I

111TH CONGRESS
1ST SESSION

H. R. 2708

To amend the Indian Health Care Improvement Act to revise and extend that Act, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JUNE 4, 2009

Mr. PALLONE (for himself, Mr. RAHALL, Mr. KILDEE, Mr. YOUNG of Alaska, Mr. GRIJALVA, Ms. BORDALLO, Mr. BOREN, Mr. INSLEE, Mr. BACA, Mr. HEINRICH, Mr. TEAGUE, Ms. MCCOLLUM, Ms. LINDA T. SÁNCHEZ of California, Mr. KAGEN, Mr. LUJÁN, Mr. SALAZAR, Mr. SCHAUER, and Mrs. BONO MACK) introduced the following bill; which was referred to the Committee on Natural Resources, and in addition to the Committees on Energy and Commerce and Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

---

A BILL

To amend the Indian Health Care Improvement Act to revise and extend that Act, and for other purposes.

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; TABLE OF CONTENTS.**

4 (a) SHORT TITLE.—This Act may be cited as the
5 ''Indian Health Care Improvement Act Amendments of
6 2009''.

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

Sec. 1. Short title; table of contents.

TITLE I—AMENDMENTS TO INDIAN LAWS

Sec. 101. Indian Health Care Improvement Act amended.
Sec. 102. Soboba sanitation facilities.
Sec. 103. Native American Health and Wellness Foundation.
Sec. 104. GAO study and report on payments for contract health services.

TITLE II—IMPROVEMENT OF INDIAN HEALTH CARE PROVIDED UNDER THE SOCIAL SECURITY ACT

Sec. 201. Expansion of payments under Medicare, Medicaid, and SCHIP for all covered services furnished by Indian Health Programs.
Sec. 202. Increased outreach to Indians under Medicaid and SCHIP and improved cooperation in the provision of items and services to Indians under Social Security Act health benefit programs.
Sec. 203. Additional provisions to increase outreach to, and enrollment of, Indians in SCHIP and Medicaid.
Sec. 204. Nondiscrimination in qualifications for payment for services under Federal health care programs.
Sec. 205. Solicitation of proposals for safe harbors under the Social Security Act for facilities of Indian Health Programs and urban Indian organizations.
Sec. 206. Annual report on Indians served by Social Security Act health benefit programs.
Sec. 207. Development of recommendations to improve interstate coordination of Medicaid and SCHIP coverage of Indian children and other children who are outside of their State of residency because of educational or other needs.

3 # TITLE I—AMENDMENTS TO
4 # INDIAN LAWS

5 **SEC. 101. INDIAN HEALTH CARE IMPROVEMENT ACT**
6 **AMENDED.**

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

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

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

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

"Sec. 1. Short title; table of contents.
"Sec. 2. Findings.
"Sec. 3. Declaration of national Indian health policy.
"Sec. 4. Definitions.

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

"Sec. 101. Purpose.
"Sec. 102. Health professions recruitment program for Indians.
"Sec. 103. Health professions preparatory scholarship program for Indians.
"Sec. 104. Indian health professions scholarships.
"Sec. 105. American Indians Into Psychology Program.
"Sec. 106. Scholarship programs for Indian Tribes.
"Sec. 107. Indian Health Service extern programs.
"Sec. 108. Continuing education allowances.
"Sec. 109. Community Health Representative Program.
"Sec. 110. Indian Health Service Loan Repayment Program.
"Sec. 111. Scholarship and Loan Repayment Recovery Fund.
"Sec. 112. Recruitment activities.
"Sec. 113. Indian recruitment and retention program.
"Sec. 114. Advanced training and research.
"Sec. 115. Quentin N. Burdick American Indians Into Nursing Program.
"Sec. 116. Tribal cultural orientation.
"Sec. 117. INMED Program.
"Sec. 118. Health training programs of community colleges.
"Sec. 119. Retention bonus.
"Sec. 120. Nursing residency program.
"Sec. 121. Community Health Aide Program.
"Sec. 122. Tribal Health Program administration.
"Sec. 123. Health professional chronic shortage demonstration programs.
"Sec. 124. National Health Service Corps.
"Sec. 125. Substance abuse counselor educational curricula demonstration programs.
"Sec. 126. Behavioral health training and community education programs.
"Sec. 127. Exemption from payment of certain fees.
"Sec. 128. Authorization of appropriations.

"TITLE II—HEALTH SERVICES

"Sec. 201. Indian Health Care Improvement Fund.
"Sec. 202. Health promotion and disease prevention services.
"Sec. 203. Diabetes prevention, treatment, and control.
"Sec. 204. Shared services for long-term care.
"Sec. 205. Health services research.
"Sec. 206. Mammography and other cancer screening.
"Sec. 207. Patient travel costs.
"Sec. 208. Epidemiology centers.
"Sec. 209. Comprehensive school health education programs.
"Sec. 210. Indian youth program.
"Sec. 211. Prevention, control, and elimination of communicable and infectious diseases.

"Sec. 212. Other authority for provision of services.
"Sec. 213. Indian women's health care.
"Sec. 214. Environmental and nuclear health hazards.
"Sec. 215. Arizona as a contract health service delivery area.
"Sec. 216. North Dakota and South Dakota as contract health service delivery area.
"Sec. 217. California contract health services program.
"Sec. 218. California as a contract health service delivery area.
"Sec. 219. Contract health services for the Trenton Service Area.
"Sec. 220. Programs operated by Indian Tribes and tribal organizations.
"Sec. 221. Licensing.
"Sec. 222. Notification of provision of emergency contract health services.
"Sec. 223. Prompt action on payment of claims.
"Sec. 224. Liability for payment.
"Sec. 225. Office of Indian Men's Health.
"Sec. 226. Authorization of appropriations.

"TITLE III—FACILITIES

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

"TITLE IV—ACCESS TO HEALTH SERVICES

"Sec. 401. Treatment of payments under Social Security Act health benefits programs.
"Sec. 402. Grants to and contracts with the Service, Indian Tribes, Tribal Organizations, and urban Indian organizations to facilitate outreach, enrollment, and coverage of Indians under Social Security Act health benefit programs.
"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. Eligible indian veteran services.
"Sec. 408. Payor of last resort.
"Sec. 409. Nondiscrimination under Federal health care programs in qualifications for reimbursement for services.
"Sec. 410. Consultation.
"Sec. 411. State Children's Health Insurance Program (SCHIP).

"Sec. 412. Exclusion waiver authority for affected Indian Health Programs and safe harbor transactions under the Social Security Act.
"Sec. 413. Premium and cost sharing protections and eligibility determinations under Medicaid and SCHIP and protection of certain Indian property from Medicaid estate recovery.
"Sec. 414. Treatment under Medicaid and SCHIP managed care.
"Sec. 415. Navajo Nation Medicaid Agency feasibility study.
"Sec. 416. Exception for excepted benefits.
"Sec. 417. 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. Use of Federal Government Facilities and Sources of Supply.
"Sec. 505. Contracts and grants for the determination of unmet health care needs.
"Sec. 506. Evaluations; renewals.
"Sec. 507. Other contract and grant requirements.
"Sec. 508. Reports and records.
"Sec. 509. Limitation on contract authority.
"Sec. 510. Facilities.
"Sec. 511. Division of Urban Indian Health.
"Sec. 512. Grants for alcohol and substance abuse-related services.
"Sec. 513. Treatment of certain demonstration projects.
"Sec. 514. Urban NIAAA transferred programs.
"Sec. 515. Conferring with urban Indian organizations.
"Sec. 516. Urban youth treatment center demonstration.
"Sec. 517. Grants for diabetes prevention, treatment, and control.
"Sec. 518. Community health representatives.
"Sec. 519. Effective date.
"Sec. 520. Eligibility for services.
"Sec. 521. Authorization of appropriations.
"Sec. 522. Health information technology.

"TITLE VI—ORGANIZATIONAL IMPROVEMENTS

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

"TITLE VII—BEHAVIORAL HEALTH PROGRAMS

"Sec. 701. Behavioral health prevention and treatment services.
"Sec. 702. Memoranda of agreement with the Department of the Interior.
"Sec. 703. Comprehensive behavioral health prevention and treatment program.
"Sec. 704. Mental health technician program.
"Sec. 705. Licensing requirement for mental health care workers.
"Sec. 706. Indian women treatment programs.
"Sec. 707. Indian youth program.
"Sec. 708. Indian youth telemental health demonstration project.
"Sec. 709. Inpatient and community-based mental health facilities design, construction, and staffing.

"Sec. 710. Training and community education.
"Sec. 711. Behavioral health program.
"Sec. 712. Fetal alcohol disorder programs.
"Sec. 713. Child sexual abuse and prevention treatment programs.
"Sec. 714. Domestic and sexual violence prevention and treatment.
"Sec. 715. Behavioral health research.
"Sec. 716. Definitions.
"Sec. 717. Authorization of appropriations.

"TITLE VIII—MISCELLANEOUS

"Sec. 801. Reports.
"Sec. 802. Regulations.
"Sec. 803. Plan of implementation.
"Sec. 804. Limitation on use of funds appropriated to Indian Health Service.
"Sec. 805. Eligibility of California Indians.
"Sec. 806. Health services for ineligible persons.
"Sec. 807. Treatment of certain services and benefits.
"Sec. 808. Reallocation of base resources.
"Sec. 809. Results of demonstration projects.
"Sec. 810. Provision of services in Montana.
"Sec. 811. Moratorium.
"Sec. 812. Severability provisions.
"Sec. 813. Use of patient safety organizations.
"Sec. 814. Confidentiality of medical quality assurance records; qualified immunity for participants.
"Sec. 815. Claremore Indian Hospital.
"Sec. 816. Sense of Congress regarding law enforcement and methamphetamine issues in Indian country.
"Sec. 817. Permitting implementation through contracts with Tribal Health Programs.
"Sec. 818. Authorization of appropriations; availability.

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 resources, processes, and structure
10 that will enable Indian tribes and tribal members to
11 obtain the quantity and quality of health care serv-

1 ices and opportunities that will eradicate the health
2 dispartities between Indians the general population.
3 ‘‘(3) A major national goal of the United States
4 is to provide the quantity and quality of health serv-
5 ices which will permit the health status of Indians
6 to be raised to the highest possible level and to en-
7 courage the maximum participation of Indians in the
8 planning and management of those services.
9 ‘‘(4) Federal health services to Indians have re-
10 sulted in a reduction in the prevalence and incidence
11 of preventable illnesses among, and unnecessary and
12 premature deaths of, Indians.
13 ‘‘(5) Despite such services, the unmet health
14 needs of the American Indian people are severe and
15 the health status of the Indians is far below that of
16 the general population of the United States.

17 **‘‘SEC. 3. DECLARATION OF NATIONAL INDIAN HEALTH POL-**
18 **ICY.**

19 ‘‘Congress declares that it is the policy of this Nation,
20 in fulfillment of its special trust responsibilities and legal
21 obligations to Indians—
22 ‘‘(1) to assure the highest possible health status
23 for Indians and to provide all resources necessary to
24 effect that policy;

1 “(2) to raise the health status of Indians to at
2 least the levels set forth in the goals contained with-
3 in the Health People 2010 or successor objectives;
4 “(3) to the greatest extent possible, to allow In-
5 dians to set their own health care priorities and es-
6 tablish goals that reflect their unmet needs;
7 “(4) to increase the proportion of all degrees in
8 the health professions and allied and associated
9 health professions awarded to Indians so that the
10 proportion of Indian health professionals in each
11 Service Area is raised to at least the level of that of
12 the general population;
13 “(5) to require meaningful consultation with In-
14 dian Tribes, Tribal Organizations, and urban Indian
15 organizations to implement this Act and the national
16 policy of Indian self-determination; and
17 “(6) to provide funding for programs and facili-
18 ties operated by Indian Tribes and Tribal Organiza-
19 tions in amounts that are not less than the amounts
20 provided to programs and facilities operated directly
21 by the Service.
22 **“SEC. 4. DEFINITIONS.**
23 “For purposes of this Act:
24 “(1) The term ‘accredited and accessible’ means
25 on or near a reservation and accredited by a na-

1 tional or regional organization with accrediting au-
2 thority.

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

8 "(3) The term 'Assistant Secretary' means the
9 Assistant Secretary of Indian Health.

10 "(4)(A) The term 'behavioral health' means the
11 blending of substance (including alcohol, drugs,
12 inhalants, and tobacco) abuse and mental health
13 prevention and treatment, for the purpose of pro-
14 viding comprehensive services.

15 "(B) The term 'behavioral health' includes the
16 joint development of substance abuse and mental
17 health treatment planning and coordinated case
18 management using a multidisciplinary approach.

19 "(5) The term 'California Indians' means those
20 Indians who are eligible for health services of the
21 Service pursuant to section 805.

22 "(6) The term 'community college' means—

23 "(A) a tribal college or university, or

24 "(B) a junior or community college.

1 "(7) The term 'contract health service' means
2 health services provided at the expense of the Serv-
3 ice or a Tribal Health Program by public or private
4 medical providers or hospitals, other than the Serv-
5 ice Unit or the Tribal Health Program at whose ex-
6 pense the services are provided.

7 "(8) The term 'Department' means, unless oth-
8 erwise designated, the Department of Health and
9 Human Services.

10 "(9) The term 'disease prevention' means the
11 reduction, limitation, and prevention of disease and
12 its complications and reduction in the consequences
13 of disease, including—

14 "(A) controlling—

15 "(i) the development of diabetes;

16 "(ii) high blood pressure;

17 "(iii) infectious agents;

18 "(iv) injuries;

19 "(v) occupational hazards and disabil-
20 ities;

21 "(vi) sexually transmittable diseases;
22 and

23 "(vii) toxic agents; and

24 "(B) providing—

25 "(i) fluoridation of water; and

1 "(ii) immunizations.

2 "(10) The term 'health profession' means
3 allopathic medicine, family medicine, internal medi-
4 cine, pediatrics, geriatric medicine, obstetrics and
5 gynecology, podiatric medicine, nursing, public
6 health nursing, dentistry, psychiatry, osteopathy, op-
7 tometry, pharmacy, psychology, public health, social
8 work, marriage and family therapy, chiropractic
9 medicine, environmental health and engineering, al-
10 lied health professions, naturopathic medicine, and
11 any other health profession.

12 "(11) The term 'health promotion' means—

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

19 "(B) encouraging adequate and appro-
20 priate diet, exercise, and sleep;

21 "(C) promoting education and work in con-
22 formity with physical and mental capacity;

23 "(D) making available safe water and sani-
24 tary facilities;

1 “(E) improving the physical, economic, cul-
2 tural, psychological, and social environment;
3 “(F) promoting culturally competent care;
4 and
5 “(G) providing adequate and appropriate
6 programs, which may include—
7 “(i) abuse prevention (mental and
8 physical);
9 “(ii) community health;
10 “(iii) community safety;
11 “(iv) consumer health education;
12 “(v) diet and nutrition;
13 “(vi) immunization and other preven-
14 tion of communicable diseases, including
15 HIV/AIDS;
16 “(vii) environmental health;
17 “(viii) exercise and physical fitness;
18 “(ix) avoidance of fetal alcohol dis-
19 orders;
20 “(x) first aid and CPR education;
21 “(xi) human growth and development;
22 “(xii) injury prevention and personal
23 safety;
24 “(xiii) behavioral health;

1 "(xiv) monitoring of disease indicators
2 between health care provider visits,
3 through appropriate means, including
4 Internet-based health care management
5 systems;
6 "(xv) personal health and wellness
7 practices;
8 "(xvi) personal capacity building;
9 "(xvii) prenatal, pregnancy, and in-
10 fant care;
11 "(xviii) psychological well-being;
12 "(xix) reproductive health and family
13 planning;
14 "(xx) safe and adequate water;
15 "(xxi) healthy work environments;
16 "(xxii) elimination, reduction, and
17 prevention of contaminants that create
18 unhealthy household conditions (including
19 mold and other allergens);
20 "(xxiii) stress control;
21 "(xxiv) substance abuse;
22 "(xxv) sanitary facilities;
23 "(xxvi) sudden infant death syndrome
24 prevention;

1 "(xxvii) tobacco use cessation and re-
2 duction;
3 "(xxviii) violence prevention; and
4 "(xxix) activities to promote achieve-
5 ment of any of the objectives described in
6 section 3(2).
7 "(12) The term 'Indian', unless otherwise des-
8 ignated, means any person who is a member of an
9 Indian Tribe or is eligible for health services under
10 section 805, except that, for the purpose of sections
11 102 and 103, the term also means any individual
12 who—
13 "(A)(i) irrespective of whether the indi-
14 vidual lives on or near a reservation, is a mem-
15 ber of a tribe, band, or other organized group
16 of Indians, including those tribes, bands, or
17 groups terminated since 1940 and those recog-
18 nized now or in the future by the State in
19 which they reside; or
20 "(ii) is a descendant, in the first or second
21 degree, of any such member;
22 "(B) is an Eskimo or Aleut or other Alas-
23 ka Native;
24 "(C) is considered by the Secretary of the
25 Interior to be an Indian for any purpose; or

1 "(D) is determined to be an Indian under
2 regulations promulgated by the Secretary.
3 "(13) The term 'Indian Health Program'
4 means—
5 "(A) any health program administered di-
6 rectly by the Service;
7 "(B) any Tribal Health Program; or
8 "(C) any Indian Tribe or Tribal Organiza-
9 tion to which the Secretary provides funding
10 pursuant to section 23 of the Act of June 25,
11 1910 (25 U.S.C. 47) (commonly known as the
12 'Buy Indian Act').
13 "(14) The term 'Indian Tribe' has the meaning
14 given the term in the Indian Self-Determination and
15 Education Assistance Act (25 U.S.C. 450 et seq.).
16 "(15) The term 'junior or community college'
17 has the meaning given the term by section 312(f) of
18 the Higher Education Act of 1965 (20 U.S.C.
19 1058(f)).
20 "(16) The term 'reservation' means any feder-
21 ally recognized Indian Tribe's reservation, Pueblo, or
22 colony, including former reservations in Oklahoma,
23 Indian allotments, and Alaska Native Regions estab-
24 lished pursuant to the Alaska Native Claims Settle-
25 ment Act (43 U.S.C. 1601 et seq.).

1 "(17) The term 'Secretary', unless otherwise
2 designated, means the Secretary of Health and
3 Human Services.
4 "(18) The term 'Service' means the Indian
5 Health Service.
6 "(19) The term 'Service Area' means the geo-
7 graphical area served by each Area Office.
8 "(20) The term 'Service Unit' means an admin-
9 istrative entity of the Service, or a Tribal Health
10 Program through which services are provided, di-
11 rectly or by contract, to eligible Indians within a de-
12 fined geographic area.
13 "(21) The term 'telehealth' has the meaning
14 given the term in section 330K(a) of the Public
15 Health Service Act (42 U.S.C. 254c–16(a)).
16 "(22) The term 'telemedicine' means a tele-
17 communications link to an end user through the use
18 of eligible equipment that electronically links health
19 professionals or patients and health professionals at
20 separate sites in order to exchange health care infor-
21 mation in audio, video, graphic, or other format for
22 the purpose of providing improved health care serv-
23 ices.

1 "(23) The term 'tribal college or university' has
2 the meaning given the term in section 316(b)(3) of
3 the Higher Education Act (20 U.S.C. 1059c(b)(3)).
4 "(24) The term 'Tribal Health Program' means
5 an Indian Tribe or Tribal Organization that oper-
6 ates any health program, service, function, activity,
7 or facility funded, in whole or part, by the Service
8 through, or provided for in, a contract or compact
9 with the Service under the Indian Self-Determina-
10 tion and Education Assistance Act (25 U.S.C. 450
11 et seq.).
12 "(25) The term 'Tribal Organization' has the
13 meaning given the term in the Indian Self-Deter-
14 mination and Education Assistance Act (25 U.S.C.
15 450 et seq.).
16 "(26) The term 'Urban Center' means any com-
17 munity which has a sufficient Urban Indian popu-
18 lation with unmet health needs to warrant assistance
19 under title V of this Act, as determined by the Sec-
20 retary.
21 "(27) The term 'Urban Indian' means any indi-
22 vidual who resides in an Urban Center and who
23 meets 1 or more of the following criteria:
24 "(A) Irrespective of whether the individual
25 lives on or near a reservation, the individual is

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

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

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

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

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

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

"SEC. 101. PURPOSE.

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

"SEC. 102. HEALTH PROFESSIONS RECRUITMENT PROGRAM FOR INDIANS.

"(a) IN GENERAL.—The Secretary, acting through the Service, shall make grants to public or nonprofit private health or educational entities, Tribal Health Programs, or urban Indian organizations to assist such entities in meeting the costs of—

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

"(A) to enroll in courses of study in such health professions; or

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

1 postsecondary education or training as may be
2 required to qualify them for enrollment;
3 ‘‘(2) publicizing existing sources of financial aid
4 available to Indians enrolled in any course of study
5 referred to in paragraph (1) or who are undertaking
6 training necessary to qualify them to enroll in any
7 such course of study; or
8 ‘‘(3) establishing other programs which the Sec-
9 retary determines will enhance and facilitate the en-
10 rollment of Indians in, and the subsequent pursuit
11 and completion by them of, courses of study referred
12 to in paragraph (1).
13 ‘‘(b) GRANTS.—
14 ‘‘(1) APPLICATION.—No grant may be made
15 under this section unless an application has been
16 submitted to, and approved by, the Secretary. Such
17 application shall be in such form, submitted in such
18 manner, and contain such information, as the Sec-
19 retary shall by regulation prescribe pursuant to this
20 Act. The Secretary shall give a preference to appli-
21 cations submitted by Tribal Health Programs or
22 urban Indian organizations.
23 ‘‘(2) AMOUNT OF GRANTS; PAYMENT.—The
24 amount of a grant under this section shall be deter-
25 mined by the Secretary. Payments pursuant to this

section may be made in advance or by way of reimbursement, and at such intervals and on such conditions as provided for in regulations issued pursuant to this Act. To the extent not otherwise prohibited by law, grants shall be for 3 years, as provided in regulations issued pursuant to this Act.

"SEC. 103. HEALTH PROFESSIONS PREPARATORY SCHOLARSHIP PROGRAM FOR INDIANS.

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

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

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

"(b) PURPOSES.—Scholarship grants provided pursuant to this section shall be for the following purposes:

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

"(2) Pregraduate education of any recipient leading to a baccalaureate degree in an approved

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

7 ''(c) OTHER CONDITIONS.—Scholarships under this
8 section—

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

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

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

19 **''SEC. 104. INDIAN HEALTH PROFESSIONS SCHOLARSHIPS.**

20 ''(a) IN GENERAL.—

21 ''(1) AUTHORITY.—The Secretary, acting
22 through the Service, shall make scholarship grants
23 to Indians who are enrolled full or part time in ac-
24 credited schools pursuing courses of study in the
25 health professions. Such scholarships shall be des-

1 ignated Indian Health Scholarships and shall be
2 made in accordance with section 338A of the Public
3 Health Services Act (42 U.S.C. 254*l*), except as pro-
4 vided in subsection (b) of this section.

5 ‘‘(2) DETERMINATIONS BY SECRETARY.—The
6 Secretary, acting through the Service, shall deter-
7 mine—

8 ‘‘(A) who shall receive scholarship grants
9 under subsection (a); and

10 ‘‘(B) the distribution of the scholarships
11 among health professions on the basis of the
12 relative needs of Indians for additional service
13 in the health professions.

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

20 ‘‘(b) ACTIVE DUTY SERVICE OBLIGATION.—

21 ‘‘(1) OBLIGATION MET.—The active duty serv-
22 ice obligation under a written contract with the Sec-
23 retary under this section that an Indian has entered
24 into shall, if that individual is a recipient of an In-
25 dian Health Scholarship, be met in full-time practice

1 equal to 1 year for each school year for which the
2 participant receives a scholarship award under this
3 part, or 2 years, whichever is greater, by service in
4 1 or more of the following:

5 "(A) In an Indian Health Program.

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

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

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

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

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

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

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

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

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

1 "(i) is located on the reservation of
2 the Indian Tribe in which the recipient is
3 enrolled; or
4 "(ii) serves the Indian Tribe in which
5 the recipient is enrolled.
6 "(3) PRIORITY WHEN MAKING ASSIGNMENTS.—
7 Subject to paragraph (2), the Secretary, in making
8 assignments of Indian Health Scholarship recipients
9 required to meet the active duty service obligation
10 described in paragraph (1), shall give priority to as-
11 signing individuals to service in those programs
12 specified in paragraph (1) that have a need for
13 health professionals to provide health care services
14 as a result of individuals having breached contracts
15 entered into under this section.
16 "(c) PART-TIME STUDENTS.—In the case of an indi-
17 vidual receiving a scholarship under this section who is
18 enrolled part time in an approved course of study—
19 "(1) such scholarship shall be for a period of
20 years not to exceed the part-time equivalent of 4
21 years, as determined by the Secretary;
22 "(2) the period of obligated service described in
23 subsection (b)(1) shall be equal to the greater of—
24 "(A) the part-time equivalent of 1 year for
25 each year for which the individual was provided

1 a scholarship (as determined by the Secretary);
2 or
3 "(B) 2 years; and
4 "(3) the amount of the monthly stipend speci-
5 fied in section 338A(g)(1)(B) of the Public Health
6 Service Act (42 U.S.C. 254*l*(g)(1)(B)) shall be re-
7 duced pro rata (as determined by the Secretary)
8 based on the number of hours such student is en-
9 rolled.
10 "(d) BREACH OF CONTRACT.—
11 "(1) SPECIFIED BREACHES.—An individual
12 shall be liable to the United States for the amount
13 which has been paid to the individual, or on behalf
14 of the individual, under a contract entered into with
15 the Secretary under this section on or after the date
16 of enactment of the Indian Health Care Improve-
17 ment Act Amendments of 2009 if that individual—
18 "(A) fails to maintain an acceptable level
19 of academic standing in the educational institu-
20 tion in which he or she is enrolled (such level
21 determined by the educational institution under
22 regulations of the Secretary);
23 "(B) is dismissed from such educational
24 institution for disciplinary reasons;

1 "(C) voluntarily terminates the training in
2 such an educational institution for which he or
3 she is provided a scholarship under such con-
4 tract before the completion of such training; or
5 "(D) fails to accept payment, or instructs
6 the educational institution in which he or she is
7 enrolled not to accept payment, in whole or in
8 part, of a scholarship under such contract, in
9 lieu of any service obligation arising under such
10 contract.
11 "(2) OTHER BREACHES.—If for any reason not
12 specified in paragraph (1) an individual breaches a
13 written contract by failing either to begin such indi-
14 vidual's service obligation required under such con-
15 tract or to complete such service obligation, the
16 United States shall be entitled to recover from the
17 individual an amount determined in accordance with
18 the formula specified in subsection (l) of section 110
19 in the manner provided for in such subsection.
20 "(3) CANCELLATION UPON DEATH OF RECIPI-
21 ENT.—Upon the death of an individual who receives
22 an Indian Health Scholarship, any outstanding obli-
23 gation of that individual for service or payment that
24 relates to that scholarship shall be canceled.
25 "(4) WAIVERS AND SUSPENSIONS.—

1 "(A) IN GENERAL.—The Secretary shall
2 provide for the partial or total waiver or sus-
3 pension of any obligation of service or payment
4 of a recipient of an Indian Health Scholarship
5 if the Secretary determines that—
6 "(i) it is not possible for the recipient
7 to meet that obligation or make that pay-
8 ment;
9 "(ii) requiring that recipient to meet
10 that obligation or make that payment
11 would result in extreme hardship to the re-
12 cipient; or
13 "(iii) the enforcement of the require-
14 ment to meet the obligation or make the
15 payment would be unconscionable.
16 "(B) FACTORS FOR CONSIDERATION.—
17 When waiving or suspending an obligation of
18 service or payment under subparagraph (A), the
19 Secretary shall consult with the Area Office, In-
20 dian Tribes, Tribal Organizations, or urban In-
21 dian organizations affected to consider whether
22 the obligation may be satisfied in a teaching ca-
23 pacity at a tribal college or university nursing
24 program under subsection (b)(1)(D).

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

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

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

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

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

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

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

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

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

1 "(2) incorporates a program advisory board
2 comprised of representatives from the tribes and
3 communities that will be served by the program;
4 "(3) provides summer enrichment programs to
5 expose Indian students to the various fields of psy-
6 chology through research, clinical, and experimental
7 activities;
8 "(4) provides stipends to undergraduate and
9 graduate students to pursue a career in psychology;
10 "(5) develops affiliation agreements with tribal
11 colleges and universities, the Service, university af-
12 filiated programs, and other appropriate accredited
13 and accessible entities to enhance the education of
14 Indian students;
15 "(6) to the maximum extent feasible, uses exist-
16 ing university tutoring, counseling, and student sup-
17 port services; and
18 "(7) to the maximum extent feasible, employs
19 qualified Indians in the program.
20 "(e) ACTIVE DUTY SERVICE REQUIREMENT.—The
21 active duty service obligation prescribed under section
22 338C of the Public Health Service Act (42 U.S.C. 254m)
23 shall be met by each graduate who receives a stipend de-
24 scribed in subsection (d)(4) that is funded under this sec-
25 tion. Such obligation shall be met by service—

1 "(1) in an Indian Health Program;
2 "(2) in a program assisted under title V of this
3 Act; or
4 "(3) in the private practice of psychology if, as
5 determined by the Secretary, in accordance with
6 guidelines promulgated by the Secretary, such prac-
7 tice is situated in a physician or other health profes-
8 sional shortage area and addresses the health care
9 needs of a substantial number of Indians.
10 "(f) AUTHORIZATION OF APPROPRIATIONS.—There
11 is authorized to be appropriated to carry out this section
12 $2,700,000 for each of fiscal years 2010 through 2025.
13 **"SEC. 106. SCHOLARSHIP PROGRAMS FOR INDIAN TRIBES.**
14 "(a) IN GENERAL.—
15 "(1) GRANTS AUTHORIZED.—The Secretary,
16 acting through the Service, shall make grants to
17 Tribal Health Programs for the purpose of providing
18 scholarships for Indians to serve as health profes-
19 sionals in Indian communities.
20 "(2) AMOUNT.—Amounts available under para-
21 graph (1) for any fiscal year shall not exceed 5 per-
22 cent of the amounts available for each fiscal year for
23 Indian Health Scholarships under section 104.
24 "(3) APPLICATION.—An application for a grant
25 under paragraph (1) shall be in such form and con-

1 tain such agreements, assurances, and information
2 as consistent with this section.
3 ''(b) REQUIREMENTS.—
4 ''(1) IN GENERAL.—A Tribal Health Program
5 receiving a grant under subsection (a) shall provide
6 scholarships to Indians in accordance with the re-
7 quirements of this section.
8 ''(2) COSTS.—With respect to costs of providing
9 any scholarship pursuant to subsection (a)—
10 ''(A) 80 percent of the costs of the scholar-
11 ship shall be paid from the funds made avail-
12 able pursuant to subsection (a)(1) provided to
13 the Tribal Health Program; and
14 ''(B) 20 percent of such costs may be paid
15 from any other source of funds.
16 ''(c) COURSE OF STUDY.—A Tribal Health Program
17 shall provide scholarships under this section only to Indi-
18 ans enrolled or accepted for enrollment in a course of
19 study (approved by the Secretary) in 1 of the health pro-
20 fessions contemplated by this Act.
21 ''(d) CONTRACT.—
22 ''(1) IN GENERAL.—In providing scholarships
23 under subsection (b), the Secretary and the Tribal
24 Health Program shall enter into a written contract
25 with each recipient of such scholarship.

1 "(2) REQUIREMENTS.—Such contract shall—
2 "(A) obligate such recipient to provide
3 service in an Indian Health Program or urban
4 Indian organization, in the same Service Area
5 where the Tribal Health Program providing the
6 scholarship is located, for—
7 "(i) a number of years for which the
8 scholarship is provided (or the part-time
9 equivalent thereof, as determined by the
10 Secretary), or for a period of 2 years,
11 whichever period is greater; or
12 "(ii) such greater period of time as
13 the recipient and the Tribal Health Pro-
14 gram may agree;
15 "(B) provide that the amount of the schol-
16 arship—
17 "(i) may only be expended for—
18 "(I) tuition expenses, other rea-
19 sonable educational expenses, and rea-
20 sonable living expenses incurred in at-
21 tendance at the educational institu-
22 tion; and
23 "(II) payment to the recipient of
24 a monthly stipend of not more than
25 the amount authorized by section

1 338(g)(1)(B) of the Public Health
2 Service Act (42 U.S.C.
3 254m(g)(1)(B)), with such amount to
4 be reduced pro rata (as determined by
5 the Secretary) based on the number of
6 hours such student is enrolled, and
7 not to exceed, for any year of attend-
8 ance for which the scholarship is pro-
9 vided, the total amount required for
10 the year for the purposes authorized
11 in this clause; and
12 ‘‘(ii) may not exceed, for any year of
13 attendance for which the scholarship is
14 provided, the total amount required for the
15 year for the purposes authorized in clause
16 (i);
17 ‘‘(C) require the recipient of such scholar-
18 ship to maintain an acceptable level of academic
19 standing as determined by the educational insti-
20 tution in accordance with regulations issued
21 pursuant to this Act; and
22 ‘‘(D) require the recipient of such scholar-
23 ship to meet the educational and licensure re-
24 quirements appropriate to each health profes-
25 sion.

1 "(3) SERVICE IN OTHER SERVICE AREAS.—The
2 contract may allow the recipient to serve in another
3 Service Area, provided the Tribal Health Program
4 and Secretary approve and services are not dimin-
5 ished to Indians in the Service Area where the Trib-
6 al Health Program providing the scholarship is lo-
7 cated.

8 "(e) BREACH OF CONTRACT.—

9 "(1) SPECIFIC BREACHES.—An individual who
10 has entered into a written contract with the Sec-
11 retary and a Tribal Health Program under sub-
12 section (d) shall be liable to the United States for
13 the Federal share of the amount which has been
14 paid to him or her, or on his or her behalf, under
15 the contract if that individual—

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

21 "(B) is dismissed from such educational
22 institution for disciplinary reasons;

23 "(C) voluntarily terminates the training in
24 such an educational institution for which he or

1 she is provided a scholarship under such con-
2 tract before the completion of such training; or
3 "(D) fails to accept payment, or instructs
4 the educational institution in which he or she is
5 enrolled not to accept payment, in whole or in
6 part, of a scholarship under such contract, in
7 lieu of any service obligation arising under such
8 contract.
9 "(2) OTHER BREACHES.—If for any reason not
10 specified in paragraph (1), an individual breaches a
11 written contract by failing to either begin such indi-
12 vidual's service obligation required under such con-
13 tract or to complete such service obligation, the
14 United States shall be entitled to recover from the
15 individual an amount determined in accordance with
16 the formula specified in subsection (l) of section 110
17 in the manner provided for in such subsection.
18 "(3) CANCELLATION UPON DEATH OF RECIPI-
19 ENT.—Upon the death of an individual who receives
20 an Indian Health Scholarship, any outstanding obli-
21 gation of that individual for service or payment that
22 relates to that scholarship shall be canceled.
23 "(4) INFORMATION.—The Secretary may carry
24 out this subsection on the basis of information re-
25 ceived from Tribal Health Programs involved or on

1 the basis of information collected through such other
2 means as the Secretary deems appropriate.
3 "(f) RELATION TO SOCIAL SECURITY ACT.—The re-
4 cipient of a scholarship under this section shall agree, in
5 providing health care pursuant to the requirements here-
6 in—
7 "(1) not to discriminate against an individual
8 seeking care on the basis of the ability of the indi-
9 vidual to pay for such care or on the basis that pay-
10 ment for such care will be made pursuant to a pro-
11 gram established in title XVIII of the Social Secu-
12 rity Act or pursuant to the programs established in
13 title XIX or title XXI of such Act; and
14 "(2) to accept assignment under section
15 1842(b)(3)(B)(ii) of the Social Security Act for all
16 services for which payment may be made under part
17 B of title XVIII of such Act, and to enter into an
18 appropriate agreement with the State agency that
19 administers the State plan for medical assistance
20 under title XIX, or the State child health plan under
21 title XXI, of such Act to provide service to individ-
22 uals entitled to medical assistance or child health as-
23 sistance, respectively, under the plan.
24 "(g) CONTINUANCE OF FUNDING.—The Secretary
25 shall make payments under this section to a Tribal Health

Program for any fiscal year subsequent to the first fiscal year of such payments unless the Secretary determines that, for the immediately preceding fiscal year, the Tribal Health Program has not complied with the requirements of this section.

"SEC. 107. INDIAN HEALTH SERVICE EXTERN PROGRAMS.

"(a) EMPLOYMENT PREFERENCE.—Any individual who receives a scholarship pursuant to section 104 or 106 shall be given preference for employment in the Service, or may be employed by a Tribal Health Program or an urban Indian organization, or other agencies of the Department as available, during any nonacademic period of the year.

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

"(c) TIMING; LENGTH OF EMPLOYMENT.—Any individual enrolled in a program, including a high school program, authorized under section 102(a) may be employed by the Service or by a Tribal Health Program or an urban Indian organization during any nonacademic period of the year. Any such employment shall not exceed 120 days during any calendar year.

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

"SEC. 108. CONTINUING EDUCATION ALLOWANCES.

"In order to encourage scholarship and stipend recipients under sections 104, 105, 106, and 115 and health professionals, including community health representatives and emergency medical technicians, to join or continue in an Indian Health Program and to provide their services in the rural and remote areas where a significant portion of Indians reside, the Secretary, acting through the Service, may—

"(1) provide programs or allowances to transition into an Indian Health Program, including licensing, board or certification examination assist-

1 ance, and technical assistance in fulfilling service ob-
2 ligations under sections 104, 105, 106, and 115; and
3 ‘‘(2) provide programs or allowances to health
4 professionals employed in an Indian Health Program
5 to enable them for a period of time each year pre-
6 scribed by regulation of the Secretary to take leave
7 of their duty stations for professional consultation,
8 management, leadership, and refresher training
9 courses.

10 **‘‘SEC. 109. COMMUNITY HEALTH REPRESENTATIVE PRO-**
11 **GRAM.**

12 ‘‘(a) IN GENERAL.—Under the authority of the Act
13 of November 2, 1921 (25 U.S.C. 13) (commonly known
14 as the ‘Snyder Act’), the Secretary, acting through the
15 Service, shall maintain a Community Health Representa-
16 tive Program under which Indian Health Programs—
17 ‘‘(1) provide for the training of Indians as com-
18 munity health representatives; and
19 ‘‘(2) use such community health representatives
20 in the provision of health care, health promotion,
21 and disease prevention services to Indian commu-
22 nities.
23 ‘‘(b) DUTIES.—The Community Health Representa-
24 tive Program of the Service, shall—

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

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

9 "(A) combines education in the theory of
10 health care with supervised practical experience
11 in the provision of health care; and

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

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

23 "(4) maintain a system that provides close su-
24 pervision of Community Health Representatives;

1 "(5) maintain a system under which the work
2 of Community Health Representatives is reviewed
3 and evaluated; and
4 "(6) promote traditional health care practices
5 of the Indian Tribes served consistent with the Serv-
6 ice standards for the provision of health care, health
7 promotion, and disease prevention.

8 **"SEC. 110. INDIAN HEALTH SERVICE LOAN REPAYMENT**
9 **PROGRAM.**

10 "(a) ESTABLISHMENT.—The Secretary, acting
11 through the Service, shall establish and administer a pro-
12 gram to be known as the Service Loan Repayment Pro-
13 gram (hereinafter referred to as the 'Loan Repayment
14 Program') in order to ensure an adequate supply of
15 trained health professionals necessary to maintain accredi-
16 tation of, and provide health care services to Indians
17 through, Indian Health Programs and urban Indian orga-
18 nizations.
19 "(b) ELIGIBLE INDIVIDUALS.—To be eligible to par-
20 ticipate in the Loan Repayment Program, an individual
21 must—
22 "(1)(A) be enrolled—
23 "(i) in a course of study or program in an
24 accredited educational institution (as deter-
25 mined by the Secretary under section

338B(b)(1)(c)(i) of the Public Health Service Act (42 U.S.C. 254*l*–1(b)(1)(c)(i))) and be scheduled to complete such course of study in the same year such individual applies to participate in such program; or

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

''(B) have—

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

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

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

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

''(C) meet the professional standards for civil service employment in the Service; or

''(D) be employed in an Indian Health Program or urban Indian organization without a service obligation; and

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

''(c) APPLICATION.—

1 "(1) INFORMATION TO BE INCLUDED WITH
2 FORMS.—In disseminating application forms and
3 contract forms to individuals desiring to participate
4 in the Loan Repayment Program, the Secretary
5 shall include with such forms a fair summary of the
6 rights and liabilities of an individual whose applica-
7 tion is approved (and whose contract is accepted) by
8 the Secretary, including in the summary a clear ex-
9 planation of the damages to which the United States
10 is entitled under subsection (k) in the case of the in-
11 dividual's breach of contract. The Secretary shall
12 provide such individuals with sufficient information
13 regarding the advantages and disadvantages of serv-
14 ice as a commissioned officer in the Regular or Re-
15 serve Corps of the Public Health Service or a civil-
16 ian employee of the Service to enable the individual
17 to make a decision on an informed basis.
18 "(2) CLEAR LANGUAGE.—The application form,
19 contract form, and all other information furnished
20 by the Secretary under this section shall be written
21 in a manner calculated to be understood by the aver-
22 age individual applying to participate in the Loan
23 Repayment Program.
24 "(3) TIMELY AVAILABILITY OF FORMS.—The
25 Secretary shall make such application forms, con-

1 tract forms, and other information available to individuals desiring to participate in the Loan Repayment Program on a date sufficiently early to ensure that such individuals have adequate time to carefully review and evaluate such forms and information.

6 "(d) PRIORITIES.—

7 "(1) LIST.—Consistent with subsection (j), the Secretary shall annually—

9 "(A) identify the positions in each Indian Health Program or urban Indian organization for which there is a need or a vacancy; and

12 "(B) rank those positions in order of priority.

