs or the De-
20 partment of Defense; or

21 “(5) the eligibility of any Indian who is a vet-
22 eran to receive health services through the Depart-
23 ment of Veterans Affairs.

24 “(c) REIMBURSEMENT.—The Service, Indian Tribe,
25 or Tribal Organization shall be reimbursed by the Depart-

1 ment of Veterans Affairs or the Department of Defense
2 (as the case may be) where services are provided through
3 the Service, an Indian Tribe, or a Tribal Organization to
4 beneficiaries eligible for services from either such Depart-
5 ment, notwithstanding any other provision of law.

6 “(d) CONSTRUCTION.—Nothing in this section may
7 be construed as creating any right of a non-Indian veteran
8 to obtain health services from the Service.

9 **“SEC. 407. PAYOR OF LAST RESORT.**

10 “Indian Health Programs and health care programs
11 operated by Urban Indian Organizations shall be the
12 payor of last resort for services provided to persons eligible
13 for services from Indian Health Programs and Urban In-
14 dian Organizations, notwithstanding any Federal, State,
15 or local law to the contrary.

16 **“SEC. 408. NONDISCRIMINATION IN QUALIFICATIONS FOR**
17 **REIMBURSEMENT FOR SERVICES.**

18 “For purposes of determining the eligibility of an en-
19 tity that is operated by the Service, an Indian Tribe, Trib-
20 al Organization, or Urban Indian Organization to receive
21 payment or reimbursement from any federally funded
22 health care program for health care services it furnishes
23 to an Indian. Such program must provide that such entity,
24 meeting generally applicable State or other requirements
25 applicable for participation, must be accepted as a pro-

1 vider on the same basis as any other qualified provider,
2 except that any requirement that the entity be licensed
3 or recognized under State or local law to furnish such
4 services shall be deemed to have been met if the entity
5 meets all the applicable standards for such licensure, but
6 the entity need not obtain a license or other documenta-
7 tion. In determining whether the entity meets such stand-
8 ards, the absence of licensure of any staff member of the
9 entity may not be taken into account.

10 **“SEC. 409. CONSULTATION.**

11 “(a) TRIBAL TECHNICAL ADVISORY GROUP
12 (TTAG).—The Secretary shall maintain within the Cen-
13 ters for Medicaid & Medicare Services (CMS) a Tribal
14 Technical Advisory Group, established in accordance with
15 requirements of the charter dated September 30, 2003,
16 and in such group shall include a representative of the
17 Urban Indian Organizations and the Service. The rep-
18 resentative of the Urban Indian Organization shall be
19 deemed to be an elected officer of a tribal government for
20 purposes of applying section 204(b) of the Unfunded Man-
21 dates Reform Act of 1995 (2 U.S.C. 1534(b)).

22 “(b) SOLICITATION OF MEDICAID ADVICE.—

23 “(1) IN GENERAL.—As part of its plan under
24 title XIX of the Social Security Act, a State in
25 which the Service operates or funds health care pro-

1 grams, or in which 1 or more Indian Health Pro-
2 grams or Urban Indian Organizations provide health
3 care in the State for which medical assistance is
4 available under such title, may establish a process
5 under which the State seeks advice on a regular, on-
6 going basis from designees of such Indian Health
7 Programs and Urban Indian Organizations on mat-
8 ters relating to the application of such title to and
9 likely to have a direct effect on such Indian Health
10 Programs and Urban Indian Organizations.

11 “(2) MANNER OF ADVICE.—The process de-
12 scribed in paragraph (1) should include solicitation
13 of advice prior to submission of any plan amend-
14 ments, waiver requests, and proposals for dem-
15 onstration projects likely to have a direct effect on
16 Indians, Indian Health Programs, or Urban Indian
17 Organizations. Such process may include appoint-
18 ment of an advisory committee and of a designee of
19 such Indian Health Programs and Urban Indian Or-
20 ganizations to the medical care advisory committee
21 advising the State on its medicaid plan.

22 “(3) PAYMENT OF EXPENSES.—The reasonable
23 expenses of carrying out this subsection shall be eli-
24 gible for reimbursement under section 1903(a) of
25 the Social Security Act.

1 “(c) CONSTRUCTION.—Nothing in this section shall
 2 be construed as superseding existing advisory committees,
 3 working groups, or other advisory procedures established
 4 by the Secretary or by any State.

5 **“SEC. 410. STATE CHILDREN’S HEALTH INSURANCE PRO-**
 6 **GRAM (SCHIP).**

7 “(a) OPTIONAL USE OF FUNDS FOR INDIAN HEALTH
 8 PROGRAM PAYMENTS.—Subject to the succeeding provi-
 9 sions of this section, a State may provide under its State
 10 child health plan under title XXI of the Social Security
 11 Act (regardless of whether such plan is implemented under
 12 such title, title XIX of such Act, or both) for payments
 13 under this section to Indian Health Programs and Urban
 14 Indian Organizations operating in the State. Such pay-
 15 ments shall be treated under title XXI of the Social Secu-
 16 rity Act as expenditures described in section
 17 2105(a)(1)(A) of such Act.

18 “(b) USE OF FUNDS.—Payments under this section
 19 may be used only for expenditures described in clauses (i)
 20 through (iii) of section 2105(a)(1)(D) of the Social Secu-
 21 rity Act for targeted low-income children or other low-in-
 22 come children (as defined in 2110 of such Act) who are—
 23 “(1) Indians; or
 24 “(2) otherwise eligible for health services from
 25 the Indian Health Program involved.

1 “(c) SPECIAL RESTRICTIONS.—The following condi-
2 tions apply to a State electing to provide payments under
3 this section:

4 “(1) NO LIMITATION ON OTHER SCHIP PARTICI-
5 PATION OF, OR PROVIDER PAYMENTS TO, INDIAN
6 HEALTH PROGRAMS.—The State may not exclude or
7 limit participation of otherwise eligible Indian
8 Health Programs in its State child health program
9 under title XXI of the Social Security Act or its
10 medicaid program under title XIX of such Act or
11 pay such Programs less than they otherwise would
12 as participating providers on the basis that pay-
13 ments are made to such Programs under this sec-
14 tion.

15 “(2) NO LIMITATION ON OTHER SCHIP ELIGI-
16 BILITY OF INDIANS.—The State may not exclude or
17 limit participation of otherwise eligible Indian chil-
18 dren in such State child health or medicaid program
19 on the basis that payments are made for assistance
20 for such children under this section.

21 “(3) LIMITATION ON ACCEPTANCE OF CON-
22 TRIBUTIONS.—

23 “(A) IN GENERAL.—The State may not ac-
24 cept contributions or condition making of pay-
25 ments under this section upon contribution of

1 funds from any Indian Health Program to meet
2 the State's non-Federal matching fund require-
3 ments under titles XIX and XXI of the Social
4 Security Act.

5 “(B) CONTRIBUTION DEFINED.—For pur-
6 poses of subparagraph (A), the term ‘contribu-
7 tion’ includes any tax, donation, fee, or other
8 payment made, whether made voluntarily or in-
9 voluntarily.

10 “(d) APPLICATION OF SEPARATE 10 PERCENT LIM-
11 TATION.—Payment may be made under section 2105(a)
12 of the Social Security Act to a State for a fiscal year for
13 payments under this section up to an amount equal to 10
14 percent of the total amount available under title XXI of
15 such Act (including allotments and reallocations available
16 from previous fiscal years) to the State with respect to
17 the fiscal year.

18 “(e) GENERAL TERMS.—A payment under this sec-
19 tion shall only be made upon application to the State from
20 the Indian Health Program involved and under such terms
21 and conditions, and in a form and manner, as the Sec-
22 retary determines appropriate.

23 **“SEC. 411. SOCIAL SECURITY ACT SANCTIONS.**

24 “(a) REQUESTS FOR WAIVER OF SANCTIONS.—

1 “(1) IN GENERAL.—For purposes of applying
2 any authority under a provision of title XI, XVIII,
3 XIX, or XXI of the Social Security Act to seek a
4 waiver of a sanction imposed against a health care
5 provider insofar as that provider provides services to
6 individuals through an Indian Health Program, the
7 Indian Health Program shall request the State to
8 seek such waiver, and if such State has not sought
9 the waiver within 60 days of the Indian Health Pro-
10 gram request, the Indian Health Program itself may
11 petition the Secretary for such waiver.

12 “(2) PROCEDURE.—In seeking a waiver under
13 paragraph (1), the Indian Health Program must
14 provide notice and a copy of the request, including
15 the reasons for the waiver sought, to the State. The
16 Secretary may consider the State’s views in the de-
17 termination of the waiver request, but may not with-
18 hold or delay a determination based on the lack of
19 the State’s views.

20 “(b) SAFE HARBOR FOR TRANSACTIONS BETWEEN
21 AND AMONG INDIAN HEALTH CARE PROGRAMS.—For
22 purposes of applying section 1128B(b) of the Social Secu-
23 rity Act, the exchange of anything of value between or
24 among the following shall not be treated as remuneration

1 if the exchange arises from or relates to any of the fol-
2 lowing health programs:

3 “(1) An exchange between or among the fol-
4 lowing:

5 “(A) Any Indian Health Program.

6 “(B) Any Urban Indian Organization.

7 “(2) An exchange between an Indian Tribe,
8 Tribal Organization, or an Urban Indian Organiza-
9 tion and any patient served or eligible for service
10 from an Indian Tribe, Tribal Organization, or
11 Urban Indian Organization, including patients
12 served or eligible for service pursuant to section 807,
13 but only if such exchange—

14 “(A) is for the purpose of transporting the
15 patient for the provision of health care items or
16 services;

17 “(B) is for the purpose of providing hous-
18 ing to the patient (including a pregnant pa-
19 tient) and immediate family members or an es-
20 cort incidental to assuring the timely provision
21 of health care items and services to the patient;

22 “(C) is for the purpose of paying pre-
23 miums, copayments, deductibles, or other cost-
24 sharing on behalf of patients; or

1 “(D) consists of an item or service of small
2 value that is provided as a reasonable incentive
3 to secure timely and necessary preventive and
4 other items and services.

5 “(3) Other exchanges involving an Indian
6 Health Program, an Urban Indian Organization, or
7 an Indian Tribe or Tribal Organization that meet
8 such standards as the Secretary of Health and
9 Human Services, in consultation with the Attorney
10 General, determines is appropriate, taking into ac-
11 count the special circumstances of such Indian
12 Health Programs, Urban Indian Organizations, In-
13 dian Tribes, and Tribal Organizations and of pa-
14 tients served by Indian Health Programs, Urban In-
15 dian Organizations, Indian Tribes, and Tribal Orga-
16 nizations.

17 **“SEC. 412. COST SHARING.**

18 “(a) COINSURANCE, COPAYMENTS, AND
19 DEDUCTIBLES.—Notwithstanding any other provision of
20 Federal or State law—

21 “(1) PROTECTION FOR ELIGIBLE INDIANS
22 UNDER SOCIAL SECURITY ACT HEALTH PRO-
23 GRAMS.—No Indian who is furnished an item or
24 service for which payment may be made under title

1 XIX or XXI of the Social Security Act may be
2 charged a deductible, copayment, or coinsurance.

3 “(2) PROTECTION FOR INDIANS.—No Indian
4 who is furnished an item or service by the Service
5 may be charged a deductible, copayment, or coinsur-
6 ance.

7 “(3) NO REDUCTION IN AMOUNT OF PAYMENT
8 TO INDIAN HEALTH PROVIDERS.—The payment or
9 reimbursement due to the Service, Indian Tribe,
10 Tribal Organization, or Urban Indian Organization
11 under title XIX or XXI of the Social Security Act
12 may not be reduced by the amount of the deductible,
13 copayment, or coinsurance that would be due from
14 the Indian but for the operation of this section.

15 “(b) EXEMPTION FROM MEDICAID AND SCHIP PRE-
16 MIUMS.—Notwithstanding any other provision of Federal
17 or State law, no Indian who is otherwise eligible for serv-
18 ices under title XIX of the Social Security Act (relating
19 to the medicaid program) or title XXI of such Act (relat-
20 ing to the State children’s health insurance program) may
21 be charged a premium, enrollment fee, or similar charge
22 as a condition of receiving benefits under the program
23 under the respective title.

24 “(c) TREATMENT OF CERTAIN PROPERTY FOR MED-
25 ICAID ELIGIBILITY.—Notwithstanding any other provision

1 of Federal or State law, the following property may not
2 be included when determining eligibility for services under
3 title XIX of the Social Security Act:

4 “(1) Property, including real property and im-
5 provements, located on a reservation, including any
6 federally recognized Indian Tribe’s reservation,
7 Pueblo, or Colony, including former reservations in
8 Oklahoma, Alaska Native regions established by the
9 Alaska Native Claims Settlement Act and Indian al-
10 lotments on or near a reservation as designated and
11 approved by the Bureau of Indian Affairs of the De-
12 partment of the Interior.

13 “(2) For any federally recognized Tribe not de-
14 scribed in paragraph (1), property located within the
15 most recent boundaries of a prior Federal reserva-
16 tion.

17 “(3) Ownership interests in rents, leases, royal-
18 ties, or usage rights related to natural resources (in-
19 cluding extraction of natural resources or harvesting
20 of timber, other plants and plant products, animals,
21 fish, and shellfish) resulting from the exercise of fed-
22 erally protected rights.

23 “(4) Ownership interests in or usage rights to
24 items not covered by paragraphs (1) through (3)
25 that have unique religious, spiritual, traditional, or

1 cultural significance or rights that support subsist-
2 ence or a traditional life style according to applicable
3 tribal law or custom.

4 “(d) CONTINUATION OF CURRENT LAW PROTEC-
5 TIONS OF CERTAIN INDIAN PROPERTY FROM MEDICAID
6 ESTATE RECOVERY.—Income, resources, and property
7 that are exempt from medicaid estate recovery under title
8 XIX of the Social Security Act as of April 1, 2003, under
9 manual instructions issued to carry out section 1917(b)(3)
10 of such Act because of Federal responsibility for Indian
11 Tribes and Alaska Native Villages shall remain so exempt.
12 Nothing in this subsection shall be construed as pre-
13 venting the Secretary from providing additional medicaid
14 estate recovery exemptions for Indians.