14 "(2) APPROVALS.—Notwithstanding the priority determined under paragraph (1), the Secretary, in determining which applications under the Loan Repayment Program to approve (and which contracts to accept), shall—

19 "(A) give first priority to applications made by individual Indians; and

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

1 "(i) individuals recruited through the
2 efforts of an Indian Health Program or
3 urban Indian organization; and
4 "(ii) other individuals based on the
5 priority rankings under paragraph (1).
6 "(e) RECIPIENT CONTRACTS.—
7 "(1) CONTRACT REQUIRED.—An individual be-
8 comes a participant in the Loan Repayment Pro-
9 gram only upon the Secretary and the individual en-
10 tering into a written contract described in paragraph
11 (2).
12 "(2) CONTENTS OF CONTRACT.—The written
13 contract referred to in this section between the Sec-
14 retary and an individual shall contain—
15 "(A) an agreement under which—
16 "(i) subject to subparagraph (C), the
17 Secretary agrees—
18 "(I) to pay loans on behalf of the
19 individual in accordance with the pro-
20 visions of this section; and
21 "(II) to accept (subject to the
22 availability of appropriated funds for
23 carrying out this section) the indi-
24 vidual into the Service or place the in-
25 dividual with a Tribal Health Pro-

1 gram or urban Indian organization as
2 provided in clause (ii)(III); and
3 ‘‘(ii) subject to subparagraph (C), the
4 individual agrees—
5 ‘‘(I) to accept loan payments on
6 behalf of the individual;
7 ‘‘(II) in the case of an individual
8 described in subsection (b)(1)—
9 ‘‘(aa) to maintain enrollment
10 in a course of study or training
11 described in subsection (b)(1)(A)
12 until the individual completes the
13 course of study or training; and
14 ‘‘(bb) while enrolled in such
15 course of study or training, to
16 maintain an acceptable level of
17 academic standing (as deter-
18 mined under regulations of the
19 Secretary by the educational in-
20 stitution offering such course of
21 study or training); and
22 ‘‘(III) to serve for a time period
23 (in this section referred to as the ‘pe-
24 riod of obligated service’) equal to 2
25 years or such longer period as the in-

1 dividual may agree to serve in the
2 full-time clinical practice of such indi-
3 vidual's profession in an Indian
4 Health Program or urban Indian or-
5 ganization to which the individual
6 may be assigned by the Secretary;

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

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

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

22 "(E) such other statements of the rights
23 and liabilities of the Secretary and of the indi-
24 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 organi-

1 zation with such a health professional shortage,
2 and continuing to provide primary health serv-
3 ices, after the completion of the period of obli-
4 gated service under the Loan Repayment Pro-
5 gram.

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 manpower programs of the Service at educational
15 institutions training health professionals or specialists
16 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; and

8 ''(D) 's' is the number of months of such
9 period served by such individual in accordance
10 with this section.

11 ''(3) TIME PERIOD FOR REPAYMENT.—Any
12 amount of damages which the United States is enti-
13 tled to recover under this subsection shall be paid to
14 the United States within the 1-year period beginning
15 on the date of the breach or such longer period be-
16 ginning on such date as shall be specified by the
17 Secretary.

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

23 ''(5) RECOVERY OF DELINQUENCY.—

24 ''(A) IN GENERAL.—If damages described
25 in paragraph (4) are delinquent for 3 months,

1 the Secretary shall, for the purpose of recov-
2 ering such damages—
3 ''(i) use collection agencies contracted
4 with by the Administrator of General Serv-
5 ices; or
6 ''(ii) enter into contracts for the re-
7 covery of such damages with collection
8 agencies selected by the Secretary.
9 ''(B) REPORT.—Each contract for recov-
10 ering damages pursuant to this subsection shall
11 provide that the contractor will, not less than
12 once each 6 months, submit to the Secretary a
13 status report on the success of the contractor in
14 collecting such damages. Section 3718 of title
15 31, United States Code, shall apply to any such
16 contract to the extent not inconsistent with this
17 subsection.
18 ''(m) WAIVER OR SUSPENSION OF OBLIGATION.—
19 ''(1) IN GENERAL.—The Secretary shall by reg-
20 ulation provide for the partial or total waiver or sus-
21 pension of any obligation of service or payment by
22 an individual under the Loan Repayment Program
23 whenever compliance by the individual is impossible
24 or would involve extreme hardship to the individual

1 and if enforcement of such obligation with respect to
2 any individual would be unconscionable.

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

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

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

21 "(n) REPORT.—The Secretary shall submit to the
22 President, for inclusion in the report required to be sub-
23 mitted to Congress under section 801, a report concerning
24 the previous fiscal year which sets forth by Service Area
25 the following:

1 "(1) A list of the health professional positions
2 maintained by Indian Health Programs and urban
3 Indian organizations for which recruitment or reten-
4 tion is difficult.

5 "(2) The number of Loan Repayment Program
6 applications filed with respect to each type of health
7 profession.

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

11 "(4) The amount of loan payments made under
12 this section, in total and by health profession.

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

16 "(6) The amount of scholarship grants provided
17 under sections 104 and 106, in total and by health
18 profession.

19 "(7) The number of providers of health care
20 that will be needed by Indian Health Programs and
21 urban Indian organizations, by location and profes-
22 sion, during the 3 fiscal years beginning after the
23 date the report is filed.

24 "(8) The measures the Secretary plans to take
25 to fill the health professional positions maintained

1 by Indian Health Programs or urban Indian organi-
2 zations for which recruitment or retention is dif-
3 ficult.

4 **"SEC. 111. SCHOLARSHIP AND LOAN REPAYMENT RECOV-**
5 **ERY FUND.**

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

17 "(b) USE OF FUNDS.—

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

22 "(A) to which a scholarship recipient under
23 section 104 and 106 or a loan repayment pro-
24 gram participant under section 110 has been

1 assigned to meet the obligated service require-
2 ments pursuant to such sections; and
3 ‘‘(B) that has a need for a health profes-
4 sional to provide health care services as a result
5 of such recipient or participant having breached
6 the contract entered into under section 104,
7 106, or 110.
8 ‘‘(2) BY TRIBAL HEALTH PROGRAMS.—A Tribal
9 Health Program receiving payments pursuant to
10 paragraph (1) may expend the payments to provide
11 scholarships or recruit and employ, directly or by
12 contract, health professionals to provide health care
13 services.
14 ‘‘(c) INVESTMENT OF FUNDS.—The Secretary of the
15 Treasury shall invest such amounts of the LRRF as the
16 Secretary of Health and Human Services determines are
17 not required to meet current withdrawals from the LRRF.
18 Such investments may be made only in interest bearing
19 obligations of the United States. For such purpose, such
20 obligations may be acquired on original issue at the issue
21 price, or by purchase of outstanding obligations at the
22 market price.
23 ‘‘(d) SALE OF OBLIGATIONS.—Any obligation ac-
24 quired by the LRRF may be sold by the Secretary of the
25 Treasury at the market price.

1 **“SEC. 112. RECRUITMENT ACTIVITIES.**

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

11 ‘‘(b) RECRUITMENT PERSONNEL.—The Secretary,
12 acting through the Service, shall assign 1 individual in
13 each Area Office to be responsible on a full-time basis for
14 recruitment activities.

15 **“SEC. 113. INDIAN RECRUITMENT AND RETENTION PRO-**
16 **GRAM.**

17 ‘‘(a) IN GENERAL.—The Secretary, acting through
18 the Service, shall fund, on a competitive basis, innovative
19 demonstration projects for a period not to exceed 3 years
20 to enable Indian Health Programs and urban Indian orga-
21 nizations to recruit, place, and retain health professionals
22 to meet their staffing needs.

23 ‘‘(b) ELIGIBLE ENTITIES; APPLICATION.—Any In-
24 dian Health Program or Urban Indian organization may
25 submit an application for funding of a project pursuant
26 to this section.

1 **"SEC. 114. ADVANCED TRAINING AND RESEARCH.**

2 "(a) DEMONSTRATION PROGRAM.—The Secretary,
3 acting through the Service, shall establish a demonstration
4 project to enable health professionals who have worked in
5 an Indian Health Program or urban Indian organization
6 for a substantial period of time to pursue advanced train-
7 ing or research areas of study for which the Secretary de-
8 termines a need exists.

9 "(b) SERVICE OBLIGATION.—An individual who par-
10 ticipates in a program under subsection (a), where the
11 educational costs are borne by the Service, shall incur an
12 obligation to serve in an Indian Health Program or urban
13 Indian organization for a period of obligated service equal
14 to at least the period of time during which the individual
15 participates in such program. In the event that the indi-
16 vidual fails to complete such obligated service, the indi-
17 vidual shall be liable to the United States for the period
18 of service remaining. In such event, with respect to indi-
19 viduals entering the program after the date of enactment
20 of the Indian Health Care Improvement Act Amendments
21 of 2009, the United States shall be entitled to recover
22 from such individual an amount to be determined in ac-
23 cordance with the formula specified in subsection (l) of
24 section 110 in the manner provided for in such subsection.

25 "(c) EQUAL OPPORTUNITY FOR PARTICIPATION.—
26 Health professionals from Tribal Health Programs and

1 urban Indian organizations shall be given an equal oppor-
2 tunity to participate in the program under subsection (a).

3 **"SEC. 115. QUENTIN N. BURDICK AMERICAN INDIANS INTO**
4 **NURSING PROGRAM.**

5 "(a) GRANTS AUTHORIZED.—For the purpose of in-
6 creasing the number of nurses, nurse midwives, and nurse
7 practitioners who deliver health care services to Indians,
8 the Secretary, acting through the Service, shall provide
9 grants to the following:

10 "(1) Public or private schools of nursing.

11 "(2) Tribal colleges or universities.

12 "(3) Nurse midwife programs and advanced
13 practice nurse programs that are provided by any
14 tribal college or university accredited nursing pro-
15 gram, or in the absence of such, any other public or
16 private institutions.

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

19 "(1) To recruit individuals for programs which
20 train individuals to be nurses, nurse midwives, or
21 advanced practice nurses.

22 "(2) To provide scholarships to Indians enrolled
23 in such programs that may pay the tuition charged
24 for such program and other expenses incurred in

1 connection with such program, including books, fees,
2 room and board, and stipends for living expenses.
3 ''(3) To provide a program that encourages
4 nurses, nurse midwives, and advanced practice
5 nurses to provide, or continue to provide, health care
6 services to Indians.
7 ''(4) To provide a program that increases the
8 skills of, and provides continuing education to,
9 nurses, nurse midwives, and advanced practice
10 nurses.
11 ''(5) To provide any program that is designed
12 to achieve the purpose described in subsection (a).
13 ''(c) APPLICATIONS.—Each application for a grant
14 under subsection (a) shall include such information as the
15 Secretary may require to establish the connection between
16 the program of the applicant and a health care facility
17 that primarily serves Indians.
18 ''(d) PREFERENCES FOR GRANT RECIPIENTS.—In
19 providing grants under subsection (a), the Secretary shall
20 extend a preference to the following:
21 ''(1) Programs that provide a preference to In-
22 dians.
23 ''(2) Programs that train nurse midwives or ad-
24 vanced practice nurses.
25 ''(3) Programs that are interdisciplinary.

1 "(4) Programs that are conducted in coopera-
2 tion with a program for gifted and talented Indian
3 students.
4 "(5) Programs conducted by tribal colleges and
5 universities.
6 "(e) QUENTIN N. BURDICK PROGRAM GRANT.—The
7 Secretary shall provide 1 of the grants authorized under
8 subsection (a) to establish and maintain a program at the
9 University of North Dakota to be known as the 'Quentin
10 N. Burdick American Indians Into Nursing Program'.
11 Such program shall, to the maximum extent feasible, co-
12 ordinate with the Quentin N. Burdick Indian Health Pro-
13 grams established under section 117(b) and the Quentin
14 N. Burdick American Indians Into Psychology Program
15 established under section 105(b).
16 "(f) ACTIVE DUTY SERVICE OBLIGATION.—The ac-
17 tive duty service obligation prescribed under section 338C
18 of the Public Health Service Act (42 U.S.C. 254m) shall
19 be met by each individual who receives training or assist-
20 ance described in paragraph (1) or (2) of subsection (b)
21 that is funded by a grant provided under subsection (a).
22 Such obligation shall be met by service—
23 "(1) in the Service;
24 "(2) in a program of an Indian Tribe or Tribal
25 Organization conducted under the Indian Self-Deter-

1 mination and Education Assistance Act (25 U.S.C.
2 450 et seq.) (including programs under agreements
3 with the Bureau of Indian Affairs);

4 "(3) in a program assisted under title V of this
5 Act;

6 "(4) in the private practice of nursing if, as de-
7 termined by the Secretary, in accordance with guide-
8 lines promulgated by the Secretary, such practice is
9 situated in a physician or other health shortage area
10 and addresses the health care needs of a substantial
11 number of Indians; or

12 "(5) in a teaching capacity in a tribal college or
13 university nursing program (or a related health pro-
14 fession program) if, as determined by the Secretary,
15 health services provided to Indians would not de-
16 crease.

17 **"SEC. 116. TRIBAL CULTURAL ORIENTATION.**

18 "(a) CULTURAL EDUCATION OF EMPLOYEES.—The
19 Secretary, acting through the Service, shall require that
20 appropriate employees of the Service who serve Indian
21 Tribes in each Service Area receive educational instruction
22 in the history and culture of such Indian Tribes and their
23 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 1 of the grants authorized under subsection
24 (a) to maintain the INMED program at the University
25 of North Dakota, to be known as the ‘Quentin N. Burdick

1 Indian Health Programs', unless the Secretary makes a
2 determination, based upon program reviews, that the pro-
3 gram is not meeting the purposes of this section. Such
4 program shall, to the maximum extent feasible, coordinate
5 with the Quentin N. Burdick American Indians Into Psy-
6 chology Program established under section 105(b) and the
7 Quentin N. Burdick American Indians Into Nursing Pro-
8 gram 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

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

"(4) provides tutoring, counseling, and support to students who are enrolled in a health career program of study at the respective college or university; and

"(5) to the maximum extent feasible, employs qualified Indians in the program.

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

"(a) GRANTS TO ESTABLISH PROGRAMS.—

"(1) IN GENERAL.—The Secretary, acting through the Service, shall award grants to accredited and accessible community colleges for the purpose of assisting such community colleges in the establishment of programs which provide education in a health profession leading to a degree or diploma in a health profession for individuals who desire to practice such profession on or near a reservation or in an Indian Health Program.

"(2) AMOUNT OF GRANTS.—The amount of any grant awarded to a community college under paragraph (1) for the first year in which such a grant is provided to the community college shall not exceed $250,000.

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 that 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) PRIORITY.—Where the requirements of sub-
13 section (b) are met, grant award priority shall be provided
14 to tribal colleges and universities in Service Areas where
15 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 Indian Health Programs and urban Indian organizations;

4 "(3) has—

5 "(A) completed 2 years of employment with an Indian Health Program or urban Indian organization; or

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

10 "(i) any Federal scholarship program; or

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

14 "(4) enters into an agreement with an Indian Health Program or urban Indian organization for continued employment for a period of not less than 1 year.

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

24 "(c) DEFAULT OF RETENTION AGREEMENT.—Any 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 1 year for every year that nonprofessional employee (li-
12 censed practical nurses, licensed vocational nurses, nurs-
13 ing assistants, and various health care technicians), or 2
14 years for every year that professional nurse (associate de-
15 gree and bachelor-prepared registered nurses), partici-
16 pates in such program. In the event that the individual
17 fails to complete such obligated service, the United States
18 shall be entitled to recover from such individual an amount
19 determined in accordance with the formula specified in
20 subsection (l) of section 110 in the manner provided for
21 in such subsection.

22 **"SEC. 121. COMMUNITY HEALTH AIDE PROGRAM.**

23 "(a) GENERAL PURPOSES OF PROGRAM.—Under the
24 authority of the Act of November 2, 1921 (25 U.S.C. 13)
25 (commonly known as the 'Snyder Act'), the Secretary, act-

1 ing through the Service, shall develop and operate a Com-
2 munity Health Aide Program in Alaska under which the
3 Service—

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

6 "(2) uses such aides or practitioners in the pro-
7 vision of health care, health promotion, and disease
8 prevention services to Alaska Natives living in vil-
9 lages in rural Alaska; and

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

14 "(b) SPECIFIC PROGRAM REQUIREMENTS.—The Sec-
15 retary, acting through the Community Health Aide Pro-
16 gram of the Service, shall—

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

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

1 "(A) combines education in the theory of
2 health care with supervised practical experience
3 in the provision of health care;
4 "(B) provides instruction and practical ex-
5 perience in the provision of acute care, emer-
6 gency care, health promotion, disease preven-
7 tion, and the efficient and effective manage-
8 ment of clinic pharmacies, supplies, equipment,
9 and facilities; and
10 "(C) promotes the achievement of the
11 health status objectives specified in section
12 3(2);
13 "(3) establish and maintain a Community
14 Health Aide Certification Board to certify as com-
15 munity health aides or community health practi-
16 tioners individuals who have successfully completed
17 the training described in paragraph (1) or can dem-
18 onstrate equivalent experience;
19 "(4) develop and maintain a system which iden-
20 tifies the needs of community health aides and com-
21 munity health practitioners for continuing education
22 in the provision of health care, including the areas
23 described in paragraph (2)(B), and develop pro-
24 grams that meet the needs for such continuing edu-
25 cation;

1 "(5) develop and maintain a system that pro-
2 vides close supervision of community health aides
3 and community health practitioners;
4 "(6) develop a system under which the work of
5 community health aides and community health prac-
6 titioners is reviewed and evaluated to assure the pro-
7 vision of quality health care, health promotion, and
8 disease prevention services; and
9 "(7) ensure that pulpal therapy (not including
10 pulpotomies on deciduous teeth) or extraction of
11 adult teeth can be performed by a dental health aide
12 therapist only after consultation with a licensed den-
13 tist who determines that the procedure is a medical
14 emergency that cannot be resolved with palliative
15 treatment, and further that dental health aide thera-
16 pists are strictly prohibited from performing all
17 other oral or jaw surgeries, provided that uncompli-
18 cated extractions shall not be considered oral sur-
19 gery under this section.
20 "(c) PROGRAM REVIEW.—
21 "(1) NEUTRAL PANEL.—
22 "(A) ESTABLISHMENT.—The Secretary,
23 acting through the Service, shall establish a
24 neutral panel to carry out the study under
25 paragraph (2).

1 "(B) MEMBERSHIP.—Members of the neu-
2 tral panel shall be appointed by the Secretary
3 from among clinicians, economists, community
4 practitioners, oral epidemiologists, and Alaska
5 Natives.
6 "(2) STUDY.—
7 "(A) IN GENERAL.—The neutral panel es-
8 tablished under paragraph (1) shall conduct a
9 study of the dental health aide therapist serv-
10 ices provided by the Community Health Aide
11 Program under this section to ensure that the
12 quality of care provided through those services
13 is adequate and appropriate.
14 "(B) PARAMETERS OF STUDY.—The Sec-
15 retary, in consultation with interested parties,
16 including professional dental organizations,
17 shall develop the parameters of the study.
18 "(C) INCLUSIONS.—The study shall in-
19 clude a determination by the neutral panel with
20 respect to—
21 "(i) the ability of the dental health
22 aide therapist services under this section to
23 address the dental care needs of Alaska
24 Natives;

1 "(ii) the quality of care provided
2 through those services, including any train-
3 ing, improvement, or additional oversight
4 required to improve the quality of care;
5 and

6 "(iii) whether safer and less costly al-
7 ternatives to the dental health aide thera-
8 pist services exist.

9 "(D) CONSULTATION.—In carrying out the
10 study under this paragraph, the neutral panel
11 shall consult with Alaska Tribal Organizations
12 with respect to the adequacy and accuracy of
13 the study.

14 "(3) REPORT.—The neutral panel shall submit
15 to the Secretary, the Committee on Indian Affairs of
16 the Senate, and the Committee on Natural Re-
17 sources of the House of Representatives a report de-
18 scribing the results of the study under paragraph
19 (2), including a description of—

20 "(A) any determination of the neutral
21 panel under paragraph (2)(C); and

22 "(B) any comments received from an Alas-
23 ka Tribal Organization under paragraph
24 (2)(D).

25 "(d) NATIONALIZATION OF PROGRAM.—

1 "(1) IN GENERAL.—Except as provided in para-
2 graph (2), the Secretary, acting through the Service,
3 may establish a national Community Health Aide
4 Program in accordance with the program under this
5 section, as the Secretary determines to be appro-
6 priate.

7 "(2) EXCEPTION.—The national Community
8 Health Aide Program under paragraph (1) shall not
9 include dental health aide therapist services.

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

15 **"SEC. 122. TRIBAL HEALTH PROGRAM ADMINISTRATION.**

16 "The Secretary shall, by contract or otherwise, pro-
17 vide training for individuals in the administration and
18 planning of Tribal Health Programs, with priority to Indi-
19 ans.

20 **"SEC. 123. HEALTH PROFESSIONAL CHRONIC SHORTAGE**
21 **DEMONSTRATION PROGRAMS.**

22 "(a) DEMONSTRATION PROGRAMS AUTHORIZED.—
23 The Secretary, acting through the Service, may fund dem-
24 onstration programs for Tribal Health Programs to ad-
25 dress the chronic shortages of health professionals.

1 “(b) PURPOSES OF PROGRAMS.—The purposes of
2 demonstration programs funded under subsection (a) shall
3 be—
4 “(1) to provide direct clinical and practical ex-
5 perience at a Service Unit to health profession stu-
6 dents and residents from medical schools;
7 “(2) to improve the quality of health care for
8 Indians by assuring access to qualified health care
9 professionals; and
10 “(3) to provide academic and scholarly opportu-
11 nities for health professionals serving Indians by
12 identifying all academic and scholarly resources of
13 the region.
14 “(c) ADVISORY BOARD.—The demonstration pro-
15 grams established pursuant to subsection (a) shall incor-
16 porate a program advisory board composed of representa-
17 tives from the Indian Tribes and Indian communities in
18 the area which will be served by the program.
19 **“SEC. 124. NATIONAL HEALTH SERVICE CORPS.**
20 “(a) NO REDUCTION IN SERVICES.—The Secretary
21 shall not—
22 “(1) remove a member of the National Health
23 Service Corps from an Indian Health Program or
24 urban Indian organization; or

1 "(2) withdraw funding used to support such
2 member, unless the Secretary, acting through the
3 Service, has ensured that the Indians receiving serv-
4 ices from such member will experience no reduction
5 in services.

6 "(b) TREATMENT OF INDIAN HEALTH PROGRAMS.—
7 At the request of an Indian Health Program, the services
8 of a member of the National Health Service Corps as-
9 signed to an Indian Health Program may be limited to
10 the persons who are eligible for services from such Pro-
11 gram.

12 **"SEC. 125. SUBSTANCE ABUSE COUNSELOR EDUCATIONAL**
13 **CURRICULA DEMONSTRATION PROGRAMS.**

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

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

1 "(c) TIME PERIOD OF ASSISTANCE; RENEWAL.—A
2 contract entered into or a grant provided under this sec-
3 tion shall be for a period of 3 years. Such contract or
4 grant may be renewed for an additional 2-year period
5 upon the approval of the Secretary.

6 "(d) CRITERIA FOR REVIEW AND APPROVAL OF AP-
7 PLICATIONS.—Not later than 180 days after the date of
8 enactment of the Indian Health Care Improvement Act
9 Amendments of 2009, the Secretary, after consultation
10 with Indian Tribes and administrators of tribal colleges
11 and universities and eligible accredited and accessible com-
12 munity colleges, shall develop and issue criteria for the
13 review and approval of applications for funding (including
14 applications for renewals of funding) under this section.
15 Such criteria shall ensure that demonstration programs
16 established under this section promote the development of
17 the capacity of such entities to educate substance abuse
18 counselors.

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

23 "(f) REPORT.—Each fiscal year, the Secretary shall
24 submit to the President, for inclusion in the report which
25 is required to be submitted under section 801 for that fis-

1 cal year, a report on the findings and conclusions derived
2 from the demonstration programs conducted under this
3 section during that fiscal year.

4 ''(g) DEFINITION.—For the purposes of this section,
5 the term 'educational curriculum' means 1 or more of the
6 following:

7 ''(1) Classroom education.

8 ''(2) Clinical work experience.

9 ''(3) Continuing education workshops.

10 **''SEC. 126. BEHAVIORAL HEALTH TRAINING AND COMMU-**
11 **NITY EDUCATION PROGRAMS.**

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

20 ''(b) POSITIONS.—The positions referred to in sub-
21 section (a) are—

22 ''(1) staff positions within the Bureau of Indian
23 Affairs, including existing positions, in the fields
24 of—

25 ''(A) elementary and secondary education;

1 ''(B) social services and family and child
2 welfare;
3 ''(C) law enforcement and judicial services;
4 and
5 ''(D) alcohol and substance abuse;
6 ''(2) staff positions within the Service; and
7 ''(3) staff positions similar to those identified in
8 paragraphs (1) and (2) established and maintained
9 by Indian Tribes, Tribal Organizations (without re-
10 gard to the funding source), and urban Indian orga-
11 nizations.
12 ''(c) TRAINING CRITERIA.—
13 ''(1) IN GENERAL.—The appropriate Secretary
14 shall provide training criteria appropriate to each
15 type of position identified in subsection (b)(1) and
16 (b)(2) and ensure that appropriate training has
17 been, or shall be provided to any individual in any
18 such position. With respect to any such individual in
19 a position identified pursuant to subsection (b)(3),
20 the respective Secretaries shall provide appropriate
21 training to, or provide funds to, an Indian Tribe,
22 Tribal Organization, or urban Indian organization
23 for training of appropriate individuals. In the case of
24 positions funded under a contract or compact under
25 the Indian Self-Determination and Education Assist-

1 ance Act (25 U.S.C. 450 et seq.), the appropriate
2 Secretary shall ensure that such training costs are
3 included in the contract or compact, as the Sec-
4 retary determines necessary.

5 "(2) POSITION SPECIFIC TRAINING CRITERIA.—
6 Position specific training criteria shall be culturally
7 relevant to Indians and Indian Tribes and shall en-
8 sure that appropriate information regarding tradi-
9 tional health care practices is provided.

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

24 "(e) PLAN.—Not later than 90 days after the date
25 of enactment of the Indian Health Care Improvement Act

1 Amendments of 2009, the Secretary shall develop a plan
2 under which the Service will increase the health care staff
3 providing behavioral health services by at least 500 posi-
4 tions within 5 years after the date of enactment of this
5 section, with at least 200 of such positions devoted to
6 child, adolescent, and family services. The plan developed
7 under this subsection shall be implemented under the Act
8 of November 2, 1921 (25 U.S.C. 13) (commonly known
9 as the 'Snyder Act').

10 **"SEC. 127. EXEMPTION FROM PAYMENT OF CERTAIN FEES.**

11 "Employees of a Tribal Health Program or an Urban
12 Indian Organization shall be exempt from payment of li-
13 censing, registraion, and other fees imposed by a Federal
14 agency to the same extent that Commissioned Corps Offi-
15 cers or other employees of the Indian Health Service are
16 exempt from such fees.

17 **"SEC. 128. AUTHORIZATION OF APPROPRIATIONS.**

18 "There are authorized to be appropriated such sums
19 as may be necessary for each fiscal year through fiscal
20 year 2025 to carry out this title.

21 "TITLE II—HEALTH SERVICES

22 **"SEC. 201. INDIAN HEALTH CARE IMPROVEMENT FUND.**

23 "(a) USE OF FUNDS.—The Secretary, acting through
24 the Service, is authorized to expend funds, directly or
25 under the authority of the Indian Self-Determination and

1 Education Assistance Act (25 U.S.C. 450 et seq.), which
2 are appropriated under the authority of this section, for
3 the purposes of—
4 ‘‘(1) eliminating the deficiencies in health sta-
5 tus and health resources of all Indian Tribes;
6 ‘‘(2) eliminating backlogs in the provision of
7 health care services to Indians;
8 ‘‘(3) meeting the health needs of Indians in an
9 efficient and equitable manner, including the use of
10 telehealth and telemedicine when appropriate;
11 ‘‘(4) eliminating inequities in funding for both
12 direct care and contract health service programs;
13 and
14 ‘‘(5) augmenting the ability of the Service to
15 meet the following health service responsibilities with
16 respect to those Indian Tribes with the highest levels
17 of health status deficiencies and resource defi-
18 ciencies:
19 ‘‘(A) Clinical care, including inpatient care,
20 outpatient care (including audiology, clinical
21 eye, and vision care), primary care, secondary
22 and tertiary care, and long-term care.
23 ‘‘(B) Preventive health, including mam-
24 mography and other cancer screening in accord-
25 ance with section 207.

1 "(C) Dental care.
2 "(D) Mental health, including community
3 mental health services, inpatient mental health
4 services, dormitory mental health services,
5 therapeutic and residential treatment centers,
6 and training of traditional health care practi-
7 tioners.
8 "(E) Emergency medical services.
9 "(F) Treatment and control of, and reha-
10 bilitative care related to, alcoholism and drug
11 abuse (including fetal alcohol syndrome) among
12 Indians.
13 "(G) Injury prevention programs, includ-
14 ing data collection and evaluation, demonstra-
15 tion projects, training, and capacity building.
16 "(H) Home health care.
17 "(I) Community health representatives.
18 "(J) Maintenance and improvement.
19 "(b) NO OFFSET OR LIMITATION.—Any funds appro-
20 priated under the authority of this section shall not be
21 used to offset or limit any other appropriations made to
22 the Service under this Act or the Act of November 2, 1921
23 (25 U.S.C. 13) (commonly known as the 'Snyder Act'),
24 or any other provision of law.
25 "(c) ALLOCATION; USE.—

1 "(1) IN GENERAL.—Funds appropriated under
2 the authority of this section shall be allocated to
3 Service Units, Indian Tribes, or Tribal Organiza-
4 tions. The funds allocated to each Indian Tribe,
5 Tribal Organization, or Service Unit under this
6 paragraph shall be used by the Indian Tribe, Tribal
7 Organization, or Service Unit under this paragraph
8 to improve the health status and reduce the resource
9 deficiency of each Indian Tribe served by such Serv-
10 ice Unit, Indian Tribe, or Tribal Organization.
11 "(2) APPORTIONMENT OF ALLOCATED
12 FUNDS.—The apportionment of funds allocated to a
13 Service Unit, Indian Tribe, or Tribal Organization
14 under paragraph (1) among the health service re-
15 sponsibilities described in subsection (a)(5) shall be
16 determined by the Service in consultation with, and
17 with the active participation of, the affected Indian
18 Tribes and Tribal Organizations.
19 "(d) PROVISIONS RELATING TO HEALTH STATUS
20 AND RESOURCE DEFICIENCIES.—For the purposes of this
21 section, the following definitions apply:
22 "(1) DEFINITION.—The term 'health status
23 and resource deficiency' means the extent to
24 which—

1 ‘‘(A) the health status objectives set forth
2 in section 3(2) are not being achieved; and
3 ‘‘(B) the Indian Tribe or Tribal Organiza-
4 tion does not have available to it the health re-
5 sources it needs, taking into account the actual
6 cost of providing health care services given local
7 geographic, climatic, rural, or other cir-
8 cumstances.
9 ‘‘(2) AVAILABLE RESOURCES.—The health re-
10 sources available to an Indian Tribe or Tribal Orga-
11 nization include health resources provided by the
12 Service as well as health resources used by the In-
13 dian Tribe or Tribal Organization, including services
14 and financing systems provided by any Federal pro-
15 grams, private insurance, and programs of State or
16 local governments.
17 ‘‘(3) PROCESS FOR REVIEW OF DETERMINA-
18 TIONS.—The Secretary shall establish procedures
19 which allow any Indian Tribe or Tribal Organization
20 to petition the Secretary for a review of any deter-
21 mination of the extent of the health status and re-
22 source deficiency of such Indian Tribe or Tribal Or-
23 ganization.
24 ‘‘(e) ELIGIBILITY FOR FUNDS.—Tribal Health Pro-
25 grams shall be eligible for funds appropriated under the

1 authority of this section on an equal basis with programs
2 that are administered directly by the Service.

3 "(f) REPORT.—By no later than the date that is 3
4 years after the date of enactment of the Indian Health
5 Care Improvement Act Amendments of 2009, the Sec-
6 retary shall submit to Congress the current health status
7 and resource deficiency report of the Service for each
8 Service Unit, including newly recognized or acknowledged
9 Indian Tribes. Such report shall set out—

10 "(1) the methodology then in use by the Service
11 for determining Tribal health status and resource
12 deficiencies, as well as the most recent application of
13 that methodology;

14 "(2) the extent of the health status and re-
15 source deficiency of each Indian Tribe served by the
16 Service or a Tribal Health Program;

17 "(3) the amount of funds necessary to eliminate
18 the health status and resource deficiencies of all In-
19 dian Tribes served by the Service or a Tribal Health
20 Program; and

21 "(4) an estimate of—

22 "(A) the amount of health service funds
23 appropriated under the authority of this Act, or
24 any other Act, including the amount of any
25 funds transferred to the Service for the pre-

1 ceding fiscal year which is allocated to each
2 Service Unit, Indian Tribe, or Tribal Organiza-
3 tion;

4 "(B) the number of Indians eligible for
5 health services in each Service Unit or Indian
6 Tribe or Tribal Organization; and

7 "(C) the number of Indians using the
8 Service resources made available to each Service
9 Unit, Indian Tribe or Tribal Organization, and,
10 to the extent available, information on the wait-
11 ing lists and number of Indians turned away for
12 services due to lack of resources.

13 "(g) INCLUSION IN BASE BUDGET.—Funds appro-
14 priated under this section for any fiscal year shall be in-
15 cluded in the base budget of the Service for the purpose
16 of determining appropriations under this section in subse-
17 quent fiscal years.

18 "(h) CLARIFICATION.—Nothing in this section is in-
19 tended to diminish the primary responsibility of the Serv-
20 ice to eliminate existing backlogs in unmet health care
21 needs, nor are the provisions of this section intended to
22 discourage the Service from undertaking additional efforts
23 to achieve equity among Indian Tribes and Tribal Organi-
24 zations.

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

4 **“SEC. 202. HEALTH PROMOTION AND DISEASE PREVENTION**
5 **SERVICES.**

6 “(a) FINDINGS.—Congress finds that health pro-
7 motion and disease prevention activities—
8 “(1) improve the health and well-being of Indi-
9 ans; and
10 “(2) reduce the expenses for health care of In-
11 dians.
12 “(b) PROVISION OF SERVICES.—The Secretary, act-
13 ing through the Service, shall provide health promotion
14 and disease prevention services to Indians to achieve the
15 health status objectives set forth in section 3(2).
16 “(c) EVALUATION.—The Secretary, after obtaining
17 input from the affected Tribal Health Programs, shall
18 submit to the President for inclusion in the report which
19 is required to be submitted to Congress under section 801
20 an evaluation of—
21 “(1) the health promotion and disease preven-
22 tion needs of Indians;
23 “(2) the health promotion and disease preven-
24 tion activities which would best meet such needs;

1 “(3) the internal capacity of the Service and
2 Tribal Health Programs to meet such needs; and
3 “(4) the resources which would be required to
4 enable the Service and Tribal Health Programs to
5 undertake the health promotion and disease preven-
6 tion activities necessary to meet such needs.

7 **“SEC. 203. DIABETES PREVENTION, TREATMENT, AND CON-**
8 **TROL.**

9 “(a) DETERMINATIONS REGARDING DIABETES.—
10 The Secretary, acting through the Service, and in con-
11 sultation with Indian Tribes and Tribal Organizations,
12 shall determine—
13 “(1) by Indian Tribe and by Service Unit, the
14 incidence of, and the types of complications resulting
15 from, diabetes among Indians; and
16 “(2) based on the determinations made pursu-
17 ant to paragraph (1), the measures (including pa-
18 tient education and effective ongoing monitoring of
19 disease indicators) each Service Unit should take to
20 reduce the incidence of, and prevent, treat, and con-
21 trol the complications resulting from, diabetes
22 among Indian Tribes within that Service Unit.
23 “(b) DIABETES SCREENING.—To the extent medi-
24 cally indicated and with informed consent, the Secretary
25 shall screen each Indian who receives services from the

1 Service for diabetes and for conditions which indicate a
2 high risk that the individual will become diabetic and es-
3 tablish a cost-effective approach to ensure ongoing moni-
4 toring of disease indicators. Such screening and moni-
5 toring may be conducted by a Tribal Health Program and
6 may be conducted through appropriate Internet-based
7 health care management programs.

8 "(c) DIABETES PROJECTS.—The Secretary shall con-
9 tinue to maintain each model diabetes project in existence
10 on the date of enactment of the Indian Health Care Im-
11 provement Act Amendments of 2009.

12 "(d) DIALYSIS PROGRAMS.—The Secretary is author-
13 ized to provide, through the Service, Indian Tribes, and
14 Tribal Organizations, dialysis programs, including the
15 purchase of dialysis equipment and the provision of nec-
16 essary staffing.

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

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

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

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

1 dence of diabetes and the complications from
2 diabetes in that area; and
3 "(C) ensure that data collected in each
4 Area Office regarding diabetes and related com-
5 plications among Indians are disseminated to
6 all other Area Offices, subject to applicable pa-
7 tient privacy laws.
8 "(2) DIABETES CONTROL OFFICERS.—
9 "(A) IN GENERAL.—The Secretary may es-
10 tablish and maintain in each Area Office a posi-
11 tion of diabetes control officer to coordinate and
12 manage any activity of that Area Office relating
13 to the prevention, treatment, or control of dia-
14 betes to assist the Secretary in carrying out a
15 program under this section or section 330C of
16 the Public Health Service Act (42 U.S.C. 254c–
17 3).
18 "(B) CERTAIN ACTIVITIES.—Any activity
19 carried out by a diabetes control officer under
20 subparagraph (A) that is the subject of a con-
21 tract or compact under the Indian Self-Deter-
22 mination and Education Assistance Act (25
23 U.S.C. 450 et seq.), and any funds made avail-
24 able to carry out such an activity, shall not be
25 divisible for purposes of that Act.

1 **"SEC. 204. 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 (including health care services associated
9 with long-term care) provided in a facility to Indians. Such
10 agreements shall provide for the sharing of staff or other
11 services between the Service or a Tribal Health Program
12 and a long-term care or related facility owned and oper-
13 ated (directly or through a contract or compact under the
14 Indian Self-Determination and Education Assistance Act
15 (25 U.S.C. 450 et seq.)) by such Indian Tribe or Tribal
16 Organization.

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

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

25 ''(2) shall provide that expenses (including sala-
26 ries) relating to services that are shared between the

1 Service and the Tribal Health Program be allocated
2 proportionately between the Service and the Indian
3 Tribe or Tribal Organization; and
4 "(3) may authorize such Indian Tribe or Tribal
5 Organization to construct, renovate, or expand a
6 long-term care or other similar facility (including the
7 construction of a facility attached to a Service facil-
8 ity).
9 "(c) MINIMUM REQUIREMENT.—Any nursing facility
10 provided for under this section shall meet the require-
11 ments for nursing facilities under section 1919 of the So-
12 cial Security Act.
13 "(d) OTHER ASSISTANCE.—The Secretary shall pro-
14 vide such technical and other assistance as may be nec-
15 essary to enable applicants to comply with the provisions
16 of this section.
17 "(e) USE OF EXISTING OR UNDERUSED FACILI-
18 TIES.—The Secretary shall encourage the use of existing
19 facilities that are underused or allow the use of swing beds
20 for long-term or similar care.
21 **"SEC. 205. HEALTH SERVICES RESEARCH.**
22 "(a) IN GENERAL.—The Secretary, acting through
23 the Service, shall make funding available for research to
24 further the performance of the health service responsibil-
25 ities of Indian Health Programs.

1 “(b) COORDINATION OF RESOURCES AND ACTIVI-
2 TIES.—The Secretary shall also, to the maximum extent
3 practicable, coordinate departmental research resources
4 and activities to address relevant Indian Health Program
5 research needs.

6 “(c) AVAILABILITY.—Tribal Health Programs shall
7 be given an equal opportunity to compete for, and receive,
8 research funds under this section.

9 “(d) USE OF FUNDS.—This funding may be used for
10 both clinical and nonclinical research.

11 “(e) EVALUATION AND DISSEMINATION.—The Sec-
12 retary shall periodically—

13 “(1) evaluate the impact of research conducted
14 under this section; and

15 “(2) disseminate to Tribal Health Programs in-
16 formation regarding that research as the Secretary
17 determines to be appropriate.

18 **“SEC. 206. MAMMOGRAPHY AND OTHER CANCER SCREEN-**
19 **ING.**

20 “The Secretary, acting through the Service, shall pro-
21 vide for screening as follows:

22 “(1) Screening mammography (as defined in
23 section 1861(jj) of the Social Security Act) for In-
24 dian women at a frequency appropriate to such
25 women under accepted and appropriate national

1 standards, and under such terms and conditions as
2 are consistent with standards established by the Sec-
3 retary to ensure the safety and accuracy of screen-
4 ing mammography under part B of title XVIII of
5 such Act.

6 ''(2) Other cancer screening that receives an A
7 or B rating as recommended by the United States
8 Preventive Services Task Force established under
9 section 915(a)(1) of the Public Health Service Act
10 (42 U.S.C. 299b–4(a)(1)). The Secretary shall en-
11 sure that screening provided for under this para-
12 graph complies with the recommendations of the
13 Task Force with respect to—

14 ''(A) frequency;

15 ''(B) the population to be served;

16 ''(C) the procedure or technology to be
17 used;

18 ''(D) evidence of effectiveness; and

19 ''(E) other matters that the Secretary de-
20 termines appropriate.

21 **''SEC. 207. PATIENT TRAVEL COSTS.**

22 ''(a) DEFINITION OF QUALIFIED ESCORT.—In this
23 section, the term 'qualified escort' means—

24 ''(1) an adult escort (including a parent, guard-
25 ian, or other family member) who is required be-

1 cause of the physical or mental condition, or age, of
2 the applicable patient;
3 "(2) a health professional for the purpose of
4 providing necessary medical care during travel by
5 the applicable patient; or
6 "(3) other escorts, as the Secretary or applica-
7 ble Indian Health Program determines to be appro-
8 priate.
9 "(b) PROVISION OF FUNDS.—The Secretary, acting
10 through the Service, is authorized to provide funds for the
11 following patient travel costs, including qualified escorts,
12 associated with receiving health care services provided (ei-
13 ther through direct or contract care or through a contract
14 or compact under the Indian Self-Determination and Edu-
15 cation Assistance Act (25 U.S.C. 450 et seq.)) under this
16 Act—
17 "(1) emergency air transportation and non-
18 emergency air transportation where ground trans-
19 portation is infeasible;
20 "(2) transportation by private vehicle (where no
21 other means of transportation is available), specially
22 equipped vehicle, and ambulance; and
23 "(3) transportation by such other means as
24 may be available and required when air or motor ve-
25 hicle transportation is not available.

1 **"SEC. 208. EPIDEMIOLOGY CENTERS.**

2 "(a) ESTABLISHMENT OF CENTERS.—The Secretary
3 shall establish an epidemiology center in each Service Area
4 to carry out the functions described in subsection (b). Any
5 new center established after the date of enactment of the
6 Indian Health Care Improvement Act Amendments of
7 2008 may be operated under a grant authorized by sub-
8 section (d), but funding under such a grant shall not be
9 divisible.

10 "(b) FUNCTIONS OF CENTERS.—In consultation with
11 and upon the request of Indian Tribes, Tribal Organiza-
12 tions, and Urban Indian communities, each Service Area
13 epidemiology center established under this section shall,
14 with respect to such Service Area—

15 "(1) collect data relating to, and monitor
16 progress made toward meeting, each of the health
17 status objectives of the Service, the Indian Tribes,
18 Tribal Organizations, and Urban Indian commu-
19 nities in the Service Area;

20 "(2) evaluate existing delivery systems, data
21 systems, and other systems that impact the improve-
22 ment of Indian health;

23 "(3) assist Indian Tribes, Tribal Organizations,
24 and Urban Indian Organizations in identifying their
25 highest priority health status objectives and the

1 services needed to achieve such objectives, based on
2 epidemiological data;
3 ‘‘(4) make recommendations for the targeting
4 of services needed by the populations served;
5 ‘‘(5) make recommendations to improve health
6 care delivery systems for Indians and Urban Indi-
7 ans;
8 ‘‘(6) provide requested technical assistance to
9 Indian Tribes, Tribal Organizations, and Urban In-
10 dian Organizations in the development of local
11 health service priorities and incidence and prevalence
12 rates of disease and other illness in the community;
13 and
14 ‘‘(7) provide disease surveillance and assist In-
15 dian Tribes, Tribal Organizations, and Urban Indian
16 communities to promote public health.
17 ‘‘(c) TECHNICAL ASSISTANCE.—The Director of the
18 Centers for Disease Control and Prevention shall provide
19 technical assistance to the centers in carrying out the re-
20 quirements of this section.
21 ‘‘(d) GRANTS FOR STUDIES.—
22 ‘‘(1) IN GENERAL.—The Secretary may make
23 grants to Indian Tribes, Tribal Organizations, In-
24 dian organizations, and eligible intertribal consortia

1 to conduct epidemiological studies of Indian commu-
2 nities.

3 "(2) ELIGIBLE INTERTRIBAL CONSORTIA.—An
4 intertribal consortium or Indian organization is eligi-
5 ble to receive a grant under this subsection if—

6 "(A) the intertribal consortium is incor-
7 porated for the primary purpose of improving
8 Indian health; and

9 "(B) the intertribal consortium is rep-
10 resentative of the Indian Tribes or urban In-
11 dian communities in which the intertribal con-
12 sortium is located.

13 "(3) APPLICATIONS.—An application for a
14 grant under this subsection shall be submitted in
15 such manner and at such time as the Secretary shall
16 prescribe.

17 "(4) REQUIREMENTS.—An applicant for a
18 grant under this subsection shall—

19 "(A) demonstrate the technical, adminis-
20 trative, and financial expertise necessary to
21 carry out the functions described in paragraph
22 (5);

23 "(B) consult and cooperate with providers
24 of related health and social services in order to
25 avoid duplication of existing services; and

1 "(C) demonstrate cooperation from Indian
2 Tribes or Urban Indian Organizations in the
3 area to be served.

4 "(5) USE OF FUNDS.—A grant awarded under
5 paragraph (1) may be used—

6 "(A) to carry out the functions described
7 in subsection (b);

8 "(B) to provide information to and consult
9 with tribal leaders, urban Indian community
10 leaders, and related health staff on health care
11 and health service management issues; and

12 "(C) in collaboration with Indian Tribes,
13 Tribal Organizations, and urban Indian com-
14 munities, to provide the Service with informa-
15 tion regarding ways to improve the health sta-
16 tus of Indians.

17 "(e) ACCESS TO INFORMATION.—

18 "(1) An epidemiology center operated by a
19 grantee pursuant to a grant awarded under sub-
20 section (d) shall be treated as a public health au-
21 thority for purposes of the Health Insurance Port-
22 ability and Accountability Act of 1996, as such enti-
23 ties are defined in part 164.501 of title 45, Code of
24 Federal Regulations.

1 "(2) The Secretary shall grant to such epidemi-
2 ology center access to use of the data, data sets,
3 monitoring systems, delivery systems, and other pro-
4 tected health information in the possession of the
5 Secretary.

6 "(3) The activities of such an epidemiology cen-
7 ter shall be for the purposes of research and for pre-
8 venting and controlling disease, injury, or disability
9 for purposes of the Health Insurance Portability and
10 Accountability Act of 1996 (Public Law 104–191;
11 110 Stat. 2033), as such activities are described in
12 part 164.512 of title 45, Code of Federal Regula-
13 tions (or a successor regulation).

14 "(f) FUNDS NOT DIVISIBLE.—An epidemiology cen-
15 ter established under this section shall be subject to the
16 provisions of the Indian Self-Determination and Edu-
17 cation Assistance Act (25 U.S.C. 450 et seq.), but the
18 funds for such center shall not be divisible.

19 **"SEC. 209. COMPREHENSIVE SCHOOL HEALTH EDUCATION**
20 **PROGRAMS.**

21 "(a) FUNDING FOR DEVELOPMENT OF PROGRAMS.—
22 In addition to carrying out any other program for health
23 promotion or disease prevention, the Secretary, acting
24 through the Service, is authorized to award grants to In-
25 dian Tribes and Tribal Organizations to develop com-

1 prehensive school health education programs for children
2 from pre-school through grade 12 in schools for the benefit
3 of Indian children.

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

7 "(1) Developing health education materials both
8 for regular school programs and afterschool pro-
9 grams.

10 "(2) Training teachers in comprehensive school
11 health education materials.

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

15 "(4) Encouraging healthy, tobacco-free school
16 environments.

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

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

22 "(7) Developing behavioral health wellness pro-
23 grams.

24 "(8) Developing chronic disease prevention pro-
25 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 and Tribal Organizations
16 in the development of comprehensive health education
17 plans and the dissemination of comprehensive health edu-
18 cation materials and information on existing health pro-
19 grams and resources.
20 “(d) CRITERIA FOR REVIEW AND APPROVAL OF AP-
21 PLICATIONS.—The Secretary, acting through the Service,
22 and in consultation with Indian Tribes and Tribal Organi-
23 zations, shall establish criteria for the review and approval
24 of applications for grants awarded under this section.

1 "(e) DEVELOPMENT OF PROGRAM FOR BIA-FUNDED
2 SCHOOLS.—
3 "(1) IN GENERAL.—The Secretary of the Inte-
4 rior, acting through the Bureau of Indian Affairs
5 and in cooperation with the Secretary, acting
6 through the Service, shall develop a comprehensive
7 school health education program for children from
8 preschool through grade 12 in schools for which sup-
9 port is provided by the Bureau of Indian Affairs.
10 "(2) REQUIREMENTS FOR PROGRAMS.—Such
11 programs shall include—
12 "(A) school programs on nutrition edu-
13 cation, personal health, oral health, and fitness;
14 "(B) behavioral health wellness programs;
15 "(C) chronic disease prevention programs;
16 "(D) substance abuse prevention pro-
17 grams;
18 "(E) injury prevention and safety edu-
19 cation programs; and
20 "(F) activities for the prevention and con-
21 trol of communicable diseases.
22 "(3) DUTIES OF THE SECRETARY.—The Sec-
23 retary of the Interior shall—
24 "(A) provide training to teachers in com-
25 prehensive school health education materials;

1 ''(B) ensure the integration and coordina-
2 tion of school-based programs with existing
3 services and health programs available in the
4 community; and
5 ''(C) encourage healthy, tobacco-free school
6 environments.

7 **''SEC. 210. INDIAN YOUTH PROGRAM.**

8 ''(a) PROGRAM AUTHORIZED.—The Secretary, acting
9 through the Service, is authorized to establish and admin-
10 ister a program to provide grants to Indian Tribes, Tribal
11 Organizations, and urban Indian organizations for innova-
12 tive mental and physical disease prevention and health
13 promotion and treatment programs for Indian and urban
14 Indian preadolescent and adolescent youths.

15 ''(b) USE OF FUNDS.—
16 ''(1) ALLOWABLE USES.—Funds made available
17 under this section may be used to—
18 ''(A) develop prevention and treatment
19 programs for Indian youth which promote men-
20 tal and physical health and incorporate cultural
21 values, community and family involvement, and
22 traditional health care practitioners; and
23 ''(B) develop and provide community train-
24 ing and education.

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

4 "(c) DUTIES OF THE SECRETARY.—The Secretary
5 shall—

6 "(1) disseminate to Indian Tribes, Tribal Orga-
7 nizations, and urban Indian organizations informa-
8 tion regarding models for the delivery of comprehen-
9 sive health care services to Indian and urban Indian
10 adolescents;

11 "(2) encourage the implementation of such
12 models; and

13 "(3) at the request of an Indian Tribe, Tribal
14 Organization, or urban Indian organization, provide
15 technical assistance in the implementation of such
16 models.

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

22 **"SEC. 211. PREVENTION, CONTROL, AND ELIMINATION OF**
23 **COMMUNICABLE AND INFECTIOUS DISEASES.**

24 "(a) GRANTS AUTHORIZED.—The Secretary, acting
25 through the Service, and after consultation with the Cen-

1 ters for Disease Control and Prevention, may make grants
2 available to Indian Tribes, Tribal Organizations, and
3 urban Indian organizations for the following:

4 ''(1) Projects for the prevention, control, and
5 elimination of communicable and infectious diseases,
6 including tuberculosis, hepatitis, HIV, respiratory
7 syncytial virus, hanta virus, sexually transmitted dis-
8 eases, and H. Pylori.

9 ''(2) Public information and education pro-
10 grams for the prevention, control, and elimination of
11 communicable and infectious diseases.

12 ''(3) Education, training, and clinical skills im-
13 provement activities in the prevention, control, and
14 elimination of communicable and infectious diseases
15 for health professionals, including allied health pro-
16 fessionals.

17 ''(4) Demonstration projects for the screening,
18 treatment, and prevention of hepatitis C virus
19 (HCV).

20 ''(b) APPLICATION REQUIRED.—The Secretary may
21 provide funding under subsection (a) only if an application
22 or proposal for funding is submitted to the Secretary.

23 ''(c) COORDINATION WITH HEALTH AGENCIES.—In-
24 dian Tribes, Tribal Organizations, and urban Indian orga-
25 nizations receiving funding under this section are encour-

1 aged to coordinate their activities with the Centers for
2 Disease Control and Prevention and State and local health
3 agencies.

4 "(d) TECHNICAL ASSISTANCE; REPORT.—In carrying
5 out this section, the Secretary—

6 "(1) may, at the request of an Indian Tribe,
7 Tribal Organization, or urban Indian organization,
8 provide technical assistance; and

9 "(2) shall prepare and submit a report to Con-
10 gress biennially on the use of funds under this sec-
11 tion and on the progress made toward the preven-
12 tion, control, and elimination of communicable and
13 infectious diseases among Indians and Urban Indi-
14 ans.

15 **"SEC. 212. OTHER AUTHORITY FOR PROVISION OF SERV-**
16 **ICES.**

17 "(a) FUNDING AUTHORIZED.—The Secretary, acting
18 through the Service, Indian Tribes, and Tribal Organiza-
19 tions, may provide funding under this Act to meet the ob-
20 jectives set forth in section 3 of this Act through health
21 care-related services and programs not otherwise described
22 in this Act for the following services:

23 "(1) Hospice care.

24 "(2) Assisted living services.

25 "(3) Long-term care services.

1 "(4) Home- and community-based services.
2 "(b) ELIGIBILITY.—The following individuals shall be
3 eligible to receive long-term care under this section:
4 "(1) Individuals who are unable to perform a
5 certain number of activities of daily living without
6 assistance.
7 "(2) Individuals with a mental impairment,
8 such as dementia, Alzheimer's disease, or another
9 disabling mental illness, who may be able to perform
10 activities of daily living under supervision.
11 "(3) Such other individuals as an applicable In-
12 dian Health Program determines to be appropriate.
13 "(c) DEFINITIONS.—For the purposes of this section,
14 the following definitions shall apply:
15 "(1) The term 'assisted living services' means
16 any service provided by an assisted living facility (as
17 defined in section 232(b) of the National Housing
18 Act (12 U.S.C. 1715w(b))), except that such an as-
19 sisted living facility—
20 "(A) shall not be required to obtain a li-
21 cense; but
22 "(B) shall meet all applicable standards
23 for licensure.
24 "(2) The term 'home- and community-based
25 services' means 1 or more of the services specified

1 in paragraphs (1) through (9) of section 1929(a) of
2 the Social Security Act (42 U.S.C. 1396t(a))
3 (whether provided by the Service or by an Indian
4 Tribe or Tribal Organization pursuant to the Indian
5 Self-Determination and Education Assistance Act
6 (25 U.S.C. 450 et seq.)) that are or will be provided
7 in accordance with applicable standards.

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

15 ''(4) The term 'long-term care services' has the
16 meaning given the term 'qualified long-term care
17 services' in section 7702B(c) of the Internal Rev-
18 enue Code of 1986.

19 ''(d) AUTHORIZATION OF CONVENIENT CARE SERV-
20 ICES.—The Secretary, acting through the Service, Indian
21 Tribes, and Tribal Organizations, may also provide fund-
22 ing under this Act to meet the objectives set forth in sec-
23 tion 3 of this Act for convenient care services programs
24 pursuant to section 306(c)(2)(A).

1 **"SEC. 213. INDIAN WOMEN'S HEALTH CARE.**

2 "The Secretary, acting through the Service, shall
3 monitor and improve the quality of health care for Indian
4 women of all ages through the planning and delivery of
5 programs administered by the Service, in order to improve
6 and enhance the treatment models of care for Indian
7 women.

8 **"SEC. 214. ENVIRONMENTAL AND NUCLEAR HEALTH HAZ-**
9 **ARDS.**

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

22 "(1) an evaluation of the nature and extent of
23 health problems caused by environmental hazards
24 currently exhibited among Indians and the causes of
25 such health problems;

1 "(2) an analysis of the potential effect of ongo-
2 ing and future environmental resource development
3 on or near reservations and Indian communities, in-
4 cluding the cumulative effect over time on health;
5 "(3) an evaluation of the types and nature of
6 activities, practices, and conditions causing or affect-
7 ing such health problems, including uranium mining
8 and milling, uranium mine tailing deposits, nuclear
9 power plant operation and construction, and nuclear
10 waste disposal; oil and gas production or transpor-
11 tation on or near reservations or Indian commu-
12 nities; and other development that could affect the
13 health of Indians and their water supply and food
14 chain;
15 "(4) a summary of any findings and rec-
16 ommendations provided in Federal and State stud-
17 ies, reports, investigations, and inspections during
18 the 5 years prior to the date of enactment of the In-
19 dian Health Care Improvement Act Amendments of
20 2009 that directly or indirectly relate to the activi-
21 ties, practices, and conditions affecting the health or
22 safety of such Indians; and
23 "(5) the efforts that have been made by Federal
24 and State agencies and resource and economic devel-
25 opment companies to effectively carry out an edu-

1 cation program for such Indians regarding the
2 health and safety hazards of such development.
3 "(b) HEALTH CARE PLANS.—Upon completion of
4 such studies, the Secretary and the Service shall take into
5 account the results of such studies and develop health care
6 plans to address the health problems studied under sub-
7 section (a). The plans shall include—
8 "(1) methods for diagnosing and treating Indi-
9 ans currently exhibiting such health problems;
10 "(2) preventive care and testing for Indians
11 who may be exposed to such health hazards, includ-
12 ing the monitoring of the health of individuals who
13 have or may have been exposed to excessive amounts
14 of radiation or affected by other activities that have
15 had or could have a serious impact upon the health
16 of such individuals; and
17 "(3) a program of education for Indians who,
18 by reason of their work or geographic proximity to
19 such nuclear or other development activities, may ex-
20 perience health problems.
21 "(c) SUBMISSION OF REPORT AND PLAN TO CON-
22 GRESS.—The Secretary and the Service shall submit to
23 Congress the study prepared under subsection (a) no later
24 than 18 months after the date of enactment of the Indian
25 Health Care Improvement Act Amendments of 2009. The

1 health care plan prepared under subsection (b) shall be
2 submitted in a report no later than 1 year after the study
3 prepared under subsection (a) is submitted to Congress.
4 Such report shall include recommended activities for the
5 implementation of the plan, as well as an evaluation of
6 any activities previously undertaken by the Service to ad-
7 dress such health problems.

8 ''(d) INTERGOVERNMENTAL TASK FORCE.—

9 ''(1) ESTABLISHMENT; MEMBERS.—There is es-
10 tablished an Intergovernmental Task Force to be
11 composed of the following individuals (or their des-
12 ignees):

13 ''(A) The Secretary of Energy.

14 ''(B) The Secretary of the Environmental
15 Protection Agency.

16 ''(C) The Director of the Bureau of Mines.

17 ''(D) The Assistant Secretary for Occupa-
18 tional Safety and Health.

19 ''(E) The Secretary of the Interior.

20 ''(F) The Secretary of Health and Human
21 Services.

22 ''(G) The Director of the Indian Health
23 Service.

24 ''(2) DUTIES.—The Task Force shall—

1 “(A) identify existing and potential oper-
2 ations related to nuclear resource development
3 or other environmental hazards that affect or
4 may affect the health of Indians on or near a
5 reservation or in an Indian community; and
6 “(B) enter into activities to correct exist-
7 ing health hazards and ensure that current and
8 future health problems resulting from nuclear
9 resource or other development activities are
10 minimized or reduced.
11 “(3) CHAIRMAN; MEETINGS.—The Secretary of
12 Health and Human Services shall be the Chairman
13 of the Task Force. The Task Force shall meet at
14 least twice each year.
15 “(e) HEALTH SERVICES TO CERTAIN EMPLOYEES.—
16 In the case of any Indian who—
17 “(1) as a result of employment in or near a
18 uranium mine or mill or near any other environ-
19 mental hazard, suffers from a work-related illness or
20 condition;
21 “(2) is eligible to receive diagnosis and treat-
22 ment services from an Indian Health Program; and
23 “(3) by reason of such Indian’s employment, is
24 entitled to medical care at the expense of such mine
25 or mill operator or entity responsible for the environ-

1 mental hazard, the Indian Health Program shall, at
2 the request of such Indian, render appropriate med-
3 ical care to such Indian for such illness or condition
4 and may be reimbursed for any medical care so ren-
5 dered to which such Indian is entitled at the expense
6 of such operator or entity from such operator or en-
7 tity. Nothing in this subsection shall affect the
8 rights of such Indian to recover damages other than
9 such amounts paid to the Indian Health Program
10 from the employer for providing medical care for
11 such illness or condition.

12 **"SEC. 215. ARIZONA AS A CONTRACT HEALTH SERVICE DE-**
13 **LIVERY AREA.**

14 "(a) IN GENERAL.—For fiscal years beginning with
15 the fiscal year ending September 30, 1983, and ending
16 with the fiscal year ending September 30, 2025, the State
17 of Arizona shall be designated as a contract health service
18 delivery area by the Service for the purpose of providing
19 contract health care services to members of federally rec-
20 ognized Indian Tribes of Arizona.

21 "(b) MAINTENANCE OF SERVICES.—The Service
22 shall not curtail any health care services provided to Indi-
23 ans residing on reservations in the State of Arizona if such
24 curtailment is due to the provision of contract services in
25 such State pursuant to the designation of such State as

a contract health service delivery area pursuant to subsection (a).

"SEC. 216. NORTH DAKOTA AND SOUTH DAKOTA AS CONTRACT HEALTH SERVICE DELIVERY AREA.

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

"(b) LIMITATION.—The Service shall not curtail any health care services provided to Indians residing on any reservation, or in any county that has a common boundary with any reservation, in the State of North Dakota or South Dakota if such curtailment is due to the provision of contract services in such States pursuant to the designation of such States as a contract health service delivery area pursuant to subsection (a).

"SEC. 217. CALIFORNIA CONTRACT HEALTH SERVICES PROGRAM.

"(a) FUNDING AUTHORIZED.—The Secretary is authorized to fund a program using the California Rural Indian Health Board (hereafter in this section referred to as the 'CRIHB') as a contract care intermediary to im-

1 prove the accessibility of health services to California Indi-
2 ans.

3 "(b) REIMBURSEMENT CONTRACT.—The Secretary
4 shall enter into an agreement with the CRIHB to reim-
5 burse the CRIHB for costs (including reasonable adminis-
6 trative costs) incurred pursuant to this section, in pro-
7 viding medical treatment under contract to California In-
8 dians described in section 805(a) throughout the Cali-
9 fornia contract health services delivery area described in
10 section 219 with respect to high cost contract care cases.

11 "(c) ADMINISTRATIVE EXPENSES.—Not more than 5
12 percent of the amounts provided to the CRIHB under this
13 section for any fiscal year may be for reimbursement for
14 administrative expenses incurred by the CRIHB during
15 such fiscal year.

16 "(d) LIMITATION ON PAYMENT.—No payment may
17 be made for treatment provided hereunder to the extent
18 payment may be made for such treatment under the In-
19 dian Catastrophic Health Emergency Fund described in
20 section 202 or from amounts appropriated or otherwise
21 made available to the California contract health service de-
22 livery area for a fiscal year.

23 "(e) ADVISORY BOARD.—There is established an ad-
24 visory board which shall advise the CRIHB in carrying
25 out this section. The advisory board shall be composed of

representatives, selected by the CRIHB, from not less than 8 Tribal Health Programs serving California Indians covered under this section at least ½ of whom of whom are not affiliated with the CRIHB.

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

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

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

"(a) AUTHORIZATION FOR SERVICES.—The Secretary, acting through the Service, is directed to provide contract health services to members of the Turtle Mountain Band of Chippewa Indians that reside in the Trenton Service Area of Divide, McKenzie, and Williams counties

1 in the State of North Dakota and the adjoining counties
2 of Richland, Roosevelt, and Sheridan in the State of Mon-
3 tana.

4 ''(b) NO EXPANSION OF ELIGIBILITY.—Nothing in
5 this section may be construed as expanding the eligibility
6 of members of the Turtle Mountain Band of Chippewa In-
7 dians for health services provided by the Service beyond
8 the scope of eligibility for such health services that applied
9 on May 1, 1986.

10 **''SEC. 220. PROGRAMS OPERATED BY INDIAN TRIBES AND**
11 **TRIBAL ORGANIZATIONS.**

12 ''The Service shall provide funds for health care pro-
13 grams, functions, services, activities, information tech-
14 nology, and facilities operated by Tribal Health Programs
15 on the same basis as such funds are provided to programs,
16 functions, services, activities, information technology, and
17 facilities operated directly by the Service.

18 **''SEC. 221. LICENSING.**

19 ''Licensed health care professionals employed by a
20 Tribal Health Program shall, if licensed in any State, be
21 exempt from the licensing requirements of the State in
22 which the Tribal Health Program performs the services
23 described in its contract or compact under the Indian Self-
24 Determination and Education Assistance Act (25 U.S.C.
25 450 et seq.) while performing such services.

1 **“SEC. 222. NOTIFICATION OF PROVISION OF EMERGENCY**
2 **CONTRACT HEALTH SERVICES.**

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

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

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

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

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

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

24 “(a) NO PATIENT LIABILITY.—A patient who re-
25 ceives contract health care services that are authorized by
26 the Service shall not be liable for the payment of any

1 charges or costs associated with the provision of such serv-
2 ices.

3 ‘‘(b) NOTIFICATION.—The Secretary shall notify a
4 contract care provider and any patient who receives con-
5 tract health care services authorized by the Service that
6 such patient is not liable for the payment of any charges
7 or costs associated with the provision of such services not
8 later than 5 business days after receipt of a notification
9 of a claim by a provider of contract care services.

10 ‘‘(c) NO RECOURSE.—Following receipt of the notice
11 provided under subsection (b), or, if a claim has been
12 deemed accepted under section 224(b), the provider shall
13 have no further recourse against the patient who received
14 the services.

15 **‘‘SEC. 225. OFFICE OF INDIAN MEN'S HEALTH.**

16 ‘‘(a) ESTABLISHMENT.—The Secretary may establish
17 within the Service an office to be known as the ‘Office
18 of Indian Men's Health' (referred to in this section as the
19 ‘Office').

20 ‘‘(b) DIRECTOR.—

21 ‘‘(1) IN GENERAL.—The Office shall be headed
22 by a director, to be appointed by the Secretary.

23 ‘‘(2) DUTIES.—The director shall coordinate
24 and promote the status of the health of Indian men
25 in the United States.

1 ''(c) REPORT.—Not later than 2 years after the date
2 of enactment of the Indian Health Care Improvement Act
3 Amendments of 2009, the Secretary, acting through the
4 director of the Office, shall submit to Congress a report
5 describing—
6 ''(1) any activity carried out by the director as
7 of the date on which the report is prepared; and
8 ''(2) any finding of the director with respect to
9 the health of Indian men.

10 **''SEC. 226. AUTHORIZATION OF APPROPRIATIONS.**

11 ''There are authorized to be appropriated such sums
12 as may be necessary for each fiscal year through fiscal
13 year 2025 to carry out this title.

14 # ''TITLE III—FACILITIES

15 **''SEC. 301. CONSULTATION; CONSTRUCTION AND RENOVA-**
16 **TION OF FACILITIES; REPORTS.**

17 ''(a) PREREQUISITES FOR EXPENDITURE OF
18 FUNDS.—Prior to the expenditure of, or the making of
19 any binding commitment to expend, any funds appro-
20 priated for the planning, design, construction, or renova-
21 tion of facilities pursuant to the Act of November 2, 1921
22 (25 U.S.C. 13) (commonly known as the 'Snyder Act'),
23 the Secretary, acting through the Service, shall—
24 ''(1) consult with any Indian Tribe that would
25 be significantly affected by such expenditure for the

1 purpose of determining and, whenever practicable,
2 honoring tribal preferences concerning size, location,
3 type, and other characteristics of any facility on
4 which such expenditure is to be made; and

5 "(2) ensure, whenever practicable and applica-
6 ble, that such facility meets the construction stand-
7 ards of any accrediting body recognized by the Sec-
8 retary for the purposes of the Medicare, Medicaid,
9 and SCHIP programs under titles XVIII, XIX, and
10 XXI of the Social Security Act by not later than 1
11 year after the date on which the construction or ren-
12 ovation of such facility is completed.

13 "(b) CLOSURES.—

14 "(1) EVALUATION REQUIRED.—Notwith-
15 standing any other provision of law, no facility oper-
16 ated by the Service may be closed if the Secretary
17 has not submitted to Congress, not less than 1 year
18 and not more than 2 years before the date of the
19 proposed closure, an evaluation, completed not more
20 than 2 years before such submission, of the impact
21 of the proposed closure that specifies, in addition to
22 other considerations—

23 "(A) the accessibility of alternative health
24 care resources for the population served by such
25 facility;

1 “(B) the cost-effectiveness of such closure;
2 “(C) the quality of health care to be pro-
3 vided to the population served by such facility
4 after such closure;
5 “(D) the availability of contract health
6 care funds to maintain existing levels of service;
7 “(E) the views of the Indian Tribes served
8 by such facility concerning such closure;
9 “(F) the level of use of such facility by all
10 eligible Indians; and
11 “(G) the distance between such facility and
12 the nearest operating Service hospital.
13 “(2) EXCEPTION FOR CERTAIN TEMPORARY
14 CLOSURES.—Paragraph (1) shall not apply to any
15 temporary closure of a facility or any portion of a
16 facility if such closure is necessary for medical, envi-
17 ronmental, or construction safety reasons.
18 “(c) HEALTH CARE FACILITY PRIORITY SYSTEM.—
19 “(1) IN GENERAL.—
20 “(A) PRIORITY SYSTEM.—The Secretary,
21 acting through the Service, shall maintain a
22 health care facility priority system, which—
23 “(i) shall be developed in consultation
24 with Indian Tribes and Tribal Organiza-
25 tions;

1 "(ii) shall give Indian Tribes' needs
2 the highest priority;
3 "(iii)(I) may include the lists required
4 in paragraph (2)(B)(ii); and
5 "(II) shall include the methodology re-
6 quired in paragraph (2)(B)(v); and
7 "(III) may include such other facili-
8 ties, and such renovation or expansion
9 needs of any health care facility, as the
10 Service, Indian Tribes, and Tribal Organi-
11 zations may identify; and
12 "(iv) shall provide an opportunity for
13 the nomination of planning, design, and
14 construction projects by the Service, In-
15 dian Tribes, and Tribal Organizations for
16 consideration under the priority system at
17 least once every 3 years, or more fre-
18 quently as the Secretary determines to be
19 appropriate.
20 "(B) NEEDS OF FACILITIES UNDER
21 ISDEAA AGREEMENTS.—The Secretary shall en-
22 sure that the planning, design, construction,
23 renovation, and expansion needs of Service and
24 non-Service facilities operated under contracts
25 or compacts in accordance with the Indian Self-

1 Determination and Education Assistance Act
2 (25 U.S.C. 450 et seq.) are fully and equitably
3 integrated into the health care facility priority
4 system.

5 "(C) CRITERIA FOR EVALUATING
6 NEEDS.—For purposes of this subsection, the
7 Secretary, in evaluating the needs of facilities
8 operated under a contract or compact under the
9 Indian Self-Determination and Education As-
10 sistance Act (25 U.S.C. 450 et seq.), shall use
11 the criteria used by the Secretary in evaluating
12 the needs of facilities operated directly by the
13 Service.

14 "(D) PRIORITY OF CERTAIN PROJECTS
15 PROTECTED.—The priority of any project estab-
16 lished under the construction priority system in
17 effect on the date of enactment of the Indian
18 Health Care Improvement Act Amendments of
19 2009 shall not be affected by any change in the
20 construction priority system taking place after
21 that date if the project—

22 "(i) was identified in the fiscal year
23 2008 Service budget justification as—

24 "(I) 1 of the 10 top-priority inpa-
25 tient projects;

1 "(II) 1 of the 10 top-priority out-
2 patient projects;
3 "(III) 1 of the 10 top-priority
4 staff quarters developments; or
5 "(IV) 1 of the 10 top-priority
6 Youth Regional Treatment Centers;
7 "(ii) had completed both Phase I and
8 Phase II of the construction priority sys-
9 tem in effect on the date of enactment of
10 such Act; or
11 "(iii) is not included in clause (i) or
12 (ii) and is selected, as determined by the
13 Secretary—
14 "(I) on the initiative of the Sec-
15 retary; or
16 "(II) pursuant to a request of an
17 Indian Tribe or Tribal Organization.
18 "(2) REPORT; CONTENTS.—
19 "(A) INITIAL COMPREHENSIVE REPORT.—
20 "(i) DEFINITIONS.—In this subpara-
21 graph:
22 "(I) FACILITIES APPROPRIATION
23 ADVISORY BOARD.—The term 'Facili-
24 ties Appropriation Advisory Board'
25 means the advisory board, comprised

1 of 12 members representing Indian
2 tribes and 2 members representing
3 the Service, established at the discre-
4 tion of the Assistant Secretary—
5 “(aa) to provide advice and
6 recommendations for policies and
7 procedures of the programs fund-
8 ed pursuant to facilities appro-
9 priations; and
10 “(bb) to address other facili-
11 ties issues.
12 “(II) FACILITIES NEEDS ASSESS-
13 MENT WORKGROUP.—The term ‘Fa-
14 cilities Needs Assessment Workgroup’
15 means the workgroup established at
16 the discretion of the Assistant Sec-
17 retary—
18 “(aa) to review the health
19 care facilities construction pri-
20 ority system; and
21 “(bb) to make recommenda-
22 tions to the Facilities Appropria-
23 tion Advisory Board for revising
24 the priority system.
25 “(ii) INITIAL REPORT.—

1 "(I) IN GENERAL.—Not later
2 than 1 year after the date of enact-
3 ment of the Indian Health Care Im-
4 provement Act Amendments of 2009,
5 the Secretary shall submit to the
6 Committee on Indian Affairs of the
7 Senate and the Committee on Natural
8 Resources of the House of Represent-
9 atives a report that describes the com-
10 prehensive, national, ranked list of all
11 health care facilities needs for the
12 Service, Indian Tribes, and Tribal Or-
13 ganizations (including inpatient health
14 care facilities, outpatient health care
15 facilities, specialized health care facili-
16 ties (such as for long-term care and
17 alcohol and drug abuse treatment),
18 wellness centers, staff quarters and
19 hostels associated with health care fa-
20 cilities, and the renovation and expan-
21 sion needs, if any, of such facilities)
22 developed by the Service, Indian
23 Tribes, and Tribal Organizations for
24 the Facilities Needs Assessment

1 Workgroup and the Facilities Appro-
2 priation Advisory Board.
3 "(II) INCLUSIONS.—The initial
4 report shall include—
5 "(aa) the methodology and
6 criteria used by the Service in de-
7 termining the needs and estab-
8 lishing the ranking of the facili-
9 ties needs; and
10 "(bb) such other information
11 as the Secretary determines to be
12 appropriate.
13 "(iii) UPDATES OF REPORT.—Begin-
14 ning in calendar year 2011, the Secretary
15 shall—
16 "(I) update the report under
17 clause (ii) not less frequently that
18 once every 5 years; and
19 "(II) include the updated report
20 in the appropriate annual report
21 under subparagraph (B) for submis-
22 sion to Congress under section 801.
23 "(B) ANNUAL REPORTS.—The Secretary
24 shall submit to the President, for inclusion in
25 the report required to be transmitted to Con-

1 gress under section 801, a report which sets
2 forth the following:
3 "(i) A description of the health care
4 facility priority system of the Service es-
5 tablished under paragraph (1).
6 "(ii) Health care facilities lists, which
7 may include—
8 "(I) the 10 top-priority inpatient
9 health care facilities;
10 "(II) the 10 top-priority out-
11 patient health care facilities;
12 "(III) the 10 top-priority special-
13 ized health care facilities (such as
14 long-term care and alcohol and drug
15 abuse treatment);
16 "(IV) the 10 top-priority staff
17 quarters developments associated with
18 health care facilities; and
19 "(V) the 10 top-priority hostels
20 associated with health care facilities.
21 "(iii) The justification for such order
22 of priority.
23 "(iv) The projected cost of such
24 projects.

1 "(v) The methodology adopted by the
2 Service in establishing priorities under its
3 health care facility priority system.
4 "(3) REQUIREMENTS FOR PREPARATION OF RE-
5 PORTS.—In preparing the report required under
6 paragraph (2), the Secretary shall—
7 "(A) consult with and obtain information
8 on all health care facilities needs from Indian
9 Tribes, Tribal Organizations, and urban Indian
10 organizations; and
11 "(B) review the total unmet needs of all
12 Indian Tribes, Tribal Organizations, and urban
13 Indian organizations for health care facilities
14 (including hostels and staff quarters), including
15 needs for renovation and expansion of existing
16 facilities.
17 "(d) REVIEW OF METHODOLOGY USED FOR HEALTH
18 FACILITIES CONSTRUCTION PRIORITY SYSTEM.—
19 "(1) IN GENERAL.—Not later than 1 year after
20 the establishment of the priority system under sub-
21 section (c)(1)(A), the Comptroller General of the
22 United States shall prepare and finalize a report re-
23 viewing the methodologies applied, and the processes
24 followed, by the Service in making each assessment
25 of needs for the list under subsection (c)(2)(A)(ii)

1 and developing the priority system under subsection
2 (c)(1), including a review of—
3 ‘‘(A) the recommendations of the Facilities
4 Appropriation Advisory Board and the Facili-
5 ties Needs Assessment Workgroup (as those
6 terms are defined in subsection (c)(2)(A)(i));
7 and
8 ‘‘(B) the relevant criteria used in ranking
9 or prioritizing facilities other than hospitals or
10 clinics.
11 ‘‘(2) SUBMISSION TO CONGRESS.—The Comp-
12 troller General of the United States shall submit the
13 report under paragraph (1) to—
14 ‘‘(A) the Committees on Indian Affairs and
15 Appropriations of the Senate;
16 ‘‘(B) the Committees on Natural Re-
17 sources and Appropriations of the House of
18 Representatives; and
19 ‘‘(C) the Secretary.
20 ‘‘(e) FUNDING CONDITION.—All funds appropriated
21 under the Act of November 2, 1921 (25 U.S.C. 13) (com-
22 monly known as the ‘Snyder Act’), for the planning, de-
23 sign, construction, or renovation of health facilities for the
24 benefit of 1 or more Indian Tribes shall be subject to the

provisions of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.).

"(f) DEVELOPMENT OF INNOVATIVE APPROACHES.—The Secretary shall consult and cooperate with Indian Tribes, Tribal Organizations, and urban Indian organizations in developing innovative approaches to address all or part of the total unmet need for construction of health facilities, including those provided for in other sections of this title and other approaches.

"SEC. 302. SANITATION FACILITIES.

"(a) FINDINGS.—Congress finds the following:

"(1) The provision of sanitation facilities is primarily a health consideration and function.

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

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

"(4) Many Indian homes and Indian communities still lack sanitation facilities.

1 "(5) It is in the interest of the United States,
2 and it is the policy of the United States, that all In-
3 dian communities and Indian homes, new and exist-
4 ing, be provided with sanitation facilities.
5 "(b) FACILITIES AND SERVICES.—In furtherance of
6 the findings made in subsection (a), Congress reaffirms
7 the primary responsibility and authority of the Service to
8 provide the necessary sanitation facilities and services as
9 provided in section 7 of the Act of August 5, 1954 (42
10 U.S.C. 2004a). Under such authority, the Secretary, act-
11 ing through the Service, is authorized to provide the fol-
12 lowing:
13 "(1) Financial and technical assistance to In-
14 dian Tribes, Tribal Organizations, and Indian com-
15 munities in the establishment, training, and equip-
16 ping of utility organizations to operate and maintain
17 sanitation facilities, including the provision of exist-
18 ing plans, standard details, and specifications avail-
19 able in the Department, to be used at the option of
20 the Indian Tribe, Tribal Organization, or Indian
21 community.
22 "(2) Ongoing technical assistance and training
23 to Indian Tribes, Tribal Organizations, and Indian
24 communities in the management of utility organiza-

1 tions which operate and maintain sanitation facili-
2 ties.

3 “(3) Priority funding for operation and mainte-
4 nance assistance for, and emergency repairs to, sani-
5 tation facilities operated by an Indian Tribe, Tribal
6 Organization or Indian community when necessary
7 to avoid an imminent health threat or to protect the
8 investment in sanitation facilities and the investment
9 in the health benefits gained through the provision
10 of sanitation facilities.

11 “(c) FUNDING.—Notwithstanding any other provi-
12 sion of law—

13 “(1) the Secretary of Housing and Urban De-
14 velopment is authorized to transfer funds appro-
15 priated under the Native American Housing Assist-
16 ance and Self-Determination Act of 1996 (25 U.S.C.
17 4101 et seq.) to the Secretary of Health and Human
18 Services;

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

24 “(3) unless specifically authorized when funds
25 are appropriated, the Secretary shall not use funds

1 appropriated under section 7 of the Act of August
2 5, 1954 (42 U.S.C. 2004a), to provide sanitation fa-
3 cilities to new homes constructed using funds pro-
4 vided by the Department of Housing and Urban De-
5 velopment;

6 ‘‘(4) the Secretary of Health and Human Serv-
7 ices is authorized to accept from any source, includ-
8 ing Federal and State agencies, funds for the pur-
9 pose of providing sanitation facilities and services
10 and place these funds into contracts or compacts
11 under the Indian Self-Determination and Education
12 Assistance Act (25 U.S.C. 450 et seq.);

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

21 ‘‘(6) except as otherwise prohibited by this sec-
22 tion, the Secretary may use funds appropriated
23 under the authority of section 7 of the Act of Au-
24 gust 5, 1954 (42 U.S.C. 2004a), to meet matching
25 or cost participation requirements under other Fed-

1 eral and non-Federal programs for new projects to
2 construct eligible sanitation facilities;
3 "(7) all Federal agencies are authorized to
4 transfer to the Secretary funds identified, granted,
5 loaned, or appropriated whereby the Department's
6 applicable policies, rules, and regulations shall apply
7 in the implementation of such projects;
8 "(8) the Secretary of Health and Human Serv-
9 ices shall enter into interagency agreements with
10 Federal and State agencies for the purpose of pro-
11 viding financial assistance for sanitation facilities
12 and services under this Act;
13 "(9) the Secretary of Health and Human Serv-
14 ices shall, by regulation, establish standards applica-
15 ble to the planning, design, and construction of sani-
16 tation facilities funded under this Act; and
17 "(10) the Secretary of Health and Human
18 Services is authorized to accept payments for goods
19 and services furnished by the Service from appro-
20 priate public authorities, nonprofit organizations or
21 agencies, or Indian Tribes, as contributions by that
22 authority, organization, agency, or tribe to agree-
23 ments made under section 7 of the Act of August 5,
24 1954 (42 U.S.C. 2004a), and such payments shall
25 be credited to the same or subsequent appropriation

1 account as funds appropriated under the authority
2 of section 7 of the Act of August 5, 1954 (42 U.S.C.
3 2004a).

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

10 "(e) FINANCIAL ASSISTANCE.—The Secretary is au-
11 thorized to provide financial assistance to Indian Tribes,
12 Tribal Organizations, and Indian communities in an
13 amount equal to the Federal share of the costs of oper-
14 ating, managing, and maintaining the facilities provided
15 under the plan described in subsection (h)(1)(F).

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

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

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

10 "(1) any funds appropriated pursuant to this
11 section; and

12 "(2) any funds appropriated for the purpose of
13 providing sanitation facilities.