15 **“SEC. 413. TREATMENT UNDER MEDICAID MANAGED CARE.**

16 “(a) PROVISION OF SERVICES, TO ENROLLEES WITH
17 NON-INDIAN MEDICAID MANAGED CARE ENTITIES, BY
18 INDIAN HEALTH PROGRAMS AND URBAN INDIAN ORGANI-
19 ZATIONS.—

20 “(1) PAYMENT RULES.—

21 “(A) IN GENERAL.—Subject to subpara-
22 graph (B), in the case of an Indian who is en-
23 rolled with a non-Indian medicaid managed care
24 entity (as defined in subsection (c)) and who re-
25 ceives covered medicaid managed care services

1 from an Indian Health Program or an Urban
2 Indian Organization, whether or not it is a par-
3 ticipating provider with respect to such entity,
4 the following rules apply:

5 “(i) DIRECT PAYMENT.—The entity
6 shall make prompt payment (in accordance
7 with rules applicable to medicaid managed
8 care entities under title XIX of the Social
9 Security Act) to the Indian Health Pro-
10 gram or Urban Indian Organization at a
11 rate established by the entity for such serv-
12 ices that is equal to the rate negotiated be-
13 tween such entity and the Program or Or-
14 ganization involved or, if such a rate has
15 not been negotiated, a rate that is not less
16 than the level and amount of payment
17 which the entity would make for the serv-
18 ices if the services were furnished by a pro-
19 vider which is not such a Program or Or-
20 ganization.

21 “(ii) PAYMENT THROUGH STATE.—If
22 there is no arrangement for direct payment
23 under clause (i) or if a State provides for
24 this clause to apply in lieu of clause (i),
25 the State shall provide for payment to the

1 Indian Health Program or Urban Indian
2 Organization under its State program
3 under title XIX of such Act at the rate
4 that would be otherwise applicable for such
5 services under such program and shall pro-
6 vide for an appropriate adjustment of the
7 capitation payment made to the entity to
8 take into account such payment.

9 “(B) COMPLIANCE WITH GENERALLY AP-
10 PLICABLE REQUIREMENTS.—

11 “(i) IN GENERAL.—Except as other-
12 wise provided, as a condition of payment
13 under subparagraph (A), the Indian
14 Health Program or Urban Indian Organi-
15 zation shall comply with the generally ap-
16 plicable requirements of title XIX of the
17 Social Security Act with respect to covered
18 services.

19 “(ii) SATISFACTION OF CLAIM RE-
20 QUIREMENT.—Any requirement for the
21 submission of a claim or other documenta-
22 tion for services covered under subpara-
23 graph (A) by the enrollee is deemed to be
24 satisfied through the submission of a claim
25 or other documentation by the Indian

1 Health Program or Urban Indian Organi-
2 zation consistent with section 403(h).

3 “(C) CONSTRUCTION.—Nothing in this
4 subsection shall be construed as waiving the ap-
5 plication of section 1902(a)(30)(A) of the Social
6 Security Act (relating to application of stand-
7 ards to assure that payments are consistent
8 with efficiency, economy, and quality of care).

9 “(2) ENROLLEE OPTION TO SELECT AN INDIAN
10 HEALTH PROGRAM OR URBAN INDIAN ORGANIZATION
11 AS PRIMARY CARE PROVIDER.—In the case of a non-
12 Indian medicaid managed care entity that—

13 “(A) has an Indian enrolled with the enti-
14 ty; and

15 “(B) has an Indian Health Program or
16 Urban Indian Organization that is participating
17 as a primary care provider within the network
18 of the entity,

19 insofar as the Indian is otherwise eligible to receive
20 services from such Program or Organization and the
21 Program or Organization has the capacity to provide
22 primary care services to such Indian, the Indian
23 shall be allowed to choose such Program or Organi-
24 zation as the Indian’s primary care provider under
25 the entity.

1 “(b) OFFERING OF MANAGED CARE THROUGH IN-
2 DIAN MEDICAID MANAGED CARE ENTITIES.—If—

3 “(1) a State elects to provide services through
4 medicaid managed care entities under its medicaid
5 managed care program; and

6 “(2) an Indian Health Program or Urban In-
7 dian Organization that is funded in whole or in part
8 by the Service, or a consortium thereof, has estab-
9 lished an Indian medicaid managed care entity in
10 the State that meets generally applicable standards
11 required of such an entity under such medicaid man-
12 aged care program,

13 the State shall offer to enter into an agreement with the
14 entity to serve as a medicaid managed care entity with
15 respect to eligible Indians served by such entity under
16 such program.

17 “(c) SPECIAL RULES FOR INDIAN MANAGED CARE
18 ENTITIES.—The following are special rules regarding the
19 application of a medicaid managed care program to Indian
20 medicaid managed care entities:

21 “(1) ENROLLMENT.—

22 “(A) LIMITATION TO INDIANS.—An Indian
23 medicaid managed care entity may restrict en-
24 rollment under such program to Indians and to
25 members of specific Tribes in the same manner

1 as Indian Health Programs may restrict the de-
2 livery of services to such Indians and tribal
3 members.

4 “(B) NO LESS CHOICE OF PLANS.—Under
5 such program the State may not limit the
6 choice of an Indian among medicaid managed
7 care entities only to Indian medicaid managed
8 care entities or to be more restrictive than the
9 choice of managed care entities offered to indi-
10 viduals who are not Indians.

11 “(C) DEFAULT ENROLLMENT.—

12 “(i) IN GENERAL.—If such program
13 of a State requires the enrollment of Indi-
14 ans in a medicaid managed care entity in
15 order to receive benefits, the State shall
16 provide for the enrollment of Indians de-
17 scribed in clause (ii) who are not otherwise
18 enrolled with such an entity in an Indian
19 medicaid managed care entity described in
20 such clause.

21 “(ii) INDIAN DESCRIBED.—An Indian
22 described in this clause, with respect to an
23 Indian medicaid managed care entity, is an
24 Indian who, based upon the service area
25 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 2005, the Secretary shall submit to the
10 Committee of Indian Affairs and Committee on Finance
11 of the Senate and the Committee on Resources and Com-
12 mittee on Ways and Means of the House of Representa-
13 tives 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 adopted pursuant to section
13 520 prescribe the criteria for selecting Urban Indian Or-
14 ganizations to enter into contracts or receive grants under
15 this section. Such criteria shall, among other factors, in-
16 clude—

17 “(1) the extent of unmet health care needs of
18 Urban Indians in the Urban Center or centers in-
19 volved;

20 “(2) the size of the Urban Indian population in
21 the Urban Center or centers involved;

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

1 “(4) the capability of an Urban Indian Organi-
2 zation to perform the activities set forth in sub-
3 section (a) and to enter into a contract with the Sec-
4 retary or to meet the requirements for receiving a
5 grant under this section;

6 “(5) the satisfactory performance and success-
7 ful completion by an Urban Indian Organization of
8 other contracts with the Secretary under this title;

9 “(6) the appropriateness and likely effectiveness
10 of conducting the activities set forth in subsection
11 (a) in an Urban Center or centers; and

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

16 “(c) ACCESS TO HEALTH PROMOTION AND DISEASE
17 PREVENTION PROGRAMS.—The Secretary, acting through
18 the Service, shall facilitate access to or provide health pro-
19 motion and disease prevention services for Urban Indians
20 through grants made to Urban Indian Organizations ad-
21 ministering contracts entered into or receiving grants
22 under subsection (a).

23 “(d) IMMUNIZATION SERVICES.—

24 “(1) ACCESS OR SERVICES PROVIDED.—The
25 Secretary, acting through the Service, shall facilitate

1 access to, or provide, immunization services for
2 Urban Indians through grants made to Urban In-
3 dian Organizations administering contracts entered
4 into or receiving grants under this section.

5 “(2) DEFINITION.—For purposes of this sub-
6 section, the term ‘immunization services’ means
7 services to provide without charge immunizations
8 against vaccine-preventable diseases.

9 “(e) BEHAVIORAL HEALTH SERVICES.—

10 “(1) ACCESS OR SERVICES PROVIDED.—The
11 Secretary, acting through the Service, shall facilitate
12 access to, or provide, behavioral health services for
13 Urban Indians through grants made to Urban In-
14 dian Organizations administering contracts entered
15 into or receiving grants under subsection (a).

16 “(2) ASSESSMENT REQUIRED.—Except as pro-
17 vided by paragraph (3)(A), a grant may not be made
18 under this subsection to an Urban Indian Organiza-
19 tion until that organization has prepared, and the
20 Service has approved, an assessment of the fol-
21 lowing:

22 “(A) The behavioral health needs of the
23 Urban Indian population concerned.

1 “(B) The behavioral health services and
2 other related resources available to that popu-
3 lation.

4 “(C) The barriers to obtaining those serv-
5 ices and resources.

6 “(D) The needs that are unmet by such
7 services and resources.

8 “(3) PURPOSES OF GRANTS.—Grants may be
9 made under this subsection for the following:

10 “(A) To prepare assessments required
11 under paragraph (2).

12 “(B) To provide outreach, educational, and
13 referral services to Urban Indians regarding the
14 availability of direct behavioral health services,
15 to educate Urban Indians about behavioral
16 health issues and services, and effect coordina-
17 tion with existing behavioral health providers in
18 order to improve services to Urban Indians.

19 “(C) To provide outpatient behavioral
20 health services to Urban Indians, including the
21 identification and assessment of illness, thera-
22 peutic treatments, case management, support
23 groups, family treatment, and other treatment.

1 “(D) To develop innovative behavioral
2 health service delivery models which incorporate
3 Indian cultural support systems and resources.

4 “(f) PREVENTION OF CHILD ABUSE.—

5 “(1) ACCESS OR SERVICES PROVIDED.—The
6 Secretary, acting through the Service, shall facilitate
7 access to or provide services for Urban Indians
8 through grants to Urban Indian Organizations ad-
9 ministering contracts entered into or receiving
10 grants under subsection (a) to prevent and treat
11 child abuse (including sexual abuse) among Urban
12 Indians.

13 “(2) EVALUATION REQUIRED.—Except as pro-
14 vided by paragraph (3)(A), a grant may not be made
15 under this subsection to an Urban Indian Organiza-
16 tion until that organization has prepared, and the
17 Service has approved, an assessment that documents
18 the prevalence of child abuse in the Urban Indian
19 population concerned and specifies the services and
20 programs (which may not duplicate existing services
21 and programs) for which the grant is requested.

22 “(3) PURPOSES OF GRANTS.—Grants may be
23 made under this subsection for the following:

24 “(A) To prepare assessments required
25 under paragraph (2).

1 “(B) For the development of prevention,
2 training, and education programs for Urban In-
3 dians, including child education, parent edu-
4 cation, provider training on identification and
5 intervention, education on reporting require-
6 ments, prevention campaigns, and establishing
7 service networks of all those involved in Indian
8 child protection.

9 “(C) To provide direct outpatient treat-
10 ment services (including individual treatment,
11 family treatment, group therapy, and support
12 groups) to Urban Indians who are child victims
13 of abuse (including sexual abuse) or adult sur-
14 vivors of child sexual abuse, to the families of
15 such child victims, and to Urban Indian per-
16 petrators of child abuse (including sexual
17 abuse).

18 “(4) CONSIDERATIONS WHEN MAKING
19 GRANTS.—In making grants to carry out this sub-
20 section, the Secretary shall take into consideration—

21 “(A) the support for the Urban Indian Or-
22 ganization demonstrated by the child protection
23 authorities in the area, including committees or
24 other services funded under the Indian Child

1 Welfare Act of 1978 (25 U.S.C. 1901 et seq.),
2 if any;

3 “(B) the capability and expertise dem-
4 onstrated by the Urban Indian Organization to
5 address the complex problem of child sexual
6 abuse in the community; and

7 “(C) the assessment required under para-
8 graph (2).

9 “(g) OTHER GRANTS.—The Secretary, acting
10 through the Service, may enter into a contract with or
11 make grants to an Urban Indian Organization that pro-
12 vides or arranges for the provision of health care services
13 (through satellite facilities, provider networks, or other-
14 wise) to Urban Indians in more than 1 Urban Center.

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

17 “(a) GRANTS AND CONTRACTS AUTHORIZED.—
18 Under authority of the Act of November 2, 1921 (25
19 U.S.C. 13) (commonly known as the ‘Snyder Act’), the
20 Secretary, acting through the Service, may enter into con-
21 tracts with or make grants to Urban Indian Organizations
22 situated in Urban Centers for which contracts have not
23 been entered into or grants have not been made under sec-
24 tion 503.

1 “(b) PURPOSE.—The purpose of a contract or grant
2 made under this section shall be the determination of the
3 matters described in subsection (c)(1) in order to assist
4 the Secretary in assessing the health status and health
5 care needs of Urban Indians in the Urban Center involved
6 and determining whether the Secretary should enter into
7 a contract or make a grant under section 503 with respect
8 to the Urban Indian Organization which the Secretary has
9 entered into a contract with, or made a grant to, under
10 this section.

11 “(c) GRANT AND CONTRACT REQUIREMENTS.—Any
12 contract entered into, or grant made, by the Secretary
13 under this section shall include requirements that—

14 “(1) the Urban Indian Organization success-
15 fully undertakes to—

16 “(A) document the health care status and
17 unmet health care needs of Urban Indians in
18 the Urban Center involved; and

19 “(B) with respect to Urban Indians in the
20 Urban Center involved, determine the matters
21 described in paragraphs (2), (3), (4), and (7) of
22 section 503(b); and

23 “(2) the Urban Indian Organization complete
24 performance of the contract, or carry out the re-
25 quirements of the grant, within 1 year after the date

1 on which the Secretary and such organization enter
2 into such contract, or within 1 year after such orga-
3 nization receives such grant, whichever is applicable.