14 "(h) REPORT.—

15 "(1) REQUIRED; CONTENTS.—The Secretary, in
16 consultation with the Secretary of Housing and
17 Urban Development, Indian Tribes, Tribal Organiza-
18 tions, and tribally designated housing entities (as de-
19 fined in section 4 of the Native American Housing
20 Assistance and Self-Determination Act of 1996 (25
21 U.S.C. 4103)) shall submit to the President, for in-
22 clusion in the report required to be transmitted to
23 Congress under section 801, a report which sets
24 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 criteria on which the deficiencies
6 and needs will be evaluated;
7 "(D) the level of initial and final sanitation
8 deficiency for each type of sanitation facility for
9 each project of each Indian Tribe or Indian
10 community;
11 "(E) the amount and most effective use of
12 funds, derived from whatever source, necessary
13 to accommodate the sanitation facilities needs
14 of new homes assisted with funds under the
15 Native American Housing Assistance and Self-
16 Determination Act (25 U.S.C. 4101 et seq.),
17 and to reduce the identified sanitation defi-
18 ciency levels of all Indian Tribes and Indian
19 communities to level I sanitation deficiency as
20 defined in paragraph (3)(A); and
21 "(F) a 10-year plan to provide sanitation
22 facilities to serve existing Indian homes and In-
23 dian communities and new and renovated In-
24 dian homes.

1 "(2) 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 "(3) 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 1 or more of
16 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 approved or permitted solid waste facility available.

4 "(D) A level IV deficiency exists—

5 "(i) if a sanitation facility for an individual home, an Indian Tribe, or an Indian community exists but—

8 "(I) lacks—

9 "(aa) a safe water supply system; or

11 "(bb) a waste disposal system;

13 "(II) contains no piped water or sewer facilities; or

15 "(III) has become inoperable due to a major component failure; or

17 "(ii) if only a washeteria or central facility exists in the community.

19 "(E) A level V deficiency exists in the absence of a sanitation facility, where individual homes do not have access to safe drinking water or adequate wastewater (including sewage) disposal.

24 "(i) DEFINITIONS.—For purposes of this section, the following terms apply:

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

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

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

13 “(a) BUY INDIAN ACT.—The Secretary, acting
14 through the Service, may use the negotiating authority of
15 section 23 of the Act of June 25, 1910 (25 U.S.C. 47,
16 commonly known as the ‘Buy Indian Act’), to give pref-
17 erence to any Indian or any enterprise, partnership, cor-
18 poration, or other type of business organization owned and
19 controlled by an Indian or Indians including former or
20 currently federally recognized Indian Tribes in the State
21 of New York (hereinafter referred to as an ‘Indian firm’)
22 in the construction and renovation of Service facilities pur-
23 suant to section 301 and in the construction of sanitation
24 facilities pursuant to section 302. Such preference may be
25 accorded by the Secretary unless the Secretary finds, pur-

1 suant to regulations, that the project or function to be
2 contracted for will not be satisfactory or such project or
3 function cannot be properly completed or maintained
4 under the proposed contract. The Secretary, in arriving
5 at such a finding, shall consider whether the Indian or
6 Indian firm will be deficient with respect to—

7 "(1) ownership and control by Indians;

8 "(2) equipment;

9 "(3) bookkeeping and accounting procedures;

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

12 "(5) adequately trained personnel; or

13 "(6) other necessary components of contract
14 performance.

15 "(b) PAY RATES.—For the purposes of implementing
16 the provisions of this title, the Secretary shall assure that
17 the rates of pay for personnel engaged in the construction
18 or renovation of facilities constructed or renovated in
19 whole or in part by funds made available pursuant to this
20 title are not less than the prevailing local wage rates for
21 similar work as determined in accordance with the Act of
22 March 3, 1931 (40 U.S.C. 276a–276a-5, known as the
23 Davis-Bacon Act).

24 "(c) LABOR STANDARDS.—For the purposes of im-
25 plementing the provisions of this title, contracts for the

1 construction or renovation of health care facilities, staff
2 quarters, and sanitation facilities, and related support in-
3 frastructure, funded in whole or in part with funds made
4 available pursuant to this title, shall contain a provision
5 requiring compliance with subchapter IV of chapter 31 of
6 title 40, United States Code (commonly known as the
7 'Davis-Bacon Act').

8 **"SEC. 304. EXPENDITURE OF NON-SERVICE FUNDS FOR**
9 **RENOVATION.**

10 "(a) IN GENERAL.—Notwithstanding any other pro-
11 vision of law, if the requirements of subsection (c) are met,
12 the Secretary, acting through the Service, is authorized
13 to accept any major expansion, renovation, or moderniza-
14 tion by any Indian Tribe or Tribal Organization of any
15 Service facility or of any other Indian health facility oper-
16 ated pursuant to a contract or compact under the Indian
17 Self-Determination and Education Assistance Act (25
18 U.S.C. 450 et seq.), including—
19 "(1) any plans or designs for such expansion,
20 renovation, or modernization; and
21 "(2) any expansion, renovation, or moderniza-
22 tion for which funds appropriated under any Federal
23 law were lawfully expended.
24 "(b) PRIORITY LIST.—

1 "(1) IN GENERAL.—The Secretary shall main-
2 tain a separate priority list to address the needs for
3 increased operating expenses, personnel, or equip-
4 ment for such facilities. The methodology for estab-
5 lishing priorities shall be developed through regula-
6 tions. The list of priority facilities will be revised an-
7 nually in consultation with Indian Tribes and Tribal
8 Organizations.
9 "(2) REPORT.—The Secretary shall submit to
10 the President, for inclusion in the report required to
11 be transmitted to Congress under section 801, the
12 priority list maintained pursuant to paragraph (1).
13 "(c) REQUIREMENTS.—The requirements of this sub-
14 section are met with respect to any expansion, renovation,
15 or modernization if—
16 "(1) the Indian Tribe or Tribal Organization—
17 "(A) provides notice to the Secretary of its
18 intent to expand, renovate, or modernize; and
19 "(B) applies to the Secretary to be placed
20 on a separate priority list to address the needs
21 of such new facilities for increased operating ex-
22 penses, personnel, or equipment; and
23 "(2) the expansion, renovation, or moderniza-
24 tion—

1 "(A) is approved by the appropriate area
2 director of the Service for Federal facilities; and
3 "(B) is administered by the Indian Tribe
4 or Tribal Organization in accordance with any
5 applicable regulations prescribed by the Sec-
6 retary with respect to construction or renova-
7 tion of Service facilities.
8 "(d) ADDITIONAL REQUIREMENT FOR EXPANSION.—
9 In addition to the requirements under subsection (c), for
10 any expansion, the Indian Tribe or Tribal Organization
11 shall provide to the Secretary additional information pur-
12 suant to regulations, including additional staffing, equip-
13 ment, and other costs associated with the expansion.
14 "(e) CLOSURE OR CONVERSION OF FACILITIES.—If
15 any Service facility which has been expanded, renovated,
16 or modernized by an Indian Tribe or Tribal Organization
17 under this section ceases to be used as a Service facility
18 during the 20-year period beginning on the date such ex-
19 pansion, renovation, or modernization is completed, such
20 Indian Tribe or Tribal Organization shall be entitled to
21 recover from the United States an amount which bears
22 the same ratio to the value of such facility at the time
23 of such cessation as the value of such expansion, renova-
24 tion, or modernization (less the total amount of any funds
25 provided specifically for such facility under any Federal

1 program that were expended for such expansion, renova-
2 tion, or modernization) bore to the value of such facility
3 at the time of the completion of such expansion, renova-
4 tion, or modernization.

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

8 "(a) GRANTS.—

9 "(1) IN GENERAL.—The Secretary, acting
10 through the Service, shall make grants to Indian
11 Tribes and Tribal Organizations for the construc-
12 tion, expansion, or modernization of facilities for the
13 provision of ambulatory care services to eligible Indi-
14 ans (and noneligible persons pursuant to subsections
15 (b)(2) and (c)(1)(C)). A grant made under this sec-
16 tion may cover up to 100 percent of the costs of
17 such construction, expansion, or modernization. For
18 the purposes of this section, the term 'construction'
19 includes the replacement of an existing facility.

20 "(2) GRANT AGREEMENT REQUIRED.—A grant
21 under paragraph (1) may only be made available to
22 a Tribal Health Program operating an Indian health
23 facility (other than a facility owned or constructed
24 by the Service, including a facility originally owned

1 or constructed by the Service and transferred to an
2 Indian Tribe or Tribal Organization).
3 ‘‘(b) USE OF GRANT FUNDS.—
4 ‘‘(1) ALLOWABLE USES.—A grant awarded
5 under this section may be used for the construction,
6 expansion, or modernization (including the planning
7 and design of such construction, expansion, or mod-
8 ernization) of an ambulatory care facility—
9 ‘‘(A) located apart from a hospital;
10 ‘‘(B) not funded under section 301 or sec-
11 tion 306; and
12 ‘‘(C) which, upon completion of such con-
13 struction or modernization will—
14 ‘‘(i) have a total capacity appropriate
15 to its projected service population;
16 ‘‘(ii) provide annually no fewer than
17 150 patient visits by eligible Indians and
18 other users who are eligible for services in
19 such facility in accordance with section
20 807(c)(2); and
21 ‘‘(iii) provide ambulatory care in a
22 Service Area (specified in the contract or
23 compact under the Indian Self-Determina-
24 tion and Education Assistance Act (25
25 U.S.C. 450 et seq.)) with a population of

1 no fewer than 1,500 eligible Indians and
2 other users who are eligible for services in
3 such facility in accordance with section
4 807(c)(2).

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

16 "(3) USE ONLY FOR CERTAIN PORTION OF
17 COSTS.—A grant provided under this section may be
18 used only for the cost of that portion of a construc-
19 tion, expansion, or modernization project that bene-
20 fits the Service population identified above in sub-
21 section (b)(1)(C) (ii) and (iii). The requirements of
22 clauses (ii) and (iii) of paragraph (1)(C) shall not
23 apply to an Indian Tribe or Tribal Organization ap-
24 plying for a grant under this section for a health
25 care facility located or to be constructed on an is-

1 land or when such facility is not located on a road
2 system providing direct access to an inpatient hos-
3 pital where care is available to the Service popu-
4 lation.
5 "(c) GRANTS.—
6 "(1) APPLICATION.—No grant may be made
7 under this section unless an application or proposal
8 for the grant has been approved by the Secretary in
9 accordance with applicable regulations and has set
10 forth reasonable assurance by the applicant that, at
11 all times after the construction, expansion, or mod-
12 ernization of a facility carried out using a grant re-
13 ceived under this section—
14 "(A) adequate financial support will be
15 available for the provision of services at such
16 facility;
17 "(B) such facility will be available to eligi-
18 ble Indians without regard to ability to pay or
19 source of payment; and
20 "(C) such facility will, as feasible without
21 diminishing the quality or quantity of services
22 provided to eligible Indians, serve noneligible
23 persons on a cost basis.

1 "(2) PRIORITY.—In awarding grants under this
2 section, the Secretary shall give priority to Indian
3 Tribes and Tribal Organizations that demonstrate—
4 "(A) a need for increased ambulatory care
5 services; and
6 "(B) insufficient capacity to deliver such
7 services.
8 "(3) PEER REVIEW PANELS.—The Secretary
9 may provide for the establishment of peer review
10 panels, as necessary, to review and evaluate applica-
11 tions and proposals and to advise the Secretary re-
12 garding such applications using the criteria devel-
13 oped pursuant to subsection (a)(1).
14 "(d) REVERSION OF FACILITIES.—If any facility (or
15 portion thereof) with respect to which funds have been
16 paid under this section, ceases, at any time after comple-
17 tion of the construction, expansion, or modernization car-
18 ried out with such funds, to be used for the purposes of
19 providing health care services to eligible Indians, all of the
20 right, title, and interest in and to such facility (or portion
21 thereof) shall transfer to the United States unless other-
22 wise negotiated by the Service and the Indian Tribe or
23 Tribal Organization.
24 "(e) FUNDING NONRECURRING.—Funding provided
25 under this section shall be nonrecurring and shall not be

1 available for inclusion in any individual Indian Tribe's
2 tribal share for an award under the Indian Self-Deter-
3 mination and Education Assistance Act (25 U.S.C. 450
4 et seq.) or for reallocation or redesign thereunder.

5 **"SEC. 306. INDIAN HEALTH CARE DELIVERY DEMONSTRA-**
6 **TION PROJECT.**

7 "(a) HEALTH CARE DEMONSTRATION PROJECTS.—
8 The Secretary, acting through the Service, is authorized
9 to make grants to, and enter into construction contracts
10 or construction project agreements with, Indian Tribes or
11 Tribal Organizations under the Indian Self-Determination
12 and Education Assistance Act (25 U.S.C. 450 et seq.) for
13 the purpose of carrying out a health care delivery dem-
14 onstration project to test alternative means of delivering
15 health care and services to Indians through facilities.

16 "(b) USE OF FUNDS.—The Secretary, in approving
17 projects pursuant to this section, may authorize such con-
18 tracts for the construction and renovation of hospitals,
19 health centers, health stations, and other facilities to de-
20 liver health care services and is authorized to—

21 "(1) waive any leasing prohibition;

22 "(2) permit carryover of funds appropriated for
23 the provision of health care services;

24 "(3) permit the use of other available funds;

1 "(4) permit the use of funds or property do-
2 nated from any source for project purposes;
3 "(5) provide for the reversion of donated real or
4 personal property to the donor; and
5 "(6) permit the use of Service funds to match
6 other funds, including Federal funds.
7 "(c) REGULATIONS.—The Secretary shall develop
8 and promulgate regulations, not later than 1 year after
9 the date of enactment of the Indian Health Care Improve-
10 ment Act Amendments of 2009, for the review and ap-
11 proval of applications submitted under this section.
12 "(d) CRITERIA.—The Secretary may approve projects
13 that meet the following criteria:
14 "(1) There is a need for a new facility or pro-
15 gram or the reorientation of an existing facility or
16 program.
17 "(2) A significant number of Indians, including
18 those with low health status, will be served by the
19 project.
20 "(3) The project has the potential to deliver
21 services in an efficient and effective manner.
22 "(4) The project is economically viable.
23 "(5) The Indian Tribe or Tribal Organization
24 has the administrative and financial capability to ad-
25 minister the project.

1 "(6) The project is integrated with providers of
2 related health and social services and is coordinated
3 with, and avoids duplication of, existing services.

4 "(e) PEER REVIEW PANELS.—The Secretary may
5 provide for the establishment of peer review panels, as nec-
6 essary, to review and evaluate applications using the cri-
7 teria developed pursuant to subsection (d).

8 "(f) PRIORITY.—The Secretary shall give priority to
9 applications for demonstration projects in each of the fol-
10 lowing Service Units to the extent that such applications
11 are timely filed and meet the criteria specified in sub-
12 section (d):

13 "(1) Cass Lake, Minnesota.

14 "(2) Mescalero, New Mexico.

15 "(3) Owyhee, Nevada.

16 "(4) Schurz, Nevada.

17 "(5) Ft. Yuma, California.

18 "(g) TECHNICAL ASSISTANCE.—The Secretary shall
19 provide such technical and other assistance as may be nec-
20 essary to enable applicants to comply with the provisions
21 of this section.

22 "(h) SERVICE TO INELIGIBLE PERSONS.—Subject to
23 section 806, the authority to provide services to persons
24 otherwise ineligible for the health care benefits of the
25 Service and the authority to extend hospital privileges in

1 Service facilities to non-Service health practitioners as
2 provided in section 806 may be included, subject to the
3 terms of such section, in any demonstration project ap-
4 proved pursuant to this section.

5 ‘‘(i) EQUITABLE TREATMENT.—For purposes of sub-
6 section (d)(1), the Secretary shall, in evaluating facilities
7 operated under any contract or compact under the Indian
8 Self-Determination and Education Assistance Act (25
9 U.S.C. 450 et seq.), use the same criteria that the Sec-
10 retary uses in evaluating facilities operated directly by the
11 Service.

12 ‘‘(j) EQUITABLE INTEGRATION OF FACILITIES.—The
13 Secretary shall ensure that the planning, design, construc-
14 tion, renovation, and expansion needs of Service and non-
15 Service facilities which are the subject of a contract or
16 compact under the Indian Self-Determination and Edu-
17 cation Assistance Act (25 U.S.C. 450 et seq.) for health
18 services are fully and equitably integrated into the imple-
19 mentation of the health care delivery demonstration
20 projects under this section.

21 **‘‘SEC. 307. LAND TRANSFER.**

22 ‘‘Notwithstanding any other provision of law, the Bu-
23 reau of Indian Affairs and all other agencies and depart-
24 ments of the United States are authorized to transfer, at
25 no cost, land and improvements to the Service for the pro-

1 vision of health care services. The Secretary is authorized
2 to accept such land and improvements for such purposes.

3 **"SEC. 308. LEASES, CONTRACTS, AND OTHER AGREEMENTS.**

4 "The Secretary, acting through the Service, may
5 enter into leases, contracts, and other agreements with In-
6 dian Tribes and Tribal Organizations which hold (1) title
7 to, (2) a leasehold interest in, or (3) a beneficial interest
8 in (when title is held by the United States in trust for
9 the benefit of an Indian Tribe) facilities used or to be used
10 for the administration and delivery of health services by
11 an Indian Health Program. Such leases, contracts, or
12 agreements may include provisions for construction or ren-
13 ovation and provide for compensation to the Indian Tribe
14 or Tribal Organization of rental and other costs consistent
15 with section 105(l) of the Indian Self-Determination and
16 Education Assistance Act (25 U.S.C. 450j(l)) and regula-
17 tions thereunder.

18 **"SEC. 309. STUDY ON LOANS, LOAN GUARANTEES, AND**
19 **LOAN REPAYMENT.**

20 "(a) IN GENERAL.—The Secretary, in consultation
21 with the Secretary of the Treasury, Indian Tribes, and
22 Tribal Organizations, shall carry out a study to determine
23 the feasibility of establishing a loan fund to provide to In-
24 dian Tribes and Tribal Organizations direct loans or guar-

1 antees for loans for the construction of health care facili-
2 ties, including—
3 "(1) inpatient facilities;
4 "(2) outpatient facilities;
5 "(3) staff quarters;
6 "(4) hostels; and
7 "(5) specialized care facilities, such as behav-
8 ioral health and elder care facilities.
9 "(b) DETERMINATIONS.—In carrying out the study
10 under subsection (a), the Secretary shall determine—
11 "(1) the maximum principal amount of a loan
12 or loan guarantee that should be offered to a recipi-
13 ent from the loan fund;
14 "(2) the percentage of eligible costs, not to ex-
15 ceed 100 percent, that may be covered by a loan or
16 loan guarantee from the loan fund (including costs
17 relating to planning, design, financing, site land de-
18 velopment, construction, rehabilitation, renovation,
19 conversion, improvements, medical equipment and
20 furnishings, and other facility-related costs and cap-
21 ital purchase (but excluding staffing));
22 "(3) the cumulative total of the principal of di-
23 rect loans and loan guarantees, respectively, that
24 may be outstanding at any 1 time;

1 “(4) the maximum term of a loan or loan guar-
2 antee that may be made for a facility from the loan
3 fund;
4 “(5) the maximum percentage of funds from
5 the loan fund that should be allocated for payment
6 of costs associated with planning and applying for a
7 loan or loan guarantee;
8 “(6) whether acceptance by the Secretary of an
9 assignment of the revenue of an Indian Tribe or
10 Tribal Organization as security for any direct loan
11 or loan guarantee from the loan fund would be ap-
12 propriate;
13 “(7) whether, in the planning and design of
14 health facilities under this section, users eligible
15 under section 806(c) may be included in any projec-
16 tion of patient population;
17 “(8) whether funds of the Service provided
18 through loans or loan guarantees from the loan fund
19 should be eligible for use in matching other Federal
20 funds under other programs;
21 “(9) the appropriateness of, and best methods
22 for, coordinating the loan fund with the health care
23 priority system of the Service under section 301; and

1 "(10) any legislative or regulatory changes re-
2 quired to implement recommendations of the Sec-
3 retary based on results of the study.
4 "(c) REPORT.—Not later than September 30, 2010,
5 the Secretary shall submit to the Committee on Indian Af-
6 fairs of the Senate and the Committee on Natural Re-
7 sources and the Committee on Energy and Commerce of
8 the House of Representatives a report that describes—
9 "(1) the manner of consultation made as re-
10 quired by subsection (a); and
11 "(2) the results of the study, including any rec-
12 ommendations of the Secretary based on results of
13 the study.

14 **"SEC. 310. TRIBAL LEASING.**

15 "A Tribal Health Program may lease permanent
16 structures for the purpose of providing health care services
17 without obtaining advance approval in appropriation Acts.

18 **"SEC. 311. INDIAN HEALTH SERVICE/TRIBAL FACILITIES**
19 **JOINT VENTURE PROGRAM.**

20 "(a) IN GENERAL.—The Secretary, acting through
21 the Service, shall make arrangements with Indian Tribes
22 and Tribal Organizations to establish joint venture dem-
23 onstration projects under which an Indian Tribe or Tribal
24 Organization shall expend tribal, private, or other avail-
25 able funds, for the acquisition or construction of a health

1 facility for a minimum of 10 years, under a no-cost lease,
2 in exchange for agreement by the Service to provide the
3 equipment, supplies, and staffing for the operation and
4 maintenance of such a health facility. An Indian Tribe or
5 Tribal Organization may use tribal funds, private sector,
6 or other available resources, including loan guarantees, to
7 fulfill its commitment under a joint venture entered into
8 under this subsection. An Indian Tribe or Tribal Organi-
9 zation shall be eligible to establish a joint venture project
10 if, when it submits a letter of intent, it—

11 ''(1) has begun but not completed the process
12 of acquisition or construction of a health facility to
13 be used in the joint venture project;

14 ''(2) has not begun the process of acquisition or
15 construction of a health facility for use in the joint
16 venture project; or

17 ''(3) in its application for a joint venture agree-
18 ment, agrees—

19 ''(A) to construct a facility for the joint
20 venture which complies with the size and space
21 criteria established by the Service; or

22 ''(B) if the facility it proposes for the joint
23 venture is already in existence or under con-
24 struction, that only the portion of such facility
25 which complies with the size and space criteria

1 of the Service will be eligible for the joint ven-
2 ture agreement.

3 "(b) REQUIREMENTS.—The Secretary shall make
4 such an arrangement with an Indian Tribe or Tribal Orga-
5 nization only if—

6 "(1) the Secretary first determines that the In-
7 dian Tribe or Tribal Organization has the adminis-
8 trative and financial capabilities necessary to com-
9 plete the timely acquisition or construction of the
10 relevant health facility; and

11 "(2) the Indian Tribe or Tribal Organization
12 meets the need criteria determined using the criteria
13 developed under the health care facility priority sys-
14 tem under section 301, unless the Secretary deter-
15 mines, pursuant to regulations, that other criteria
16 will result in a more cost-effective and efficient
17 method of facilitating and completing construction of
18 health care facilities.

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 (43 U.S.C. 1601 et seq.),
11 or any land allotted to any Alaska Native, if requested
12 by the Indian owner and the Indian Tribe with jurisdiction
13 over such lands or other lands owned or leased by the In-
14 dian Tribe or Tribal Organization. Top priority shall be
15 given to Indian land owned 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 health care facility priority system under section 301(c).

20 "(c) REPLACEMENT FACILITIES.—In addition to
21 using maintenance and improvement funds for renovation,
22 modernization, and expansion of facilities, an Indian Tribe
23 or Tribal Organization may use maintenance and improve-
24 ment funds for construction of a replacement facility if
25 the costs of renovation of such facility would exceed a
26 maximum renovation cost threshold. The Secretary shall

1 consult with Indian Tribes and Tribal Organizations in de-
2 termining the maximum renovation cost threshold.

3 **"SEC. 314. TRIBAL MANAGEMENT OF FEDERALLY OWNED**
4 **QUARTERS.**

5 ''(a) RENTAL RATES.—

6 ''(1) ESTABLISHMENT.—Notwithstanding any
7 other provision of law, a Tribal Health Program
8 which operates a hospital or other health facility and
9 the federally owned quarters associated therewith
10 pursuant to a contract or compact under the Indian
11 Self-Determination and Education Assistance Act
12 (25 U.S.C. 450 et seq.) shall have the authority to
13 establish the rental rates charged to the occupants
14 of such quarters by providing notice to the Secretary
15 of its election to exercise such authority.

16 ''(2) OBJECTIVES.—In establishing rental rates
17 pursuant to authority of this subsection, a Tribal
18 Health Program shall endeavor to achieve the fol-
19 lowing objectives:

20 ''(A) To base such rental rates on the rea-
21 sonable value of the quarters to the occupants
22 thereof.

23 ''(B) To generate sufficient funds to pru-
24 dently provide for the operation and mainte-
25 nance of the quarters, and subject to the discre-

1 tion of the Tribal Health Program, to supply
2 reserve funds for capital repairs and replace-
3 ment of the quarters.

4 ‘‘(3) EQUITABLE FUNDING.—Any quarters
5 whose rental rates are established by a Tribal
6 Health Program pursuant to this subsection shall
7 remain eligible for quarters improvement and repair
8 funds to the same extent as all federally owned
9 quarters used to house personnel in Services-sup-
10 ported programs.

11 ‘‘(4) NOTICE OF RATE CHANGE.—A Tribal
12 Health Program which exercises the authority pro-
13 vided under this subsection shall provide occupants
14 with no less than 60 days notice of any change in
15 rental rates.

16 ‘‘(b) DIRECT COLLECTION OF RENT.—

17 ‘‘(1) IN GENERAL.—Notwithstanding any other
18 provision of law, and subject to paragraph (2), a
19 Tribal Health Program shall have the authority to
20 collect rents directly from Federal employees who oc-
21 cupy such quarters in accordance with the following:

22 ‘‘(A) The Tribal Health Program shall no-
23 tify the Secretary and the subject Federal em-
24 ployees of its election to exercise its authority

1 to collect rents directly from such Federal em-
2 ployees.

3 "(B) Upon receipt of a notice described in
4 subparagraph (A), the Federal employees shall
5 pay rents for occupancy of such quarters di-
6 rectly to the Tribal Health Program and the
7 Secretary shall have no further authority to col-
8 lect rents from such employees through payroll
9 deduction or otherwise.

10 "(C) Such rent payments shall be retained
11 by the Tribal Health Program and shall not be
12 made payable to or otherwise be deposited with
13 the United States.

14 "(D) Such rent payments shall be depos-
15 ited into a separate account which shall be used
16 by the Tribal Health Program for the mainte-
17 nance (including capital repairs and replace-
18 ment) and operation of the quarters and facili-
19 ties as the Tribal Health Program shall deter-
20 mine.

21 "(2) RETROCESSION OF AUTHORITY.—If a
22 Tribal Health Program which has made an election
23 under paragraph (1) requests retrocession of its au-
24 thority to directly collect rents from Federal employ-

1 ees occupying federally owned quarters, such ret-
2 rocession shall become effective on the earlier of—
3 ‘‘(A) the first day of the month that begins
4 no less than 180 days after the Tribal Health
5 Program notifies the Secretary of its desire to
6 retrocede; or
7 ‘‘(B) such other date as may be mutually
8 agreed by the Secretary and the Tribal Health
9 Program.
10 ‘‘(c) RATES IN ALASKA.—To the extent that a Tribal
11 Health Program, pursuant to authority granted in sub-
12 section (a), establishes rental rates for federally owned
13 quarters provided to a Federal employee in Alaska, such
14 rents may be based on the cost of comparable private rent-
15 al housing in the nearest established community with a
16 year-round population of 1,500 or more individuals.

17 **‘‘SEC. 315. APPLICABILITY OF BUY AMERICAN ACT RE-**
18 **QUIREMENT.**

19 ‘‘(a) APPLICABILITY.—The Secretary shall ensure
20 that the requirements of the Buy American Act apply to
21 all procurements made with funds provided pursuant to
22 section 317. Indian Tribes and Tribal Organizations shall
23 be exempt from these requirements.
24 ‘‘(b) EFFECT OF VIOLATION.—If it has been finally
25 determined by a court or Federal agency that any person

1 intentionally affixed a label bearing a 'Made in America'
2 inscription or any inscription with the same meaning, to
3 any product sold in or shipped to the United States that
4 is not made in the United States, such person shall be
5 ineligible to receive any contract or subcontract made with
6 funds provided pursuant to section 317, pursuant to the
7 debarment, suspension, and ineligibility procedures de-
8 scribed in sections 9.400 through 9.409 of title 48, Code
9 of Federal Regulations.

10 ''(c) DEFINITIONS.—For purposes of this section, the
11 term 'Buy American Act' means title III of the Act enti-
12 tled 'An Act making appropriations for the Treasury and
13 Post Office Departments for the fiscal year ending June
14 30, 1934, and for other purposes', approved March 3,
15 1933 (41 U.S.C. 10a et seq.).

16 **''SEC. 316. OTHER FUNDING FOR FACILITIES.**

17 ''(a) AUTHORITY TO ACCEPT FUNDS.—The Sec-
18 retary is authorized to accept from any source, including
19 Federal and State agencies, funds that are available for
20 the construction of health care facilities and use such
21 funds to plan, design, and construct health care facilities
22 for Indians and to place such funds into a contract or com-
23 pact under the Indian Self-Determination and Education
24 Assistance Act (25 U.S.C. 450 et seq.). Receipt of such

1 funds shall have no effect on the priorities established pur-
2 suant to section 301.

3 "(b) INTERAGENCY AGREEMENTS.—The Secretary is
4 authorized to enter into interagency agreements with
5 other Federal agencies or State agencies and other entities
6 and to accept funds from such Federal or State agencies
7 or other sources to provide for the planning, design, and
8 construction of health care facilities to be administered by
9 Indian Health Programs in order to carry out the pur-
10 poses of this Act and the purposes for which the funds
11 were appropriated or for which the funds were otherwise
12 provided.

13 "(c) TRANSFERRED FUNDS.—Any Federal agency to
14 which funds for the construction of health care facilities
15 are appropriated is authorized to transfer such funds to
16 the Secretary for the construction of health care facilities
17 to carry out the purposes of this Act as well as the pur-
18 poses for which such funds are appropriated to such other
19 Federal agency.

20 "(d) ESTABLISHMENT OF STANDARDS.—The Sec-
21 retary, through the Service, shall establish standards by
22 regulation for the planning, design, and construction of
23 health care facilities 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 2025 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 BENEFITS 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 under title XVIII, XIX,
13 or XXI of the Social Security Act for services provided
14 to Indians eligible for benefits under such respective titles
15 shall not be considered in determining appropriations for
16 the provision of health care and services to Indians.

17 "(b) NONPREFERENTIAL TREATMENT.—Nothing in
18 this Act authorizes the Secretary to provide services to an
19 Indian with coverage under title XVIII, XIX, or XXI of
20 the Social Security Act in preference to an Indian without
21 such coverage.

22 "(c) USE OF FUNDS.—

23 "(1) SPECIAL FUND.—

24 "(A) 100 PERCENT PASS-THROUGH OF
25 PAYMENTS DUE TO FACILITIES.—Notwith-
26 standing any other provision of law, but subject

1 to paragraph (2), payments to which a facility
2 of the Service is entitled by reason of a provi-
3 sion of title XVIII or XIX of the Social Secu-
4 rity Act shall be placed in a special fund to be
5 held by the Secretary. In making payments
6 from such fund, the Secretary shall ensure that
7 each Service Unit of the Service receives 100
8 percent of the amount to which the facilities of
9 the Service, for which such Service Unit makes
10 collections, are entitled by reason of a provision
11 of either such title.

12 ''(B) USE OF FUNDS.—Amounts received
13 by a facility of the Service under subparagraph
14 (A) by reason of a provision of title XVIII or
15 XIX of the Social Security Act shall first be
16 used (to such extent or in such amounts as are
17 provided in appropriation Acts) for the purpose
18 of making any improvements in the programs
19 of the Service operated by or through such fa-
20 cility which may be necessary to achieve or
21 maintain compliance with the applicable condi-
22 tions and requirements of such respective title.
23 Any amounts so received that are in excess of
24 the amount necessary to achieve or maintain
25 such conditions and requirements shall, subject

1 to consultation with the Indian Tribes being
2 served by the Service Unit, be used for increas-
3 ing the facility's capacity to provide, or improv-
4 ing the quality or accessibility of, services.

5 "(2) DIRECT PAYMENT OPTION.—Paragraph
6 (1) shall not apply to a Tribal Health Program upon
7 the election of such Program under subsection (d) to
8 receive payments directly. No payment may be made
9 out of the special fund described in such paragraph
10 with respect to reimbursement made for services
11 provided by such Program during the period of such
12 election.

13 "(d) DIRECT BILLING.—

14 "(1) IN GENERAL.—Subject to complying with
15 the requirements of paragraph (2), a Tribal Health
16 Program may elect to directly bill for, and receive
17 payment for, health care items and services provided
18 by such Program for which payment is made under
19 title XVIII, XIX, or XXI of the Social Security Act.

20 "(2) DIRECT REIMBURSEMENT.—

21 "(A) USE OF FUNDS.—Each Tribal Health
22 Program making the election described in para-
23 graph (1) with respect to a program under title
24 XVIII, XIX, or XXI of the Social Security Act
25 shall be reimbursed directly by that program

1 for items and services furnished without regard
2 to subsection (c)(1), but all amounts so reim-
3 bursed shall be used by the Tribal Health Pro-
4 gram for the same purposes with respect to
5 such Program for which payment under sub-
6 paragraph (A) of subsection (c)(1) to a facility
7 of the Service may be used pursuant to sub-
8 paragraph (B) of such subsection with respect
9 to the Service.

10 ''(B) AUDITS.—The amounts paid to a
11 Tribal Health Program making the election de-
12 scribed in paragraph (1) with respect to a pro-
13 gram under title XVIII, XIX, or XXI of the So-
14 cial Security Act shall be subject to all auditing
15 requirements applicable to the program under
16 such title, as well as all auditing requirements
17 applicable to programs administered by an In-
18 dian Health Program. Nothing in the preceding
19 sentence shall be construed as limiting the ap-
20 plication of auditing requirements applicable to
21 amounts paid under title XVIII, XIX, or XXI
22 of the Social Security Act.

23 ''(C) IDENTIFICATION OF SOURCE OF PAY-
24 MENTS.—Any Tribal Health Program that re-
25 ceives reimbursements or payments under title

1 XVIII, XIX, or XXI of the Social Security Act
2 shall provide to the Service a list of each pro-
3 vider enrollment number (or other identifier)
4 under which such Program receives such reim-
5 bursements or payments.

6 "(3) EXAMINATION AND IMPLEMENTATION OF
7 CHANGES.—

8 "(A) IN GENERAL.—The Secretary, acting
9 through the Service and with the assistance of
10 the Administrator of the Centers for Medicare
11 & Medicaid Services, shall examine on an ongo-
12 ing basis and implement any administrative
13 changes that may be necessary to facilitate di-
14 rect billing and reimbursement under the pro-
15 gram established under this subsection, includ-
16 ing any agreements with States that may be
17 necessary to provide for direct billing under a
18 program under title XIX or XXI of the Social
19 Security Act.

20 "(B) COORDINATION OF INFORMATION.—
21 The Service shall provide the Administrator of
22 the Centers for Medicare & Medicaid Services
23 with copies of the lists submitted to the Service
24 under paragraph (2)(C), enrollment data re-
25 garding patients served by the Service (and by

1 Tribal Health Programs, to the extent such
2 data is available to the Service), and such other
3 information as the Administrator may require
4 for purposes of administering title XVIII, XIX,
5 or XXI of the Social Security Act.

6 "(4) WITHDRAWAL FROM PROGRAM.—A Tribal
7 Health Program that bills directly under the pro-
8 gram established under this subsection may with-
9 draw from participation in the same manner and
10 under the same conditions that an Indian Tribe or
11 Tribal Organization may retrocede a contracted pro-
12 gram to the Secretary under the authority of the In-
13 dian Self-Determination and Education Assistance
14 Act (25 U.S.C. 450 et seq.). All cost accounting and
15 billing authority under the program established
16 under this subsection shall be returned to the Sec-
17 retary upon the Secretary's acceptance of the with-
18 drawal of participation in this program.

19 "(5) TERMINATION FOR FAILURE TO COMPLY
20 WITH REQUIREMENTS.—The Secretary may termi-
21 nate the participation of a Tribal Health Program or
22 in the direct billing program established under this
23 subsection if the Secretary determines that the Pro-
24 gram has failed to comply with the requirements of
25 paragraph (2). The Secretary shall provide a Tribal

1 Health Program with notice of a determination that
2 the Program has failed to comply with any such re-
3 quirement and a reasonable opportunity to correct
4 such noncompliance prior to terminating the Pro-
5 gram's participation in the direct billing program es-
6 tablished under this subsection.

7 "(e) RELATED PROVISIONS UNDER THE SOCIAL SE-
8 CURITY ACT.—For provisions related to subsections (c)
9 and (d), see sections 1880, 1911, and 2107(e)(1)(D) of
10 the Social Security Act.

11 **"SEC. 402. GRANTS TO AND CONTRACTS WITH THE SERV-**
12 **ICE, INDIAN TRIBES, TRIBAL ORGANIZA-**
13 **TIONS, AND URBAN INDIAN ORGANIZATIONS**
14 **TO FACILITATE OUTREACH, ENROLLMENT,**
15 **AND COVERAGE OF INDIANS UNDER SOCIAL**
16 **SECURITY ACT HEALTH BENEFIT PROGRAMS.**

17 "(a) INDIAN TRIBES AND TRIBAL ORGANIZA-
18 TIONS.—From funds appropriated to carry out this title
19 in accordance with section 414, the Secretary, acting
20 through the Service, shall make grants to or enter into
21 contracts with Indian Tribes and Tribal Organizations to
22 assist such Tribes and Tribal Organizations in estab-
23 lishing and administering programs on or near reserva-
24 tions and trust lands, including programs to provide out-
25 reach and enrollment through video, electronic delivery

1 methods, or telecommunication devices that allow real-
2 time or time-delayed communication between individual
3 Indians and the benefit program, to assist individual Indi-
4 ans—
5 “(1) to enroll for benefits under a program es-
6 tablished under title XVIII, XIX, or XXI of the So-
7 cial Security Act; and
8 “(2) with respect to such programs for which
9 the charging of premiums and cost sharing is not
10 prohibited under such programs, to pay premiums or
11 cost sharing for coverage for such benefits, which
12 may be based on financial need (as determined by
13 the Indian Tribe or Tribes or Tribal Organizations
14 being served based on a schedule of income levels de-
15 veloped or implemented by such Tribe, Tribes, or
16 Tribal Organizations).
17 “(b) CONDITIONS.—The Secretary, acting through
18 the Service, shall place conditions as deemed necessary to
19 effect the purpose of this section in any grant or contract
20 which the Secretary makes with any Indian Tribe or Trib-
21 al Organization pursuant to this section. Such conditions
22 shall include requirements that the Indian Tribe or Tribal
23 Organization successfully undertake—
24 “(1) to determine the population of Indians eli-
25 gible for the benefits described in subsection (a);

1 "(2) to educate Indians with respect to the ben-
2 efits available under the respective programs;
3 "(3) to provide transportation for such indi-
4 vidual Indians to the appropriate offices for enroll-
5 ment or applications for such benefits; and
6 "(4) to develop and implement methods of im-
7 proving the participation of Indians in receiving ben-
8 efits under such programs.
9 "(c) APPLICATION TO URBAN INDIAN ORGANIZA-
10 TIONS.—
11 "(1) IN GENERAL.—The provisions of sub-
12 section (a) shall apply with respect to grants and
13 other funding to urban Indian organizations with re-
14 spect to populations served by such organizations in
15 the same manner they apply to grants and contracts
16 with Indian Tribes and Tribal Organizations with
17 respect to programs on or near reservations.
18 "(2) REQUIREMENTS.—The Secretary shall in-
19 clude in the grants or contracts made or provided
20 under paragraph (1) requirements that are—
21 "(A) consistent with the requirements im-
22 posed by the Secretary under subsection (b);
23 "(B) appropriate to urban Indian organi-
24 zations and urban Indians; and

1 "(C) necessary to effect the purposes of
2 this section.
3 "(d) FACILITATING COOPERATION IN ENROLLMENT
4 AND RETENTION.—The Secretary, acting through the
5 Centers for Medicare & Medicaid Services, shall consult
6 with States, the Service, Indian Tribes, Tribal Organiza-
7 tions, and urban Indian organizations to develop and dis-
8 seminate best practices with respect to facilitating agree-
9 ments between the States and Indian Tribes, Tribal Orga-
10 nizations, and urban Indian organizations relating to en-
11 rollment and retention of Indians in programs established
12 under titles XVIII, XIX, and XXI of the Social Security
13 Act.
14 "(e) AGREEMENTS TO IMPROVE ENROLLMENT OF
15 INDIANS UNDER SOCIAL SECURITY ACT HEALTH BENE-
16 FITS PROGRAMS.—For provisions relating to agreements
17 between the Secretary and the Service, Indian Tribes,
18 Tribal Organizations, and urban Indian organizations for
19 the collection, preparation, and submission of applications
20 by Indians for assistance under the Medicaid and chil-
21 dren's health insurance programs established under titles
22 XIX and XXI of the Social Security Act, and benefits
23 under the Medicare program established under title XVIII
24 of such Act, see subsections (a) and (b) of section 1139
25 of the Social Security Act.

1 ‘‘(f) DEFINITIONS.—In this section:
2 ‘‘(1) PREMIUM.—The term ‘premium’ includes
3 any enrollment fee or similar charge.
4 ‘‘(2) COST SHARING.—The term ‘cost sharing’
5 includes any deduction, deductible, copayment, coin-
6 surance, or similar charge.
7 ‘‘(3) BENEFITS.—The term ‘benefits’ means,
8 with respect to—
9 ‘‘(A) title XVIII of the Social Security Act,
10 benefits under such title;
11 ‘‘(B) title XIX of such Act, medical assist-
12 ance under such title; and
13 ‘‘(C) title XXI of such Act, assistance
14 under such title.
15 **‘‘SEC. 403. REIMBURSEMENT FROM CERTAIN THIRD PAR-**
16 **TIES OF COSTS OF HEALTH SERVICES.**
17 ‘‘(a) RIGHT OF RECOVERY.—Except as provided in
18 subsection (f), the United States, an Indian Tribe, or
19 Tribal Organization shall have the right to recover from
20 an insurance company, health maintenance organization,
21 employee benefit plan, third-party tortfeasor, or any other
22 responsible or liable third party (including a political sub-
23 division or local governmental entity of a State) the rea-
24 sonable charges billed by the Secretary, an Indian Tribe,
25 or Tribal Organization, or, if higher, the highest amount

1 the third party would pay for care and services furnished
2 by providers other than governmental entities, in providing
3 health services through the Service, an Indian Tribe, or
4 Tribal Organization to any individual to the same extent
5 that such individual, or any nongovernmental provider of
6 such services, would be eligible to receive damages, reim-
7 bursement, or indemnification for such charges if—

8 "(1) such services had been provided by a non-
9 governmental provider; and

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

13 "(b) LIMITATIONS ON RECOVERIES FROM STATES.—
14 Subsection (a) shall provide a right of recovery against
15 any State, only if the injury, illness, or disability for which
16 health services were provided is covered under—

17 "(1) workers' compensation laws; or

18 "(2) a no-fault automobile accident insurance
19 plan or program.

20 "(c) NONAPPLICATION OF OTHER LAWS.—No law of
21 any State, or of any political subdivision of a State and
22 no provision of any contract, insurance or health mainte-
23 nance organization policy, employee benefit plan, self-in-
24 surance plan, managed care plan, or other health care plan
25 or program entered into or renewed after the date of the

1 enactment of the Indian Health Care Amendments of
2 1988, shall prevent or hinder the right of recovery of the
3 United States, an Indian Tribe, or Tribal Organization
4 under subsection (a).

5 ‘‘(d) NO EFFECT ON PRIVATE RIGHTS OF ACTION.—
6 No action taken by the United States, an Indian Tribe,
7 or Tribal Organization to enforce the right of recovery
8 provided under this section shall operate to deny to the
9 injured person the recovery for that portion of the person's
10 damage not covered hereunder.

11 ‘‘(e) ENFORCEMENT.—

12 ‘‘(1) IN GENERAL.—The United States, an In-
13 dian Tribe, or Tribal Organization may enforce the
14 right of recovery provided under subsection (a) by—

15 ‘‘(A) intervening or joining in any civil ac-
16 tion or proceeding brought—

17 ‘‘(i) by the individual for whom health
18 services were provided by the Secretary, an
19 Indian Tribe, or Tribal Organization; or

20 ‘‘(ii) by any representative or heirs of
21 such individual, or

22 ‘‘(B) instituting a civil action, including a
23 civil action for injunctive relief and other relief
24 and including, with respect to a political sub-

1 division or local governmental entity of a State,
2 such an action against an official thereof.
3 ''(2) NOTICE.—All reasonable efforts shall be
4 made to provide notice of action instituted under
5 paragraph (1)(B) to the individual to whom health
6 services were provided, either before or during the
7 pendency of such action.
8 ''(3) RECOVERY FROM TORTFEASORS.—
9 ''(A) IN GENERAL.—In any case in which
10 an Indian Tribe or Tribal Organization that is
11 authorized or required under a compact or con-
12 tract issued pursuant to the Indian Self-Deter-
13 mination and Education Assistance Act (25
14 U.S.C. 450 et seq.) to furnish or pay for health
15 services to a person who is injured or suffers a
16 disease on or after the date of enactment of the
17 Indian Health Care Improvement Act Amend-
18 ments of 2009 under circumstances that estab-
19 lish grounds for a claim of liability against the
20 tortfeasor with respect to the injury or disease,
21 the Indian Tribe or Tribal Organization shall
22 have a right to recover from the tortfeasor (or
23 an insurer of the tortfeasor) the reasonable
24 value of the health services so furnished, paid
25 for, or to be paid for, in accordance with the

1 Federal Medical Care Recovery Act (42 U.S.C.
2 2651 et seq.), to the same extent and under the
3 same circumstances as the United States may
4 recover under that Act.

5 "(B) TREATMENT.—The right of an In-
6 dian Tribe or Tribal Organization to recover
7 under subparagraph (A) shall be independent of
8 the rights of the injured or diseased person
9 served by the Indian Tribe or Tribal Organiza-
10 tion.

11 "(f) LIMITATION.—Absent specific written authoriza-
12 tion by the governing body of an Indian Tribe for the pe-
13 riod of such authorization (which may not be for a period
14 of more than 1 year and which may be revoked at any
15 time upon written notice by the governing body to the
16 Service), the United States shall not have a right of recov-
17 ery under this section if the injury, illness, or disability
18 for which health services were provided is covered under
19 a self-insurance plan funded by an Indian Tribe, Tribal
20 Organization, or urban Indian organization. Where such
21 authorization is provided, the Service may receive and ex-
22 pend such amounts for the provision of additional health
23 services consistent with such authorization.

24 "(g) COSTS AND ATTORNEYS' FEES.—In any action
25 brought to enforce the provisions of this section, a pre-

1 vailing plaintiff shall be awarded its reasonable attorneys'
2 fees and costs of litigation.

3 "(h) NONAPPLICATION OF CLAIMS FILING REQUIRE-
4 MENTS.—An insurance company, health maintenance or-
5 ganization, self-insurance plan, managed care plan, or
6 other health care plan or program (under the Social Secu-
7 rity Act or otherwise) may not deny a claim for benefits
8 submitted by the Service or by an Indian Tribe or Tribal
9 Organization based on the format in which the claim is
10 submitted if such format complies with the format re-
11 quired for submission of claims under title XVIII of the
12 Social Security Act or recognized under section 1175 of
13 such Act.

14 "(i) APPLICATION TO URBAN INDIAN ORGANIZA-
15 TIONS.—The previous provisions of this section shall apply
16 to urban Indian organizations with respect to populations
17 served by such Organizations in the same manner they
18 apply to Indian Tribes and Tribal Organizations with re-
19 spect to populations served by such Indian Tribes and
20 Tribal Organizations.

21 "(j) STATUTE OF LIMITATIONS.—The provisions of
22 section 2415 of title 28, United States Code, shall apply
23 to all actions commenced under this section, and the ref-
24 erences therein to the United States are deemed to include

1 Indian Tribes, Tribal Organizations, and urban Indian or-
2 ganizations.
3 "(k) SAVINGS.—Nothing in this section shall be con-
4 strued to limit any right of recovery available to the
5 United States, an Indian Tribe, or Tribal Organization
6 under the provisions of any applicable, Federal, State, or
7 Tribal law, including medical lien laws.
8 **"SEC. 404. CREDITING OF REIMBURSEMENTS.**
9 "(a) RETENTION OF AMOUNTS FOR USE BY PRO-
10 GRAM.—Except as provided in section 202(f) (relating to
11 the Catastrophic Health Emergency Fund) and section
12 806 (relating to health services for ineligible persons), all
13 reimbursements received or recovered, including under
14 section 806, by reason of the provision of health services
15 by the Service, by an Indian Tribe or Tribal Organization,
16 or by an urban Indian organization, shall be credited to
17 the Service, such Indian Tribe or Tribal Organization, or
18 such urban Indian organization, respectively, and may be
19 used as provided in section 401. In the case of such a
20 service provided by or through a Service Unit, such
21 amounts shall be credited to such unit and used for such
22 purposes.
23 "(b) NO OFFSET OF AMOUNTS.—The Service may
24 not offset or limit any amount obligated to any Service

1 Unit or entity receiving funding from the Service because
2 of the receipt of reimbursements under subsection (a).

3 **"SEC. 405. PURCHASING HEALTH CARE COVERAGE.**

4 "(a) PURCHASING COVERAGE.—

5 "(1) IN GENERAL.—Insofar as amounts are
6 made available under law (including a provision of
7 the Social Security Act, the Indian Self-Determina-
8 tion and Education Assistance Act (25 U.S.C. 450
9 et seq.), or other law, other than under section 402)
10 to Indian Tribes, Tribal Organizations, and urban
11 Indian organizations for health benefits for Service
12 beneficiaries, Indian Tribes, Tribal Organizations,
13 and urban Indian organizations may use such
14 amounts to purchase health benefits coverage that
15 qualifies as creditable coverage under section
16 2701(c)(1) of the Public Health Service Act for such
17 beneficiaries, including, subject to paragraph (2),
18 through—

19 "(A) a tribally owned and operated health
20 care plan;

21 "(B) a State or locally authorized or li-
22 censed health care plan;

23 "(C) a health insurance provider or man-
24 aged care organization; or

25 "(D) a self-insured plan.

1 “(2) EXCEPTION.—The coverage provided
2 under paragraph (1) may not include coverage con-
3 sisting of—
4 “(A) benefits provided under a health flexi-
5 ble spending arrangement (as defined in section
6 106(c)(2) of the Internal Revenue Code of
7 1986); or
8 “(B) a high deductible health plan (as de-
9 fined in section 223(c)(2) of such Code), with-
10 out regard to whether the plan is purchased in
11 conjunction with a health savings account (as
12 defined under section 223(d) of such Code).
13 “(3) PERMITTING PURCHASE OF COVERAGE
14 BASED ON FINANCIAL NEED.—The purchase of cov-
15 erage by an Indian Tribe, Tribal Organization, or
16 urban Indian organization under this subsection may
17 be based on the financial needs of beneficiaries (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 Indian Tribe or
21 Tribes).
22 “(b) EXPENSES FOR SELF-INSURED PLAN.—In the
23 case of a self-insured plan under subsection (a)(4), the
24 amounts may be used for expenses of operating the plan,

including administration and insurance to limit the financial risks to the entity offering the plan.

"(c) CONSTRUCTION.—Nothing in this section shall be construed as affecting the use of any amounts not referred to in subsection (a).

"SEC. 406. SHARING ARRANGEMENTS WITH FEDERAL AGENCIES.

"(a) AUTHORITY.—

"(1) IN GENERAL.—The Secretary may enter into (or expand) arrangements for the sharing of medical facilities and services between the Service, Indian Tribes, and Tribal Organizations and the Department of Veterans Affairs and the Department of Defense.

"(2) CONSULTATION BY SECRETARY REQUIRED.—The Secretary may not finalize any arrangement between the Service and a Department described in paragraph (1) without first consulting with the Indian Tribes which will be significantly affected by the arrangement.

"(b) LIMITATIONS.—The Secretary shall not take any action under this section or under subchapter IV of chapter 81 of title 38, United States Code, which would impair—

1 "(1) the priority access of any Indian to health
2 care services provided through the Service and the
3 eligibility of any Indian to receive health services
4 through the Service;
5 "(2) the quality of health care services provided
6 to any Indian through the Service;
7 "(3) the priority access of any veteran to health
8 care services provided by the Department of Vet-
9 erans Affairs;
10 "(4) the quality of health care services provided
11 by the Department of Veterans Affairs or the De-
12 partment of Defense; or
13 "(5) the eligibility of any Indian who is a vet-
14 eran to receive health services through the Depart-
15 ment of Veterans Affairs.
16 "(c) REIMBURSEMENT.—The Service, Indian Tribe,
17 or Tribal Organization shall be reimbursed by the Depart-
18 ment of Veterans Affairs or the Department of Defense
19 (as the case may be) where services are provided through
20 the Service, an Indian Tribe, or a Tribal Organization to
21 beneficiaries eligible for services from either such Depart-
22 ment, notwithstanding any other provision of law.
23 "(d) CONSTRUCTION.—Nothing in this section may
24 be construed as creating any right of a non-Indian veteran
25 to obtain health services from the Service.

1 **"SEC. 407. ELIGIBLE INDIAN VETERAN SERVICES.**

2 "(a) FINDINGS; PURPOSE.—

3 "(1) FINDINGS.—Congress finds that—

4 "(A) collaborations between the Secretary
5 and the Secretary of Veterans Affairs regarding
6 the treatment of Indian veterans at facilities of
7 the Service should be encouraged to the max-
8 imum extent practicable; and

9 "(B) increased enrollment for services of
10 the Department of Veterans Affairs by veterans
11 who are members of Indian tribes should be en-
12 couraged to the maximum extent practicable.

13 "(2) PURPOSE.—The purpose of this section is
14 to reaffirm the goals stated in the document entitled
15 'Memorandum of Understanding Between the VA/
16 Veterans Health Administration And HHS/Indian
17 Health Service' and dated February 25, 2003 (relat-
18 ing to cooperation and resource sharing between the
19 Veterans Health Administration and Service).

20 "(b) DEFINITIONS.—In this section:

21 "(1) ELIGIBLE INDIAN VETERAN.—The term
22 'eligible Indian veteran' means an Indian or Alaska
23 Native veteran who receives any medical service that
24 is—

25 "(A) authorized under the laws adminis-
26 tered by the Secretary of Veterans Affairs; and

1 "(B) administered at a facility of the Serv-
2 ice (including a facility operated by an Indian
3 tribe or tribal organization through a contract
4 or compact with the Service under the Indian
5 Self-Determination and Education Assistance
6 Act (25 U.S.C. 450 et seq.)) pursuant to a local
7 memorandum of understanding.

8 "(2) LOCAL MEMORANDUM OF UNDER-
9 STANDING.—The term 'local memorandum of under-
10 standing' means a memorandum of understanding
11 between the Secretary (or a designee, including the
12 director of any Area Office of the Service) and the
13 Secretary of Veterans Affairs (or a designee) to im-
14 plement the document entitled 'Memorandum of Un-
15 derstanding Between the VA/Veterans Health Ad-
16 ministration And HHS/Indian Health Service' and
17 dated February 25, 2003 (relating to cooperation
18 and resource sharing between the Veterans Health
19 Administration and Indian Health Service).

20 "(c) ELIGIBLE INDIAN VETERANS' EXPENSES.—

21 "(1) IN GENERAL.—Notwithstanding any other
22 provision of law, the Secretary shall provide for vet-
23 eran-related expenses incurred by eligible Indian vet-
24 erans as described in subsection (b)(1)(B).

1 "(2) METHOD OF PAYMENT.—The Secretary
2 shall establish such guidelines as the Secretary de-
3 termines to be appropriate regarding the method of
4 payments to the Secretary of Veterans Affairs under
5 paragraph (1).
6 "(d) TRIBAL APPROVAL OF MEMORANDA.—In nego-
7 tiating a local memorandum of understanding with the
8 Secretary of Veterans Affairs regarding the provision of
9 services to eligible Indian veterans, the Secretary shall
10 consult with each Indian tribe that would be affected by
11 the local memorandum of understanding.
12 "(e) FUNDING.—
13 "(1) TREATMENT.—Expenses incurred by the
14 Secretary in carrying out subsection (c)(1) shall not
15 be considered to be Contract Health Service ex-
16 penses.
17 "(2) USE OF FUNDS.—Of funds made available
18 to the Secretary in appropriations Acts for the Serv-
19 ice (excluding funds made available for facilities,
20 Contract Health Services, or contract support costs),
21 the Secretary shall use such sums as are necessary
22 to carry out this section.
23 **"SEC. 408. PAYOR OF LAST RESORT.**
24 "Indian Health Programs and health care programs
25 operated by Urban Indian Organizations shall be the

1 payor of last resort for services provided to persons eligible
2 for services from Indian Health Programs and Urban In-
3 dian Organizations, notwithstanding any Federal, State,
4 or local law to the contrary.

5 **"SEC. 409. NONDISCRIMINATION UNDER FEDERAL HEALTH**
6 **CARE PROGRAMS IN QUALIFICATIONS FOR**
7 **REIMBURSEMENT FOR SERVICES.**

8 "(a) REQUIREMENT TO SATISFY GENERALLY APPLI-
9 CABLE PARTICIPATION REQUIREMENTS.—

10 "(1) IN GENERAL.—A Federal health care pro-
11 gram must accept an entity that is operated by the
12 Service, an Indian Tribe, Tribal Organization, or
13 Urban Indian Organization as a provider eligible to
14 receive payment under the program for health care
15 services furnished to an Indian on the same basis as
16 any other provider qualified to participate as a pro-
17 vider of health care services under the program if
18 the entity meets generally applicable State or other
19 requirements for participation as a provider of
20 health care services under the program.

21 "(2) SATISFACTION OF STATE OR LOCAL LICEN-
22 SURE OR RECOGNITION REQUIREMENTS.—Any re-
23 quirement for participation as a provider of health
24 care services under a Federal health care program
25 that an entity be licensed or recognized under the

1 State or local law where the entity is located to fur-
2 nish health care services shall be deemed to have
3 been met in the case of an entity operated by the
4 Service, an Indian Tribe, Tribal Organization, or
5 Urban Indian Organization if the entity meets all
6 the applicable standards for such licensure or rec-
7 ognition, regardless of whether the entity obtains a
8 license or other documentation under such State or
9 local law. In accordance with section 221, the ab-
10 sence of the licensure of a health care professional
11 employed by such an entity under the State or local
12 law where the entity is located shall not be taken
13 into account for purposes of determining whether
14 the entity meets such standards, if the professional
15 is licensed in another State.

16 "(b) APPLICATION OF EXCLUSION FROM PARTICIPA-
17 TION IN FEDERAL HEALTH CARE PROGRAMS.—

18 "(1) EXCLUDED ENTITIES.—No entity operated
19 by the Service, an Indian Tribe, Tribal Organiza-
20 tion, or Urban Indian Organization that has been
21 excluded from participation in any Federal health
22 care program or for which a license is under suspen-
23 sion or has been revoked by the State where the en-
24 tity is located shall be eligible to receive payment or

1 reimbursement under any such program for health
2 care services furnished to an Indian.

3 "(2) EXCLUDED INDIVIDUALS.—No individual
4 who has been excluded from participation in any
5 Federal health care program or whose State license
6 is under suspension shall be eligible to receive pay-
7 ment or reimbursement under any such program for
8 health care services furnished by that individual, di-
9 rectly or through an entity that is otherwise eligible
10 to receive payment for health care services, to an In-
11 dian.

12 "(3) FEDERAL HEALTH CARE PROGRAM DE-
13 FINED.—In this subsection, the term, 'Federal
14 health care program' has the meaning given that
15 term in section 1128B(f) of the Social Security Act
16 (42 U.S.C. 1320a–7b(f)), except that, for purposes
17 of this subsection, such term shall include the health
18 insurance program under chapter 89 of title 5,
19 United States Code.

20 "(c) RELATED PROVISIONS.—For provisions related
21 to nondiscrimination against providers operated by the
22 Service, an Indian Tribe, Tribal Organization, or Urban
23 Indian Organization, see section 1139(c) of the Social Se-
24 curity Act (42 U.S.C. 1320b–9(c)).

1 **“SEC. 410. CONSULTATION.**

2 ‘‘For provisions related to consultation with rep-
3 resentatives of Indian Health Programs and urban Indian
4 organizations with respect to the health care programs es-
5 tablished under titles XVIII, XIX, and XXI of the Social
6 Security Act, see section 1139(d) of the Social Security
7 Act (42 U.S.C. 1320b–9(d)).

8 **“SEC. 411. STATE CHILDREN’S HEALTH INSURANCE PRO-**
9 **GRAM (SCHIP).**

10 ‘‘For provisions relating to—
11 ‘‘(1) outreach to families of Indian children
12 likely to be eligible for child health assistance under
13 the State children’s health insurance program estab-
14 lished under title XXI of the Social Security Act, see
15 sections 2105(c)(2)(C) and 1139(a) of such Act (42
16 U.S.C. 1397ee(c)(2), 1320b–9); and
17 ‘‘(2) ensuring that child health assistance is
18 provided under such program to targeted low-income
19 children who are Indians and that payments are
20 made under such program to Indian Health Pro-
21 grams and urban Indian organizations operating in
22 the State that provide such assistance, see sections
23 2102(b)(3)(D) and 2105(c)(6)(B) of such Act (42
24 U.S.C. 1397bb(b)(3)(D), 1397ee(c)(6)(B)).

1 **"SEC. 412. EXCLUSION WAIVER AUTHORITY FOR AFFECTED**
2 **INDIAN HEALTH PROGRAMS AND SAFE HAR-**
3 **BOR TRANSACTIONS UNDER THE SOCIAL SE-**
4 **CURITY ACT.**

5 "For provisions relating to—
6 "(1) exclusion waiver authority for affected In-
7 dian Health Programs under the Social Security
8 Act, see section 1128(k) of the Social Security Act
9 (42 U.S.C. 1320a–7(k)); and
10 "(2) certain transactions involving Indian
11 Health Programs deemed to be in safe harbors
12 under that Act, see section 1128B(b)(4) of the So-
13 cial Security Act (42 U.S.C. 1320a–7b(b)(4)).

14 **"SEC. 413. PREMIUM AND COST SHARING PROTECTIONS**
15 **AND ELIGIBILITY DETERMINATIONS UNDER**
16 **MEDICAID AND SCHIP AND PROTECTION OF**
17 **CERTAIN INDIAN PROPERTY FROM MEDICAID**
18 **ESTATE RECOVERY.**

19 "For provisions relating to—
20 "(1) premiums or cost sharing protections for
21 Indians furnished items or services directly by In-
22 dian Health Programs or through referral under the
23 contract health service under the Medicaid program
24 established under title XIX of the Social Security
25 Act, see sections 1916(j) and 1916A(a)(1) of the So-

1 cial Security Act (42 U.S.C. 1396o(j), 1396o–
2 1(a)(1));
3 ‘‘(2) rules regarding the treatment of certain
4 property for purposes of determining eligibility
5 under such programs, see sections 1902(e)(13) and
6 2107(e)(1)(B) of such Act (42 U.S.C. 1396a(e)(13),
7 1397gg(e)(1)(B)); and
8 ‘‘(3) the protection of certain property from es-
9 tate recovery provisions under the Medicaid pro-
10 gram, see section 1917(b)(3)(B) of such Act (42
11 U.S.C. 1396p(b)(3)(B)).

12 **‘‘SEC. 414. TREATMENT UNDER MEDICAID AND SCHIP MAN-**
13 **AGED CARE.**

14 ‘‘For provisions relating to the treatment of Indians
15 enrolled in a managed care entity under the Medicaid pro-
16 gram under title XIX of the Social Security Act and In-
17 dian Health Programs and urban Indian organizations
18 that are providers of items or services to such Indian en-
19 rollees, see sections 1932(h) and 2107(e)(1)(H) of the So-
20 cial Security Act (42 U.S.C. 1396u–2(h),
21 1397gg(e)(1)(H)).

22 **‘‘SEC. 415. 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 Care Improvement Act
9 Amendments of 2009, the Secretary shall submit to the
10 Committee on Indian Affairs and Committee on Finance
11 of the Senate and the Committee on Natural Resources
12 and Committee on Energy and Commerce of the House
13 of Representatives 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

''(4) legislative actions that would be required to authorize the establishment of such entity if such entity is determined by the Secretary to be feasible.

''SEC. 416. EXCEPTION FOR EXCEPTED BENEFITS.

''The previous provisions of this title shall not apply to the provision of excepted benefits described in paragraph (1)(A) or (3) of section 2791(c) of the Public Health Service Act (42 U.S.C. 300gg–91(c)).

''SEC. 417. AUTHORIZATION OF APPROPRIATIONS.

''There are authorized to be appropriated such sums as may be necessary to carry out this title.

''TITLE V—HEALTH SERVICES FOR URBAN INDIANS

''SEC. 501. PURPOSE.

''The purpose of this title is to establish and maintain programs in Urban Centers to make health services more accessible and available to Urban Indians.

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

''Under authority of the Act of November 2, 1921 (25 U.S.C. 13) (commonly known as the 'Snyder Act'), the Secretary, acting through the Service, shall enter into contracts with, or make grants to, urban Indian organizations to assist such organizations in the establishment and administration, within Urban Centers, of programs which

1 meet the requirements set forth in this title. Subject to
2 section 506, the Secretary, acting through the Service,
3 shall include such conditions as the Secretary considers
4 necessary to effect the purpose of this title in any contract
5 into which the Secretary enters with, or in any grant the
6 Secretary makes to, any urban Indian organization pursu-
7 ant to this title.

8 **“SEC. 503. CONTRACTS AND GRANTS FOR THE PROVISION**
9 **OF HEALTH CARE AND REFERRAL SERVICES.**

10 “(a) REQUIREMENTS FOR GRANTS AND CON-
11 TRACTS.—Under authority of the Act of November 2,
12 1921 (25 U.S.C. 13) (commonly known as the ‘Snyder
13 Act’), the Secretary, acting through the Service, shall
14 enter into contracts with, and make grants to, urban In-
15 dian organizations for the provision of health care and re-
16 ferral services for Urban Indians. Any such contract or
17 grant shall include requirements that the urban Indian or-
18 ganization successfully undertake to—

19 “(1) estimate the population of Urban Indians
20 residing in the Urban Center or centers that the or-
21 ganization proposes to serve who are or could be re-
22 cipients of health care or referral services;

23 “(2) estimate the current health status of
24 Urban Indians residing in such Urban Center or
25 centers;

1 "(3) estimate the current health care needs of
2 Urban Indians residing in such Urban Center or
3 centers;
4 "(4) provide basic health education, including
5 health promotion and disease prevention education,
6 to Urban Indians;
7 "(5) make recommendations to the Secretary
8 and Federal, State, local, and other resource agen-
9 cies on methods of improving health service pro-
10 grams to meet the needs of Urban Indians; and
11 "(6) where necessary, provide, or enter into
12 contracts for the provision of, health care services
13 for Urban Indians.
14 "(b) CRITERIA.—The Secretary, acting through the
15 Service, shall, by regulation, prescribe the criteria for se-
16 lecting urban Indian organizations to enter into contracts
17 or receive grants under this section. Such criteria shall,
18 among other factors, include—
19 "(1) the extent of unmet health care needs of
20 Urban Indians in the Urban Center or centers in-
21 volved;
22 "(2) the size of the urban Indian population in
23 the Urban Center or centers involved;
24 "(3) the extent, if any, to which the activities
25 set forth in subsection (a) would duplicate any

1 project funded under this title, or under any current
2 public health service project funded in a manner
3 other than pursuant to this title;

4 ''(4) the capability of an urban Indian organiza-
5 tion to perform the activities set forth in subsection
6 (a) and to enter into a contract with the Secretary
7 or to meet the requirements for receiving a grant
8 under this section;

9 ''(5) the satisfactory performance and success-
10 ful completion by an urban Indian organization of
11 other contracts with the Secretary under this title;

12 ''(6) the appropriateness and likely effectiveness
13 of conducting the activities set forth in subsection
14 (a) in an Urban Center or centers; and

15 ''(7) the extent of existing or likely future par-
16 ticipation in the activities set forth in subsection (a)
17 by appropriate health and health-related Federal,
18 State, local, and other agencies.

19 ''(c) ACCESS TO HEALTH PROMOTION AND DISEASE
20 PREVENTION PROGRAMS.—The Secretary, acting through
21 the Service, shall facilitate access to or provide health pro-
22 motion and disease prevention services for Urban Indians
23 through grants made to urban Indian organizations ad-
24 ministering contracts entered into or receiving grants
25 under subsection (a).

1 ‘‘(d) IMMUNIZATION SERVICES.—
2 ‘‘(1) ACCESS OR SERVICES PROVIDED.—The
3 Secretary, acting through the Service, shall facilitate
4 access to, or provide, immunization services for
5 Urban Indians through grants made to urban Indian
6 organizations administering contracts entered into or
7 receiving grants under this section.
8 ‘‘(2) DEFINITION.—For purposes of this sub-
9 section, the term ‘immunization services’ means
10 services to provide without charge immunizations
11 against vaccine-preventable diseases.
12 ‘‘(e) BEHAVIORAL HEALTH SERVICES.—
13 ‘‘(1) ACCESS OR SERVICES PROVIDED.—The
14 Secretary, acting through the Service, shall facilitate
15 access to, or provide, behavioral health services for
16 Urban Indians through grants made to urban Indian
17 organizations administering contracts entered into or
18 receiving grants under subsection (a).
19 ‘‘(2) ASSESSMENT REQUIRED.—Except as pro-
20 vided by paragraph (3)(A), a grant may not be made
21 under this subsection to an urban Indian organiza-
22 tion until that organization has prepared, and the
23 Service has approved, an assessment of the fol-
24 lowing:

1 "(A) The behavioral health needs of the
2 urban Indian population concerned.
3 "(B) The behavioral health services and
4 other related resources available to that popu-
5 lation.
6 "(C) The barriers to obtaining those serv-
7 ices and resources.
8 "(D) The needs that are unmet by such
9 services and resources.
10 "(3) PURPOSES OF GRANTS.—Grants may be
11 made under this subsection for the following:
12 "(A) To prepare assessments required
13 under paragraph (2).
14 "(B) To provide outreach, educational, and
15 referral services to Urban Indians regarding the
16 availability of direct behavioral health services,
17 to educate Urban Indians about behavioral
18 health issues and services, and effect coordina-
19 tion with existing behavioral health providers in
20 order to improve services to Urban Indians.
21 "(C) To provide outpatient behavioral
22 health services to Urban Indians, including the
23 identification and assessment of illness, thera-
24 peutic treatments, case management, support
25 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

Welfare Act of 1978 (25 U.S.C. 1901 et seq.), if any;

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

"(C) the assessment required under paragraph (2).

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

"SEC. 504. USE OF FEDERAL GOVERNMENT FACILITIES AND SOURCES OF SUPPLY.

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

1 “(b) DONATIONS.—Subject to subsection (d), the
2 Secretary may donate to an urban Indian organization
3 that has entered into a contract or received a grant pursu-
4 ant to this title any personal or real property determined
5 to be excess to the needs of the Indian Health Service or
6 the General Services Administration for the purposes of
7 carrying out the contract or grant.

8 “(c) ACQUISITION OF PROPERTY.—The Secretary
9 may acquire excess or surplus government personal or real
10 property for donation, subject to subsection (d) to an
11 urban Indian organization that has entered into a contract
12 or received a grant pursuant to this title if the Secretary
13 determines that the property is appropriate for use by the
14 urban Indian organization for a purpose for which a con-
15 tract or grant is authorized under this title.

16 “(d) PRIORITY.—In the event that the Secretary re-
17 ceives a request for a specific item of personal or real
18 property described in subsections (b) or (c) from an urban
19 Indian organization and from an Indian Tribe or Tribal
20 Organization, the Secretary shall give priority to the re-
21 quest for donation to the Indian Tribe or Tribal Organiza-
22 tion if the Secretary receives the request from the Indian
23 Tribe or Tribal Organization before the date the Secretary
24 transfers title to the property or, if earlier, the date the

1 Secretary transfers the property physically, to the urban
2 Indian organization.

3 "(e) EXECUTIVE AGENCY STATUS.—For purposes of
4 section 201(a) of the Federal Property and Administrative
5 Services Act of 1949 (40 U.S.C 481(a)) (relating to Fed-
6 eral sources of supply), an urban Indian organization that
7 has entered into a contract or received a grant pursuant
8 to this title may be deemed to be an executive agency when
9 carrying out such contract or grant.

10 **"SEC. 505. CONTRACTS AND GRANTS FOR THE DETERMINA-**
11 **TION OF UNMET HEALTH CARE NEEDS.**

12 "(a) GRANTS AND CONTRACTS AUTHORIZED.—
13 Under authority of the Act of November 2, 1921 (25
14 U.S.C. 13) (commonly known as the 'Snyder Act'), the
15 Secretary, acting through the Service, may enter into con-
16 tracts with or make grants to urban Indian organizations
17 situated in Urban Centers for which contracts have not
18 been entered into or grants have not been made under sec-
19 tion 503.

20 "(b) PURPOSE.—The purpose of a contract or grant
21 made under this section shall be the determination of the
22 matters described in subsection (c)(1) in order to assist
23 the Secretary in assessing the health status and health
24 care needs of Urban Indians in the Urban Center involved
25 and determining whether the Secretary should enter into

1 a contract or make a grant under section 503 with respect
2 to the urban Indian organization which the Secretary has
3 entered into a contract with, or made a grant to, under
4 this section.

5 "(c) GRANT AND CONTRACT REQUIREMENTS.—Any
6 contract entered into, or grant made, by the Secretary
7 under this section shall include requirements that—

8 "(1) the urban Indian organization successfully
9 undertakes to—

10 "(A) document the health care status and
11 unmet health care needs of urban Indians in
12 the Urban Center involved; and

13 "(B) with respect to urban Indians in the
14 Urban Center involved, determine the matters
15 described in paragraphs (2), (3), (4), and (7) of
16 section 503(b); and

17 "(2) the urban Indian organization complete
18 performance of the contract, or carry out the re-
19 quirements of the grant, within 1 year after the date
20 on which the Secretary and such organization enter
21 into such contract, or within 1 year after such orga-
22 nization receives such grant, whichever is applicable.

23 "(d) NO RENEWALS.—The Secretary may not renew
24 any contract entered into or grant made under this sec-
25 tion.

1 **"SEC. 506. EVALUATIONS; RENEWALS.**

2 "(a) PROCEDURES FOR EVALUATIONS.—The Sec-
3 retary, acting through the Service, shall develop proce-
4 dures to evaluate compliance with grant requirements and
5 compliance with and performance of contracts entered into
6 by urban Indian organizations under this title. Such pro-
7 cedures shall include provisions for carrying out the re-
8 quirements of this section.

9 "(b) EVALUATIONS.—The Secretary, acting through
10 the Service, shall evaluate the compliance of each Urban
11 Indian Organization which has entered into a contract or
12 received a grant under section 503 with the terms of such
13 contract or grant. For purposes of this evaluation, the
14 Secretary shall—

15 "(1) acting through the Service, conduct an an-
16 nual onsite evaluation of the organization; or

17 "(2) accept in lieu of such onsite evaluation evi-
18 dence of the organization's provisional or full accred-
19 itation by a private independent entity recognized by
20 the Secretary for purposes of conducting quality re-
21 views of providers participating in the Medicare pro-
22 gram under title XVIII of the Social Security Act.

23 "(c) NONCOMPLIANCE; UNSATISFACTORY PERFORM-
24 ANCE.—If, as a result of the evaluations conducted under
25 this section, the Secretary determines that an urban In-
26 dian organization has not complied with the requirements

1 of a grant or complied with or satisfactorily performed a
2 contract under section 503, the Secretary shall, prior to
3 renewing such contract or grant, attempt to resolve with
4 the organization the areas of noncompliance or unsatisfac-
5 tory performance and modify the contract or grant to pre-
6 vent future occurrences of noncompliance or unsatisfac-
7 tory performance. If the Secretary determines that the
8 noncompliance or unsatisfactory performance cannot be
9 resolved and prevented in the future, the Secretary shall
10 not renew the contract or grant with the organization and
11 is authorized to enter into a contract or make a grant
12 under section 503 with another urban Indian organization
13 which is situated in the same Urban Center as the urban
14 Indian organization whose contract or grant is not re-
15 newed under this section.

16 "(d) CONSIDERATIONS FOR RENEWALS.—In deter-
17 mining whether to renew a contract or grant with an
18 urban Indian organization under section 503 which has
19 completed performance of a contract or grant under sec-
20 tion 504, the Secretary shall review the records of the
21 urban Indian organization, the reports submitted under
22 section 507, and shall consider the results of the onsite
23 evaluations or accreditations under subsection (b).

1 **"SEC. 507. OTHER CONTRACT AND GRANT REQUIREMENTS.**

2 ''(a) PROCUREMENT.—Contracts with urban Indian
3 organizations entered into pursuant to this title shall be
4 in accordance with all Federal contracting laws and regu-
5 lations relating to procurement except that in the discre-
6 tion of the Secretary, such contracts may be negotiated
7 without advertising and need not conform to the provisions
8 of sections 1304 and 3131 through 3133 of title 40,
9 United States Code.

10 ''(b) PAYMENTS UNDER CONTRACTS OR GRANTS.—

11 ''(1) IN GENERAL.—Payments under any con-
12 tracts or grants pursuant to this title, notwith-
13 standing any term or condition of such contract or
14 grant—

15 ''(A) may be made in a single advance pay-
16 ment by the Secretary to the urban Indian or-
17 ganization by no later than the end of the first
18 30 days of the funding period with respect to
19 which the payments apply, unless the Secretary
20 determines through an evaluation under section
21 505 that the organization is not capable of ad-
22 ministering such a single advance payment; and

23 ''(B) if any portion thereof is unexpended
24 by the urban Indian organization during the
25 funding period with respect to which the pay-
26 ments initially apply, shall be carried forward

1 for expenditure with respect to allowable or re-
2 imbursable costs incurred by the organization
3 during 1 or more subsequent funding periods
4 without additional justification or documenta-
5 tion by the organization as a condition of car-
6 rying forward the availability for expenditure of
7 such funds.

8 ''(2) SEMIANNUAL AND QUARTERLY PAYMENTS
9 AND REIMBURSEMENTS.—If the Secretary deter-
10 mines under paragraph (1)(A) that an urban Indian
11 organization is not capable of administering an en-
12 tire single advance payment, on request of the urban
13 Indian organization, the payments may be made—

14 ''(A) in semiannual or quarterly payments
15 by not later than 30 days after the date on
16 which the funding period with respect to which
17 the payments apply begins; or

18 ''(B) by way of reimbursement.

19 ''(c) REVISION OR AMENDMENT OF CONTRACTS.—
20 Notwithstanding any provision of law to the contrary, the
21 Secretary may, at the request and consent of an urban
22 Indian organization, revise or amend any contract entered
23 into by the Secretary with such organization under this
24 title as necessary to carry out the purposes of this title.

1 "(d) FAIR AND UNIFORM SERVICES AND ASSIST-
2 ANCE.—Contracts with or grants to urban Indian organi-
3 zations and regulations adopted pursuant to this title shall
4 include provisions to assure the fair and uniform provision
5 to urban Indians of services and assistance under such
6 contracts or grants by such organizations.

7 **"SEC. 508. REPORTS AND RECORDS.**

8 "(a) REPORTS.—
9 "(1) IN GENERAL.—For each fiscal year during
10 which an urban Indian organization receives or ex-
11 pends funds pursuant to a contract entered into or
12 a grant received pursuant to this title, such urban
13 Indian organization shall submit to the Secretary
14 not more frequently than every 6 months, a report
15 that includes the following:
16 "(A) In the case of a contract or grant
17 under section 503, recommendations pursuant
18 to section 503(a)(5).
19 "(B) Information on activities conducted
20 by the organization pursuant to the contract or
21 grant.
22 "(C) An accounting of the amounts and
23 purpose for which Federal funds were ex-
24 pended.

1 "(D) A minimum set of data, using uni-
2 formly defined elements, as specified by the
3 Secretary after consultation with urban Indian
4 organizations.
5 "(2) HEALTH STATUS AND SERVICES.—
6 "(A) IN GENERAL.—Not later than 18
7 months after the date of enactment of the In-
8 dian Health Care Improvement Act Amend-
9 ments of 2009, the Secretary, acting through
10 the Service, shall submit to Congress a report
11 evaluating—
12 "(i) the health status of urban Indi-
13 ans;
14 "(ii) the services provided to Indians
15 pursuant to this title; and
16 "(iii) areas of unmet needs in the de-
17 livery of health services to urban Indians.
18 "(B) CONSULTATION AND CONTRACTS.—
19 In preparing the report under paragraph (1),
20 the Secretary—
21 "(i) shall consult with urban Indian
22 organizations; and
23 "(ii) may enter into a contract with a
24 national organization representing urban

1 Indian organizations to conduct any aspect
2 of the report.

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

7 "(c) COSTS OF AUDITS.—The Secretary shall allow
8 as a cost of any contract or grant entered into or awarded
9 under section 502 or 503 the cost of an annual inde-
10 pendent financial audit conducted by—

11 "(1) a certified public accountant; or

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

14 **"SEC. 509. LIMITATION ON CONTRACT AUTHORITY.**

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

19 **"SEC. 510. FACILITIES.**

20 "(a) GRANTS.—The Secretary, acting through the
21 Service, may make grants to contractors or grant recipi-
22 ents under this title for the lease, purchase, renovation,
23 construction, or expansion of facilities, including leased fa-
24 cilities, in order to assist such contractors or grant recipi-

1 ents in complying with applicable licensure or certification
2 requirements.
3 ''(b) LOAN FUND STUDY.—The Secretary, acting
4 through the Service, may carry out a study to determine
5 the feasibility of establishing a loan fund to provide to
6 urban Indian organizations direct loans or guarantees for
7 loans for the construction of health care facilities in a
8 manner consistent with section 309, including by submit-
9 ting a report in accordance with subsection (c) of that sec-
10 tion.

11 **''SEC. 511. DIVISION OF URBAN INDIAN HEALTH.**

12 ''There is established within the Service a Division
13 of Urban Indian Health, which shall be responsible for—
14 ''(1) carrying out the provisions of this title;
15 ''(2) providing central oversight of the pro-
16 grams and services authorized under this title; and
17 ''(3) providing technical assistance to urban In-
18 dian organizations.

19 **''SEC. 512. GRANTS FOR ALCOHOL AND SUBSTANCE ABUSE-**
20 **RELATED SERVICES.**

21 ''(a) GRANTS AUTHORIZED.—The Secretary, acting
22 through the Service, may make grants for the provision
23 of health-related services in prevention of, treatment of,
24 rehabilitation of, or school- and community-based edu-
25 cation regarding, alcohol and substance abuse in Urban

1 Centers to those urban Indian organizations with which
2 the Secretary has entered into a contract under this title
3 or under section 201.

4 ‘‘(b) GOALS.—Each grant made pursuant to sub-
5 section (a) shall set forth the goals to be accomplished
6 pursuant to the grant. The goals shall be specific to each
7 grant as agreed to between the Secretary and the grantee.

8 ‘‘(c) CRITERIA.—The Secretary shall establish cri-
9 teria for the grants made under subsection (a), including
10 criteria relating to the following:

11 ‘‘(1) The size of the urban Indian population.

12 ‘‘(2) Capability of the organization to ade-
13 quately perform the activities required under the
14 grant.

15 ‘‘(3) Satisfactory performance standards for the
16 organization in meeting the goals set forth in such
17 grant. The standards shall be negotiated and agreed
18 to between the Secretary and the grantee on a
19 grant-by-grant basis.

20 ‘‘(4) Identification of the need for services.

21 ‘‘(d) ALLOCATION OF GRANTS.—The Secretary shall
22 develop a methodology for allocating grants made pursu-
23 ant to this section based on the criteria established pursu-
24 ant to subsection (c).

1 "(e) GRANTS SUBJECT TO CRITERIA.—Any grant re-
2 ceived by an urban Indian organization under this Act for
3 substance abuse prevention, treatment, and rehabilitation
4 shall be subject to the criteria set forth in subsection (c).

5 **"SEC. 513. TREATMENT OF CERTAIN DEMONSTRATION**
6 **PROJECTS.**

7 "Notwithstanding any other provision of law, the
8 Tulsa Clinic and Oklahoma City Clinic demonstration
9 projects shall—
10 "(1) be permanent programs within the Serv-
11 ice's direct care program;
12 "(2) continue to be treated as Service Units
13 and Operating Units in the allocation of resources
14 and coordination of care; and
15 "(3) continue to meet the requirements and
16 definitions of an urban Indian organization in this
17 Act, and shall not be subject to the provisions of the
18 Indian Self-Determination and Education Assistance
19 Act (25 U.S.C. 450 et seq.).