4 “(d) NO RENEWALS.—The Secretary may not renew
5 any contract entered into or grant made under this sec-
6 tion.

7 **“SEC. 505. EVALUATIONS; RENEWALS.**

8 “(a) PROCEDURES FOR EVALUATIONS.—The Sec-
9 retary, acting through the Service, shall develop proce-
10 dures to evaluate compliance with grant requirements and
11 compliance with and performance of contracts entered into
12 by Urban Indian Organizations under this title. Such pro-
13 cedures shall include provisions for carrying out the re-
14 quirements of this section.

15 “(b) EVALUATIONS.—The Secretary, acting through
16 the Service, shall evaluate the compliance of each Urban
17 Indian Organization which has entered into a contract or
18 received a grant under section 503 with the terms of such
19 contract or grant. For purposes of this evaluation, in de-
20 termining the capacity of an Urban Indian Organization
21 to deliver quality patient care the Secretary shall, at the
22 option of the organization—

23 “(1) acting through the Service, conduct an an-
24 nual onsite evaluation of the organization; or

1 “(2) accept in lieu of such onsite evaluation evi-
2 dence of the organization’s provisional or full accred-
3 itation by a private independent entity recognized by
4 the Secretary for purposes of conducting quality re-
5 views of providers participating in the Medicare pro-
6 gram under title XVIII of the Social Security Act.

7 “(c) NONCOMPLIANCE; UNSATISFACTORY PERFORM-
8 ANCE.—If, as a result of the evaluations conducted under
9 this section, the Secretary determines that an Urban In-
10 dian Organization has not complied with the requirements
11 of a grant or complied with or satisfactorily performed a
12 contract under section 503, the Secretary shall, prior to
13 renewing such contract or grant, attempt to resolve with
14 the organization the areas of noncompliance or unsatisfac-
15 tory performance and modify the contract or grant to pre-
16 vent future occurrences of noncompliance or unsatisfac-
17 tory performance. If the Secretary determines that the
18 noncompliance or unsatisfactory performance cannot be
19 resolved and prevented in the future, the Secretary shall
20 not renew the contract or grant with the organization and
21 is authorized to enter into a contract or make a grant
22 under section 503 with another Urban Indian Organiza-
23 tion which is situated in the same Urban Center as the
24 Urban Indian Organization whose contract or grant is not
25 renewed under this section.

1 “(d) CONSIDERATIONS FOR RENEWALS.—In deter-
2 mining whether to renew a contract or grant with an
3 Urban Indian Organization under section 503 which has
4 completed performance of a contract or grant under sec-
5 tion 504, the Secretary shall review the records of the
6 Urban Indian Organization, the reports submitted under
7 section 507, and shall consider the results of the onsite
8 evaluations or accreditations under subsection (b).

9 **“SEC. 506. OTHER CONTRACT AND GRANT REQUIREMENTS.**

10 “(a) PROCUREMENT.—Contracts with Urban Indian
11 Organizations entered into pursuant to this title shall be
12 in accordance with all Federal contracting laws and regu-
13 lations relating to procurement except that in the discre-
14 tion of the Secretary, such contracts may be negotiated
15 without advertising and need not conform to the provisions
16 of sections 1304 and 3131 through 3133 of title 40,
17 United States Code.

18 “(b) PAYMENTS UNDER CONTRACTS OR GRANTS.—
19 Payments under any contracts or grants pursuant to this
20 title shall, notwithstanding any term or condition of such
21 contract or grant—

22 “(1) be made in their entirety by the Secretary
23 to the Urban Indian Organization by no later than
24 the end of the first 30 days of the funding period
25 with respect to which the payments apply, unless the

1 Secretary determines through an evaluation under
2 section 505 that the organization is not capable of
3 administering such payments in their entirety; and

4 “(2) if any portion thereof is unexpended by the
5 Urban Indian Organization during the funding pe-
6 riod with respect to which the payments initially
7 apply, shall be carried forward for expenditure with
8 respect to allowable or reimbursable costs incurred
9 by the organization during 1 or more subsequent
10 funding periods without additional justification or
11 documentation by the organization as a condition of
12 carrying forward the availability for expenditure of
13 such funds.

14 “(c) REVISION OR AMENDMENT OF CONTRACTS.—
15 Notwithstanding any provision of law to the contrary, the
16 Secretary may, at the request and consent of an Urban
17 Indian Organization, revise or amend any contract entered
18 into by the Secretary with such organization under this
19 title as necessary to carry out the purposes of this title.

20 “(d) FAIR AND UNIFORM SERVICES AND ASSIST-
21 ANCE.—Contracts with or grants to Urban Indian Organi-
22 zations and regulations adopted pursuant to this title shall
23 include provisions to assure the fair and uniform provision
24 to Urban Indians of services and assistance under such
25 contracts or grants by such organizations.

1 **“SEC. 507. REPORTS AND RECORDS.**

2 “(a) REPORTS.—For each fiscal year during which
3 an Urban Indian Organization receives or expends funds
4 pursuant to a contract entered into or a grant received
5 pursuant to this title, such Urban Indian Organization
6 shall submit to the Secretary not more frequently than
7 every 6 months, a report that includes the following:

8 “(1) In the case of a contract or grant under
9 section 503, recommendations pursuant to section
10 503(a)(5).

11 “(2) Information on activities conducted by the
12 organization pursuant to the contract or grant.

13 “(3) An accounting of the amounts and purpose
14 for which Federal funds were expended.

15 “(4) A minimum set of data, using uniformly
16 defined elements, as specified by the Secretary after
17 consultation with Urban Indian Organizations.

18 “(b) AUDIT.—The reports and records of the Urban
19 Indian Organization with respect to a contract or grant
20 under this title shall be subject to audit by the Secretary
21 and the Comptroller General of the United States.

22 “(c) COSTS OF AUDITS.—The Secretary shall allow
23 as a cost of any contract or grant entered into or awarded
24 under section 502 or 503 the cost of an annual inde-
25 pendent financial audit conducted by—

26 “(1) a certified public accountant; or

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

3 **“SEC. 508. LIMITATION ON CONTRACT AUTHORITY.**

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

8 **“SEC. 509. FACILITIES.**

9 “(a) GRANTS.—The Secretary, acting through the
10 Service, may make grants to contractors or grant recipi-
11 ents under this title for the lease, purchase, renovation,
12 construction, or expansion of facilities, including leased fa-
13 cilities, in order to assist such contractors or grant recipi-
14 ents in complying with applicable licensure or certification
15 requirements.

16 “(b) LOAN FUND STUDY.—The Secretary, acting
17 through the Services, may carry out a study to determine
18 the feasibility of establishing a loan fund to provide to
19 Urban Indian Organizations direct loans or guarantees for
20 loans for the construction of health care facilities in a
21 manner consistent with section 309.

22 **“SEC. 510. OFFICE OF URBAN INDIAN HEALTH.**

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

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

1 “(2) providing central oversight of the pro-
2 grams and services authorized under this title; and

3 “(3) providing technical assistance to Urban In-
4 dian Organizations.

5 **“SEC. 511. GRANTS FOR ALCOHOL AND SUBSTANCE ABUSE-**
6 **RELATED SERVICES.**

7 “(a) GRANTS AUTHORIZED.—The Secretary, acting
8 through the Service, may make grants for the provision
9 of health-related services in prevention of, treatment of,
10 rehabilitation of, or school- and community-based edu-
11 cation regarding, alcohol and substance abuse in Urban
12 Centers to those Urban Indian Organizations with which
13 the Secretary has entered into a contract under this title
14 or under section 201.

15 “(b) GOALS.—Each grant made pursuant to sub-
16 section (a) shall set forth the goals to be accomplished
17 pursuant to the grant. The goals shall be specific to each
18 grant as agreed to between the Secretary and the grantee.

19 “(c) CRITERIA.—The Secretary shall establish cri-
20 teria for the grants made under subsection (a), including
21 criteria relating to the following:

22 “(1) The size of the Urban Indian population.

23 “(2) Capability of the organization to ade-
24 quately perform the activities required under the
25 grant.

1 “(3) continue to meet the requirements and
2 definitions of an urban Indian organization in this
3 Act, and shall not be subject to the provisions of the
4 Indian Self-Determination and Education Assistance
5 Act.

6 **“SEC. 513. URBAN NIAAA TRANSFERRED PROGRAMS.**

7 “(a) GRANTS AND CONTRACTS.—The Secretary,
8 through the Office of Urban Indian Health, shall make
9 grants or enter into contracts with Urban Indian Organi-
10 zations for the administration of Urban Indian alcohol
11 programs that were originally established under the Na-
12 tional Institute on Alcoholism and Alcohol Abuse (here-
13 after in this section referred to as ‘NIAAA’) and trans-
14 ferred to the Service. Such grants and contracts shall be-
15 come effective no later than September 30, 2008.

16 “(b) USE OF FUNDS.—Grants provided or contracts
17 entered into under this section shall be used to provide
18 support for the continuation of alcohol prevention and
19 treatment services for Urban Indian populations and such
20 other objectives as are agreed upon between the Service
21 and a recipient of a grant or contract under this section.

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

1 in carrying out the contract or agreement. After Sep-
2 tember 30, 2003, any civil action or proceeding involving
3 such claims brought hereafter against any Urban Indian
4 Organization or any employee of such Urban Indian Orga-
5 nization covered by this provision shall be deemed to be
6 an action against the United States and will be defended
7 by the Attorney General and be afforded the full protec-
8 tion and coverage of the Federal Tort Claims Act (28
9 U.S.C. 1346(b), 2671 et seq.). Future coverage under that
10 Act shall be contingent on cooperation of the Urban In-
11 dian Organization with the Attorney General in pros-
12 ecuting past claims.

13 “(b) CLAIMS RESULTING FROM PERFORMANCE OF
14 CONTRACT OR GRANT.—Beginning for fiscal year 2005
15 and thereafter, the Secretary shall request through annual
16 appropriations funds sufficient to reimburse the Treasury
17 for any claims paid in the prior fiscal year pursuant to
18 the foregoing provisions.

19 **“SEC. 516. URBAN YOUTH TREATMENT CENTER DEM-**
20 **ONSTRATION.**

21 “(a) CONSTRUCTION AND OPERATION.—The Sec-
22 retary, acting through the Service, through grant or con-
23 tract, is authorized to fund the construction and operation
24 of at least 2 residential treatment centers in each State
25 described in subsection (b) to demonstrate the provision

1 of alcohol and substance abuse treatment services to
2 Urban Indian youth in a culturally competent residential
3 setting.

4 “(b) DEFINITION OF STATE.—A State described in
5 this subsection is a State in which—

6 “(1) there resides Urban Indian youth with
7 need for alcohol and substance abuse treatment serv-
8 ices in a residential setting; and

9 “(2) there is a significant shortage of culturally
10 competent residential treatment services for Urban
11 Indian youth.

12 **“SEC. 517. USE OF FEDERAL GOVERNMENT FACILITIES AND**
13 **SOURCES OF SUPPLY.**

14 “(a) AUTHORIZATION FOR USE.—The Secretary, act-
15 ing through the Service, shall allow an Urban Indian Or-
16 ganization that has entered into a contract or received a
17 grant pursuant to this title, in carrying out such contract
18 or grant, to use existing facilities and all equipment there-
19 in or pertaining thereto and other personal property
20 owned by the Federal Government within the Secretary’s
21 jurisdiction under such terms and conditions as may be
22 agreed upon for their use and maintenance.

23 “(b) DONATIONS.—Subject to subsection (d), the
24 Secretary may donate to an Urban Indian Organization
25 that has entered into a contract or received a grant pursu-

1 ant to this title any personal or real property determined
2 to be excess to the needs of the Service or the General
3 Services Administration for purposes of carrying out the
4 contract or grant.

5 “(c) ACQUISITION OF PROPERTY FOR DONATION.—
6 The Secretary may acquire excess or surplus government
7 personal or real property for donation (subject to sub-
8 section (d)), to an Urban Indian Organization that has
9 entered into a contract or received a grant pursuant to
10 this title if the Secretary determines that the property is
11 appropriate for use by the Urban Indian Organization for
12 a purpose for which a contract or grant is authorized
13 under this title.

14 “(d) PRIORITY.—In the event that the Secretary re-
15 ceives a request for donation of a specific item of personal
16 or real property described in subsection (b) or (c) from
17 both an Urban Indian Organization and from an Indian
18 Tribe or Tribal Organization, the Secretary shall give pri-
19 ority to the request for donation of the Indian Tribe or
20 Tribal Organization if the Secretary receives the request
21 from the Indian Tribe or Tribal Organization before the
22 date the Secretary transfers title to the property or, if ear-
23 lier, the date the Secretary transfers the property phys-
24 ically to the Urban Indian Organization.

1 “(e) URBAN INDIAN ORGANIZATIONS DEEMED EX-
2 EXECUTIVE AGENCY FOR CERTAIN PURPOSES.—For pur-
3 poses of section 501 of title 40, United States Code, (relat-
4 ing to Federal sources of supply, including lodging pro-
5 viders, airlines, and other transportation providers), an
6 Urban Indian Organization that has entered into a con-
7 tract or received a grant pursuant to this title shall be
8 deemed an executive agency when carrying out such con-
9 tract or grant.

10 **“SEC. 518. GRANTS FOR DIABETES PREVENTION, TREAT-**
11 **MENT, AND CONTROL.**

12 “(a) GRANTS AUTHORIZED.—The Secretary may
13 make grants to those Urban Indian Organizations that
14 have entered into a contract or have received a grant
15 under this title for the provision of services for the preven-
16 tion and treatment of, and control of the complications
17 resulting from, diabetes among Urban Indians.

18 “(b) GOALS.—Each grant made pursuant to sub-
19 section (a) shall set forth the goals to be accomplished
20 under the grant. The goals shall be specific to each grant
21 as agreed to between the Secretary and the grantee.