20 **"SEC. 514. URBAN NIAAA TRANSFERRED PROGRAMS.**

21 "(a) GRANTS AND CONTRACTS.—The Secretary,
22 through the Division of Urban Indian Health, shall make
23 grants or enter into contracts with urban Indian organiza-
24 tions, to take effect not later than September 30, 2010,
25 for the administration of urban Indian alcohol programs

1 that were originally established under the National Insti-
2 tute on Alcoholism and Alcohol Abuse (hereafter in this
3 section referred to as 'NIAAA') and transferred to the
4 Service.

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

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

15 "(d) REPORT.—The Secretary shall evaluate and re-
16 port to Congress on the activities of programs funded
17 under this section not less than every 5 years.

18 **"SEC. 515. CONFERRING WITH URBAN INDIAN ORGANIZA-**
19 **TIONS.**

20 "(a) IN GENERAL.—The Secretary shall ensure that
21 the Service confers or conferences, to the greatest extent
22 practicable, with Urban Indian Organizations.

23 "(b) DEFINITION OF CONFER; CONFERENCE.—In
24 this section, the terms 'confer' and 'conference' mean an

1 open and free exchange of information and opinions
2 that—
3 ‘‘(1) leads to mutual understanding and com-
4 prehension; and
5 ‘‘(2) emphasizes trust, respect, and shared re-
6 sponsibility.
7 **‘‘SEC. 516. URBAN YOUTH TREATMENT CENTER DEM-**
8 **ONSTRATION.**
9 ‘‘(a) CONSTRUCTION AND OPERATION.—
10 ‘‘(1) IN GENERAL.—The Secretary, acting
11 through the Service, through grant or contract, shall
12 fund the construction and operation of at least 1
13 residential treatment center in each Service Area
14 that meets the eligibility requirements set forth in
15 subsection (b) to demonstrate the provision of alco-
16 hol and substance abuse treatment services to Urban
17 Indian youth in a culturally competent residential
18 setting.
19 ‘‘(2) TREATMENT.—Each residential treatment
20 center described in paragraph (1) shall be in addi-
21 tion to any facilities constructed under section
22 707(b).
23 ‘‘(b) ELIGIBILITY REQUIREMENTS.—To be eligible to
24 obtain a facility under subsection (a)(1), a Service Area
25 shall meet the following requirements:

1 "(1) There is an Urban Indian Organization in
2 the Service Area.

3 "(2) There reside in the Service Area Urban In-
4 dian youth with need for alcohol and substance
5 abuse treatment services in a residential setting.

6 "(3) There is a significant shortage of cul-
7 turally competent residential treatment services for
8 Urban Indian youth in the Service Area.

9 **"SEC. 517. GRANTS FOR DIABETES PREVENTION, TREAT-**
10 **MENT, AND CONTROL.**

11 "(a) GRANTS AUTHORIZED.—The Secretary may
12 make grants to those urban Indian organizations that
13 have entered into a contract or have received a grant
14 under this title for the provision of services for the preven-
15 tion and treatment of, and control of the complications
16 resulting from, diabetes among urban Indians.

17 "(b) GOALS.—Each grant made pursuant to sub-
18 section (a) shall set forth the goals to be accomplished
19 under the grant. The goals shall be specific to each grant
20 as agreed to between the Secretary and the grantee.

21 "(c) ESTABLISHMENT OF CRITERIA.—The Secretary
22 shall establish criteria for the grants made under sub-
23 section (a) relating to—

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

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

5 ‘‘(3) performance standards for the organiza-
6 tion in meeting the goals set forth in such grant
7 that are negotiated and agreed to by the Secretary
8 and the grantee;

9 ‘‘(4) the capability of the organization to ade-
10 quately perform the activities required under the
11 grant; and

12 ‘‘(5) the willingness of the organization to col-
13 laborate with the registry, if any, established by the
14 Secretary under section 204(e) in the Area Office of
15 the Service in which the organization is located.

16 ‘‘(d) FUNDS SUBJECT TO CRITERIA.—Any funds re-
17 ceived by an urban Indian organization under this Act for
18 the prevention, treatment, and control of diabetes among
19 urban Indians shall be subject to the criteria developed
20 by the Secretary under subsection (c).

21 **‘‘SEC. 518. COMMUNITY HEALTH REPRESENTATIVES.**

22 ‘‘The Secretary, acting through the Service, may
23 enter into contracts with, and make grants to, urban In-
24 dian organizations for the employment of Indians trained
25 as health service providers through the Community Health

1 Representatives Program under section 109 in the provi-
2 sion of health care, health promotion, and disease preven-
3 tion services to urban Indians.

4 **"SEC. 519. EFFECTIVE DATE.**

5 "The amendments made by the Indian Health Care
6 Improvement Act Amendments of 2009 to this title shall
7 take effect beginning on the date of enactment of that Act,
8 regardless of whether the Secretary has promulgated regu-
9 lations implementing such amendments.

10 **"SEC. 520. ELIGIBILITY FOR SERVICES.**

11 "Urban Indians shall be eligible for, and the ultimate
12 beneficiaries of, health care or referral services provided
13 pursuant to this title.

14 **"SEC. 521. AUTHORIZATION OF APPROPRIATIONS.**

15 "(a) IN GENERAL.—There are authorized to be ap-
16 propriated such sums as may be necessary for each fiscal
17 year through fiscal year 2025 to carry out this title.

18 "(b) URBAN INDIAN ORGANIZATIONS.—The Sec-
19 retary, acting through the Service, is authorized to estab-
20 lish programs, including programs for the awarding of
21 grants, for urban Indian organizations that are identical
22 to any programs established pursuant to section 126 (be-
23 havioral health training), section 210 (school health edu-
24 cation), section 212 (prevention of communicable dis-
25 eases), section 701 (behavioral health prevention and

treatment services), and section 707(g) (multidrug abuse program).

"SEC. 522. HEALTH INFORMATION TECHNOLOGY.

"The Secretary, acting through the Service, may make grants to urban Indian organizations under this title for the development, adoption, and implementation of health information technology (as defined in section 3000(5) of the American Recovery and Reinvestment Act), telemedicine services development, and related infrastructure.

"TITLE VI—ORGANIZATIONAL IMPROVEMENTS

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

"(a) ESTABLISHMENT.—

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

1 "(2) ASSISTANT SECRETARY OF INDIAN
2 HEALTH.—The Service shall be administered by an
3 Assistant Secretary of Indian Health, who shall be
4 appointed by the President, by and with the advice
5 and consent of the Senate. The Assistant Secretary
6 shall report to the Secretary. Effective with respect
7 to an individual appointed by the President, by and
8 with the advice and consent of the Senate, after
9 January 1, 2010, the term of service of the Assist-
10 ant Secretary shall be 4 years. An Assistant Sec-
11 retary may serve more than 1 term.

12 "(3) INCUMBENT.—The individual serving in
13 the position of Director of the Service on the day be-
14 fore the date of enactment of the Indian Health
15 Care Improvement Act Amendments of 2009 shall
16 serve as Assistant Secretary.

17 "(4) ADVOCACY AND CONSULTATION.—The po-
18 sition of Assistant Secretary is established to, in a
19 manner consistent with the government-to-govern-
20 ment relationship between the United States and In-
21 dian Tribes—

22 "(A) facilitate advocacy for the develop-
23 ment of appropriate Indian health policy; and

24 "(B) promote consultation on matters re-
25 lating to Indian health.

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

5 "(c) DUTIES.—The Assistant Secretary shall—

6 "(1) perform all functions that were, on the day
7 before the date of enactment of the Indian Health
8 Care Improvement Act Amendments of 2009, car-
9 ried out by or under the direction of the individual
10 serving as Director of the Service on that day;

11 "(2) perform all functions of the Secretary re-
12 lating to the maintenance and operation of hospital
13 and health facilities for Indians and the planning
14 for, and provision and utilization of, health services
15 for Indians;

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

20 "(A) this Act;

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

23 "(C) the Act of August 5, 1954 (42 U.S.C.
24 2001 et seq.);

1 "(D) the Act of August 16, 1957 (42
2 U.S.C. 2005 et seq.); and
3 "(E) the Indian Self-Determination and
4 Education Assistance Act (25 U.S.C. 450 et
5 seq.);
6 "(4) administer all scholarship and loan func-
7 tions carried out under title I;
8 "(5) report directly to the Secretary concerning
9 all policy- and budget-related matters affecting In-
10 dian health;
11 "(6) collaborate with the Assistant Secretary
12 for Health concerning appropriate matters of Indian
13 health that affect the agencies of the Public Health
14 Service;
15 "(7) advise each Assistant Secretary of the De-
16 partment concerning matters of Indian health with
17 respect to which that Assistant Secretary has au-
18 thority and responsibility;
19 "(8) advise the heads of other agencies and pro-
20 grams of the Department concerning matters of In-
21 dian health with respect to which those heads have
22 authority and responsibility;
23 "(9) coordinate the activities of the Department
24 concerning matters of Indian health; and

1 "(10) perform such other functions as the Sec-
2 retary may designate.
3 "(d) AUTHORITY.—
4 "(1) IN GENERAL.—The Secretary, acting
5 through the Assistant Secretary, shall have the au-
6 thority—
7 "(A) except to the extent provided for in
8 paragraph (2), to appoint and compensate em-
9 ployees for the Service in accordance with title
10 5, United States Code;
11 "(B) to enter into contracts for the pro-
12 curement of goods and services to carry out the
13 functions of the Service; and
14 "(C) to manage, expend, and obligate all
15 funds appropriated for the Service.
16 "(2) PERSONNEL ACTIONS.—Notwithstanding
17 any other provision of law, the provisions of section
18 12 of the Act of June 18, 1934 (48 Stat. 986; 25
19 U.S.C. 472), shall apply to all personnel actions
20 taken with respect to new positions created within
21 the Service as a result of its establishment under
22 subsection (a).
23 "(e) REFERENCES.—Any reference to the Director of
24 the Indian Health Service in any other Federal law, Exec-
25 utive order, rule, regulation, or delegation of authority, or

1 in any document of or relating to the Director of the In-
2 dian Health Service, shall be deemed to refer to the Assist-
3 ant Secretary.

4 **"SEC. 602. AUTOMATED MANAGEMENT INFORMATION SYS-**
5 **TEM.**

6 "(a) ESTABLISHMENT.—

7 "(1) IN GENERAL.—The Secretary shall estab-
8 lish an automated management information system
9 for the Service.

10 "(2) REQUIREMENTS OF SYSTEM.—The infor-
11 mation system established under paragraph (1) shall
12 include—

13 "(A) a financial management system;

14 "(B) a patient care information system for
15 each area served by the Service;

16 "(C) privacy protections consistent with
17 the regulations promulgated under section
18 264(c) of the Health Insurance Portability and
19 Accountability Act of 1996 or, to the extent
20 consistent with such regulations, other Federal
21 rules applicable to privacy of automated man-
22 agement information systems of a Federal
23 agency;

24 "(D) a services-based cost accounting com-
25 ponent that provides estimates of the costs as-

1 sociated with the provision of specific medical
2 treatments or services in each Area office of the
3 Service;

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

6 "(F) a training component.

7 "(b) PROVISION OF SYSTEMS TO TRIBES AND ORGA-
8 NIZATIONS.—The Secretary shall provide each Tribal
9 Health Program automated management information sys-
10 tems which—

11 "(1) meet the management information needs
12 of such Tribal Health Program with respect to the
13 treatment by the Tribal Health Program of patients
14 of the Service; and

15 "(2) meet the management information needs
16 of the Service.

17 "(c) ACCESS TO RECORDS.—The Service shall pro-
18 vide access of patients to their medical or health records
19 which are held by, or on behalf of, the Service in accord-
20 ance with the regulations promulgated under section
21 264(c) of the Health Insurance Portability and Account-
22 ability Act of 1996 or, to the extent consistent with such
23 regulations, other Federal rules applicable to access to
24 health care records.

1 "(d) AUTHORITY TO ENHANCE INFORMATION TECH-
2 NOLOGY.—The Secretary, acting through the Assistant
3 Secretary, shall have the authority to enter into contracts,
4 agreements, or joint ventures with other Federal agencies,
5 States, private and nonprofit organizations, for the pur-
6 pose of enhancing information technology in Indian
7 Health Programs and facilities.

8 **"SEC. 603. AUTHORIZATION OF APPROPRIATIONS.**

9 "There is authorized to be appropriated such sums
10 as may be necessary for each fiscal year through fiscal
11 year 2025 to carry out this title.

12 # "TITLE VII—BEHAVIORAL
13 # HEALTH PROGRAMS

14 **"SEC. 701. BEHAVIORAL HEALTH PREVENTION AND TREAT-**
15 **MENT SERVICES.**

16 "(a) PURPOSES.—The purposes of this section are as
17 follows:

18 "(1) To authorize and direct the Secretary, act-
19 ing through the Service, to develop a comprehensive
20 behavioral health prevention and treatment program
21 which emphasizes collaboration among alcohol and
22 substance abuse, social services, and mental health
23 programs.

24 "(2) To provide information, direction, and
25 guidance relating to mental illness and dysfunction

1 and self-destructive behavior, including child abuse
2 and family violence, to those Federal, tribal, State,
3 and local agencies responsible for programs in In-
4 dian communities in areas of health care, education,
5 social services, child and family welfare, alcohol and
6 substance abuse, law enforcement, and judicial serv-
7 ices.

8 "(3) To assist Indian Tribes to identify services
9 and resources available to address mental illness and
10 dysfunctional and self-destructive behavior.

11 "(4) To provide authority and opportunities for
12 Indian Tribes and Tribal Organizations to develop,
13 implement, and coordinate with community-based
14 programs which include identification, prevention,
15 education, referral, and treatment services, including
16 through multidisciplinary resource teams.

17 "(5) To ensure that Indians, as citizens of the
18 United States and of the States in which they re-
19 side, have the same access to behavioral health serv-
20 ices to which all citizens have access.

21 "(6) To modify or supplement existing pro-
22 grams and authorities in the areas identified in
23 paragraph (2).

24 "(b) PLANS.—

1 “(1) DEVELOPMENT.—The Secretary, acting
2 through the Service, shall encourage Indian Tribes
3 and Tribal Organizations to develop tribal plans,
4 and urban Indian organizations to develop local
5 plans, and for all such groups to participate in de-
6 veloping areawide plans for Indian Behavioral
7 Health Services. The plans shall include, to the ex-
8 tent feasible, the following components:
9 “(A) An assessment of the scope of alcohol
10 or other substance abuse, mental illness, and
11 dysfunctional and self-destructive behavior, in-
12 cluding suicide, child abuse, and family vio-
13 lence, among Indians, including—
14 “(i) the number of Indians served who
15 are directly or indirectly affected by such
16 illness or behavior; or
17 “(ii) an estimate of the financial and
18 human cost attributable to such illness or
19 behavior.
20 “(B) An assessment of the existing and
21 additional resources necessary for the preven-
22 tion and treatment of such illness and behavior,
23 including an assessment of the progress toward
24 achieving the availability of the full continuum
25 of care described in subsection (c).

1 "(C) An estimate of the additional funding
2 needed by the Service, Indian Tribes, Tribal
3 Organizations, and urban Indian organizations
4 to meet their responsibilities under the plans.

5 "(2) NATIONAL CLEARINGHOUSE.—The Sec-
6 retary, acting through the Service, shall coordinate
7 with existing national clearinghouses and informa-
8 tion centers to include at the clearinghouses and
9 centers plans and reports on the outcomes of such
10 plans developed by Indian Tribes, Tribal Organiza-
11 tions, urban Indian organizations, and Service Areas
12 relating to behavioral health. The Secretary shall en-
13 sure access to these plans and outcomes by any In-
14 dian Tribe, Tribal Organization, urban Indian orga-
15 nization, or the Service.

16 "(3) TECHNICAL ASSISTANCE.—The Secretary
17 shall provide technical assistance to Indian Tribes,
18 Tribal Organizations, and urban Indian organiza-
19 tions in preparation of plans under this section and
20 in developing standards of care that may be used
21 and adopted locally.

22 "(c) PROGRAMS.—The Secretary, acting through the
23 Service, shall provide, to the extent feasible and if funding
24 is available, programs including the following:

1 “(1) COMPREHENSIVE CARE.—A comprehensive
2 continuum of behavioral health care which pro-
3 vides—
4 “(A) community-based prevention, inter-
5 vention, outpatient, and behavioral health
6 aftercare;
7 “(B) detoxification (social and medical);
8 “(C) acute hospitalization;
9 “(D) intensive outpatient/day treatment;
10 “(E) residential treatment;
11 “(F) transitional living for those needing a
12 temporary, stable living environment that is
13 supportive of treatment and recovery goals;
14 “(G) emergency shelter;
15 “(H) intensive case management; and
16 “(I) diagnostic services.
17 “(2) CHILD CARE.—Behavioral health services
18 for Indians from birth through age 17, including—
19 “(A) preschool and school age fetal alcohol
20 disorder services, including assessment and be-
21 havioral intervention;
22 “(B) mental health and substance abuse
23 services (emotional, organic, alcohol, drug, in-
24 halant, and tobacco);

1 "(C) identification and treatment of co-oc-
2 curring disorders and comorbidity;
3 "(D) prevention of alcohol, drug, inhalant,
4 and tobacco use;
5 "(E) early intervention, treatment, and
6 aftercare;
7 "(F) promotion of healthy approaches to
8 risk and safety issues; and
9 "(G) identification and treatment of ne-
10 glect and physical, mental, and sexual abuse.
11 "(3) ADULT CARE.—Behavioral health services
12 for Indians from age 18 through 55, including—
13 "(A) early intervention, treatment, and
14 aftercare;
15 "(B) mental health and substance abuse
16 services (emotional, alcohol, drug, inhalant, and
17 tobacco), including sex specific services;
18 "(C) identification and treatment of co-oc-
19 curring disorders (dual diagnosis) and comor-
20 bidity;
21 "(D) promotion of healthy approaches for
22 risk-related behavior;
23 "(E) treatment services for women at risk
24 of giving birth to a child with a fetal alcohol
25 disorder; and

1 "(F) sex specific treatment for sexual as-
2 sault and domestic violence.
3 "(4) FAMILY CARE.—Behavioral health services
4 for families, including—
5 "(A) early intervention, treatment, and
6 aftercare for affected families;
7 "(B) treatment for sexual assault and do-
8 mestic violence; and
9 "(C) promotion of healthy approaches re-
10 lating to parenting, domestic violence, and other
11 abuse issues.
12 "(5) ELDER CARE.—Behavioral health services
13 for Indians 56 years of age and older, including—
14 "(A) early intervention, treatment, and
15 aftercare;
16 "(B) mental health and substance abuse
17 services (emotional, alcohol, drug, inhalant, and
18 tobacco), including sex specific services;
19 "(C) identification and treatment of co-oc-
20 curring disorders (dual diagnosis) and comor-
21 bidity;
22 "(D) promotion of healthy approaches to
23 managing conditions related to aging;

1 "(E) sex specific treatment for sexual as-
2 sault, domestic violence, neglect, physical and
3 mental abuse and exploitation; and
4 "(F) identification and treatment of de-
5 mentias regardless of cause.
6 "(d) COMMUNITY BEHAVIORAL HEALTH PLAN.—
7 "(1) ESTABLISHMENT.—The governing body of
8 any Indian Tribe, Tribal Organization, or urban In-
9 dian organization may adopt a resolution for the es-
10 tablishment of a community behavioral health plan
11 providing for the identification and coordination of
12 available resources and programs to identify, pre-
13 vent, or treat substance abuse, mental illness, or
14 dysfunctional and self-destructive behavior, including
15 child abuse and family violence, among its members
16 or its service population. This plan should include
17 behavioral health services, social services, intensive
18 outpatient services, and continuing aftercare.
19 "(2) TECHNICAL ASSISTANCE.—At the request
20 of an Indian Tribe, Tribal Organization, or urban
21 Indian organization, the Bureau of Indian Affairs
22 and the Service shall cooperate with and provide
23 technical assistance to the Indian Tribe, Tribal Or-
24 ganization, or urban Indian organization in the de-
25 velopment and implementation of such plan.

1 "(3) FUNDING.—The Secretary, acting through
2 the Service, may make funding available to Indian
3 Tribes and Tribal Organizations which adopt a reso-
4 lution pursuant to paragraph (1) to obtain technical
5 assistance for the development of a community be-
6 havioral health plan and to provide administrative
7 support in the implementation of such plan.

8 "(e) COORDINATION FOR AVAILABILITY OF SERV-
9 ICES.—The Secretary, acting through the Service, shall
10 coordinate behavioral health planning, to the extent fea-
11 sible, with other Federal agencies and with State agencies,
12 to encourage comprehensive behavioral health services for
13 Indians regardless of their place of residence.

14 "(f) MENTAL HEALTH CARE NEED ASSESSMENT.—
15 Not later than 1 year after the date of enactment of the
16 Indian Health Care Improvement Act Amendments of
17 2009, the Secretary, acting through the Service, shall
18 make an assessment of the need for inpatient mental
19 health care among Indians and the availability and cost
20 of inpatient mental health facilities which can meet such
21 need. In making such assessment, the Secretary shall con-
22 sider the possible conversion of existing, underused Service
23 hospital beds into psychiatric units to meet such need.

1 **"SEC. 702. MEMORANDA OF AGREEMENT WITH THE DE-**
2 **PARTMENT OF THE INTERIOR.**

3 "(a) CONTENTS.—Not later than 12 months after the
4 date of enactment of the Indian Health Care Improvement
5 Act Amendments of 2009, the Secretary, acting through
6 the Service, and the Secretary of the Interior shall develop
7 and enter into a memoranda of agreement, or review and
8 update any existing memoranda of agreement, as required
9 by section 4205 of the Indian Alcohol and Substance
10 Abuse Prevention and Treatment Act of 1986 (25 U.S.C.
11 2411) under which the Secretaries address the following:

12 "(1) The scope and nature of mental illness and
13 dysfunctional and self-destructive behavior, including
14 child abuse and family violence, among Indians.

15 "(2) The existing Federal, tribal, State, local,
16 and private services, resources, and programs avail-
17 able to provide behavioral health services for Indi-
18 ans.

19 "(3) The unmet need for additional services, re-
20 sources, and programs necessary to meet the needs
21 identified pursuant to paragraph (1).

22 "(4)(A) The right of Indians, as citizens of the
23 United States and of the States in which they re-
24 side, to have access to behavioral health services to
25 which all citizens have access.

1 "(B) The right of Indians to participate in, and
2 receive the benefit of, such services.
3 "(C) The actions necessary to protect the exer-
4 cise of such right.
5 "(5) The responsibilities of the Bureau of In-
6 dian Affairs and the Service, including mental illness
7 identification, prevention, education, referral, and
8 treatment services (including services through multi-
9 disciplinary resource teams), at the central, area,
10 and agency and Service Unit, Service Area, and
11 headquarters levels to address the problems identi-
12 fied in paragraph (1).
13 "(6) A strategy for the comprehensive coordina-
14 tion of the behavioral health services provided by the
15 Bureau of Indian Affairs and the Service to meet
16 the problems identified pursuant to paragraph (1),
17 including—
18 "(A) the coordination of alcohol and sub-
19 stance abuse programs of the Service, the Bu-
20 reau of Indian Affairs, and Indian Tribes and
21 Tribal Organizations (developed under the In-
22 dian Alcohol and Substance Abuse Prevention
23 and Treatment Act of 1986 (25 U.S.C. 2401 et
24 seq.)) with behavioral health initiatives pursu-
25 ant to this Act, particularly with respect to the

1 referral and treatment of dually diagnosed individuals requiring behavioral health and substance abuse treatment; and

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

"(7) Directing appropriate officials of the Bureau of Indian Affairs and the Service, particularly at the agency and Service Unit levels, to cooperate fully with tribal requests made pursuant to community behavioral health plans adopted under section 701(c) and section 4206 of the Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986 (25 U.S.C. 2412).

"(8) Providing for an annual review of such agreement by the Secretaries which shall be provided to Congress and Indian Tribes and Tribal Organizations.

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

1 "(1) the determination of the scope of the prob-
2 lem of alcohol and substance abuse among Indians,
3 including the number of Indians within the jurisdic-
4 tion of the Service who are directly or indirectly af-
5 fected by alcohol and substance abuse and the finan-
6 cial and human cost;
7 "(2) an assessment of the existing and needed
8 resources necessary for the prevention of alcohol and
9 substance abuse and the treatment of Indians af-
10 fected by alcohol and substance abuse; and
11 "(3) an estimate of the funding necessary to
12 adequately support a program of prevention of alco-
13 hol and substance abuse and treatment of Indians
14 affected by alcohol and substance abuse.
15 "(c) PUBLICATION.—Each memorandum of agree-
16 ment entered into or renewed (and amendments or modi-
17 fications thereto) under subsection (a) shall be published
18 in the Federal Register. At the same time as publication
19 in the Federal Register, the Secretary shall provide a copy
20 of such memoranda, amendment, or modification to each
21 Indian Tribe, Tribal Organization, and urban Indian orga-
22 nization.
23 **"SEC. 703. COMPREHENSIVE BEHAVIORAL HEALTH PRE-**
24 **VENTION AND TREATMENT PROGRAM.**
25 "(a) ESTABLISHMENT.—

1 "(1) IN GENERAL.—The Secretary, acting
2 through the Service, shall provide a program of com-
3 prehensive behavioral health, prevention, treatment,
4 and aftercare, including Systems of Care, which
5 shall include—
6 "(A) prevention, through educational inter-
7 vention, in Indian communities;
8 "(B) acute detoxification, psychiatric hos-
9 pitalization, residential, and intensive outpatient
10 treatment;
11 "(C) community-based rehabilitation and
12 aftercare;
13 "(D) community education and involve-
14 ment, including extensive training of health
15 care, educational, and community-based per-
16 sonnel;
17 "(E) specialized residential treatment pro-
18 grams for high-risk populations, including preg-
19 nant and postpartum women and their children;
20 and
21 "(F) diagnostic services.
22 "(2) TARGET POPULATIONS.—The target popu-
23 lation of such programs shall be members of Indian
24 Tribes. Efforts to train and educate key members of
25 the Indian community shall also target employees of

1 health, education, judicial, law enforcement, legal,
2 and social service programs.
3 "(b) CONTRACT HEALTH SERVICES.—
4 "(1) IN GENERAL.—The Secretary, acting
5 through the Service, may enter into contracts with
6 public or private providers of behavioral health treat-
7 ment services for the purpose of carrying out the
8 program required under subsection (a).
9 "(2) PROVISION OF ASSISTANCE.—In carrying
10 out this subsection, the Secretary shall provide as-
11 sistance to Indian Tribes and Tribal Organizations
12 to develop criteria for the certification of behavioral
13 health service providers and accreditation of service
14 facilities which meet minimum standards for such
15 services and facilities.
16 **"SEC. 704. MENTAL HEALTH TECHNICIAN PROGRAM.**
17 "(a) IN GENERAL.—Under the authority of the Act
18 of November 2, 1921 (25 U.S.C. 13) (commonly known
19 as the 'Snyder Act'), the Secretary shall establish and
20 maintain a mental health technician program within the
21 Service which—
22 "(1) provides for the training of Indians as
23 mental health technicians; and
24 "(2) employs such technicians in the provision
25 of community-based mental health care that includes

1 identification, prevention, education, referral, and
2 treatment services.

3 "(b) PARAPROFESSIONAL TRAINING.—In carrying
4 out subsection (a), the Secretary, acting through the Serv-
5 ice, shall provide high-standard paraprofessional training
6 in mental health care necessary to provide quality care to
7 the Indian communities to be served. Such training shall
8 be based upon a curriculum developed or approved by the
9 Secretary which combines education in the theory of men-
10 tal health care with supervised practical experience in the
11 provision of such care.

12 "(c) SUPERVISION AND EVALUATION OF TECHNI-
13 CIANS.—The Secretary, acting through the Service, shall
14 supervise and evaluate the mental health technicians in
15 the training program.

16 "(d) TRADITIONAL HEALTH CARE PRACTICES.—The
17 Secretary, acting through the Service, shall ensure that
18 the program established pursuant to this subsection in-
19 volves the use and promotion of the traditional health care
20 practices of the Indian Tribes to be served.

21 **"SEC. 705. LICENSING REQUIREMENT FOR MENTAL**
22 **HEALTH CARE WORKERS.**

23 "(a) IN GENERAL.—Subject to the provisions of sec-
24 tion 221, and except as provided in subsection (b), any
25 individual employed as a psychologist, social worker, or

1 marriage and family therapist for the purpose of providing
2 mental health care services to Indians in a clinical setting
3 under this Act is required to be licensed as a psychologist,
4 social worker, or marriage and family therapist, respec-
5 tively.

6 ''(b) TRAINEES.—An individual may be employed as
7 a trainee in psychology, social work, or marriage and fam-
8 ily therapy to provide mental health care services de-
9 scribed in subsection (a) if such individual—

10 ''(1) works under the direct supervision of a li-
11 censed psychologist, social worker, or marriage and
12 family therapist, respectively;

13 ''(2) is enrolled in or has completed at least 2
14 years of course work at a post-secondary, accredited
15 education program for psychology, social work, mar-
16 riage and family therapy, or counseling; and

17 ''(3) meets such other training, supervision, and
18 quality review requirements as the Secretary may es-
19 tablish.

20 **''SEC. 706. INDIAN WOMEN TREATMENT PROGRAMS.**

21 ''(a) GRANTS.—The Secretary, consistent with sec-
22 tion 701, may make grants to Indian Tribes, Tribal Orga-
23 nizations, and urban Indian organizations to develop and
24 implement a comprehensive behavioral health program of
25 prevention, intervention, treatment, and relapse preven-

1 tion services that specifically addresses the cultural, his-
2 torical, social, and child care needs of Indian women, re-
3 gardless of age.

4 "(b) USE OF GRANT FUNDS.—A grant made pursu-
5 ant to this section may be used to—

6 "(1) develop and provide community training,
7 education, and prevention programs for Indian
8 women relating to behavioral health issues, including
9 fetal alcohol disorders;

10 "(2) identify and provide psychological services,
11 counseling, advocacy, support, and relapse preven-
12 tion to Indian women and their families; and

13 "(3) develop prevention and intervention models
14 for Indian women which incorporate traditional
15 health care practices, cultural values, and commu-
16 nity and family involvement.

17 "(c) CRITERIA.—The Secretary, in consultation with
18 Indian Tribes and Tribal Organizations, shall establish
19 criteria for the review and approval of applications and
20 proposals for funding under this section.

21 "(d) ALLOCATION OF FUNDS FOR URBAN INDIAN
22 ORGANIZATIONS.—Twenty percent of the funds appro-
23 priated pursuant to this section shall be used to make
24 grants to urban Indian organizations.

1 **"SEC. 707. INDIAN YOUTH PROGRAM.**

2 "(a) DETOXIFICATION AND REHABILITATION.—The
3 Secretary, acting through the Service, consistent with sec-
4 tion 701, shall develop and implement a program for acute
5 detoxification and treatment for Indian youths, including
6 behavioral health services. The program shall include re-
7 gional treatment centers designed to include detoxification
8 and rehabilitation for both sexes on a referral basis and
9 programs developed and implemented by Indian Tribes or
10 Tribal Organizations at the local level under the Indian
11 Self-Determination and Education Assistance Act (25
12 U.S.C. 450 et seq.). Regional centers shall be integrated
13 with the intake and rehabilitation programs based in the
14 referring Indian community.

15 "(b) ALCOHOL AND SUBSTANCE ABUSE TREATMENT
16 CENTERS OR FACILITIES.—

17 "(1) ESTABLISHMENT.—

18 "(A) IN GENERAL.—The Secretary, acting
19 through the Service, shall construct, renovate,
20 or, as necessary, purchase, and appropriately
21 staff and operate, at least 1 youth regional
22 treatment center or treatment network in each
23 area under the jurisdiction of an Area Office.

24 "(B) AREA OFFICE IN CALIFORNIA.—For
25 the purposes of this subsection, the Area Office
26 in California shall be considered to be 2 Area

1 Offices, 1 office whose jurisdiction shall be con-
2 sidered to encompass the northern area of the
3 State of California, and 1 office whose jurisdic-
4 tion shall be considered to encompass the re-
5 mainder of the State of California for the pur-
6 pose of implementing California treatment net-
7 works.

8 ''(2) FUNDING.—For the purpose of staffing
9 and operating such centers or facilities, funding
10 shall be pursuant to the Act of November 2, 1921
11 (25 U.S.C. 13).

12 ''(3) LOCATION.—A youth treatment center
13 constructed or purchased under this subsection shall
14 be constructed or purchased at a location within the
15 area described in paragraph (1) agreed upon (by ap-
16 propriate tribal resolution) by a majority of the In-
17 dian Tribes to be served by such center.

18 ''(4) SPECIFIC PROVISION OF FUNDS.—

19 ''(A) IN GENERAL.—Notwithstanding any
20 other provision of this title, the Secretary may,
21 from amounts authorized to be appropriated for
22 the purposes of carrying out this section, make
23 funds available to—

24 ''(i) the Tanana Chiefs Conference,
25 Incorporated, for the purpose of leasing,

1 constructing, renovating, operating, and
2 maintaining a residential youth treatment
3 facility in Fairbanks, Alaska; and
4 ''(ii) the Southeast Alaska Regional
5 Health Corporation to staff and operate a
6 residential youth treatment facility without
7 regard to the proviso set forth in section
8 4(l) of the Indian Self-Determination and
9 Education Assistance Act (25 U.S.C.
10 450b(l)).
11 ''(B) PROVISION OF SERVICES TO ELIGI-
12 BLE YOUTHS.—Until additional residential
13 youth treatment facilities are established in
14 Alaska pursuant to this section, the facilities
15 specified in subparagraph (A) shall make every
16 effort to provide services to all eligible Indian
17 youths residing in Alaska.
18 ''(c) INTERMEDIATE ADOLESCENT BEHAVIORAL
19 HEALTH SERVICES.—
20 ''(1) IN GENERAL.—The Secretary, acting
21 through the Service, may provide intermediate be-
22 havioral health services, which may incorporate Sys-
23 tems of Care, to Indian children and adolescents, in-
24 cluding—
25 ''(A) pretreatment assistance;

1 “(B) inpatient, outpatient, and aftercare
2 services;
3 “(C) emergency care;
4 “(D) suicide prevention and crisis interven-
5 tion; and
6 “(E) prevention and treatment of mental
7 illness and dysfunctional and self-destructive
8 behavior, including child abuse and family vio-
9 lence.
10 “(2) USE OF FUNDS.—Funds provided under
11 this subsection may be used—
12 “(A) to construct or renovate an existing
13 health facility to provide intermediate behav-
14 ioral health services;
15 “(B) to hire behavioral health profes-
16 sionals;
17 “(C) to staff, operate, and maintain an in-
18 termediate mental health facility, group home,
19 sober housing, transitional housing or similar
20 facilities, or youth shelter where intermediate
21 behavioral health services are being provided;
22 “(D) to make renovations and hire appro-
23 priate staff to convert existing hospital beds
24 into adolescent psychiatric units; and

1 ‘‘(E) for intensive home- and community-
2 based services.
3 ‘‘(3) CRITERIA.—The Secretary, acting through
4 the Service, shall, in consultation with Indian Tribes
5 and Tribal Organizations, establish criteria for the
6 review and approval of applications or proposals for
7 funding made available pursuant to this subsection.
8 ‘‘(d) FEDERALLY OWNED STRUCTURES.—
9 ‘‘(1) IN GENERAL.—The Secretary, in consulta-
10 tion with Indian Tribes and Tribal Organizations,
11 shall—
12 ‘‘(A) identify and use, where appropriate,
13 federally owned structures suitable for local res-
14 idential or regional behavioral health treatment
15 for Indian youths; and
16 ‘‘(B) establish guidelines for determining
17 the suitability of any such federally owned
18 structure to be used for local residential or re-
19 gional behavioral health treatment for Indian
20 youths.
21 ‘‘(2) TERMS AND CONDITIONS FOR USE OF
22 STRUCTURE.—Any structure described in paragraph
23 (1) may be used under such terms and conditions as
24 may be agreed upon by the Secretary and the agency
25 having responsibility for the structure and any In-

1 dian Tribe or Tribal Organization operating the pro-
2 gram.

3 ‘‘(e) REHABILITATION AND AFTERCARE SERVICES.—

4 ‘‘(1) IN GENERAL.—The Secretary, Indian
5 Tribes, or Tribal Organizations, in cooperation with
6 the Secretary of the Interior, shall develop and im-
7 plement within each Service Unit, community-based
8 rehabilitation and follow-up services for Indian
9 youths who are having significant behavioral health
10 problems, and require long-term treatment, commu-
11 nity reintegration, and monitoring to support the In-
12 dian youths after their return to their home commu-
13 nity.

14 ‘‘(2) ADMINISTRATION.—Services under para-
15 graph (1) shall be provided by trained staff within
16 the community who can assist the Indian youths in
17 their continuing development of self-image, positive
18 problem-solving skills, and nonalcohol or substance
19 abusing behaviors. Such staff may include alcohol
20 and substance abuse counselors, mental health pro-
21 fessionals, and other health professionals and para-
22 professionals, including community health represent-
23 atives.

24 ‘‘(f) INCLUSION OF FAMILY IN YOUTH TREATMENT
25 PROGRAM.—In providing the treatment and other services

1 to Indian youths authorized by this section, the Secretary,
2 acting through the Service, shall provide for the inclusion
3 of family members of such youths in the treatment pro-
4 grams or other services as may be appropriate. Not less
5 than 10 percent of the funds appropriated for the pur-
6 poses of carrying out subsection (e) shall be used for out-
7 patient care of adult family members related to the treat-
8 ment of an Indian youth under that subsection.
9 "(g) MULTIDRUG ABUSE PROGRAM.—The Secretary,
10 acting through the Service, shall provide, consistent with
11 section 701, programs and services to prevent and treat
12 the abuse of multiple forms of substances, including alco-
13 hol, drugs, inhalants, and tobacco, among Indian youths
14 residing in Indian communities, on or near reservations,
15 and in urban areas and provide appropriate mental health
16 services to address the incidence of mental illness among
17 such youths.
18 "(h) INDIAN YOUTH MENTAL HEALTH.—The Sec-
19 retary, acting through the Service, shall collect data for
20 the report under section 801 with respect to—
21 "(1) the number of Indian youth who are being
22 provided mental health services through the Service
23 and Tribal Health Programs;

1 "(2) a description of, and costs associated with,
2 the mental health services provided for Indian youth
3 through the Service and Tribal Health Programs;
4 "(3) the number of youth referred to the Serv-
5 ice or Tribal Health Programs for mental health
6 services;
7 "(4) the number of Indian youth provided resi-
8 dential treatment for mental health and behavioral
9 problems through the Service and Tribal Health
10 Programs, reported separately for on- and off-res-
11 ervation facilities; and
12 "(5) the costs of the services described in para-
13 graph (4).

14 **"SEC. 708. INDIAN YOUTH TELEMENTAL HEALTH DEM-**
15 **ONSTRATION PROJECT.**

16 "(a) PURPOSE.—The purpose of this section is to au-
17 thorize the Secretary to carry out a demonstration project
18 to test the use of telemental health services in suicide pre-
19 vention, intervention and treatment of Indian youth, in-
20 cluding through—
21 "(1) the use of psychotherapy, psychiatric as-
22 sessments, diagnostic interviews, therapies for men-
23 tal health conditions predisposing to suicide, and al-
24 cohol and substance abuse treatment;

1 "(2) the provision of clinical expertise to, con-
2 sultation services with, and medical advice and train-
3 ing for frontline health care providers working with
4 Indian youth;
5 "(3) training and related support for commu-
6 nity leaders, family members and health and edu-
7 cation workers who work with Indian youth;
8 "(4) the development of culturally relevant edu-
9 cational materials on suicide; and
10 "(5) data collection and reporting.
11 "(b) DEFINITIONS.—For the purpose of this section,
12 the following definitions shall apply:
13 "(1) DEMONSTRATION PROJECT.—The term
14 'demonstration project' means the Indian youth tele-
15 mental health demonstration project authorized
16 under subsection (c).
17 "(2) TELEMENTAL HEALTH.—The term 'tele-
18 mental health' means the use of electronic informa-
19 tion and telecommunications technologies to support
20 long distance mental health care, patient and profes-
21 sional-related education, public health, and health
22 administration.
23 "(c) AUTHORIZATION.—
24 "(1) IN GENERAL.—The Secretary is authorized
25 to award grants under the demonstration project for

the provision of telemental health services to Indian youth who—

"(A) have expressed suicidal ideas;

"(B) have attempted suicide; or

"(C) have mental health conditions that increase or could increase the risk of suicide.

"(2) ELIGIBILITY FOR GRANTS.—Such grants shall be awarded to Indian Tribes and Tribal Organizations that operate 1 or more facilities—

"(A) located in Alaska and part of the Alaska Federal Health Care Access Network;

"(B) reporting active clinical telehealth capabilities; or

"(C) offering school-based telemental health services relating to psychiatry to Indian youth.

"(3) GRANT PERIOD.—The Secretary shall award grants under this section for a period of up to 4 years.

"(4) AWARDING OF GRANTS.—Not more than 5 grants shall be provided under paragraph (1), with priority consideration given to Indian Tribes and Tribal Organizations that—

1 "(A) serve a particular community or geo-
2 graphic area where there is a demonstrated
3 need to address Indian youth suicide;
4 "(B) enter in to collaborative partnerships
5 with Indian Health Service or Tribal Health
6 Programs or facilities to provide services under
7 this demonstration project;
8 "(C) serve an isolated community or geo-
9 graphic area which has limited or no access to
10 behavioral health services; or
11 "(D) operate a detention facility at which
12 Indian youth are detained.
13 "(d) USE OF FUNDS.—
14 "(1) IN GENERAL.—An Indian Tribe or Tribal
15 Organization shall use a grant received under sub-
16 section (c) for the following purposes:
17 "(A) To provide telemental health services
18 to Indian youth, including the provision of—
19 "(i) psychotherapy;
20 "(ii) psychiatric assessments and di-
21 agnostic interviews, therapies for mental
22 health conditions predisposing to suicide,
23 and treatment; and
24 "(iii) alcohol and substance abuse
25 treatment.