22 “(c) ESTABLISHMENT OF CRITERIA.—The Secretary
23 shall establish criteria for the grants made under sub-
24 section (a) relating to—

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

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

7 “(3) performance standards for the organiza-
8 tion in meeting the goals set forth in such grant
9 that are negotiated and agreed to by the Secretary
10 and the grantee;

11 “(4) the capability of the organization to ade-
12 quately perform the activities required under the
13 grant; and

14 “(5) the willingness of the organization to col-
15 laborate with the registry, if any, established by the
16 Secretary under section 204(e) in the Area Office of
17 the Service in which the organization is located.

18 “(d) FUNDS SUBJECT TO CRITERIA.—Any funds re-
19 ceived by an Urban Indian Organization under this Act
20 for the prevention, treatment, and control of diabetes
21 among Urban Indians shall be subject to the criteria devel-
22 oped by the Secretary under subsection (c).

23 **“SEC. 519. COMMUNITY HEALTH REPRESENTATIVES.**

24 “The Secretary, acting through the Service, may
25 enter into contracts with, and make grants to, Urban In-

1 dian Organizations for the employment of Indians trained
2 as health service providers through the Community Health
3 Representatives Program under section 109 in the provi-
4 sion of health care, health promotion, and disease preven-
5 tion services to Urban Indians.

6 **“SEC. 520. REGULATIONS.**

7 “(a) REQUIREMENTS FOR REGULATIONS.—The Sec-
8 retary may promulgate regulations to implement the provi-
9 sions of this title in accordance with the following:

10 “(1) Proposed regulations to implement this
11 Act shall be published in the Federal Register by the
12 Secretary no later than 9 months after the date of
13 enactment of this Act and shall have no less than a
14 4-month comment period.

15 “(2) The authority to promulgate regulations
16 under this Act shall expire 18 months from the date
17 of enactment of this Act.

18 “(b) EFFECTIVE DATE OF TITLE.—The amendments
19 to this title made by the Indian Health Care Improvement
20 Act Amendments of 2005 shall be effective on the date
21 of enactment of such amendments, regardless of whether
22 the Secretary has promulgated regulations implementing
23 such amendments have been promulgated.

1 **“SEC. 521. ELIGIBILITY FOR SERVICES.**

2 “Urban Indians shall be eligible and the ultimate
3 beneficiaries for health care or referral services provided
4 pursuant to this title.

5 **“SEC. 522. AUTHORIZATION OF APPROPRIATIONS.**

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

9 **“TITLE VI—ORGANIZATIONAL**
10 **IMPROVEMENTS**

11 **“SEC. 601. ESTABLISHMENT OF THE INDIAN HEALTH SERV-**
12 **ICE AS AN AGENCY OF THE PUBLIC HEALTH**
13 **SERVICE.**

14 “(a) ESTABLISHMENT.—

15 “(1) IN GENERAL.—In order to more effectively
16 and efficiently carry out the responsibilities, authori-
17 ties, and functions of the United States to provide
18 health care services to Indians and Indian Tribes, as
19 are or may be hereafter provided by Federal statute
20 or treaties, there is established within the Public
21 Health Service of the Department the Indian Health
22 Service.

23 “(2) ASSISTANT SECRETARY OF INDIAN
24 HEALTH.—The Service shall be administered by an
25 Assistant Secretary of Indian Health, who shall be
26 appointed by the President, by and with the advice

1 and consent of the Senate. The Assistant Secretary
2 shall report to the Secretary. Effective with respect
3 to an individual appointed by the President, by and
4 with the advice and consent of the Senate, after
5 January 1, 2005, the term of service of the Assist-
6 ant Secretary shall be 4 years. An Assistant Sec-
7 retary may serve more than 1 term.

8 “(3) INCUMBENT.—The individual serving in
9 the position of Director of the Indian Health Service
10 on the day before the date of enactment of the In-
11 dian Health Care Improvement Act Amendments of
12 2005 shall serve as Assistant Secretary.

13 “(4) ADVOCACY AND CONSULTATION.—The po-
14 sition of Assistant Secretary is established to, in a
15 manner consistent with the government-to-govern-
16 ment relationship between the United States and In-
17 dian Tribes—

18 “(A) facilitate advocacy for the develop-
19 ment of appropriate Indian health policy; and

20 “(B) promote consultation on matters re-
21 lating to Indian health.

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

1 “(c) DUTIES.—The Assistant Secretary of Indian
2 Health shall—

3 “(1) perform all functions that were, on the day
4 before the date of enactment of the Indian Health
5 Care Improvement Act Amendments of 2005, car-
6 ried out by or under the direction of the individual
7 serving as Director of the Service on that day;

8 “(2) perform all functions of the Secretary re-
9 lating to the maintenance and operation of hospital
10 and health facilities for Indians and the planning
11 for, and provision and utilization of, health services
12 for Indians;

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

17 “(A) this Act;

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

20 “(C) the Act of August 5, 1954 (42 U.S.C.
21 2001 et seq.);

22 “(D) the Act of August 16, 1957 (42
23 U.S.C. 2005 et seq.); and

1 “(E) the Indian Self-Determination and
2 Education Assistance Act (25 U.S.C. 450 et
3 seq.);

4 “(4) administer all scholarship and loan func-
5 tions carried out under title I;

6 “(5) report directly to the Secretary concerning
7 all policy- and budget-related matters affecting In-
8 dian health;

9 “(6) collaborate with the Assistant Secretary
10 for Health concerning appropriate matters of Indian
11 health that affect the agencies of the Public Health
12 Service;

13 “(7) advise each Assistant Secretary of the De-
14 partment concerning matters of Indian health with
15 respect to which that Assistant Secretary has au-
16 thority and responsibility;

17 “(8) advise the heads of other agencies and pro-
18 grams of the Department concerning matters of In-
19 dian health with respect to which those heads have
20 authority and responsibility;

21 “(9) coordinate the activities of the Department
22 concerning matters of Indian health; and

23 “(10) perform such other functions as the Sec-
24 retary may designate.

25 “(d) AUTHORITY.—

1 “(1) IN GENERAL.—The Secretary, acting
2 through the Assistant Secretary, shall have the au-
3 thority—

4 “(A) except to the extent provided for in
5 paragraph (2), to appoint and compensate em-
6 ployees for the Service in accordance with title
7 5, United States Code;

8 “(B) to enter into contracts for the pro-
9 curement of goods and services to carry out the
10 functions of the Service; and

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

13 “(2) PERSONNEL ACTIONS.—Notwithstanding
14 any other provision of law, the provisions of section
15 12 of the Act of June 18, 1934 (48 Stat. 986; 25
16 U.S.C. 472), shall apply to all personnel actions
17 taken with respect to new positions created within
18 the Service as a result of its establishment under
19 subsection (a).

20 “(e) REFERENCES.—Any reference to the Director of
21 the Indian Health Service in any other Federal law, Exec-
22 utive order, rule, regulation, or delegation of authority, or
23 in any document of or relating to the Director of the In-
24 dian Health Service, shall be deemed to refer to the Assist-
25 ant Secretary.

1 **“SEC. 602. AUTOMATED MANAGEMENT INFORMATION SYS-**
2 **TEM.**

3 “(a) ESTABLISHMENT.—

4 “(1) IN GENERAL.—The Secretary shall estab-
5 lish an automated management information system
6 for the Service.

7 “(2) REQUIREMENTS OF SYSTEM.—The infor-
8 mation system established under paragraph (1) shall
9 include—

10 “(A) a financial management system;

11 “(B) a patient care information system for
12 each area served by the Service;

13 “(C) a privacy component that protects the
14 privacy of patient information held by, or on be-
15 half of, the Service;

16 “(D) a services-based cost accounting com-
17 ponent that provides estimates of the costs as-
18 sociated with the provision of specific medical
19 treatments or services in each Area office of the
20 Service;

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

23 “(F) a training component.

24 “(b) PROVISION OF SYSTEMS TO TRIBES AND ORGA-
25 NIZATIONS.—The Secretary shall provide each Tribal

1 Health Program automated management information sys-
2 tems which—

3 “(1) meet the management information needs
4 of such Tribal Health Program with respect to the
5 treatment by the Tribal Health Program of patients
6 of the Service; and

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

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

13 “(d) AUTHORITY TO ENHANCE INFORMATION TECH-
14 NOLOGY.—The Secretary, acting through the Assistant
15 Secretary, shall have the authority to enter into contracts,
16 agreements, or joint ventures with other Federal agencies,
17 States, private and nonprofit organizations, for the pur-
18 pose of enhancing information technology in Indian health
19 programs and facilities.

20 **“SEC. 603. AUTHORIZATION OF APPROPRIATIONS.**

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

1 **“TITLE VII—BEHAVIORAL**
2 **HEALTH PROGRAMS**

3 **“SEC. 701. BEHAVIORAL HEALTH PREVENTION AND TREAT-**
4 **MENT SERVICES.**

5 “(a) PURPOSES.—The purposes of this section are as
6 follows:

7 “(1) To authorize and direct the Secretary, act-
8 ing through the Service, Indian Tribes, Tribal Orga-
9 nizations, and Urban Indian Organizations, to de-
10 velop a comprehensive behavioral health prevention
11 and treatment program which emphasizes collabora-
12 tion among alcohol and substance abuse, social serv-
13 ices, and mental health programs.

14 “(2) To provide information, direction, and
15 guidance relating to mental illness and dysfunction
16 and self-destructive behavior, including child abuse
17 and family violence, to those Federal, tribal, State,
18 and local agencies responsible for programs in In-
19 dian communities in areas of health care, education,
20 social services, child and family welfare, alcohol and
21 substance abuse, law enforcement, and judicial serv-
22 ices.

23 “(3) To assist Indian Tribes to identify services
24 and resources available to address mental illness and
25 dysfunctional and self-destructive behavior.

1 “(4) To provide authority and opportunities for
2 Indian Tribes and Tribal Organizations to develop,
3 implement, and coordinate with community-based
4 programs which include identification, prevention,
5 education, referral, and treatment services, including
6 through multidisciplinary resource teams.

7 “(5) To ensure that Indians, as citizens of the
8 United States and of the States in which they re-
9 side, have the same access to behavioral health serv-
10 ices to which all citizens have access.

11 “(6) To modify or supplement existing pro-
12 grams and authorities in the areas identified in
13 paragraph (2).

14 “(b) PLANS.—

15 “(1) DEVELOPMENT.—The Secretary, acting
16 through the Service, Indian Tribes, Tribal Organiza-
17 tions, and Urban Indian Organizations, shall encour-
18 age Indian Tribes and Tribal Organizations to de-
19 velop tribal plans, and Urban Indian Organizations
20 to develop local plans, and for all such groups to
21 participate in developing areawide plans for Indian
22 Behavioral Health Services. The plans shall include,
23 to the extent feasible, the following components:

24 “(A) An assessment of the scope of alcohol
25 or other substance abuse, mental illness, and

1 dysfunctional and self-destructive behavior, in-
2 cluding suicide, child abuse, and family vio-
3 lence, among Indians, including—

4 “(i) the number of Indians served who
5 are directly or indirectly affected by such
6 illness or behavior; or

7 “(ii) an estimate of the financial and
8 human cost attributable to such illness or
9 behavior.

10 “(B) An assessment of the existing and
11 additional resources necessary for the preven-
12 tion and treatment of such illness and behavior,
13 including an assessment of the progress toward
14 achieving the availability of the full continuum
15 of care described in subsection (c).

16 “(C) An estimate of the additional funding
17 needed by the Service, Indian Tribes, Tribal
18 Organizations, and Urban Indian Organizations
19 to meet their responsibilities under the plans.

20 “(2) NATIONAL CLEARINGHOUSE.—The Sec-
21 retary, acting through the Service, shall establish a
22 national clearinghouse of plans and reports on the
23 outcomes of such plans developed by Indian Tribes,
24 Tribal Organizations, Urban Indian Organizations,
25 and Service Areas relating to behavioral health. The

1 Secretary shall ensure access to these plans and out-
2 comes by any Indian Tribe, Tribal Organization,
3 Urban Indian Organization, or the Service.

4 “(3) TECHNICAL ASSISTANCE.—The Secretary
5 shall provide technical assistance to Indian Tribes,
6 Tribal Organizations, and Urban Indian Organiza-
7 tions in preparation of plans under this section and
8 in developing standards of care that may be used
9 and adopted locally.

10 “(c) PROGRAMS.—The Secretary, acting through the
11 Service, Indian Tribes, and Tribal Organizations, shall
12 provide, to the extent feasible and if funding is available,
13 programs including the following:

14 “(1) COMPREHENSIVE CARE.—A comprehensive
15 continuum of behavioral health care which pro-
16 vides—

17 “(A) community-based prevention, inter-
18 vention, outpatient, and behavioral health
19 aftercare;

20 “(B) detoxification (social and medical);

21 “(C) acute hospitalization;

22 “(D) intensive outpatient/day treatment;

23 “(E) residential treatment;

1 “(F) transitional living for those needing a
2 temporary, stable living environment that is
3 supportive of treatment and recovery goals;

4 “(G) emergency shelter;

5 “(H) intensive case management;

6 “(I) Traditional Health Care Practices;

7 and

8 “(J) 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 relating 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 ccurring 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 2005, 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 2005, 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) with behavioral
14 health initiatives pursuant to this Act, particu-
15 larly with respect to the referral and treatment
16 of dually diagnosed individuals requiring behav-
17 ioral health and substance abuse treatment; and

18 “(B) ensuring that the Bureau of Indian
19 Affairs and Service programs and services (in-
20 cluding multidisciplinary resource teams) ad-
21 dressing child abuse and family violence are co-
22 ordinated with such non-Federal programs and
23 services.

24 “(7) Directing appropriate officials of the Bu-
25 reau of Indian Affairs and the Service, particularly

1 at the agency and Service Unit levels, to cooperate
2 fully with tribal requests made pursuant to commu-
3 nity behavioral health plans adopted under section
4 701(c) and section 4206 of the Indian Alcohol and
5 Substance Abuse Prevention and Treatment Act of
6 1986 (25 U.S.C. 2412).

7 “(8) Providing for an annual review of such
8 agreement by the Secretaries which shall be provided
9 to Congress and Indian Tribes and Tribal Organiza-
10 tions.

11 “(b) SPECIFIC PROVISIONS REQUIRED.—The memo-
12 randa of agreement updated or entered into pursuant to
13 subsection (a) shall include specific provisions pursuant to
14 which the Service shall assume responsibility for—

15 “(1) the determination of the scope of the prob-
16 lem of alcohol and substance abuse among Indians,
17 including the number of Indians within the jurisdic-
18 tion of the Service who are directly or indirectly af-
19 fected by alcohol and substance abuse and the finan-
20 cial and human cost;

21 “(2) an assessment of the existing and needed
22 resources necessary for the prevention of alcohol and
23 substance abuse and the treatment of Indians af-
24 fected by alcohol and substance abuse; and

1 “(3) an estimate of the funding necessary to
2 adequately support a program of prevention of alco-
3 hol and substance abuse and treatment of Indians
4 affected by alcohol and substance abuse.

5 “(c) CONSULTATION.—The Secretary, acting through
6 the Service, and the Secretary of the Interior shall, in de-
7 veloping the memoranda of agreement under subsection
8 (a), consult with and solicit the comments from—

9 “(1) Indian Tribes and Tribal Organizations;

10 “(2) Indians;

11 “(3) Urban Indian Organizations and other In-
12 dian organizations; and

13 “(4) behavioral health service providers.

14 “(d) PUBLICATION.—Each memorandum of agree-
15 ment entered into or renewed (and amendments or modi-
16 fications thereto) under subsection (a) shall be published
17 in the Federal Register. At the same time as publication
18 in the Federal Register, the Secretary shall provide a copy
19 of such memoranda, amendment, or modification to each
20 Indian Tribe, Tribal Organization, and Urban Indian Or-
21 ganization.

22 **“SEC. 703. COMPREHENSIVE BEHAVIORAL HEALTH PRE-**
23 **VENTION AND TREATMENT PROGRAM.**

24 “(a) ESTABLISHMENT.—

1 “(1) IN GENERAL.—The Secretary, acting
2 through the Service, Indian Tribes, and Tribal Orga-
3 nizations, shall provide a program of comprehensive
4 behavioral health, prevention, treatment, and
5 aftercare, including Traditional Health Care Prac-
6 tices, which shall include—

7 “(A) prevention, through educational inter-
8 vention, in Indian communities;

9 “(B) acute detoxification, psychiatric hos-
10 pitalization, residential, and intensive outpatient
11 treatment;

12 “(C) community-based rehabilitation and
13 aftercare;

14 “(D) community education and involve-
15 ment, including extensive training of health
16 care, educational, and community-based per-
17 sonnel;

18 “(E) specialized residential treatment pro-
19 grams for high-risk populations, including preg-
20 nant and postpartum women and their children;
21 and

22 “(F) diagnostic services.

23 “(2) TARGET POPULATIONS.—The target popu-
24 lation of such programs shall be members of Indian
25 Tribes. Efforts to train and educate key members of

1 the Indian community shall also target employees of
2 health, education, judicial, law enforcement, legal,
3 and social service programs.

4 “(b) CONTRACT HEALTH SERVICES.—

5 “(1) IN GENERAL.—The Secretary, acting
6 through the Service, Indian Tribes, and Tribal Orga-
7 nizations, may enter into contracts with public or
8 private providers of behavioral health treatment
9 services for the purpose of carrying out the program
10 required under subsection (a).

11 “(2) PROVISION OF ASSISTANCE.—In carrying
12 out this subsection, the Secretary shall provide as-
13 sistance to Indian Tribes and Tribal Organizations
14 to develop criteria for the certification of behavioral
15 health service providers and accreditation of service
16 facilities which meet minimum standards for such
17 services and facilities.

18 **“SEC. 704. MENTAL HEALTH TECHNICIAN PROGRAM.**

19 “(a) IN GENERAL.—Under the authority of the Act
20 of November 2, 1921 (25 U.S.C. 13) (commonly known
21 as the ‘Snyder Act’), the Secretary shall establish and
22 maintain a mental health technician program within the
23 Service which—

24 “(1) provides for the training of Indians as
25 mental health technicians; and

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

5 “(b) PARAPROFESSIONAL TRAINING.—In carrying
6 out subsection (a), the Secretary, acting through the Serv-
7 ice, Indian Tribes, and Tribal Organizations, shall provide
8 high-standard paraprofessional training in mental health
9 care necessary to provide quality care to the Indian com-
10 munities to be served. Such training shall be based upon
11 a curriculum developed or approved by the Secretary
12 which combines education in the theory of mental health
13 care with supervised practical experience in the provision
14 of such care.

15 “(c) SUPERVISION AND EVALUATION OF TECHNI-
16 CIANS.—The Secretary, acting through the Service, Indian
17 Tribes, and Tribal Organizations, shall supervise and
18 evaluate the mental health technicians in the training pro-
19 gram.

20 “(d) TRADITIONAL HEALTH CARE PRACTICES.—The
21 Secretary, acting through the Service, shall ensure that
22 the program established pursuant to this subsection in-
23 volves the use and promotion of the Traditional Health
24 Care Practices of the Indian Tribes to be served.

1 **“SEC. 705. LICENSING REQUIREMENT FOR MENTAL**
2 **HEALTH CARE WORKERS.**

3 “Subject to the provisions of section 221, any person
4 employed as a psychologist, social worker, or marriage and
5 family therapist for the purpose of providing mental health
6 care services to Indians in a clinical setting under this Act
7 is required to be licensed as a clinical psychologist, social
8 worker, or marriage and family therapist, respectively, or
9 working under the direct supervision of a licensed clinical
10 psychologist, social worker, or marriage and family thera-
11 pist, respectively.

12 **“SEC. 706. INDIAN WOMEN TREATMENT PROGRAMS.**

13 “(a) FUNDING.—The Secretary, consistent with sec-
14 tion 701, shall make funds available to Indian Tribes,
15 Tribal Organizations, and Urban Indian Organizations to
16 develop and implement a comprehensive behavioral health
17 program of prevention, intervention, treatment, and re-
18 lapse prevention services that specifically addresses the
19 spiritual, cultural, historical, social, and child care needs
20 of Indian women, regardless of age.

21 “(b) USE OF FUNDS.—Funds made available pursu-
22 ant to this section may be used to—

23 “(1) develop and provide community training,
24 education, and prevention programs for Indian
25 women relating to behavioral health issues, including
26 fetal alcohol disorders;

1 “(2) identify and provide psychological services,
2 counseling, advocacy, support, and relapse preven-
3 tion to Indian women and their families; and

4 “(3) develop prevention and intervention models
5 for Indian women which incorporate Traditional
6 Health Care Practices, cultural values, and commu-
7 nity and family involvement.

8 “(c) CRITERIA.—The Secretary, in consultation with
9 Indian Tribes and Tribal Organizations, shall establish
10 criteria for the review and approval of applications and
11 proposals for funding under this section.

12 “(d) EARMARK OF CERTAIN FUNDS.—Twenty per-
13 cent of the funds appropriated pursuant to this section
14 shall be used to make grants to Urban Indian Organiza-
15 tions.

16 **“SEC. 707. INDIAN YOUTH PROGRAM.**

17 “(a) DETOXIFICATION AND REHABILITATION.—The
18 Secretary, acting through the Service, consistent with sec-
19 tion 701, shall develop and implement a program for acute
20 detoxification and treatment for Indian youths, including
21 behavioral health services. The program shall include re-
22 gional treatment centers designed to include detoxification
23 and rehabilitation for both sexes on a referral basis and
24 programs developed and implemented by Indian Tribes or
25 Tribal Organizations at the local level under the Indian

1 Self-Determination and Education Assistance Act. Re-
2 gional centers shall be integrated with the intake and re-
3 habilitation programs based in the referring Indian com-
4 munity.

5 “(b) ALCOHOL AND SUBSTANCE ABUSE TREATMENT
6 CENTERS OR FACILITIES.—

7 “(1) ESTABLISHMENT.—

8 “(A) IN GENERAL.—The Secretary, acting
9 through the Service, Indian Tribes, and Tribal
10 Organizations, shall construct, renovate, or, as
11 necessary, purchase, and appropriately staff
12 and operate, at least 1 youth regional treatment
13 center or treatment network in each area under
14 the jurisdiction of an Area Office.

15 “(B) AREA OFFICE IN CALIFORNIA.—For
16 the purposes of this subsection, the Area Office
17 in California shall be considered to be 2 Area
18 Offices, 1 office whose jurisdiction shall be con-
19 sidered to encompass the northern area of the
20 State of California, and 1 office whose jurisdic-
21 tion shall be considered to encompass the re-
22 mainder of the State of California for the pur-
23 pose of implementing California treatment net-
24 works.

1 “(2) FUNDING.—For the purpose of staffing
2 and operating such centers or facilities, funding
3 shall be pursuant to the Act of November 2, 1921
4 (25 U.S.C. 13).

5 “(3) LOCATION.—A youth treatment center
6 constructed or purchased under this subsection shall
7 be constructed or purchased at a location within the
8 area described in paragraph (1) agreed upon (by ap-
9 propriate tribal resolution) by a majority of the In-
10 dian Tribes to be served by such center.

11 “(4) SPECIFIC PROVISION OF FUNDS.—

12 “(A) IN GENERAL.—Notwithstanding any
13 other provision of this title, the Secretary may,
14 from amounts authorized to be appropriated for
15 the purposes of carrying out this section, make
16 funds available to—

17 “(i) the Tanana Chiefs Conference,
18 Incorporated, for the purpose of leasing,
19 constructing, renovating, operating, and
20 maintaining a residential youth treatment
21 facility in Fairbanks, Alaska; and

22 “(ii) the Southeast Alaska Regional
23 Health Corporation to staff and operate a
24 residential youth treatment facility without
25 regard to the proviso set forth in section

1 4(l) of the Indian Self-Determination and
2 Education Assistance Act (25 U.S.C.
3 450b(l)).

4 “(B) PROVISION OF SERVICES TO ELIGI-
5 BLE YOUTHS.—Until additional residential
6 youth treatment facilities are established in
7 Alaska pursuant to this section, the facilities
8 specified in subparagraph (A) shall make every
9 effort to provide services to all eligible Indian
10 youths residing in Alaska.

11 “(c) INTERMEDIATE ADOLESCENT BEHAVIORAL
12 HEALTH SERVICES.—

13 “(1) IN GENERAL.—The Secretary, acting
14 through the Service, Indian Tribes, and Tribal Orga-
15 nizations, may provide intermediate behavioral
16 health services, which may incorporate Traditional
17 Health Care Practices, to Indian children and ado-
18 lescents, including—

19 “(A) pretreatment assistance;

20 “(B) inpatient, outpatient, and aftercare
21 services;

22 “(C) emergency care;

23 “(D) suicide prevention and crisis interven-
24 tion; and

1 “(E) prevention and treatment of mental
2 illness and dysfunctional and self-destructive
3 behavior, including child abuse and family vio-
4 lence.

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

7 “(A) to construct or renovate an existing
8 health facility to provide intermediate behav-
9 ioral health services;

10 “(B) to hire behavioral health profes-
11 sionals;

12 “(C) to staff, operate, and maintain an in-
13 termediate mental health facility, group home,
14 sober housing, transitional housing or similar
15 facilities, or youth shelter where intermediate
16 behavioral health services are being provided;

17 “(D) to make renovations and hire appro-
18 priate staff to convert existing hospital beds
19 into adolescent psychiatric units; and

20 “(E) for intensive home- and community-
21 based services.

22 “(3) CRITERIA.—The Secretary, acting through
23 the Service, shall, in consultation with Indian Tribes
24 and Tribal Organizations, establish criteria for the

1 review and approval of applications or proposals for
2 funding made available pursuant to this subsection.

3 “(d) FEDERALLY OWNED STRUCTURES.—

4 “(1) IN GENERAL.—The Secretary, in consulta-
5 tion with Indian Tribes and Tribal Organizations,
6 shall—

7 “(A) identify and use, where appropriate,
8 federally owned structures suitable for local res-
9 idential or regional behavioral health treatment
10 for Indian youths; and

11 “(B) establish guidelines, in consultation
12 with Indian Tribes and Tribal Organizations,
13 for determining the suitability of any such fed-
14 erally owned structure to be used for local resi-
15 dential or regional behavioral health treatment
16 for Indian youths.

17 “(2) TERMS AND CONDITIONS FOR USE OF
18 STRUCTURE.—Any structure described in paragraph
19 (1) may be used under such terms and conditions as
20 may be agreed upon by the Secretary and the agency
21 having responsibility for the structure and any In-
22 dian Tribe or Tribal Organization operating the pro-
23 gram.

24 “(e) REHABILITATION AND AFTERCARE SERVICES.—

1 “(1) IN GENERAL.—The Secretary, Indian
2 Tribes, or Tribal Organizations, in cooperation with
3 the Secretary of the Interior, shall develop and im-
4 plement within each Service Unit, community-based
5 rehabilitation and follow-up services for Indian
6 youths who are having significant behavioral health
7 problems, and require long-term treatment, commu-
8 nity reintegration, and monitoring to support the In-
9 dian youths after their return to their home commu-
10 nity.

11 “(2) ADMINISTRATION.—Services under para-
12 graph (1) shall be provided by trained staff within
13 the community who can assist the Indian youths in
14 their continuing development of self-image, positive
15 problem-solving skills, and nonalcohol or substance
16 abusing behaviors. Such staff may include alcohol
17 and substance abuse counselors, mental health pro-
18 fessionals, and other health professionals and para-
19 professionals, including community health represent-
20 atives.