1 “(B) To provide clinician-interactive med-
2 ical advice, guidance and training, assistance in
3 diagnosis and interpretation, crisis counseling
4 and intervention, and related assistance to
5 Service, tribal, or urban clinicians and health
6 services providers working with youth being
7 served under this demonstration project.

8 “(C) To assist, educate and train commu-
9 nity leaders, health education professionals and
10 paraprofessionals, tribal outreach workers, and
11 family members who work with the youth re-
12 ceiving telemental health services under this
13 demonstration project, including with identifica-
14 tion of suicidal tendencies, crisis intervention
15 and suicide prevention, emergency skill develop-
16 ment, and building and expanding networks
17 among these individuals and with State and
18 local health services providers.

19 “(D) To develop and distribute culturally
20 appropriate community educational materials
21 on—

22 “(i) suicide prevention;

23 “(ii) suicide education;

24 “(iii) suicide screening;

25 “(iv) suicide intervention; and

1 "(v) ways to mobilize communities
2 with respect to the identification of risk
3 factors for suicide.
4 "(E) For data collection and reporting re-
5 lated to Indian youth suicide prevention efforts.
6 "(2) TRADITIONAL HEALTH CARE PRAC-
7 TICES.—In carrying out the purposes described in
8 paragraph (1), an Indian Tribe or Tribal Organiza-
9 tion may use and promote the traditional health care
10 practices of the Indian Tribes of the youth to be
11 served.
12 "(e) APPLICATIONS.—To be eligible to receive a grant
13 under subsection (c), an Indian Tribe or Tribal Organiza-
14 tion shall prepare and submit to the Secretary an applica-
15 tion, at such time, in such manner, and containing such
16 information as the Secretary may require, including—
17 "(1) a description of the project that the Indian
18 Tribe or Tribal Organization will carry out using the
19 funds provided under the grant;
20 "(2) a description of the manner in which the
21 project funded under the grant would—
22 "(A) meet the telemental health care needs
23 of the Indian youth population to be served by
24 the project; or

1 "(B) improve the access of the Indian
2 youth population to be served to suicide preven-
3 tion and treatment services;
4 "(3) evidence of support for the project from
5 the local community to be served by the project;
6 "(4) a description of how the families and lead-
7 ership of the communities or populations to be
8 served by the project would be involved in the devel-
9 opment and ongoing operations of the project;
10 "(5) a plan to involve the tribal community of
11 the youth who are provided services by the project
12 in planning and evaluating the mental health care
13 and suicide prevention efforts provided, in order to
14 ensure the integration of community, clinical, envi-
15 ronmental, and cultural components of the treat-
16 ment; and
17 "(6) a plan for sustaining the project after Fed-
18 eral assistance for the demonstration project has ter-
19 minated.
20 "(f) COLLABORATION; REPORTING TO NATIONAL
21 CLEARINGHOUSE.—
22 "(1) COLLABORATION.—The Secretary, acting
23 through the Service, shall encourage Indian Tribes
24 and Tribal Organizations receiving grants under this

1 section to collaborate to enable comparisons about
2 best practices across projects.
3 "(2) REPORTING TO NATIONAL CLEARING-
4 HOUSE.—The Secretary, acting through the Service,
5 shall also encourage Indian Tribes and Tribal Orga-
6 nizations receiving grants under this section to sub-
7 mit relevant, declassified project information to the
8 national clearinghouse authorized under section
9 701(b)(2) in order to better facilitate program per-
10 formance and improve suicide prevention, interven-
11 tion, and treatment services.
12 "(g) ANNUAL REPORT.—Each grant recipient shall
13 submit to the Secretary an annual report that—
14 "(1) describes the number of telemental health
15 services provided; and
16 "(2) includes any other information that the
17 Secretary may require.
18 "(h) REPORT TO CONGRESS.—Not later than 270
19 days after the termination of the demonstration project,
20 the Secretary shall submit to the Committee on Indian Af-
21 fairs of the Senate and the Committee on Natural Re-
22 sources and Committee on Energy and Commerce of the
23 House of Representatives a final report, based on the an-
24 nual reports provided by grant recipients under subsection
25 (h), that—

1 "(1) describes the results of the projects funded
2 by grants awarded under this section, including any
3 data available which indicates the number of at-
4 tempted suicides;
5 "(2) evaluates the impact of the telemental
6 health services funded by the grants in reducing the
7 number of completed suicides among Indian youth;
8 "(3) evaluates whether the demonstration
9 project should be—
10 "(A) expanded to provide more than 5
11 grants; and
12 "(B) designated a permanent program;
13 and
14 "(4) evaluates the benefits of expanding the
15 demonstration project to include urban Indian orga-
16 nizations.
17 "(i) AUTHORIZATION OF APPROPRIATIONS.—There is
18 authorized to be appropriated to carry out this section
19 $1,500,000 for each of fiscal years 2010 through 2025.
20 **"SEC. 709. INPATIENT AND COMMUNITY-BASED MENTAL**
21 **HEALTH FACILITIES DESIGN, CONSTRUC-**
22 **TION, AND STAFFING.**
23 "Not later than 1 year after the date of enactment
24 of the Indian Health Care Improvement Act Amendments
25 of 2009, the Secretary, acting through the Service, may

1 provide, in each area of the Service, not less than 1 inpa-
2 tient mental health care facility, or the equivalent, for In-
3 dians with behavioral health problems. For the purposes
4 of this subsection, California shall be considered to be 2
5 Area Offices, 1 office whose location shall be considered
6 to encompass the northern area of the State of California
7 and 1 office whose jurisdiction shall be considered to en-
8 compass the remainder of the State of California. The Sec-
9 retary shall consider the possible conversion of existing,
10 underused Service hospital beds into psychiatric units to
11 meet such need.

12 **"SEC. 710. TRAINING AND COMMUNITY EDUCATION.**

13 "(a) PROGRAM.—The Secretary, in cooperation with
14 the Secretary of the Interior, shall develop and implement
15 or assist Indian Tribes and Tribal Organizations to de-
16 velop and implement, within each Service Unit or tribal
17 program, a program of community education and involve-
18 ment which shall be designed to provide concise and timely
19 information to the community leadership of each tribal
20 community. Such program shall include education about
21 behavioral health issues to political leaders, Tribal judges,
22 law enforcement personnel, members of tribal health and
23 education boards, health care providers including tradi-
24 tional practitioners, and other critical members of each
25 tribal community. Such program may also include commu-

1 nity-based training to develop local capacity and tribal
2 community provider training for prevention, intervention,
3 treatment, and aftercare.

4 "(b) INSTRUCTION.—The Secretary, acting through
5 the Service, shall provide instruction in the area of behav-
6 ioral health issues, including instruction in crisis interven-
7 tion and family relations in the context of alcohol and sub-
8 stance abuse, child sexual abuse, youth alcohol and sub-
9 stance abuse, and the causes and effects of fetal alcohol
10 disorders to appropriate employees of the Bureau of In-
11 dian 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, including Systems of Care, for preventing
6 and treating behavioral health problems.
7 **“SEC. 711. BEHAVIORAL HEALTH PROGRAM.**
8 “(a) INNOVATIVE PROGRAMS.—The Secretary, acting
9 through the Service, consistent with section 701, may
10 plan, develop, implement, and carry out programs to de-
11 liver innovative community-based behavioral health serv-
12 ices to Indians.
13 “(b) AWARDS; CRITERIA.—The Secretary may award
14 a grant for a project under subsection (a) to an Indian
15 Tribe or Tribal Organization and may consider the fol-
16 lowing 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 practices.
3 “(6) The project is coordinated with, and avoids
4 duplication of, existing services.
5 “(c) EQUITABLE TREATMENT.—For purposes of this
6 subsection, the Secretary shall, in evaluating project appli-
7 cations or proposals, use the same criteria that the Sec-
8 retary uses in evaluating any other application or proposal
9 for such funding.

10 **“SEC. 712. FETAL ALCOHOL DISORDER PROGRAMS.**

11 “(a) PROGRAMS.—
12 “(1) ESTABLISHMENT.—The Secretary, con-
13 sistent with section 701 and acting through the
14 Service, is authorized to establish and operate fetal
15 alcohol disorder programs as provided in this section
16 for the purposes of meeting the health status objec-
17 tives specified in section 3.
18 “(2) USE OF FUNDS.—
19 “(A) IN GENERAL.—Funding provided
20 pursuant to this section shall be used for the
21 following:
22 “(i) To develop and provide for Indi-
23 ans community and in-school training, edu-
24 cation, and prevention programs relating
25 to fetal alcohol disorders.

1 "(ii) To identify and provide behav-
2 ioral health treatment to high-risk Indian
3 women and high-risk women pregnant with
4 an Indian's child.

5 "(iii) To identify and provide appro-
6 priate psychological services, educational
7 and vocational support, counseling, advo-
8 cacy, and information to fetal alcohol dis-
9 order affected Indians and their families or
10 caretakers.

11 "(iv) To develop and implement coun-
12 seling and support programs in schools for
13 fetal alcohol disorder affected Indian chil-
14 dren.

15 "(v) To develop prevention and inter-
16 vention models which incorporate practi-
17 tioners of traditional health care practices,
18 cultural values, and community involve-
19 ment.

20 "(vi) To develop, print, and dissemi-
21 nate education and prevention materials on
22 fetal alcohol disorder.

23 "(vii) To develop and implement, in
24 consultation with Indian Tribes, Tribal Or-
25 ganizations, and urban Indian organiza-

1 tions, culturally sensitive assessment and
2 diagnostic tools including dysmorphology
3 clinics and multidisciplinary fetal alcohol
4 disorder clinics for use in Indian commu-
5 nities and Urban Centers.

6 ''(B) ADDITIONAL USES.—In addition to
7 any purpose under subparagraph (A), funding
8 provided pursuant to this section may be used
9 for 1 or more of the following:

10 ''(i) Early childhood intervention
11 projects from birth on to mitigate the ef-
12 fects of fetal alcohol disorder among Indi-
13 ans.

14 ''(ii) Community-based support serv-
15 ices for Indians and women pregnant with
16 Indian children.

17 ''(iii) Community-based housing for
18 adult Indians with fetal alcohol disorder.

19 ''(3) CRITERIA FOR APPLICATIONS.—The Sec-
20 retary shall establish criteria for the review and ap-
21 proval of applications for funding under this section.

22 ''(b) SERVICES.—The Secretary, acting through the
23 Service, shall—

24 ''(1) develop and provide services for the pre-
25 vention, intervention, treatment, and aftercare for

1 those affected by fetal alcohol disorder in Indian
2 communities; and

3 "(2) provide supportive services, including serv-
4 ices to meet the special educational, vocational,
5 school-to-work transition, and independent living
6 needs of adolescent and adult Indians with fetal al-
7 cohol disorder.

8 "(c) TASK FORCE.—The Secretary shall establish a
9 task force to be known as the Fetal Alcohol Disorder Task
10 Force to advise the Secretary in carrying out subsection
11 (b). Such task force shall be composed of representatives
12 from the following:

13 "(1) The National Institute on Drug Abuse.

14 "(2) The National Institute on Alcohol and Al-
15 coholism.

16 "(3) The Office of Substance Abuse Prevention.

17 "(4) The National Institute of Mental Health.

18 "(5) The Service.

19 "(6) The Office of Minority Health of the De-
20 partment of Health and Human Services.

21 "(7) The Administration for Native Americans.

22 "(8) The National Institute of Child Health
23 and Human Development (NICHD).

24 "(9) The Centers for Disease Control and Pre-
25 vention.

1 “(10) The Bureau of Indian Affairs.

2 “(11) Indian Tribes.

3 “(12) Tribal Organizations.

4 “(13) urban Indian organizations.

5 “(14) Indian fetal alcohol spectrum disorders
6 experts.

7 “(d) APPLIED RESEARCH PROJECTS.—The Sec-
8 retary, acting through the Substance Abuse and Mental
9 Health Services Administration, shall make grants to In-
10 dian Tribes, Tribal Organizations, and urban Indian orga-
11 nizations for applied research projects which propose to
12 elevate the understanding of methods to prevent, inter-
13 vene, treat, or provide rehabilitation and behavioral health
14 aftercare for Indians and urban Indians affected by fetal
15 alcohol spectrum disorders.

16 “(e) FUNDING FOR URBAN INDIAN ORGANIZA-
17 TIONS.—Ten percent of the funds appropriated pursuant
18 to this section shall be used to make grants to urban In-
19 dian organizations funded under title V.

20 **“SEC. 713. CHILD SEXUAL ABUSE AND PREVENTION TREAT-**
21 **MENT PROGRAMS.**

22 “(a) ESTABLISHMENT.—The Secretary, acting
23 through the Service, shall establish, consistent with section
24 701, in every Service Area, programs involving treatment
25 for—

1 "(1) victims of sexual abuse who are Indian
2 children or children in an Indian household; and
3 "(2) perpetrators of child sexual abuse who are
4 Indian or members of an Indian household.
5 "(b) USE OF FUNDS.—Funding provided pursuant to
6 this section shall be used for the following:
7 "(1) To develop and provide community edu-
8 cation and prevention programs related to sexual
9 abuse of Indian children or children in an Indian
10 household.
11 "(2) To identify and provide behavioral health
12 treatment to victims of sexual abuse who are Indian
13 children or children in an Indian household, and to
14 their family members who are affected by sexual
15 abuse.
16 "(3) To develop prevention and intervention
17 models which incorporate traditional health care
18 practices, cultural values, and community involve-
19 ment.
20 "(4) To develop and implement culturally sen-
21 sitive assessment and diagnostic tools for use in In-
22 dian communities and Urban Centers.
23 "(5) To identify and provide behavioral health
24 treatment to Indian perpetrators and perpetrators
25 who are members of an Indian household—

1 "(A) making efforts to begin offender and
2 behavioral health treatment while the perpe-
3 trator is incarcerated or at the earliest possible
4 date if the perpetrator is not incarcerated; and
5 "(B) providing treatment after the perpe-
6 trator is released, until it is determined that the
7 perpetrator is not a threat to children.
8 "(c) COORDINATION.—The programs established
9 under subsection (a) shall be carried out in coordination
10 with programs and services authorized under the Indian
11 Child Protection and Family Violence Prevention Act (25
12 U.S.C. 3201 et seq.).

13 **"SEC. 714. DOMESTIC AND SEXUAL VIOLENCE PREVENTION**
14 **AND TREATMENT.**

15 "(a) IN GENERAL.—The Secretary, in accordance
16 with section 701, is authorized to establish in each Service
17 Area programs involving the prevention and treatment
18 of—
19 "(1) Indian victims of domestic violence or sex-
20 ual abuse; and
21 "(2) perpetrators of domestic violence or sexual
22 abuse who are Indian or members of an Indian
23 household.
24 "(b) USE OF FUNDS.—Funds made available to carry
25 out this section shall be used—

1 "(1) to develop and implement prevention pro-
2 grams and community education programs relating
3 to domestic violence and sexual abuse;
4 "(2) to provide behavioral health services, in-
5 cluding victim support services, and medical treat-
6 ment (including examinations performed by sexual
7 assault nurse examiners) to Indian victims of domes-
8 tic violence or sexual abuse;
9 "(3) to purchase rape kits;
10 "(4) to develop prevention and intervention
11 models, which may incorporate traditional health
12 care practices; and
13 "(5) to identify and provide behavioral health
14 treatment to perpetrators who are Indian or mem-
15 bers of an Indian household.
16 "(c) TRAINING AND CERTIFICATION.—
17 "(1) IN GENERAL.—Not later than 1 year after
18 the date of enactment of the Indian Health Care Im-
19 provement Act Amendments of 2009, the Secretary
20 shall establish appropriate protocols, policies, proce-
21 dures, standards of practice, and, if not available
22 elsewhere, training curricula and training and cer-
23 tification requirements for services for victims of do-
24 mestic violence and sexual abuse.

1 "(2) REPORT.—Not later than 18 months after
2 the date of enactment of the Indian Health Care Im-
3 provement Act Amendments of 2008, the Secretary
4 shall submit to the Committee on Indian Affairs of
5 the Senate and the Committee on Natural Resources
6 of the House of Representatives a report that de-
7 scribes the means and extent to which the Secretary
8 has carried out paragraph (1).
9 "(d) COORDINATION.—
10 "(1) IN GENERAL.—The Secretary, in coordina-
11 tion with the Attorney General, Federal and tribal
12 law enforcement agencies, Indian Health Programs,
13 and domestic violence or sexual assault victim orga-
14 nizations, shall develop appropriate victim services
15 and victim advocate training programs—
16 "(A) to improve domestic violence or sex-
17 ual abuse responses;
18 "(B) to improve forensic examinations and
19 collection;
20 "(C) to identify problems or obstacles in
21 the prosecution of domestic violence or sexual
22 abuse; and
23 "(D) to meet other needs or carry out
24 other activities required to prevent, treat, and

1 improve prosecutions of domestic violence and
2 sexual abuse.

3 ''(2) REPORT.—Not later than 2 years after the
4 date of enactment of the Indian Health Care Im-
5 provement Act Amendments of 2008, the Secretary
6 shall submit to the Committee on Indian Affairs of
7 the Senate and the Committee on Natural Resources
8 of the House of Representatives a report that de-
9 scribes, with respect to the matters described in
10 paragraph (1), the improvements made and needed,
11 problems or obstacles identified, and costs necessary
12 to address the problems or obstacles, and any other
13 recommendations that the Secretary determines to
14 be appropriate.

15 **''SEC. 715. BEHAVIORAL HEALTH RESEARCH.**

16 ''The Secretary, in consultation with appropriate
17 Federal agencies, shall make grants to, or enter into con-
18 tracts with, Indian Tribes, Tribal Organizations, and
19 urban Indian organizations or enter into contracts with,
20 or make grants to appropriate institutions for, the conduct
21 of research on the incidence and prevalence of behavioral
22 health problems among Indians served by the Service, In-
23 dian Tribes, or Tribal Organizations and among Indians
24 in urban areas. Research priorities under this section shall
25 include—

1 ‘‘(1) the multifactorial causes of Indian youth
2 suicide, including—
3 ‘‘(A) protective and risk factors and sci-
4 entific data that identifies those factors; and
5 ‘‘(B) the effects of loss of cultural identity
6 and the development of scientific data on those
7 effects;
8 ‘‘(2) the interrelationship and interdependence
9 of behavioral health problems with alcoholism and
10 other substance abuse, suicide, homicides, other in-
11 juries, and the incidence of family violence; and
12 ‘‘(3) the development of models of prevention
13 techniques.
14 The effect of the interrelationships and interdependencies
15 referred to in paragraph (2) on children, and the develop-
16 ment of prevention techniques under paragraph (3) appli-
17 cable to children, shall be emphasized.
18 **‘‘SEC. 716. DEFINITIONS.**
19 ‘‘For the purpose of this title, the following defini-
20 tions shall apply:
21 ‘‘(1) ASSESSMENT.—The term ‘assessment’
22 means the systematic collection, analysis, and dis-
23 semination of information on health status, health
24 needs, and health problems.

1 "(2) ALCOHOL-RELATED
2 NEURODEVELOPMENTAL DISORDERS OR ARND.—The
3 term 'alcohol-related neurodevelopmental disorders'
4 or 'ARND' means, with a history of maternal alco-
5 hol consumption during pregnancy, central nervous
6 system involvement such as developmental delay, in-
7 tellectual deficit, or neurologic abnormalities. Behav-
8 iorally, there can be problems with irritability, and
9 failure to thrive as infants. As children become older
10 there will likely be hyperactivity, attention deficit,
11 language dysfunction, and perceptual and judgment
12 problems.
13 "(3) BEHAVIORAL HEALTH AFTERCARE.—The
14 term 'behavioral health aftercare' includes those ac-
15 tivities and resources used to support recovery fol-
16 lowing inpatient, residential, intensive substance
17 abuse, or mental health outpatient or outpatient
18 treatment. The purpose is to help prevent or deal
19 with relapse by ensuring that by the time a client or
20 patient is discharged from a level of care, such as
21 outpatient treatment, an aftercare plan has been de-
22 veloped with the client. An aftercare plan may use
23 such resources as a community-based therapeutic
24 group, transitional living facilities, a 12-step spon-

1 sor, a local 12-step or other related support group,
2 and other community-based providers.
3 "(4) DUAL DIAGNOSIS.—The term 'dual diag-
4 nosis' means coexisting substance abuse and mental
5 illness conditions or diagnosis. Such clients are
6 sometimes referred to as mentally ill chemical abus-
7 ers (MICAs).
8 "(5) FETAL ALCOHOL SPECTRUM DIS-
9 ORDERS.—
10 "(A) IN GENERAL.—The term 'fetal alco-
11 hol spectrum disorders' includes a range of ef-
12 fects that can occur in an individual whose
13 mother drank alcohol during pregnancy, includ-
14 ing physical, mental, behavioral, and/or learning
15 disabilities with possible lifelong implications.
16 "(B) INCLUSIONS.—The term 'fetal alcohol
17 spectrum disorders' may include—
18 "(i) fetal alcohol syndrome (FAS);
19 "(ii) fetal alcohol effect (FAE);
20 "(iii) alcohol-related birth defects; and
21 "(iv) alcohol-related
22 neurodevelopmental disorders (ARND).
23 "(6) FETAL ALCOHOL SYNDROME OR FAS.—
24 The term 'fetal alcohol syndrome' or 'FAS' means
25 any 1 of a spectrum of effects that may occur when

1 a woman drinks alcohol during pregnancy, the diag-
2 nosis of which involves the confirmed presence of the
3 following 3 criteria:
4 ''(A) Craniofacial abnormalities.
5 ''(B) Growth deficits.
6 ''(C) Central nervous system abnormalities.
7 ''(7) REHABILITATION.—The term 'rehabilita-
8 tion' means medical and health care services that—
9 ''(A) are recommended by a physician or
10 licensed practitioner of the healing arts within
11 the scope of their practice under applicable law;
12 ''(B) are furnished in a facility, home, or
13 other setting in accordance with applicable
14 standards; and
15 ''(C) have as their purpose any of the fol-
16 lowing:
17 ''(i) The maximum attainment of
18 physical, mental, and developmental func-
19 tioning.
20 ''(ii) Averting deterioration in physical
21 or mental functional status.
22 ''(iii) The maintenance of physical or
23 mental health functional status.
24 ''(8) SUBSTANCE ABUSE.—The term 'substance
25 abuse' includes inhalant abuse.

1 ''(9) SYSTEMS OF CARE.—The term 'Systems of
2 Care' means a system for delivering services to chil-
3 dren and their families that is child-centered, family-
4 focused and family-driven, community-based, and
5 culturally competent and responsive to the needs of
6 the children and families being served. The systems
7 of care approach values prevention and early identi-
8 fication, smooth transitions for children and fami-
9 lies, child and family participation and advocacy,
10 comprehensive array of services, individualized serv-
11 ice planning, services in the least restrictive environ-
12 ment, and integrated services with coordinated plan-
13 ning across the child-serving systems.

14 **''SEC. 717. AUTHORIZATION OF APPROPRIATIONS.**

15 ''There is authorized to be appropriated such sums
16 as may be necessary for each fiscal year through fiscal
17 year 2025 to carry out the provisions of this title.

18 ''TITLE VIII—MISCELLANEOUS

19 **''SEC. 801. REPORTS.**

20 ''For each fiscal year following the date of enactment
21 of the Indian Health Care Improvement Act Amendments
22 of 2009, the Secretary shall transmit to Congress a report
23 containing the following:

24 ''(1) A report on the progress made in meeting
25 the objectives of this Act, including a review of pro-

1 grams established or assisted pursuant to this Act
2 and assessments and recommendations of additional
3 programs or additional assistance necessary to, at a
4 minimum, provide health services to Indians and en-
5 sure a health status for Indians, which are at a par-
6 ity with the health services available to and the
7 health status of the general population.

8 ''(2) A report on whether, and to what extent,
9 new national health care programs, benefits, initia-
10 tives, or financing systems have had an impact on
11 the purposes of this Act and any steps that the Sec-
12 retary may have taken to consult with Indian Tribes,
13 Tribal Organizations, and urban Indian organiza-
14 tions to address such impact, including a report on
15 proposed changes in allocation of funding pursuant
16 to section 807.

17 ''(3) A report on the use of health services by
18 Indians—

19 ''(A) on a national and area or other rel-
20 evant geographical basis;

21 ''(B) by gender and age;

22 ''(C) by source of payment and type of
23 service;

1 "(D) comparing such rates of use with
2 rates of use among comparable non-Indian pop-
3 ulations; and
4 "(E) provided under contracts.
5 "(4) A report of contractors to the Secretary on
6 Health Care Educational Loan Repayments every 6
7 months required by section 110.
8 "(5) A general audit report of the Secretary on
9 the Health Care Educational Loan Repayment Pro-
10 gram as required by section 110(m).
11 "(6) A report of the findings and conclusions of
12 demonstration programs on development of edu-
13 cational curricula for substance abuse counseling as
14 required in section 125(f).
15 "(7) A separate statement which specifies the
16 amount of funds requested to carry out the provi-
17 sions of section 201.
18 "(8) A report of the evaluations of health pro-
19 motion and disease prevention as required in section
20 203(c).
21 "(9) A biennial report to Congress on infectious
22 diseases as required by section 212.
23 "(10) A report on environmental and nuclear
24 health hazards as required by section 215.

1 “(11) An annual report on the status of all
2 health care facilities needs as required by section
3 301(c)(2)(B) and 301(d).
4 “(12) Reports on safe water and sanitary waste
5 disposal facilities as required by section 302(h).
6 “(13) An annual report on the expenditure of
7 non-Service funds for renovation as required by sec-
8 tions 304(b)(2).
9 “(14) A report identifying the backlog of main-
10 tenance and repair required at Service and tribal fa-
11 cilities required by section 313(a).
12 “(15) A report providing an accounting of reim-
13 bursement funds made available to the Secretary
14 under titles XVIII, XIX, and XXI of the Social Se-
15 curity Act.
16 “(16) A report on any arrangements for the
17 sharing of medical facilities or services, as author-
18 ized by section 406.
19 “(17) A report on evaluation and renewal of
20 urban Indian programs under section 505.
21 “(18) A report on the evaluation of programs
22 as required by section 513(d).
23 “(19) A report on alcohol and substance abuse
24 as required by section 701(f).

1 "(20) A report on Indian youth mental health
2 services as required by section 707(h).
3 "(21) A report on the reallocation of base re-
4 sources if required by section 807.
5 "(22) A report on the movement of patients be-
6 tween Service Units, including—
7 "(A) a list of those Service Units that have
8 a net increase and those that have a net de-
9 crease of patients due to patients assigned to
10 one Service Unit voluntarily choosing to receive
11 service at another Service Unit;
12 "(B) an analysis of the effect of patient
13 movement on the quality of services for those
14 Service Units experiencing an increase in the
15 number of patients served; and
16 "(C) what funding changes are necessary
17 to maintain a consistent quality of service at
18 Service Units that have an increase in the num-
19 ber of patients served.
20 "(23) A report on the extent to which health
21 care facilities of the Service, Indian Tribes, Tribal
22 Organizations, and urban Indian organizations com-
23 ply with credentialing requirements of the Service or
24 licensure requirements of States.

1 **"SEC. 802. REGULATIONS.**

2 "(a) DEADLINES.—

3 "(1) PROCEDURES.—Not later than 90 days
4 after the date of enactment of the Indian Health
5 Care Improvement Act Amendments of 2009, the
6 Secretary shall initiate procedures under subchapter
7 III of chapter 5 of title 5, United States Code, to
8 negotiate and promulgate such regulations or
9 amendments thereto that are necessary to carry out
10 this Act, except sections 105, 115, 117, 202, and
11 409 through 416. The Secretary may promulgate
12 regulations to carry out such sections using the pro-
13 cedures required by chapter 5 of title 5, United
14 States Code (commonly known as the 'Administra-
15 tive Procedure Act').

16 "(2) PROPOSED REGULATIONS.—Proposed reg-
17 ulations to implement this Act shall be published in
18 the Federal Register by the Secretary no later than
19 2 years after the date of enactment of the Indian
20 Health Care Improvement Act Amendments of 2009
21 and shall have no less than a 120-day comment pe-
22 riod.

23 "(3) FINAL REGULATIONS.—The Secretary
24 shall publish in the Federal Register final regula-
25 tions to implement this Act by not later than 3 years

1 after the date of enactment of the Indian Health
2 Care Improvement Act Amendments of 2009.

3 "(b) COMMITTEE.—A negotiated rulemaking com-
4 mittee established pursuant to section 565 of title 5,
5 United States Code, to carry out this section shall have
6 as its members only representatives of the Federal Gov-
7 ernment and representatives of Indian Tribes, and Tribal
8 Organizations, a majority of whom shall be nominated by
9 and be representatives of Indian Tribes and Tribal Orga-
10 nizations from each Service Area.

11 "(c) ADAPTATION OF PROCEDURES.—The Secretary
12 shall adapt the negotiated rulemaking procedures to the
13 unique context of self-governance and the government-to-
14 government relationship between the United States and
15 Indian Tribes.

16 "(d) LACK OF REGULATIONS.—The lack of promul-
17 gated regulations shall not limit the effect of this Act.

18 **"SEC. 803. PLAN OF IMPLEMENTATION.**

19 "(a) IN GENERAL.—Not later than 1 year after the
20 date of enactment of the Indian Health Care Improvement
21 Act Amendments of 2009, the Secretary, in consultation
22 with Indian Tribes, Tribal Organizations, and urban In-
23 dian organizations, shall submit to Congress a plan ex-
24 plaining the manner and schedule, by title and section,
25 by which the Secretary will implement the provisions of

this Act. This consultation may be conducted jointly with the annual budget consultation pursuant to the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.).

''(b) LACK OF PLAN.—The lack of (or failure to submit) such a plan shall not limit the effect, or prevent the implementation, of this Act.

''SEC. 804. LIMITATION ON USE OF FUNDS APPROPRIATED TO INDIAN HEALTH SERVICE.

''Any limitation on the use of funds contained in an Act providing appropriations for the Department for a period with respect to the performance of abortions shall apply for that period with respect to the performance of abortions using funds contained in an Act providing appropriations for the Service.

''SEC. 805. ELIGIBILITY OF CALIFORNIA INDIANS.

''(a) IN GENERAL.—The following California Indians shall be eligible for health services provided by the Service:

''(1) Any member of a federally recognized Indian Tribe.

''(2) Any descendant of an Indian who was residing in California on June 1, 1852, if such descendant—

''(A) is a member of the Indian community served by a local program of the Service; and

1 ‘‘(B) is regarded as an Indian by the com-
2 munity in which such descendant lives.
3 ‘‘(3) Any Indian who holds trust interests in
4 public domain, national forest, or reservation allot-
5 ments in California.
6 ‘‘(4) Any Indian in California who is listed on
7 the plans for distribution of the assets of rancherias
8 and reservations located within the State of Cali-
9 fornia under the Act of August 18, 1958 (72 Stat.
10 619), and any descendant of such an Indian.
11 ‘‘(b) CLARIFICATION.—Nothing in this section may
12 be construed as expanding the eligibility of California Indi-
13 ans for health services provided by the Service beyond the
14 scope of eligibility for such health services that applied on
15 May 1, 1986.
16 **‘‘SEC. 806. HEALTH SERVICES FOR INELIGIBLE PERSONS.**
17 ‘‘(a) CHILDREN.—Any individual who—
18 ‘‘(1) has not attained 19 years of age;
19 ‘‘(2) is the natural or adopted child, stepchild,
20 foster child, legal ward, or orphan of an eligible In-
21 dian; and
22 ‘‘(3) is not otherwise eligible for health services
23 provided by the Service,
24 shall be eligible for all health services provided by the
25 Service on the same basis and subject to the same rules

1 that apply to eligible Indians until such individual attains
2 19 years of age. The existing and potential health needs
3 of all such individuals shall be taken into consideration
4 by the Service in determining the need for, or the alloca-
5 tion of, the health resources of the Service. If such an indi-
6 vidual has been determined to be legally incompetent prior
7 to attaining 19 years of age, such individual shall remain
8 eligible for such services until 1 year after the date of a
9 determination of competency.

10 ‘‘(b) SPOUSES.—Any spouse of an eligible Indian who
11 is not an Indian, or who is of Indian descent but is not
12 otherwise eligible for the health services provided by the
13 Service, shall be eligible for such health services if all such
14 spouses or spouses who are married to members of each
15 Indian Tribe being served are made eligible, as a class,
16 by an appropriate resolution of the governing body of the
17 Indian Tribe or Tribal Organization providing such serv-
18 ices. The health needs of persons made eligible under this
19 paragraph shall not be taken into consideration by the
20 Service in determining the need for, or allocation of, its
21 health resources.

22 ‘‘(c) PROVISION OF SERVICES TO OTHER INDIVID-
23 UALS.—

24 ‘‘(1) IN GENERAL.—The Secretary is authorized
25 to provide health services under this subsection

1 through health programs operated directly by the
2 Service to individuals who reside within the Service
3 area of the Service Unit and who are not otherwise
4 eligible for such health services if—
5 ‘‘(A) the Indian Tribes served by such
6 Service Unit request such provision of health
7 services to such individuals; and
8 ‘‘(B) the Secretary and the served Indian
9 Tribes have jointly determined that—
10 ‘‘(i) the provision of such health serv-
11 ices will not result in a denial or diminu-
12 tion of health services to eligible Indians;
13 and
14 ‘‘(ii) there is no reasonable alternative
15 health facilities or services, within or with-
16 out the Service Unit, available to meet the
17 health needs of such individuals.
18 ‘‘(2) ISDEAA PROGRAMS.—In the case of
19 health programs and facilities operated under a con-
20 tract or compact entered into under the Indian Self-
21 Determination and Education Assistance Act (25
22 U.S.C. 450 et seq.), the governing body of the In-
23 dian Tribe or Tribal Organization providing health
24 services under such contract or compact is author-
25 ized to determine whether health services should be

1 provided under such contract to individuals who are
2 not eligible for such health services under any other
3 subsection of this section or under any other provi-
4 sion of law. In making such determinations, the gov-
5 erning body of the Indian Tribe or Tribal Organiza-
6 tion shall take into account the considerations de-
7 scribed in paragraph (1)(B).

8 ''(3) PAYMENT FOR SERVICES.—

9 ''(A) IN GENERAL.—Persons receiving
10 health services provided by the Service under
11 this subsection shall be liable for payment of
12 such health services under a schedule of charges
13 prescribed by the Secretary which, in the judg-
14 ment of the Secretary, results in reimbursement
15 in an amount not less than the actual cost of
16 providing the health services. Notwithstanding
17 section 404 of this Act or any other provision
18 of law, amounts collected under this subsection,
19 including Medicare, Medicaid, or SCHIP reim-
20 bursements under titles XVIII, XIX, and XXI
21 of the Social Security Act, shall be credited to
22 the account of the program providing the serv-
23 ice and shall be used for the purposes listed in
24 section 401(d)(2) and amounts collected under

1 this subsection shall be available for expendi-
2 ture within such program.
3 "(B) INDIGENT PEOPLE.—Health services
4 may be provided by the Secretary through the
5 Service under this subsection to an indigent in-
6 dividual who would not be otherwise eligible for
7 such health services but for the provisions of
8 paragraph (1) only if an agreement has been
9 entered into with a State or local government
10 under which the State or local government
11 agrees to reimburse the Service for the expenses
12 incurred by the Service in providing such health
13 services to such indigent individual.
14 "(4) REVOCATION OF CONSENT FOR SERV-
15 ICES.—
16 "(A) SINGLE TRIBE SERVICE AREA.—In
17 the case of a Service Area which serves only 1
18 Indian Tribe, the authority of the Secretary to
19 provide health services under paragraph (1)
20 shall terminate at the end of the fiscal year suc-
21 ceeding the fiscal year in which the governing
22 body of the Indian Tribe revokes its concur-
23 rence to the provision of such health services.
24 "(B) MULTITRIBAL SERVICE AREA.—In
25 the case of a multitribal Service Area, the au-

1 thority of the Secretary to provide health serv-
2 ices under paragraph (1) shall terminate at the
3 end of the fiscal year succeeding the fiscal year
4 in which at least 51 percent of the number of
5 Indian Tribes in the Service Area revoke their
6 concurrence to the provisions of such health
7 services.

8 ''(d) OTHER SERVICES.—The Service may provide
9 health services under this subsection to individuals who
10 are not eligible for health services provided by the Service
11 under any other provision of law in order to—

12 ''(1) achieve stability in a medical emergency;

13 ''(2) prevent the spread of a communicable dis-
14 ease or otherwise deal with a public health hazard;

15 ''(3) provide care to non-Indian women preg-
16 nant with an eligible Indian's child for the duration
17 of the pregnancy through postpartum; or

18 ''(4) provide care to immediate family members
19 of an eligible individual if such care is directly re-
20 lated to the treatment of the eligible individual.

21 ''(e) HOSPITAL PRIVILEGES FOR PRACTITIONERS.—

22 ''(1) IN GENERAL.—Hospital privileges in
23 health facilities operated and maintained by the
24 Service or operated under a contract or compact
25 pursuant to the Indian Self-Determination and Edu-

1 cation Assistance Act (25 U.S.C. 450 et seq.) may
2 be extended to non-Service health care practitioners
3 who provide services to individuals described in sub-
4 section (a), (b), (c), or (d). Such non-Service health
5 care practitioners may, as part of the privileging
6 process, be designated as employees of the Federal
7 Government for purposes of section 1346(b) and
8 chapter 171 of title 28, United States Code (relating
9 to Federal tort claims) only with respect to acts or
10 omissions which occur in the course of providing
11 services to eligible individuals as a part of the condi-
12 tions under which such hospital privileges are ex-
13 tended.

14 ''(2) DEFINITION.—For purposes of this sub-
15 section, the term 'non-Service health care practi-
16 tioner' means a practitioner who is not—

17 ''(A) an employee of the Service; or

18 ''(B) an employee of an Indian tribe or
19 tribal organization operating a contract or com-
20 pact under the Indian Self-Determination and
21 Education Assistance Act or an individual who
22 provides health care services pursuant to a per-
23 sonal services contract with such Indian tribe or
24 tribal organization.

1 ''(f) ELIGIBLE INDIAN.—For purposes of this sec-
2 tion, the term 'eligible Indian' means any Indian who is
3 eligible for health services provided by the Service without
4 regard to the provisions of this section.

5 **''SEC. 807. TREATMENT OF CERTAIN SERVICES AND BENE-**
6 **FITS.**

7 ''(a) Gross income does not include (1) health services
8 or benefits provided or purchased by the Indian Health
9 Service, either directly or indirectly, through a grant to
10 or a contract or compact with an Indian tribe or tribal
11 organization, or grants to or other programs of third par-
12 ties funded by the Indian Health Service; (2) health serv-
13 ices, health benefits or other amounts for health care serv-
14 ices, including preventive care and treatment of personal
15 injuries or sickness and other health conditions, provided
16 by an Indian tribe or tribal organization to an Indian ei-
17 ther directly, through purchased services, or through acci-
18 dent or health insurance (or through an arrangement hav-
19 ing the effect of accident or health insurance); (3) the
20 value of health coverage provided or premiums paid by an
21 Indian tribe or tribal organization to or on behalf of an
22 Indian under an accident or health plan (or through an
23 arrangement having the effect of accident or health insur-
24 ance); or (4) any other benefit or service provided by an
25 Indian tribe that supplements the programs and services

1 provided by the Federal government to Indian tribes or
2 Indians, or other general welfare benefits or services pro-
3 vided by Indian tribes to Indians.

4 "(b) DEFINITIONS.—For the purposes of this section:

5 "(1) The terms 'accident or health insurance'
6 and 'personal injuries and sickness' have the mean-
7 ing given those terms in section 104 of the Internal
8 Revenue Code of 1986.

9 "(2) The term 'Indian tribe' has the meaning
10 given that term in section 4(e) of the Indian Self-
11 Determination and Education Assistance Act (25
12 U.S.C. 450b(e)).

13 "(3) The term 'Indians' and 'Indian' means any
14 person who—

15 "(A) is a member of an Indian tribe, as
16 defined in paragraph (2); and

17 "(B)(i) irrespective of whether the indi-
18 vidual lives on or near a reservation, is a mem-
19 ber of a tribe, band, or other organized group
20 of Indians, including those tribes, bands, or
21 groups terminated since 1940 and those recog-
22 nized by the State in which they reside;

23 "(ii) is a descendant, in the first or second
24 degree, of any such member;

1 ''(iii) is an Eskimo or Aleut or other Alas-
2 ka Native;
3 ''(iv) is otherwise eligible for services pro-
4 vided or funded by the Indian Health Service
5 under applicable law; or
6 ''(v) is considered by the Secretary of the
7 Interior to be an Indian for any purpose.
8 ''(4) The term 'tribal organization' has the
9 meaning given that term in section 4(l) of the In-
10 dian Self-Determination and Education Assistance
11 Act (25 U.S.C. 450b(l)).
12 ''(c) NO INFERENCE.—Nothing in this section is in-
13 tended as an inference to the tax treatment of govern-
14 mental benefits (including health care benefits not covered
15 under this section) provided by Indian tribes to Indians
16 after the date of the enactment of this section.
17 **''SEC. 808. REALLOCATION OF BASE RESOURCES.**
18 ''(a) REPORT REQUIRED.—Notwithstanding any
19 other provision of law, any allocation of Service funds for
20 a fiscal year that reduces by 5 percent or more from the
21 previous fiscal year the funding for any recurring pro-
22 gram, project, or activity of a Service Unit may be imple-
23 mented only after the Secretary has submitted to Con-
24 gress, under section 801, a report on the proposed change

1 in allocation of funding, including the reasons for the
2 change and its likely effects.

3 ''(b) EXCEPTION.—Subsection (a) shall not apply if
4 the total amount appropriated to the Service for a fiscal
5 year is at least 5 percent less than the amount appro-
6 priated to the Service for the previous fiscal year.

7 **''SEC. 809. RESULTS OF DEMONSTRATION PROJECTS.**

8 ''The Secretary shall provide for the dissemination to
9 Indian Tribes, Tribal Organizations, and urban Indian or-
10 ganizations of the findings and results of demonstration
11 projects conducted under this Act.

12 **''SEC. 810. PROVISION OF SERVICES IN MONTANA.**

13 ''(a) CONSISTENT WITH COURT DECISION.—The
14 Secretary, acting through the Service, shall provide serv-
15 ices and benefits for Indians in Montana in a manner con-
16 sistent with the decision of the United States Court of Ap-
17 peals for the Ninth Circuit in McNabb for McNabb v.
18 Bowen, 829 F.2d 787 (9th Cir. 1987).