21 “(f) INCLUSION OF FAMILY IN YOUTH TREATMENT
22 PROGRAM.—In providing the treatment and other services
23 to Indian youths authorized by this section, the Secretary,
24 acting through the Service, Indian Tribes, and Tribal Or-
25 ganizations, shall provide for the inclusion of family mem-

1 bers of such youths in the treatment programs or other
2 services as may be appropriate. Not less than 10 percent
3 of the funds appropriated for the purposes of carrying out
4 subsection (e) shall be used for outpatient care of adult
5 family members related to the treatment of an Indian
6 youth under that subsection.

7 “(g) MULTIDRUG ABUSE PROGRAM.—The Secretary,
8 acting through the Service, Indian Tribes, Tribal Organi-
9 zations, and Urban Indian Organizations, shall provide,
10 consistent with section 701, programs and services to pre-
11 vent and treat the abuse of multiple forms of substances,
12 including alcohol, drugs, inhalants, and tobacco, among
13 Indian youths residing in Indian communities, on or near
14 reservations, and in urban areas and provide appropriate
15 mental health services to address the incidence of mental
16 illness among such youths.

17 **“SEC. 708. INPATIENT AND COMMUNITY-BASED MENTAL**
18 **HEALTH FACILITIES DESIGN, CONSTRUCC-**
19 **TION, AND STAFFING.**

20 “Not later than 1 year after the date of enactment
21 of the Indian Health Care Improvement Act Amendments
22 of 2005, the Secretary, acting through the Service, Indian
23 Tribes, and Tribal Organizations, may provide, in each
24 area of the Service, not less than 1 inpatient mental health
25 care facility, or the equivalent, for Indians with behavioral

1 health problems. For the purposes of this subsection, Cali-
2 fornia shall be considered to be 2 Area Offices, 1 office
3 whose location shall be considered to encompass the north-
4 ern area of the State of California and 1 office whose ju-
5 risdiction shall be considered to encompass the remainder
6 of the State of California. The Secretary shall consider
7 the possible conversion of existing, underused Service hos-
8 pital beds into psychiatric units to meet such need.

9 **“SEC. 709. TRAINING AND COMMUNITY EDUCATION.**

10 “(a) PROGRAM.—The Secretary, in cooperation with
11 the Secretary of the Interior, shall develop and implement
12 or provide funding for Indian Tribes and Tribal Organiza-
13 tions to develop and implement, within each Service Unit
14 or tribal program, a program of community education and
15 involvement which shall be designed to provide concise and
16 timely information to the community leadership of each
17 tribal community. Such program shall include education
18 about behavioral health issues to political leaders, Tribal
19 judges, law enforcement personnel, members of tribal
20 health and education boards, health care providers includ-
21 ing traditional practitioners, and other critical members
22 of each tribal community. Community-based training (ori-
23 ented toward local capacity development) shall also include
24 tribal community provider training (designed for adult

1 learners from the communities receiving services for pre-
2 vention, intervention, treatment, and aftercare).

3 “(b) INSTRUCTION.—The Secretary, acting through
4 the Service, shall, either directly or through Indian Tribes
5 and Tribal Organizations, provide instruction in the area
6 of behavioral health issues, including instruction in crisis
7 intervention and family relations in the context of alcohol
8 and substance abuse, child sexual abuse, youth alcohol and
9 substance abuse, and the causes and effects of fetal alco-
10 hol disorders to appropriate employees of the Bureau of
11 Indian Affairs and the Service, and to personnel in schools
12 or programs operated under any contract with the Bureau
13 of Indian Affairs or the Service, including supervisors of
14 emergency shelters and halfway houses described in sec-
15 tion 4213 of the Indian Alcohol and Substance Abuse Pre-
16 vention and Treatment Act of 1986 (25 U.S.C. 2433).

17 “(c) TRAINING MODELS.—In carrying out the edu-
18 cation and training programs required by this section, the
19 Secretary, in consultation with Indian Tribes, Tribal Or-
20 ganizations, Indian behavioral health experts, and Indian
21 alcohol and substance abuse prevention experts, shall de-
22 velop and provide community-based training models. Such
23 models shall address—

24 “(1) the elevated risk of alcohol and behavioral
25 health problems faced by children of alcoholics;

1 “(2) the cultural, spiritual, and
2 multigenerational aspects of behavioral health prob-
3 lem prevention and recovery; and

4 “(3) community-based and multidisciplinary
5 strategies for preventing and treating behavioral
6 health problems.

7 **“SEC. 710. BEHAVIORAL HEALTH PROGRAM.**

8 “(a) INNOVATIVE PROGRAMS.—The Secretary, acting
9 through the Service, Indian Tribes, and Tribal Organiza-
10 tions, consistent with section 701, may plan, develop, im-
11 plement, and carry out programs to deliver innovative
12 community-based behavioral health services to Indians.

13 “(b) FUNDING; CRITERIA.—The Secretary may
14 award such funding for a project under subsection (a) to
15 an Indian Tribe or Tribal Organization and may consider
16 the following criteria:

17 “(1) The project will address significant unmet
18 behavioral health needs among Indians.

19 “(2) The project will serve a significant number
20 of Indians.

21 “(3) The project has the potential to deliver
22 services in an efficient and effective manner.

23 “(4) The Indian Tribe or Tribal Organization
24 has the administrative and financial capability to ad-
25 minister the project.

1 “(5) The project may deliver services in a man-
2 ner consistent with Traditional Health Care Prac-
3 tices.

4 “(6) The project is coordinated with, and avoids
5 duplication of, existing services.

6 “(c) **EQUITABLE TREATMENT.**—For purposes of this
7 subsection, the Secretary shall, in evaluating project appli-
8 cations or proposals, use the same criteria that the Sec-
9 retary uses in evaluating any other application or proposal
10 for such funding.

11 **“SEC. 711. FETAL ALCOHOL DISORDER FUNDING.**

12 “(a) **PROGRAMS.**—

13 “(1) **ESTABLISHMENT.**—The Secretary, con-
14 sistent with section 701, acting through the Service,
15 Indian Tribes, and Tribal Organizations, is author-
16 ized to establish and operate fetal alcohol disorder
17 programs as provided in this section for the pur-
18 poses of meeting the health status objectives speci-
19 fied in section 3.

20 “(2) **USE OF FUNDS.**—Funding provided pursu-
21 ant to this section shall be used for the following:

22 “(A) To develop and provide for Indians
23 community and in school training, education,
24 and prevention programs relating to fetal alco-
25 hol disorders.

1 “(B) To identify and provide behavioral
2 health treatment to high-risk Indian women
3 and high-risk women pregnant with an Indian’s
4 child.

5 “(C) To identify and provide appropriate
6 psychological services, educational and voca-
7 tional support, counseling, advocacy, and infor-
8 mation to fetal alcohol disorder affected Indians
9 and their families or caretakers.

10 “(D) To develop and implement counseling
11 and support programs in schools for fetal alco-
12 hol disorder affected Indian children.

13 “(E) To develop prevention and interven-
14 tion models which incorporate practitioners of
15 Traditional Health Care Practices, cultural and
16 spiritual values, and community involvement.

17 “(F) To develop, print, and disseminate
18 education and prevention materials on fetal al-
19 cohol disorder.

20 “(G) To develop and implement, through
21 the tribal consultation process, culturally sen-
22 sitive assessment and diagnostic tools including
23 dysmorphology clinics and multidisciplinary
24 fetal alcohol disorder clinics for use in Indian
25 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 and fund community-based
5 adult fetal alcohol disorder housing and support
6 services for Indians and for women pregnant
7 with an Indian’s child.

8 “(3) CRITERIA FOR APPLICATIONS.—The Sec-
9 retary shall establish criteria for the review and ap-
10 proval of applications for funding under this section.

11 “(b) SERVICES.—The Secretary, acting through the
12 Service and Indian Tribes, Tribal Organizations, and
13 Urban Indian Organizations, shall—

14 “(1) develop and provide services for the pre-
15 vention, intervention, treatment, and aftercare for
16 those affected by fetal alcohol disorder in Indian
17 communities; and

18 “(2) provide supportive services, directly or
19 through an Indian Tribe, Tribal Organization, or
20 Urban Indian Organization, including services to
21 meet the special educational, vocational, school-to-
22 work transition, and independent living needs of ad-
23 olescent and adult Indians with fetal alcohol dis-
24 order.

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 funding avail-
 2 able to Indian Tribes, Tribal Organizations, and Urban
 3 Indian Organizations for applied research projects which
 4 propose to elevate the understanding of methods to pre-
 5 vent, intervene, treat, or provide rehabilitation and behav-
 6 ioral health aftercare for Indians and Urban Indians af-
 7 fected by fetal 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. 712. 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, con-
 17 sistent with section 701, in every Service Area, programs
 18 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 Traditional Health Care
12 Practices, cultural and spiritual values, and commu-
13 nity involvement.

14 “(4) To develop and implement, through the
15 tribal consultation process, culturally sensitive as-
16 sessment and diagnostic tools for use in Indian com-
17 munities 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 pe-
2 trator is released, until it is determined that the
3 perpetrator is not a threat to children.

4 **“SEC. 713. BEHAVIORAL HEALTH RESEARCH.**

5 “The Secretary, in consultation with appropriate
6 Federal agencies, shall provide funding to Indian Tribes,
7 Tribal Organizations, and Urban Indian Organizations or
8 enter into contracts with, or make grants to appropriate
9 institutions for, the conduct of research on the incidence
10 and prevalence of behavioral health problems among Indi-
11 ans served by the Service, Indian Tribes, or Tribal Organi-
12 zations and among Indians in urban areas. Research pri-
13 orities under this section shall include—

14 “(1) the interrelationship and interdependence
15 of behavioral health problems with alcoholism and
16 other substance abuse, suicide, homicides, other in-
17 juries, and the incidence of family violence; and

18 “(2) the development of models of prevention
19 techniques.

20 The effect of the interrelationships and interdependencies
21 referred to in paragraph (1) on children, and the develop-
22 ment of prevention techniques under paragraph (2) appli-
23 cable to children, shall be emphasized.

1 **“SEC. 714. DEFINITIONS.**

2 “For the purpose of this title, the following defini-
3 tions shall apply:

4 “(1) **ASSESSMENT.**—The term ‘assessment’
5 means the systematic collection, analysis, and dis-
6 semination of information on health status, health
7 needs, and health problems.

8 “(2) **ALCOHOL-RELATED**
9 **NEURODEVELOPMENTAL DISORDERS OR ARND.**—The
10 term ‘alcohol-related neurodevelopmental disorders’
11 or ‘ARND’ means, with a history of maternal alco-
12 hol consumption during pregnancy, central nervous
13 system involvement such as developmental delay, in-
14 tellectual deficit, or neurologic abnormalities. Behav-
15 iorally, there can be problems with irritability, and
16 failure to thrive as infants. As children become older
17 there will likely be hyperactivity, attention deficit,
18 language dysfunction, and perceptual and judgment
19 problems.

20 “(3) **BEHAVIORAL HEALTH AFTERCARE.**—The
21 term ‘behavioral health aftercare’ includes those ac-
22 tivities and resources used to support recovery fol-
23 lowing inpatient, residential, intensive substance
24 abuse, or mental health outpatient or outpatient
25 treatment. The purpose is to help prevent or deal
26 with relapse by ensuring that by the time a client or

1 patient is discharged from a level of care, such as
2 outpatient treatment, an aftercare plan has been de-
3 veloped with the client. An aftercare plan may use
4 such resources as community-based therapeutic
5 group, transitional living facilities, a 12-step spon-
6 sor, a local 12-step or other related support group,
7 and other community-based providers (mental health
8 professionals, traditional health care practitioners,
9 community health aides, community health rep-
10 resentatives, mental health technicians, ministers,
11 etc.)

12 “(4) DUAL DIAGNOSIS.—The term ‘dual diag-
13 nosis’ means coexisting substance abuse and mental
14 illness conditions or diagnosis. Such clients are
15 sometimes referred to as mentally ill chemical abus-
16 ers (MICAs).

17 “(5) FETAL ALCOHOL DISORDERS.—The term
18 ‘fetal alcohol disorders’ means fetal alcohol syn-
19 drome, partial fetal alcohol syndrome and alcohol re-
20 lated neurodevelopmental disorder (ARND).

21 “(6) FETAL ALCOHOL SYNDROME OR FAS.—
22 The term ‘fetal alcohol syndrome’ or ‘FAS’ means a
23 syndrome in which, with a history of maternal alco-
24 hol consumption during pregnancy, the following cri-
25 teria are met:

1 “(A) Central nervous system involvement
2 such as developmental delay, intellectual deficit,
3 microencephaly, or neurologic abnormalities.

4 “(B) Craniofacial abnormalities with at
5 least 2 of the following: microphthalmia, short
6 palpebral fissures, poorly developed philtrum,
7 thin upper lip, flat nasal bridge, and short
8 upturned nose.

9 “(C) Prenatal or postnatal growth delay.

10 “(7) PARTIAL FAS.—The term ‘partial FAS’
11 means, with a history of maternal alcohol consump-
12 tion during pregnancy, having most of the criteria of
13 FAS, though not meeting a minimum of at least 2
14 of the following: microphthalmia, short palpebral
15 fissures, poorly developed philtrum, thin upper lip,
16 flat nasal bridge, and short upturned nose.

17 “(8) REHABILITATION.—The term ‘rehabilita-
18 tion’ means to restore the ability or capacity to en-
19 gage in usual and customary life activities through
20 education and therapy.

21 “(9) SUBSTANCE ABUSE.—The term ‘substance
22 abuse’ includes inhalant abuse.

1 **“SEC. 715. 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 the provisions of this title.

5 **“TITLE VIII—MISCELLANEOUS**

6 **“SEC. 801. REPORTS.**

7 “The President shall, at the time the budget is sub-
8 mitted under section 1105 of title 31, United States Code,
9 for each fiscal year transmit to Congress a report con-
10 taining the following:

11 “(1) A report on the progress made in meeting
12 the objectives of this Act, including a review of pro-
13 grams established or assisted pursuant to this Act
14 and assessments and recommendations of additional
15 programs or additional assistance necessary to, at a
16 minimum, provide health services to Indians and en-
17 sure a health status for Indians, which are at a par-
18 ity with the health services available to and the
19 health status of the general population, including
20 specific comparisons of appropriations provided and
21 those required for such parity.

22 “(2) A report on whether, and to what extent,
23 new national health care programs, benefits, initia-
24 tives, or financing systems have had an impact on
25 the purposes of this Act and any steps that the Sec-
26 retary may have taken to consult with Indian Tribes,

1 Tribal Organizations, and Urban Indian Organiza-
2 tions to address such impact, including a report on
3 proposed changes in allocation of funding pursuant
4 to section 808.

5 “(3) A report on the use of health services by
6 Indians—

7 “(A) on a national and area or other rel-
8 evant geographical basis;

9 “(B) by gender and age;

10 “(C) by source of payment and type of
11 service;

12 “(D) comparing such rates of use with
13 rates of use among comparable non-Indian pop-
14 ulations; and

15 “(E) provided under contracts.

16 “(4) A report of contractors to the Secretary on
17 Health Care Educational Loan Repayments every 6
18 months required by section 110.

19 “(5) A general audit report of the Secretary on
20 the Health Care Educational Loan Repayment Pro-
21 gram as required by section 110(n).

22 “(6) A report of the findings and conclusions of
23 demonstration programs on development of edu-
24 cational curricula for substance abuse counseling as
25 required in section 125(f).

1 “(7) A separate statement which specifies the
2 amount of funds requested to carry out the provi-
3 sions of section 201.

4 “(8) A report of the evaluations of health pro-
5 motion and disease prevention as required in section
6 203(c).

7 “(9) A biennial report to Congress on infectious
8 diseases as required by section 212.

9 “(10) A report on environmental and nuclear
10 health hazards as required by section 215.

11 “(11) An annual report on the status of all
12 health care facilities needs as required by section
13 301(c)(2) and 301(d).

14 “(12) Reports on safe water and sanitary waste
15 disposal facilities as required by section 302(h).

16 “(13) An annual report on the expenditure of
17 nonservice funds for renovation as required by sec-
18 tions 304(b)(2).

19 “(14) A report identifying the backlog of main-
20 tenance and repair required at Service and tribal fa-
21 cilities required by section 313(a).

22 “(15) A report providing an accounting of reim-
23 bursement funds made available to the Secretary
24 under titles XVIII, XIX, and XXI of the Social Se-
25 curity Act.

1 “(16) A report on any arrangements for the
2 sharing of medical facilities or services, as author-
3 ized by section 406.

4 “(17) A report on evaluation and renewal of
5 Urban Indian programs under section 505.

6 “(18) A report on the evaluation of programs
7 as required by section 513(d).

8 “(19) A report on alcohol and substance abuse
9 as required by section 701(f).

10 **“SEC. 802. REGULATIONS.**

11 “(a) DEADLINES.—

12 “(1) PROCEDURES.—Not later than 90 days
13 after the date of enactment of the Indian Health
14 Care Improvement Act Amendments of 2005, the
15 Secretary shall initiate procedures under subchapter
16 III of chapter 5 of title 5, United States Code, to
17 negotiate and promulgate such regulations or
18 amendments thereto that are necessary to carry out
19 titles I (except sections 105, 115, and 117), II, III,
20 and VII. The Secretary may promulgate regulations
21 to carry out sections 105, 115, 117, and titles IV
22 and V, using the procedures required by chapter V
23 of title 5, United States Code (commonly known as
24 the ‘Administrative Procedure Act’). The Secretary

1 shall issue no regulations to carry out titles VI and
2 VIII.

3 “(2) PROPOSED REGULATIONS.—Proposed reg-
4 ulations to implement this Act shall be published in
5 the Federal Register by the Secretary no later than
6 1 year after the date of enactment of the Indian
7 Health Care Improvement Act Amendments of 2005
8 and shall have no less than a 120-day comment pe-
9 riod.

10 “(3) EXPIRATION OF AUTHORITY.—Except as
11 otherwise provided herein, the authority to promul-
12 gate regulations under this Act shall expire 24
13 months from the date of enactment of this Act.

14 “(b) COMMITTEE.—A negotiated rulemaking com-
15 mittee established pursuant to section 565 of title 5,
16 United States Code, to carry out this section shall have
17 as its members only representatives of the Federal Gov-
18 ernment and representatives of Indian Tribes and Tribal
19 Organizations, a majority of whom shall be nominated by
20 and be representatives of Indian Tribes, Tribal Organiza-
21 tions, and Urban Indian Organizations from each Service
22 Area. The representative of the Urban Indian Organiza-
23 tion shall be deemed to be an elected officer of a tribal
24 government for purposes of applying section 204(b) of the

1 Unfunded Mandates Reform Act of 1995 (2 U.S.C.
2 1534(b)).

3 “(c) ADAPTATION OF PROCEDURES.—The Secretary
4 shall adapt the negotiated rulemaking procedures to the
5 unique context of self-governance and the government-to-
6 government relationship between the United States and
7 Indian Tribes.

8 “(d) LACK OF REGULATIONS.—The lack of promul-
9 gated regulations shall not limit the effect of this Act.

10 “(e) INCONSISTENT REGULATIONS.—The provisions
11 of this Act shall supersede any conflicting provisions of
12 law) in effect on the day before the date of enactment of
13 the Indian Health Care Improvement Act Amendments of
14 2005, and the Secretary is authorized to repeal any regu-
15 lation inconsistent with the provisions of this Act.

16 **“SEC. 803. PLAN OF IMPLEMENTATION.**

17 “Not later than 9 months after the date of enactment
18 of the Indian Health Care Improvement Act Amendments
19 of 2005, the Secretary in consultation with Indian Tribes,
20 Tribal Organizations, and Urban Indian Organizations,
21 shall submit to Congress a plan explaining the manner and
22 schedule (including a schedule of appropriation requests),
23 by title and section, by which the Secretary will implement
24 the provisions of this Act.

1 **“SEC. 804. AVAILABILITY OF FUNDS.**

2 “The funds appropriated pursuant to this Act shall
3 remain available until expended.

4 **“SEC. 805. LIMITATION ON USE OF FUNDS APPROPRIATED**
5 **TO THE INDIAN HEALTH SERVICE.**

6 “Any limitation on the use of funds contained in an
7 Act providing appropriations for the Department for a pe-
8 riod with respect to the performance of abortions shall
9 apply for that period with respect to the performance of
10 abortions using funds contained in an Act providing ap-
11 propriations for the Service.

12 **“SEC. 806. ELIGIBILITY OF CALIFORNIA INDIANS.**

13 “(a) IN GENERAL.—The following California Indians
14 shall be eligible for health services provided by the Service:

15 “(1) Any member of a federally recognized In-
16 dian Tribe.

17 “(2) Any descendant of an Indian who was re-
18 siding in California on June 1, 1852, if such de-
19 scendant—

20 “(A) is a member of the Indian community
21 served by a local program of the Service; and

22 “(B) is regarded as an Indian by the com-
23 munity in which such descendant lives.

24 “(3) Any Indian who holds trust interests in
25 public domain, national forest, or reservation allot-
26 ments in California.

1 “(4) Any Indian in California who is listed on
2 the plans for distribution of the assets of rancherias
3 and reservations located within the State of Cali-
4 fornia under the Act of August 18, 1958 (72 Stat.
5 619), and any descendant of such an Indian.

6 “(b) CLARIFICATION.—Nothing in this section may
7 be construed as expanding the eligibility of California Indi-
8 ans for health services provided by the Service beyond the
9 scope of eligibility for such health services that applied on
10 May 1, 1986.

11 **“SEC. 807. HEALTH SERVICES FOR INELIGIBLE PERSONS.**

12 “(a) CHILDREN.—Any individual who—

13 “(1) has not attained 19 years of age;

14 “(2) is the natural or adopted child, stepchild,
15 foster child, legal ward, or orphan of an eligible In-
16 dian; and

17 “(3) is not otherwise eligible for health services
18 provided by the Service,

19 shall be eligible for all health services provided by the
20 Service on the same basis and subject to the same rules
21 that apply to eligible Indians until such individual attains
22 19 years of age. The existing and potential health needs
23 of all such individuals shall be taken into consideration
24 by the Service in determining the need for, or the alloca-
25 tion of, the health resources of the Service. If such an indi-

1 individual has been determined to be legally incompetent prior
2 to attaining 19 years of age, such individual shall remain
3 eligible for such services until 1 year after the date of a
4 determination of competency.

5 “(b) SPOUSES.—Any spouse of an eligible Indian who
6 is not an Indian, or who is of Indian descent but is not
7 otherwise eligible for the health services provided by the
8 Service, shall be eligible for such health services if all such
9 spouses or spouses who are married to members of each
10 Indian Tribe being served are made eligible, as a class,
11 by an appropriate resolution of the governing body of the
12 Indian Tribe or Tribal Organization providing such serv-
13 ices. The health needs of persons made eligible under this
14 paragraph shall not be taken into consideration by the
15 Service in determining the need for, or allocation of, its
16 health resources.

17 “(c) PROVISION OF SERVICES TO OTHER INDIVID-
18 UALS.—

19 “(1) IN GENERAL.—The Secretary is authorized
20 to provide health services under this subsection
21 through health programs operated directly by the
22 Service to individuals who reside within the Service
23 Unit and who are not otherwise eligible for such
24 health services if—

1 “(A) the Indian Tribes served by such
2 Service Unit request such provision of health
3 services to such individuals; and

4 “(B) the Secretary and the served Indian
5 Tribes have jointly determined that—

6 “(i) the provision of such health serv-
7 ices will not result in a denial or diminu-
8 tion of health services to eligible Indians;
9 and

10 “(ii) there is no reasonable alternative
11 health facilities or services, within or with-
12 out the Service Unit, available to meet the
13 health needs of such individuals.

14 “(2) ISDEAA PROGRAMS.—In the case of
15 health programs and facilities operated under a con-
16 tract or compact entered into under the Indian Self-
17 Determination and Education Assistance Act (25
18 U.S.C. 450 et seq.), the governing body of the In-
19 dian Tribe or Tribal Organization providing health
20 services under such contract or compact is author-
21 ized to determine whether health services should be
22 provided under such contract or compact to individ-
23 uals who are not otherwise eligible for such services
24 under any other subsection of this section or under
25 any other provision of law. In making such deter-

1 mination, the governing body of the Indian Tribe or
2 Tribal organization shall take into account the con-
3 siderations described in clauses (i) and (ii) of para-
4 graph (1)(B).

5 “(3) PAYMENT FOR SERVICES.—

6 “(A) IN GENERAL.—Persons receiving
7 health services provided by the Service under of
8 this subsection shall be liable for payment of
9 such health services under a schedule of charges
10 prescribed by the Secretary which, in the judg-
11 ment of the Secretary, results in reimbursement
12 in an amount not less than the actual cost of
13 providing the health services. Notwithstanding
14 section 404 of this Act or any other provision
15 of law, amounts collected under this subsection,
16 including medicare, medicaid, or SCHIP reim-
17 bursements under titles XVIII, XIX, and XXI
18 of the Social Security Act, shall be credited to
19 the account of the program providing the serv-
20 ice and shall be used for the purposes listed in
21 section 401(d)(2) and amounts collected under
22 this subsection shall be available for expendi-
23 ture within such program.

24 “(B) INDIGENT PEOPLE.—Health services
25 may be provided by the Secretary through the

1 Service under this subsection to an indigent in-
2 dividual who would not be otherwise eligible for
3 such health services but for the provisions of
4 paragraph (1) only if an agreement has been
5 entered into with a State or local government
6 under which the State or local government
7 agrees to reimburse the Service for the expenses
8 incurred by the Service in providing such health
9 services to such indigent individual.

10 “(4) REVOCATION OF CONSENT FOR SERV-
11 ICES.—

12 “(A) SINGLE TRIBE SERVICE AREA.—In
13 the case of a Service Area which serves only 1
14 Indian Tribe, the authority of the Secretary to
15 provide health services under paragraph (1)
16 shall terminate at the end of the fiscal year suc-
17 ceeding the fiscal year in which the governing
18 body of the Indian Tribe revokes its concur-
19 rence to the provision of such health services.

20 “(B) MULTITRIBAL SERVICE AREA.—In
21 the case of a multitribal Service Area, the au-
22 thority of the Secretary to provide health serv-
23 ices under paragraph (1) shall terminate at the
24 end of the fiscal year succeeding the fiscal year
25 in which at least 51 percent of the number of

1 Indian Tribes in the Service Area revoke their
2 concurrence to the provisions of such health
3 services.

4 “(d) OTHER SERVICES.—The Service may provide
5 health services under this subsection to individuals who
6 are not eligible for health services provided by the Service
7 under any other provision of law in order to—

8 “(1) achieve stability in a medical emergency;

9 “(2) prevent the spread of a communicable dis-
10 ease or otherwise deal with a public health hazard;

11 “(3) provide care to non-Indian women preg-
12 nant with an eligible Indian’s child for the duration
13 of the pregnancy through postpartum; or

14 “(4) provide care to immediate family members
15 of an eligible individual if such care is directly re-
16 lated to the treatment of the eligible individual.

17 “(e) HOSPITAL PRIVILEGES FOR PRACTITIONERS.—
18 Hospital privileges in health facilities operated and main-
19 tained by the Service or operated under a contract or com-
20 pact pursuant to the Indian Self-Determination and Edu-
21 cation Assistance Act (25 U.S.C. 450 et seq.) may be ex-
22 tended to non-Service health care practitioners who pro-
23 vide services to individuals described in subsection (a), (b),
24 (c), or (d). Such non-Service health care practitioners
25 may, as part of privileging process, be designated as em-

1 ployees of the Federal Government for purposes of section
2 1346(b) and chapter 171 of title 28, United States Code
3 (relating to Federal tort claims) only with respect to acts
4 or omissions which occur in the course of providing serv-
5 ices to eligible individuals as a part of the conditions under
6 which such hospital privileges are extended.

7 “(f) ELIGIBLE INDIAN.—For purposes of this sec-
8 tion, the term ‘eligible Indian’ means any Indian who is
9 eligible for health services provided by the Service without
10 regard to the provisions of this section.

11 **“SEC. 808. REALLOCATION OF BASE RESOURCES.**

12 “(a) REPORT REQUIRED.—Notwithstanding any
13 other provision of law, any allocation of Service funds for
14 a fiscal year that reduces by 5 percent or more from the
15 previous fiscal year the funding for any recurring pro-
16 gram, project, or activity of a Service Unit may be imple-
17 mented only after the Secretary has submitted to the
18 President, for inclusion in the report required to be trans-
19 mitted to Congress under section 801, a report on the pro-
20 posed change in allocation of funding, including the rea-
21 sons for the change and its likely effects.

22 “(b) EXCEPTION.—Subsection (a) shall not apply if
23 the total amount appropriated to the Service for a fiscal
24 year is at least 5 percent less than the amount appro-
25 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 2005, 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 **“SEC. 5. AUTHORITY OF ASSISTANT SECRETARY FOR IN-
17 DIAN HEALTH.”;**

18 (C) in section 6(a) (25 U.S.C. 3905(a)), in
19 the subsection heading, by striking “DIREC-
20 TOR” and inserting “ASSISTANT SECRETARY”;

21 (D) in section 9(a) (25 U.S.C. 3908(a)), in
22 the subsection heading, by striking “DIREC-
23 TOR” and inserting “ASSISTANT SECRETARY”;
24 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”; and

21 (B) by amending subsection (a) to read as
22 follows:

23 “(a) ELIGIBILITY FOR REIMBURSEMENT FOR MED-
24 ICAL ASSISTANCE.—The Indian Health Service and an In-
25 dian Tribe, Tribal Organization, or an urban Indian Orga-
26 nization (as such terms are defined in section 4 of the

1 Indian Health Care Improvement Act) shall be eligible for
2 reimbursement for medical assistance provided under a
3 State plan or under waiver authority with respect to items
4 and services furnished by the Indian Health Service, In-
5 dian Tribe, Tribal Organization, or Urban Indian Organi-
6 zation if the furnishing of such services meets all the con-
7 ditions and requirements which are applicable generally to
8 the furnishing of items and services under this title and
9 under such plan or waiver authority.”.

10 (2) ELIMINATION OF TEMPORARY DEEMING
11 PROVISION.—Such section is amended by striking
12 subsection (b).

13 (3) REVISION OF AUTHORITY TO ENTER INTO
14 AGREEMENTS.—Subsection (c) of such section is re-
15 designated as subsection (b) and is amended to read
16 as follows:

17 “(b) AUTHORITY TO ENTER INTO AGREEMENTS.—
18 The Secretary may enter into an agreement with a State
19 for the purpose of reimbursing the State for medical as-
20 sistance provided by the Indian Health Service, an Indian
21 Tribe, Tribal Organizations, or an Urban Indian Organi-
22 zation (as so defined), directly, through referral, or under
23 contracts or other arrangements between the Indian
24 Health Service, an Indian Tribe, Tribal Organization, or
25 an Urban Indian Organization and another health care

1 provider to Indians who are eligible for medical assistance
2 under the State plan or under waiver authority.”.

3 (4) REFERENCE CORRECTION.—Subsection (d)
4 of such section is redesignated as subsection (c) and
5 is amended—

6 (A) by striking “For” and inserting “DI-
7 RECT BILLING.—For”; and

8 (B) by striking “section 405” and insert-
9 ing “section 401(d)”.

10 (b) SPECIAL RULES FOR INDIANS, INDIAN HEALTH
11 CARE PROVIDERS, AND INDIAN MANAGED CARE ENTI-
12 TIES.—

13 (1) IN GENERAL.—Section 1932 of the Social
14 Security Act (42 U.S.C. 1396u–2) is amended by
15 adding at the end the following new subsection:

16 “(h) SPECIAL RULES FOR INDIANS, INDIAN HEALTH
17 CARE PROVIDERS, AND INDIAN MANAGED CARE ENTI-
18 TIES.—A State shall comply with the provisions of section
19 413 of the Indian Health Care Improvement Act (relating
20 to the treatment of Indians, Indian health care providers,
21 and Indian managed care entities under a medicaid man-
22 aged care program).”.

23 (2) APPLICATION TO SCHIP.—Section
24 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) IN GENERAL.—As soon as practicable after the
4 date of enactment of this title, the Secretary shall estab-
5 lish, under the laws of the District of Columbia and in
6 accordance with this title, the Native American Health
7 and Wellness Foundation.

8 “(b) PERPETUAL EXISTENCE.—The Foundation
9 shall have perpetual existence.

10 “(c) NATURE OF CORPORATION.—The Foundation—

11 “(1) shall be a charitable and nonprofit feder-
12 ally chartered corporation; and

13 “(2) shall not be an agency or instrumentality
14 of the United States.

15 “(d) PLACE OF INCORPORATION AND DOMICILE.—

16 The Foundation shall be incorporated and domiciled in the
17 District of Columbia.

18 “(e) DUTIES.—The Foundation shall—

19 “(1) encourage, accept, and administer private
20 gifts of real and personal property, and any income
21 from or interest in such gifts, for the benefit of, or
22 in support of, the mission of the Service;

23 “(2) undertake and conduct such other activi-
24 ties as will further the health and wellness activities
25 and opportunities of Native Americans; and

1 “(3) participate with and assist Federal, State,
2 and tribal governments, agencies, entities, and indi-
3 viduals in undertaking and conducting activities that
4 will further the health and wellness activities and op-
5 portunities of Native Americans.

6 “(f) COMMITTEE FOR THE ESTABLISHMENT OF NA-
7 TIVE AMERICAN HEALTH AND WELLNESS FOUNDA-
8 TION.—

9 “(1) IN GENERAL.—The Secretary shall estab-
10 lish the Committee for the Establishment of Native
11 American Health and Wellness Foundation to assist
12 the Secretary in establishing the Foundation.

13 “(2) DUTIES.—Not later than 180 days after
14 the date of enactment of this section, the Committee
15 shall—

16 “(A) carry out such activities as are nec-
17 essary to incorporate the Foundation under the
18 laws of the District of Columbia, including act-
19 ing as incorporators of the Foundation;

20 “(B) ensure that the Foundation qualifies
21 for and maintains the status required to carry
22 out this section, until the Board is established;

23 “(C) establish the constitution and initial
24 bylaws of the Foundation;

1 “(D) provide for the initial operation of
2 the Foundation, including providing for tem-
3 porary or interim quarters, equipment, and
4 staff; and

5 “(E) appoint the initial members of the
6 Board in accordance with the constitution and
7 initial bylaws of the Foundation.

8 “(g) BOARD OF DIRECTORS.—

9 “(1) IN GENERAL.—The Board of Directors
10 shall be the governing body of the Foundation.

11 “(2) POWERS.—The Board may exercise, or
12 provide for the exercise of, the powers of the Foun-
13 dation.

14 “(3) SELECTION.—

15 “(A) IN GENERAL.—Subject to subpara-
16 graph (B), the number of members of the
17 Board, the manner of selection of the members
18 (including the filling of vacancies), and the
19 terms of office of the members shall be as pro-
20 vided in the constitution and bylaws of the
21 Foundation.

22 “(B) REQUIREMENTS.—

23 “(i) NUMBER OF MEMBERS.—The
24 Board shall have at least 11 members, who
25 shall have staggered terms.

1 “(ii) INITIAL VOTING MEMBERS.—The
2 initial voting members of the Board—

3 “(I) shall be appointed by the
4 Committee not later than 180 days
5 after the date on which the Founda-
6 tion is established; and

7 “(II) shall have staggered terms.

8 “(iii) QUALIFICATION.—The members
9 of the Board shall be United States citi-
10 zens who are knowledgeable or experienced
11 in Native American health care and related
12 matters.

13 “(C) COMPENSATION.—A member of the
14 Board shall not receive compensation for service
15 as a member, but shall be reimbursed for actual
16 and necessary travel and subsistence expenses
17 incurred in the performance of the duties of the
18 Foundation.

19 “(h) OFFICERS.—

20 “(1) IN GENERAL.—The officers of the Founda-
21 tion shall be—

22 “(A) a secretary, elected from among the
23 members of the Board; and

24 “(B) any other officers provided for in the
25 constitution and bylaws of the Foundation.

1 “(2) SECRETARY.—The secretary of the Foun-
2 dation shall serve, at the direction of the Board, as
3 the chief operating officer of the Foundation.

4 “(3) ELECTION.—The manner of election, term
5 of office, and duties of the officers of the Founda-
6 tion shall be as provided in the constitution and by-
7 laws of the Foundation.

8 “(i) POWERS.—The Foundation—

9 “(1) shall adopt a constitution and bylaws for
10 the management of the property of the Foundation
11 and the regulation of the affairs of the Foundation;

12 “(2) may adopt and alter a corporate seal;

13 “(3) may enter into contracts;

14 “(4) may acquire (through a gift or otherwise),
15 own, lease, encumber, and transfer real or personal
16 property as necessary or convenient to carry out the
17 purposes of the Foundation;

18 “(5) may sue and be sued; and

19 “(6) may perform any other act necessary and
20 proper to carry out the purposes of the Foundation.

21 “(j) PRINCIPAL OFFICE.—

22 “(1) IN GENERAL.—The principal office of the
23 Foundation shall be in the District of Columbia.

24 “(2) ACTIVITIES; OFFICES.—The activities of
25 the Foundation may be conducted, and offices may

1 be maintained, throughout the United States in ac-
2 cordance with the constitution and bylaws of the
3 Foundation.

4 “(k) SERVICE OF PROCESS.—The Foundation shall
5 comply with the law on service of process of each State
6 in which the Foundation is incorporated and of each State
7 in which the Foundation carries on activities.

8 “(l) LIABILITY OF OFFICERS, EMPLOYEES, AND
9 AGENTS.—

10 “(1) IN GENERAL.—The Foundation shall be
11 liable for the acts of the officers, employees, and
12 agents of the Foundation acting within the scope of
13 their authority.

14 “(2) PERSONAL LIABILITY.—A member of the
15 Board shall be personally liable only for gross neg-
16 ligence in the performance of the duties of the mem-
17 ber.

18 “(m) RESTRICTIONS.—

19 “(1) LIMITATION ON SPENDING.—Beginning
20 with the fiscal year following the first full fiscal year
21 during which the Foundation is in operation, the ad-
22 ministrative costs of the Foundation shall not exceed
23 10 percent of the sum of—

1 “(A) the amounts transferred to the Foun-
2 dation under subsection (o) during the pre-
3 ceding fiscal year; and

4 “(B) donations received from private
5 sources during the preceding fiscal year.

6 “(2) APPOINTMENT AND HIRING.—The ap-
7 pointment of officers and employees of the Founda-
8 tion shall be subject to the availability of funds.

9 “(3) STATUS.—A member of the Board or offi-
10 cer, employee, or agent of the Foundation shall not
11 by reason of association with the Foundation be con-
12 sidered to be an officer, employee, or agent of the
13 United States.

14 “(n) AUDITS.—The Foundation shall comply with
15 section 10101 of title 36, United States Code, as if the
16 Foundation were a corporation under part B of subtitle
17 II of that title.

18 “(o) FUNDING.—

19 “(1) AUTHORIZATION OF APPROPRIATIONS.—
20 There is authorized to be appropriated to carry out
21 subsection (e)(1) \$500,000 for each fiscal year, as
22 adjusted to reflect changes in the Consumer Price
23 Index for all-urban consumers published by the De-
24 partment of Labor.

1 “(2) TRANSFER OF DONATED FUNDS.—The
2 Secretary shall transfer to the Foundation funds
3 held by the Department of Health and Human Serv-
4 ices under the Act of August 5, 1954 (42 U.S.C.
5 2001 et seq.), if the transfer or use of the funds is
6 not prohibited by any term under which the funds
7 were donated.

8 **“SEC. 803. ADMINISTRATIVE SERVICES AND SUPPORT.**

9 “(a) PROVISION OF SUPPORT BY SECRETARY.—Sub-
10 ject to subsection (b), during the 5-year period beginning
11 on the date on which the Foundation is established, the
12 Secretary—

13 “(1) may provide personnel, facilities, and other
14 administrative support services to the Foundation;

15 “(2) may provide funds for initial operating
16 costs and to reimburse the travel expenses of the
17 members of the Board; and

18 “(3) shall require and accept reimbursements
19 from the Foundation for—

20 “(A) services provided under paragraph
21 (1); and

22 “(B) funds provided under paragraph (2).

23 “(b) REIMBURSEMENT.—Reimbursements accepted
24 under subsection (a)(3)—

1 “(1) shall be deposited in the Treasury of the
2 United States to the credit of the applicable appro-
3 priations account; and

4 “(2) shall be chargeable for the cost of pro-
5 viding services described in subsection (a)(1) and
6 travel expenses described in subsection (a)(2).

7 “(c) CONTINUATION OF CERTAIN SERVICES.—The
8 Secretary may continue to provide facilities and necessary
9 support services to the Foundation after the termination
10 of the 5-year period specified in subsection (a) if the facili-
11 ties and services—

12 “(1) are available; and

13 “(2) are provided on reimbursable cost basis.”.

14 (b) TECHNICAL AMENDMENTS.—The Indian Self-De-
15 termination and Education Assistance Act is amended—

16 (1) by redesignating title V (as added by sec-
17 tion 1302 of the American Indian Education Foun-
18 dation Act of 2000) (25 U.S.C. 458bbb et seq.) as
19 title VII;

20 (2) by redesignating sections 501, 502, and 503
21 (as added by section 1302 of the American Indian
22 Education Foundation Act of 2000) as sections 701,
23 702, and 703, respectively; and

24 (3) in subsection (a)(2) of section 702 and
25 paragraph (2) of section 703 (as redesignated by

- 1 paragraph (2)), by striking “section 501” and in-
- 2 serting “section 701”.

○