19 ''(b) CLARIFICATION.—The provisions of subsection
20 (a) shall not be construed to be an expression of the sense
21 of Congress on the application of the decision described
22 in subsection (a) with respect to the provision of services
23 or benefits for Indians living in any State other than Mon-
24 tana.

1 **"SEC. 811. MORATORIUM.**

2 "During the period of the moratorium imposed on
3 implementation of the final rule published in the Federal
4 Register on September 16, 1987, by the Department of
5 Health and Human Services, relating to eligibility for the
6 health care services of the Indian Health Service, the In-
7 dian Health Service shall provide services pursuant to the
8 criteria for eligibility for such services that were in effect
9 on September 15, 1987, subject to the provisions of sec-
10 tions 805 and 806, until the Service has submitted to the
11 Committees on Appropriations of the Senate and the
12 House of Representatives a budget request reflecting the
13 increased costs associated with the proposed final rule,
14 and the request has been included in an appropriations
15 Act and enacted into law.

16 **"SEC. 812. SEVERABILITY PROVISIONS.**

17 "If any provision of this Act, any amendment made
18 by the Act, or the application of such provision or amend-
19 ment to any person or circumstances is held to be invalid,
20 the remainder of this Act, the remaining amendments
21 made by this Act, and the application of such provisions
22 to persons or circumstances other than those to which it
23 is held invalid, shall not be affected thereby.

24 **"SEC. 813. USE OF PATIENT SAFETY ORGANIZATIONS.**

25 "The Service, an Indian Tribe, Tribal Organization,
26 or urban Indian organization may provide for quality as-

1 surance activities through the use of a patient safety orga-
2 nization in accordance with title IX of the Public Health
3 Service Act.

4 **"SEC. 814. CONFIDENTIALITY OF MEDICAL QUALITY ASSUR-**
5 **ANCE RECORDS; QUALIFIED IMMUNITY FOR**
6 **PARTICIPANTS.**

7 "(a) CONFIDENTIALITY OF RECORDS.—Medical qual-
8 ity assurance records created by or for any Indian Health
9 Program or a health program of an Urban Indian Organi-
10 zation as part of a medical quality assurance program are
11 confidential and privileged. Such records may not be dis-
12 closed to any person or entity, except as provided in sub-
13 section (c).

14 "(b) PROHIBITION ON DISCLOSURE AND TESTI-
15 MONY.—

16 "(1) IN GENERAL.—No part of any medical
17 quality assurance record described in subsection (a)
18 may be subject to discovery or admitted into evi-
19 dence in any judicial or administrative proceeding,
20 except as provided in subsection (c).

21 "(2) TESTIMONY.—A person who reviews or
22 creates medical quality assurance records for any In-
23 dian Health Program or Urban Indian Organization
24 who participates in any proceeding that reviews or
25 creates such records may not be permitted or re-

1 quired to testify in any judicial or administrative
2 proceeding with respect to such records or with re-
3 spect to any finding, recommendation, evaluation,
4 opinion, or action taken by such person or body in
5 connection with such records except as provided in
6 this section.

7 "(c) AUTHORIZED DISCLOSURE AND TESTIMONY.—

8 "(1) IN GENERAL.—Subject to paragraph (2), a
9 medical quality assurance record described in sub-
10 section (a) may be disclosed, and a person referred
11 to in subsection (b) may give testimony in connec-
12 tion with such a record, only as follows:

13 "(A) To a Federal executive agency or pri-
14 vate organization, if such medical quality assur-
15 ance record or testimony is needed by such
16 agency or organization to perform licensing or
17 accreditation functions related to any Indian
18 Health Program or to a health program of an
19 Urban Indian Organization to perform moni-
20 toring, required by law, of such program or or-
21 ganization.

22 "(B) To an administrative or judicial pro-
23 ceeding commenced by a present or former In-
24 dian Health Program or Urban Indian Organi-
25 zation provider concerning the termination, sus-

1 pension, or limitation of clinical privileges of
2 such health care provider.
3 ''(C) To a governmental board or agency
4 or to a professional health care society or orga-
5 nization, if such medical quality assurance
6 record or testimony is needed by such board,
7 agency, society, or organization to perform li-
8 censing, credentialing, or the monitoring of pro-
9 fessional standards with respect to any health
10 care provider who is or was an employee of any
11 Indian Health Program or Urban Indian Orga-
12 nization.
13 ''(D) To a hospital, medical center, or
14 other institution that provides health care serv-
15 ices, if such medical quality assurance record or
16 testimony is needed by such institution to as-
17 sess the professional qualifications of any health
18 care provider who is or was an employee of any
19 Indian Health Program or Urban Indian Orga-
20 nization and who has applied for or been grant-
21 ed authority or employment to provide health
22 care services in or on behalf of such program or
23 organization.
24 ''(E) To an officer, employee, or contractor
25 of the Indian Health Program or Urban Indian

1 Organization that created the records or for
2 which the records were created. If that officer,
3 employee, or contractor has a need for such
4 record or testimony to perform official duties.

5 "(F) To a criminal or civil law enforce-
6 ment agency or instrumentality charged under
7 applicable law with the protection of the public
8 health or safety, if a qualified representative of
9 such agency or instrumentality makes a written
10 request that such record or testimony be pro-
11 vided for a purpose authorized by law.

12 "(G) In an administrative or judicial pro-
13 ceeding commenced by a criminal or civil law
14 enforcement agency or instrumentality referred
15 to in subparagraph (F), but only with respect
16 to the subject of such proceeding.

17 "(2) IDENTITY OF PARTICIPANTS.—With the
18 exception of the subject of a quality assurance ac-
19 tion, the identity of any person receiving health care
20 services from any Indian Health Program or Urban
21 Indian Organization or the identity of any other per-
22 son associated with such program or organization
23 for purposes of a medical quality assurance program
24 that is disclosed in a medical quality assurance
25 record described in subsection (a) shall be deleted

1 from that record or document before any disclosure
2 of such record is made outside such program or or-
3 ganization.

4 "(d) DISCLOSURE FOR CERTAIN PURPOSES.—

5 "(1) IN GENERAL.—Nothing in this section
6 shall be construed as authorizing or requiring the
7 withholding from any person or entity aggregate sta-
8 tistical information regarding the results of any In-
9 dian Health Program or Urban Indian
10 Organizations's medical quality assurance programs.

11 "(2) WITHHOLDING FROM CONGRESS.—Noth-
12 ing in this section shall be construed as authority to
13 withhold any medical quality assurance record from
14 a committee of either House of Congress, any joint
15 committee of Congress, or the Government Account-
16 ability Office if such record pertains to any matter
17 within their respective jurisdictions.

18 "(e) PROHIBITION ON DISCLOSURE OF RECORD OR
19 TESTIMONY.—A person or entity having possession of or
20 access to a record or testimony described by this section
21 may not disclose the contents of such record or testimony
22 in any manner or for any purpose except as provided in
23 this section.

24 "(f) EXEMPTION FROM FREEDOM OF INFORMATION
25 ACT.—Medical quality assurance records described in sub-

section (a) may not be made available to any person under section 552 of title 5, United States Code.

"(g) LIMITATION ON CIVIL LIABILITY.—A person who participates in or provides information to a person or body that reviews or creates medical quality assurance records described in subsection (a) shall not be civilly liable for such participation or for providing such information if the participation or provision of information was in good faith based on prevailing professional standards at the time the medical quality assurance program activity took place.

"(h) APPLICATION TO INFORMATION IN CERTAIN OTHER RECORDS.—Nothing in this section shall be construed as limiting access to the information in a record created and maintained outside a medical quality assurance program, including a patient's medical records, on the grounds that the information was presented during meetings of a review body that are part of a medical quality assurance program.

"(i) REGULATIONS.—The Secretary, acting through the Service, shall promulgate regulations pursuant to section 802.

"(j) DEFINITIONS.—In this section:

"(1) The term 'health care provider' means any health care professional, including community health

1 aides and practitioners certified under section 121,
2 who are granted clinical practice privileges or em-
3 ployed to provide health care services in an Indian
4 Health Program or health program of an Urban In-
5 dian Organization, who is licensed or certified to
6 perform health care services by a governmental
7 board or agency or professional health care society
8 or organization.

9 ''(2) The term 'medical quality assurance pro-
10 gram' means any activity carried out before, on, or
11 after the date of enactment of this Act by or for any
12 Indian Health Program or Urban Indian Organiza-
13 tion to assess the quality of medical care, including
14 activities conducted by or on behalf of individuals,
15 Indian Health Program or Urban Indian Organiza-
16 tion medical or dental treatment review committees,
17 or other review bodies responsible for quality assur-
18 ance, credentials, infection control, patient safety,
19 patient care assessment (including treatment proce-
20 dures, blood, drugs, and therapeutics), medical
21 records, health resources management review and
22 identification and prevention of medical or dental in-
23 cidents and risks.

24 ''(3) The term 'medical quality assurance
25 record' means the proceedings, records, minutes, and

1 reports that emanate from quality assurance pro-
2 gram activities described in paragraph (2) and are
3 produced or compiled by or for an Indian Health
4 Program or Urban Indian Organization as part of a
5 medical quality assurance program.

6 ''(k) CONTINUED PROTECTION.—Disclosure under
7 subsection (c) does not permit redisclosure except to the
8 extent such further disclosure is authorized under sub-
9 section (c) or is otherwise authorized to be disclosed under
10 this section.

11 ''(l) INCONSISTENCIES.—To the extent that the pro-
12 tections under the Patient Safety and Quality Improve-
13 ment Act of 2005 and this section are inconsistent, the
14 provisions of whichever is more protective shall control.

15 ''(m) RELATIONSHIP TO OTHER LAW.—This section
16 shall continue in force and effect, except asotherwise spe-
17 cifically provided in any Federal law enacted after the date
18 of enactment of the Indian Health Care Improvement Act
19 Amendments of 2009.

20 **''SEC. 815. CLAREMORE INDIAN HOSPITAL.**

21 ''The Claremore Indian Hospital shall be deemed to
22 be a dependant Indian community for the purposes of sec-
23 tion 1151 of title 18, United States Code.

1 **"SEC. 816. SENSE OF CONGRESS REGARDING LAW EN-**
2 **FORCEMENT AND METHAMPHETAMINE**
3 **ISSUES IN INDIAN COUNTRY.**

4 "It is the sense of Congress that Congress encourages
5 State, local, and Indian tribal law enforcement agencies
6 to enter into memoranda of agreement between and
7 among those agencies for purposes of streamlining law en-
8 forcement activities and maximizing the use of limited re-
9 sources—

10 "(1) to improve law enforcement services pro-
11 vided to Indian tribal communities; and

12 "(2) to increase the effectiveness of measures to
13 address problems relating to methamphetamine use
14 in Indian country (as defined in section 1151 of title
15 18, United States Code).

16 **"SEC. 817. PERMITTING IMPLEMENTATION THROUGH CON-**
17 **TRACTS WITH TRIBAL HEALTH PROGRAMS.**

18 "Nothing in this Act shall be construed as preventing
19 the Secretary from—

20 "(1) carrying out any section of this Act
21 through contracts with Tribal Health Programs; and

22 "(2) carrying out sections through 214,
23 701(a)(1), 701(b)(1), 701(c), 707(g), and 712(b),
24 through contracts with urban Indian organizations.

The previous sentence shall not affect the authority the Secretary may otherwise have to carry out other provisions of this Act through such contracts.

"SEC. 818. AUTHORIZATION OF APPROPRIATIONS; AVAILABILITY.

"(a) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated such sums as may be necessary to carry out this title.

"(b) LIMITATION ON NEW SPENDING AUTHORITY.—Any new spending authority (described in subparagraph (A) or (B) of section 401(c)(2) of the Congressional Budget Act of 1974 (Public Law 93–344; 88 Stat. 317)) which is provided under this Act shall be effective for any fiscal year only to such extent or in such amounts as are provided in appropriation Acts.

"(c) AVAILABILITY.—The funds appropriated pursuant to this Act shall remain available until expended.".

(b) RATE OF PAY.—

(1) POSITIONS AT LEVEL IV.—Section 5315 of title 5, United States Code, is amended by striking "Assistant Secretaries of Health and Human Services (6)." and inserting "Assistant Secretaries of Health and Human Services (7)".

(2) POSITIONS AT LEVEL V.—Section 5316 of title 5, United States Code, is amended by striking

1 "Director, Indian Health Service, Department of
2 Health and Human Services".
3 (c) AMENDMENTS TO OTHER PROVISIONS OF LAW.—
4 (1) Section 3307(b)(1)(C) of the Children's
5 Health Act of 2000 (25 U.S.C. 1671 note; Public
6 Law 106–310) is amended by striking "Director of
7 the Indian Health Service" and inserting "Assistant
8 Secretary for Indian Health".
9 (2) The Indian Lands Open Dump Cleanup Act
10 of 1994 is amended—
11 (A) in section 3 (25 U.S.C. 3902)—
12 (i) by striking paragraph (2);
13 (ii) by redesignating paragraphs (1),
14 (3), (4), (5), and (6) as paragraphs (4),
15 (5), (2), (6), and (1), respectively, and
16 moving those paragraphs so as to appear
17 in numerical order; and
18 (iii) by inserting before paragraph (4)
19 (as redesignated by subclause (II)) the fol-
20 lowing:
21 "(3) ASSISTANT SECRETARY.—The term 'As-
22 sistant Secretary' means the Assistant Secretary for
23 Indian Health.";

1 (B) in section 5 (25 U.S.C. 3904), by
2 striking the section designation and heading
3 and inserting the following:

4 **"SEC. 5. AUTHORITY OF ASSISTANT SECRETARY FOR IN-**
5 **DIAN HEALTH.";**

6 (C) in section 6(a) (25 U.S.C. 3905(a)), in
7 the subsection heading, by striking "DIREC-
8 TOR" and inserting "ASSISTANT SECRETARY";
9 (D) in section 9(a) (25 U.S.C. 3908(a)), in
10 the subsection heading, by striking "DIREC-
11 TOR" and inserting "ASSISTANT SECRETARY";
12 and
13 (E) by striking "Director" each place it
14 appears and inserting "Assistant Secretary".
15 (3) Section 5504(d)(2) of the Augustus F.
16 Hawkins-Robert T. Stafford Elementary and Sec-
17 ondary School Improvement Amendments of 1988
18 (25 U.S.C. 2001 note; Public Law 100–297) is
19 amended by striking "Director of the Indian Health
20 Service" and inserting "Assistant Secretary for In-
21 dian Health".
22 (4) Section 203(a)(1) of the Rehabilitation Act
23 of 1973 (29 U.S.C. 763(a)(1)) is amended by strik-
24 ing "Director of the Indian Health Service" and in-
25 serting "Assistant Secretary for Indian Health".

1 (5) Subsections (b) and (e) of section 518 of
2 the Federal Water Pollution Control Act (33 U.S.C.
3 1377) are amended by striking ''Director of the In-
4 dian Health Service'' each place it appears and in-
5 serting ''Assistant Secretary for Indian Health''.

6 (6) Section 317M(b) of the Public Health Serv-
7 ice Act (42 U.S.C. 247b–14(b)) is amended—

8 (A) by striking ''Director of the Indian
9 Health Service'' each place it appears and in-
10 serting ''Assistant Secretary for Indian
11 Health''; and

12 (B) in paragraph (2)(A), by striking ''the
13 Directors referred to in such paragraph'' and
14 inserting ''the Director of the Centers for Dis-
15 ease Control and Prevention and the Assistant
16 Secretary for Indian Health''.

17 (7) Section 417C(b) of the Public Health Serv-
18 ice Act (42 U.S.C. 285–9(b)) is amended by striking
19 ''Director of the Indian Health Service'' and insert-
20 ing ''Assistant Secretary for Indian Health''.

21 (8) Section 1452(i) of the Safe Drinking Water
22 Act (42 U.S.C. 300j–12(i)) is amended by striking
23 ''Director of the Indian Health Service'' each place
24 it appears and inserting ''Assistant Secretary for In-
25 dian Health''.

1 (9) Section 803B(d)(1) of the Native American
2 Programs Act of 1974 (42 U.S.C. 2991b–2(d)(1)) is
3 amended in the last sentence by striking ''Director
4 of the Indian Health Service'' and inserting ''Assist-
5 ant Secretary for Indian Health''.

6 (10) Section 203(b) of the Michigan Indian
7 Land Claims Settlement Act (Public Law 105–143;
8 111 Stat. 2666) is amended by striking ''Director of
9 the Indian Health Service'' and inserting ''Assistant
10 Secretary for Indian Health''.

11 **SEC. 102. SOBOBA SANITATION FACILITIES.**

12 The Act of December 17, 1970 (84 Stat. 1465), is
13 amended by adding at the end the following:

14 ''SEC. 9. Nothing in this Act shall preclude the
15 Soboba Band of Mission Indians and the Soboba Indian
16 Reservation from being provided with sanitation facilities
17 and services under the authority of section 7 of the Act
18 of August 5, 1954 (68 Stat. 674), as amended by the Act
19 of July 31, 1959 (73 Stat. 267).''.

20 **SEC. 103. NATIVE AMERICAN HEALTH AND WELLNESS**
21 **FOUNDATION.**

22 (a) IN GENERAL.—The Indian Self-Determination
23 and Education Assistance Act (25 U.S.C. 450 et seq.) is
24 amended by adding at the end the following:

1 # “TITLE VIII—NATIVE AMERICAN
2 # HEALTH AND WELLNESS
3 # FOUNDATION

4 **“SEC. 801. DEFINITIONS.**

5 ‘‘In this title:

6 ‘‘(1) BOARD.—The term ‘Board’ means the
7 Board of Directors of the Foundation.

8 ‘‘(2) COMMITTEE.—The term ‘Committee’
9 means the Committee for the Establishment of Na-
10 tive American Health and Wellness Foundation es-
11 tablished under section 802(f).

12 ‘‘(3) FOUNDATION.—The term ‘Foundation’
13 means the Native American Health and Wellness
14 Foundation established under section 802.

15 ‘‘(4) SECRETARY.—The term ‘Secretary’ means
16 the Secretary of Health and Human Services.

17 ‘‘(5) SERVICE.—The term ‘Service’ means the
18 Indian Health Service of the Department of Health
19 and Human Services.

20 **“SEC. 802. NATIVE AMERICAN HEALTH AND WELLNESS**
21 **FOUNDATION.**

22 ‘‘(a) ESTABLISHMENT.—

23 ‘‘(1) IN GENERAL.—As soon as practicable
24 after the date of enactment of this title, the Sec-
25 retary shall establish, under the laws of the District

1 of Columbia and in accordance with this title, the
2 Native American Health and Wellness Foundation.
3 "(2) FUNDING DETERMINATIONS.—No funds,
4 gift, property, or other item of value (including any
5 interest accrued on such an item) acquired by the
6 Foundation shall—
7 "(A) be taken into consideration for pur-
8 poses of determining Federal appropriations re-
9 lating to the provision of health care and serv-
10 ices to Indians; or
11 "(B) otherwise limit, diminish, or affect
12 the Federal responsibility for the provision of
13 health care and services to Indians.
14 "(b) PERPETUAL EXISTENCE.—The Foundation
15 shall have perpetual existence.
16 "(c) NATURE OF CORPORATION.—The Foundation—
17 "(1) shall be a charitable and nonprofit feder-
18 ally chartered corporation; and
19 "(2) shall not be an agency or instrumentality
20 of the United States.
21 "(d) PLACE OF INCORPORATION AND DOMICILE.—
22 The Foundation shall be incorporated and domiciled in the
23 District of Columbia.
24 "(e) DUTIES.—The Foundation shall—

1 "(1) encourage, accept, and administer private
2 gifts of real and personal property, and any income
3 from or interest in such gifts, for the benefit of, or
4 in support of, the mission of the Service;
5 "(2) undertake and conduct such other activi-
6 ties as will further the health and wellness activities
7 and opportunities of Native Americans; and
8 "(3) participate with and assist Federal, State,
9 and tribal governments, agencies, entities, and indi-
10 viduals in undertaking and conducting activities that
11 will further the health and wellness activities and op-
12 portunities of Native Americans.
13 "(f) COMMITTEE FOR THE ESTABLISHMENT OF NA-
14 TIVE AMERICAN HEALTH AND WELLNESS FOUNDA-
15 TION.—
16 "(1) IN GENERAL.—The Secretary shall estab-
17 lish the Committee for the Establishment of Native
18 American Health and Wellness Foundation to assist
19 the Secretary in establishing the Foundation.
20 "(2) DUTIES.—Not later than 180 days after
21 the date of enactment of this section, the Committee
22 shall—
23 "(A) carry out such activities as are nec-
24 essary to incorporate the Foundation under the

1 laws of the District of Columbia, including act-
2 ing as incorporators of the Foundation;
3 "(B) ensure that the Foundation qualifies
4 for and maintains the status required to carry
5 out this section, until the Board is established;
6 "(C) establish the constitution and initial
7 bylaws of the Foundation;
8 "(D) provide for the initial operation of
9 the Foundation, including providing for tem-
10 porary or interim quarters, equipment, and
11 staff; and
12 "(E) appoint the initial members of the
13 Board in accordance with the constitution and
14 initial bylaws of the Foundation.
15 "(g) BOARD OF DIRECTORS.—
16 "(1) IN GENERAL.—The Board of Directors
17 shall be the governing body of the Foundation.
18 "(2) POWERS.—The Board may exercise, or
19 provide for the exercise of, the powers of the Foun-
20 dation.
21 "(3) SELECTION.—
22 "(A) IN GENERAL.—Subject to subpara-
23 graph (B), the number of members of the
24 Board, the manner of selection of the members
25 (including the filling of vacancies), and the

1 terms of office of the members shall be as pro-
2 vided in the constitution and bylaws of the
3 Foundation.

4 "(B) REQUIREMENTS.—

5 "(i) NUMBER OF MEMBERS.—The
6 Board shall have at least 11 members, who
7 shall have staggered terms.

8 "(ii) INITIAL VOTING MEMBERS.—The
9 initial voting members of the Board—

10 "(I) shall be appointed by the
11 Committee not later than 180 days
12 after the date on which the Founda-
13 tion is established; and

14 "(II) shall have staggered terms.

15 "(iii) QUALIFICATION.—The members
16 of the Board shall be United States citi-
17 zens who are knowledgeable or experienced
18 in Native American health care and related
19 matters.

20 "(C) COMPENSATION.—A member of the
21 Board shall not receive compensation for service
22 as a member, but shall be reimbursed for actual
23 and necessary travel and subsistence expenses
24 incurred in the performance of the duties of the
25 Foundation.

1 "(h) OFFICERS.—
2 "(1) IN GENERAL.—The officers of the Founda-
3 tion shall be—
4 "(A) a secretary, elected from among the
5 members of the Board; and
6 "(B) any other officers provided for in the
7 constitution and bylaws of the Foundation.
8 "(2) CHIEF OPERATING OFFICER.—The sec-
9 retary of the Foundation may serve, at the direction
10 of the Board, as the chief operating officer of the
11 Foundation, or the Board may appoint a chief oper-
12 ating officer, who shall serve at the direction of the
13 Board.
14 "(3) ELECTION.—The manner of election, term
15 of office, and duties of the officers of the Founda-
16 tion shall be as provided in the constitution and by-
17 laws of the Foundation.
18 "(i) POWERS.—The Foundation—
19 "(1) shall adopt a constitution and bylaws for
20 the management of the property of the Foundation
21 and the regulation of the affairs of the Foundation;
22 "(2) may adopt and alter a corporate seal;
23 "(3) may enter into contracts;
24 "(4) may acquire (through a gift or otherwise),
25 own, lease, encumber, and transfer real or personal

1 property as necessary or convenient to carry out the
2 purposes of the Foundation;
3 “(5) may sue and be sued; and
4 “(6) may perform any other act necessary and
5 proper to carry out the purposes of the Foundation.
6 “(j) PRINCIPAL OFFICE.—
7 “(1) IN GENERAL.—The principal office of the
8 Foundation shall be in the District of Columbia.
9 “(2) ACTIVITIES; OFFICES.—The activities of
10 the Foundation may be conducted, and offices may
11 be maintained, throughout the United States in ac-
12 cordance with the constitution and bylaws of the
13 Foundation.
14 “(k) SERVICE OF PROCESS.—The Foundation shall
15 comply with the law on service of process of each State
16 in which the Foundation is incorporated and of each State
17 in which the Foundation carries on activities.
18 “(l) LIABILITY OF OFFICERS, EMPLOYEES, AND
19 AGENTS.—
20 “(1) IN GENERAL.—The Foundation shall be
21 liable for the acts of the officers, employees, and
22 agents of the Foundation acting within the scope of
23 their authority.
24 “(2) PERSONAL LIABILITY.—A member of the
25 Board shall be personally liable only for gross neg-

1 ligence in the performance of the duties of the mem-
2 ber.
3 ‘‘(m) RESTRICTIONS.—
4 ‘‘(1) LIMITATION ON SPENDING.—Beginning
5 with the fiscal year following the first full fiscal year
6 during which the Foundation is in operation, the ad-
7 ministrative costs of the Foundation shall not exceed
8 the percentage described in paragraph (2) of the
9 sum of—
10 ‘‘(A) the amounts transferred to the Foun-
11 dation under subsection (o) during the pre-
12 ceding fiscal year; and
13 ‘‘(B) donations received from private
14 sources during the preceding fiscal year.
15 ‘‘(2) PERCENTAGES.—The percentages referred
16 to in paragraph (1) are—
17 ‘‘(A) for the first fiscal year described in
18 that paragraph, 20 percent;
19 ‘‘(B) for the following fiscal year, 15 per-
20 cent; and
21 ‘‘(C) for each fiscal year thereafter, 10
22 percent.
23 ‘‘(3) APPOINTMENT AND HIRING.—The ap-
24 pointment of officers and employees of the Founda-
25 tion shall be subject to the availability of funds.

1 "(4) STATUS.—A member of the Board or offi-
2 cer, employee, or agent of the Foundation shall not
3 by reason of association with the Foundation be con-
4 sidered to be an officer, employee, or agent of the
5 United States.

6 "(n) AUDITS.—The Foundation shall comply with
7 section 10101 of title 36, United States Code, as if the
8 Foundation were a corporation under part B of subtitle
9 II of that title.

10 "(o) FUNDING.—

11 "(1) AUTHORIZATION OF APPROPRIATIONS.—
12 There is authorized to be appropriated to carry out
13 subsection (e)(1) $500,000 for each fiscal year, as
14 adjusted to reflect changes in the Consumer Price
15 Index for all-urban consumers published by the De-
16 partment of Labor.

17 "(2) TRANSFER OF DONATED FUNDS.—The
18 Secretary shall transfer to the Foundation funds
19 held by the Department of Health and Human Serv-
20 ices under the Act of August 5, 1954 (42 U.S.C.
21 2001 et seq.), if the transfer or use of the funds is
22 not prohibited by any term under which the funds
23 were donated.

1 **"SEC. 803. ADMINISTRATIVE SERVICES AND SUPPORT.**

2 "(a) PROVISION OF SUPPORT BY SECRETARY.—Sub-
3 ject to subsection (b), during the 5-year period beginning
4 on the date on which the Foundation is established, the
5 Secretary—

6 "(1) may provide personnel, facilities, and other
7 administrative support services to the Foundation;

8 "(2) may provide funds for initial operating
9 costs and to reimburse the travel expenses of the
10 members of the Board; and

11 "(3) shall require and accept reimbursements
12 from the Foundation for—

13 "(A) services provided under paragraph
14 (1); and

15 "(B) funds provided under paragraph (2).

16 "(b) REIMBURSEMENT.—Reimbursements accepted
17 under subsection (a)(3)—

18 "(1) shall be deposited in the Treasury of the
19 United States to the credit of the applicable appro-
20 priations account; and

21 "(2) shall be chargeable for the cost of pro-
22 viding services described in subsection (a)(1) and
23 travel expenses described in subsection (a)(2).

24 "(c) CONTINUATION OF CERTAIN SERVICES.—The
25 Secretary may continue to provide facilities and necessary
26 support services to the Foundation after the termination

of the 5-year period specified in subsection (a) if the facilities and services—

"(1) are available; and

"(2) are provided on reimbursable cost basis.".

(b) TECHNICAL AMENDMENTS.—The Indian Self-Determination and Education Assistance Act is amended—

(1) by redesignating title V (25 U.S.C. 458bbb et seq.) as title VII;

(2) by redesignating sections 501, 502, and 503 (25 U.S.C. 458bbb, 458bbb–1, 458bbb–2) as sections 701, 702, and 703, respectively; and

(3) in subsection (a)(2) of section 702 and paragraph (2) of section 703 (as redesignated by paragraph (2)), by striking "section 501" and inserting "section 701".

SEC. 104. GAO STUDY AND REPORT ON PAYMENTS FOR CONTRACT HEALTH SERVICES.

(a) STUDY.—

(1) IN GENERAL.—The Comptroller General of the United States (in this section referred to as the "Comptroller General") shall conduct a study on the utilization of health care furnished by health care providers under the contract health services program funded by the Indian Health Service and operated by the Indian Health Service, an Indian Tribe, or a

1 Tribal Organization (as those terms are defined in
2 section 4 of the Indian Health Care Improvement
3 Act).

4 (2) ANALYSIS.—The study conducted under
5 paragraph (1) shall include an analysis of—

6 (A) the amounts reimbursed under the
7 contract health services program described in
8 paragraph (1) for health care furnished by enti-
9 ties, individual providers, and suppliers, includ-
10 ing a comparison of reimbursement for such
11 health care through other public programs and
12 in the private sector;

13 (B) barriers to accessing care under such
14 contract health services program, including, but
15 not limited to, barriers relating to travel dis-
16 tances, cultural differences, and public and pri-
17 vate sector reluctance to furnish care to pa-
18 tients under such program;

19 (C) the adequacy of existing Federal fund-
20 ing for health care under such contract health
21 services program; and

22 (D) any other items determined appro-
23 priate by the Comptroller General.

24 (b) REPORT.—Not later than 18 months after the
25 date of enactment of this Act, the Comptroller General

1 shall submit to Congress a report on the study conducted
2 under subsection (a), together with recommendations re-
3 garding—

4 (1) the appropriate level of Federal funding
5 that should be established for health care under the
6 contract health services program described in sub-
7 section (a)(1); and

8 (2) how to most efficiently utilize such funding.

9 (c) CONSULTATION.—In conducting the study under
10 subsection (a) and preparing the report under subsection
11 (b), the Comptroller General shall consult with the Indian
12 Health Service, Indian Tribes, and Tribal Organizations.

13 TITLE II—IMPROVEMENT OF IN-
14 DIAN HEALTH CARE PRO-
15 VIDED UNDER THE SOCIAL
16 SECURITY ACT

17 SEC. 201. EXPANSION OF PAYMENTS UNDER MEDICARE,
18 MEDICAID, AND SCHIP FOR ALL COVERED
19 SERVICES FURNISHED BY INDIAN HEALTH
20 PROGRAMS.

21 (a) MEDICAID.—

22 (1) EXPANSION TO ALL COVERED SERVICES.—
23 Section 1911 of the Social Security Act (42 U.S.C.
24 1396j) is amended—

1 (A) by amending the heading to read as
2 follows:

3 **"SEC. 1911. INDIAN HEALTH PROGRAMS.";**

4 and

5 (B) by amending subsection (a) to read as
6 follows:

7 "(a) ELIGIBILITY FOR PAYMENT FOR MEDICAL AS-
8 SISTANCE.—An Indian Health Program shall be eligible
9 for payment for medical assistance provided under a State
10 plan or under waiver authority with respect to items and
11 services furnished by the Program if the furnishing of
12 such services meets all the conditions and requirements
13 which are applicable generally to the furnishing of items
14 and services under this title and under such plan or waiver
15 authority.".

16 (2) REPEAL OF OBSOLETE PROVISION.—Sub-
17 section (b) of such section is repealed.

18 (3) REVISION OF AUTHORITY TO ENTER INTO
19 AGREEMENTS.—Subsection (c) of such section is
20 amended to read as follows:

21 "(c) AUTHORITY TO ENTER INTO AGREEMENTS.—
22 The Secretary may enter into an agreement with a State
23 for the purpose of reimbursing the State for medical as-
24 sistance provided by the Indian Health Service, an Indian
25 Tribe, Tribal Organization, or an Urban Indian Organiza-

1 tion (as so defined), directly, through referral, or under
2 contracts or other arrangements between the Indian
3 Health Service, an Indian Tribe, Tribal Organization, or
4 an Urban Indian Organization and another health care
5 provider to Indians who are eligible for medical assistance
6 under the State plan or under waiver authority. This sub-
7 section shall not be construed to impair the entitlement
8 of a State to reimbursement for such medical assistance
9 under this title.''.

10 (4) CROSS-REFERENCES TO SPECIAL FUND FOR
11 IMPROVEMENT OF IHS FACILITIES; DIRECT BILLING
12 OPTION; DEFINITIONS.—Such section is further
13 amended by striking subsection (d) and adding at
14 the end the following new subsections:

15 ''(c) SPECIAL FUND FOR IMPROVEMENT OF IHS FA-
16 CILITIES.—For provisions relating to the authority of the
17 Secretary to place payments to which a facility of the In-
18 dian Health Service is eligible for payment under this title
19 into a special fund established under section 401(c)(1) of
20 the Indian Health Care Improvement Act, see subpara-
21 graphs (A) and (B) of section 401(c)(1) of such Act.

22 ''(d) DIRECT BILLING.—For provisions relating to
23 the authority of an Tribal Health Program to elect to di-
24 rectly bill for, and receive payment for, health care items
25 and services provided by such Program for which payment

1 is made under this title, see section 401(d) of the Indian
2 Health Care Improvement Act.''.
3 (5) DEFINITIONS.—Section 1101(a) of such Act
4 (42 U.S.C. 1301(a)) is amended by adding at the
5 end the following new paragraph:
6 ''(11) For purposes of this title and titles
7 XVIII, XIX, and XXI, the terms 'Indian Health
8 Program', 'Indian Tribe' (and 'Indian tribe'), 'Tribal
9 Health Program', 'Tribal Organization' (and 'tribal
10 organization'), and 'urban Indian organization' (and
11 'urban Indian organization') have the meanings
12 given those terms in section 4 of the Indian Health
13 Care Improvement Act.''.
14 (b) MEDICARE.—
15 (1) EXPANSION TO ALL COVERED SERVICES.—
16 Section 1880 of such Act (42 U.S.C. 1395qq) is
17 amended—
18 (A) by amending the heading to read as
19 follows:
20 **''SEC. 1880. INDIAN HEALTH PROGRAMS.'';**
21 and
22 (B) by amending subsection (a) to read as
23 follows:
24 ''(a) ELIGIBILITY FOR PAYMENTS.—Subject to sub-
25 section (e), an Indian Health Program shall be eligible for

1 payments under this title with respect to items and serv-
2 ices furnished by the Program if the furnishing of such
3 services meets all the conditions and requirements which
4 are applicable generally to the furnishing of items and
5 services under this title.''.

6 (2) REPEAL OF OBSOLETE PROVISION.—Sub-
7 section (b) of such section is repealed.

8 (3) COMPLIANCE WITH CONDITIONS AND RE-
9 QUIREMENTS.—Subsection (b) of such section is
10 amended to read as follows:

11 ''(b) COMPLIANCE WITH CONDITIONS AND REQUIRE-
12 MENTS.—Subject to subsection (e), a facility of the Indian
13 Health Service or an Indian Tribe, Tribal Organization,
14 or an Urban Indian Organization which is eligible for pay-
15 ment under subsection (a) with respect to the furnishing
16 of items and services, but which does not meet all of the
17 conditions and requirements of this title which are applica-
18 ble generally to such facility, shall make such improve-
19 ments as are necessary to achieve or maintain compliance
20 with such conditions and requirements in accordance with
21 a plan submitted to and accepted by the Secretary for
22 achieving or maintaining compliance with such conditions
23 and requirements, and shall be deemed to meet such con-
24 ditions and requirements (and to be eligible for payment
25 under this title), without regard to the extent of its actual

1 compliance with such conditions and requirements, during
2 the first 12 months after the month in which such plan
3 is submitted.''.

4 (4) CROSS-REFERENCES TO SPECIAL FUND FOR
5 IMPROVEMENT OF IHS FACILITIES; DIRECT BILLING
6 OPTION; DEFINITIONS.—

7 (A) IN GENERAL.—Such section is further
8 amended by striking subsections (c) and (d)
9 and inserting the following new subsections:

10 ''(b) SPECIAL FUND FOR IMPROVEMENT OF IHS FA-
11 CILITIES.—For provisions relating to the authority of the
12 Secretary to place payments to which a facility of the In-
13 dian Health Service is eligible for payment under this title
14 into a special fund established under section 401(c)(1) of
15 the Indian Health Care Improvement Act, and the require-
16 ment to use amounts paid from such fund for making im-
17 provements in accordance with subsection (b), see sub-
18 paragraphs (A) and (B) of section 401(c)(1) of such Act.

19 ''(c) DIRECT BILLING.—For provisions relating to
20 the authority of a Tribal Health Program to elect to di-
21 rectly bill for, and receive payment for, health care items
22 and services provided by such Program for which payment
23 is made under this title, see section 401(d) of the Indian
24 Health Care Improvement Act.''.

1 (B) CONFORMING AMENDMENTS.—Such
2 section is further amended—
3 (i) in subsection (e)(3), by striking
4 ''Subsection (c)'' and inserting ''Subsection
5 (b) and section 401(b)(1) of the Indian
6 Health Care Improvement Act'';
7 (ii) by redesignating subsection (e) as
8 subsection (d); and
9 (iii) by striking subsection (f).
10 (5) DEFINITIONS.—Such section is further
11 amended by amending subsection (f) to read as fol-
12 lows:
13 ''(f) DEFINITIONS.—In this section, the terms 'In-
14 dian Health Program', 'Indian Tribe', 'Service Unit',
15 'Tribal Health Program', 'Tribal Organization', and
16 'Urban Indian Organization' have the meanings given
17 those terms in section 4 of the Indian Health Care Im-
18 provement Act.''.
19 (c) APPLICATION TO SCHIP.—Section 2107(e)(1) of
20 the Social Security Act (42 U.S.C. 1397gg(e)(1)) is
21 amended—
22 (1) by redesignating subparagraph (D) as sub-
23 paragraph (E); and
24 (2) by inserting after subparagraph (C), the fol-
25 lowing new subparagraph:

1 "(D) Section 1911 (relating to Indian
2 Health Programs, other than subsection (c) of
3 such section).".

4 **SEC. 202. INCREASED OUTREACH TO INDIANS UNDER MED-**
5 **ICAID AND SCHIP AND IMPROVED COOPERA-**
6 **TION IN THE PROVISION OF ITEMS AND**
7 **SERVICES TO INDIANS UNDER SOCIAL SECU-**
8 **RITY ACT HEALTH BENEFIT PROGRAMS.**

9 Section 1139 of the Social Security Act (42 U.S.C.
10 1320b–9) is amended to read as follows:

11 **"SEC. 1139. IMPROVED ACCESS TO, AND DELIVERY OF,**
12 **HEALTH CARE FOR INDIANS UNDER TITLES**
13 **XVIII, XIX, AND XXI.**

14 "(a) AGREEMENTS WITH STATES FOR MEDICAID
15 AND SCHIP OUTREACH ON OR NEAR RESERVATIONS TO
16 INCREASE THE ENROLLMENT OF INDIANS IN THOSE
17 PROGRAMS.—

18 "(1) IN GENERAL.—In order to improve the ac-
19 cess of Indians residing on or near a reservation to
20 obtain benefits under the Medicaid and State chil-
21 dren's health insurance programs established under
22 titles XIX and XXI, the Secretary, acting through
23 the Centers for Medicare & Medicaid Services, shall
24 encourage each State with all or part of a reserva-
25 tion within its borders to take steps to provide for

1 enrollment on or near such reservations. Such steps
2 may include outreach efforts such as the
3 outstationing of eligibility workers, entering into
4 agreements with the Indian Health Service, Indian
5 Tribes, Tribal Organizations, and urban Indian or-
6 ganizations to provide outreach, education regarding
7 eligibility and benefits, enrollment, and translation
8 services when such services are appropriate.
9 ‘‘(2) CONSTRUCTION.—Nothing in paragraph
10 (1) shall be construed as affecting arrangements en-
11 tered into between States and the Indian Health
12 Service, Indian Tribes, Tribal Organizations, or
13 urban Indian organizations for such Service, Tribes,
14 or Organizations to conduct administrative activities
15 under such titles.
16 ‘‘(b) FACILITATING COOPERATION IN ENROLLMENT
17 AND RETENTION.—The Secretary, acting through the
18 Centers for Medicare & Medicaid Services, shall consult
19 with States, the Service, Indian Tribes, Tribal Organiza-
20 tions, and urban Indian organizations to develop and dis-
21 seminate best practices with respect to facilitating agree-
22 ments between the States and Indian Tribes, Tribal Orga-
23 nizations, and urban Indian organizations relating to en-
24 rollment and retention of Indians in programs established
25 under titles XVIII, XIX, and XXI.

1 "(c) DEFINITION OF INDIAN; INDIAN TRIBE; INDIAN
2 HEALTH PROGRAM; TRIBAL ORGANIZATION; URBAN IN-
3 DIAN ORGANIZATION.—In this section, the terms 'Indian',
4 'Indian Tribe', 'Indian Health Program', 'Tribal Organi-
5 zation', and 'Urban Indian Organization' have the mean-
6 ings given those terms in section 4 of the Indian Health
7 Care Improvement Act.".

8 **SEC. 203. ADDITIONAL PROVISIONS TO INCREASE OUT-**
9 **REACH TO, AND ENROLLMENT OF, INDIANS**
10 **IN SCHIP AND MEDICAID.**

11 (a) ASSURANCE OF PAYMENTS TO INDIAN HEALTH
12 CARE PROVIDERS FOR CHILD HEALTH ASSISTANCE.—
13 Section 2102(b)(3)(D) of such Act (42 U.S.C.
14 1397bb(b)(3)(D)) is amended by striking "(as defined in
15 section 4(c) of the Indian Health Care Improvement Act,
16 25 U.S.C. 1603(c))" and inserting ", including how the
17 State will ensure that payments are made to Indian
18 Health Programs and urban Indian organizations oper-
19 ating in the State for the provision of such assistance".
20 (b) INCLUSION OF OTHER INDIAN FINANCED
21 HEALTH CARE PROGRAMS IN EXEMPTION FROM PROHI-
22 BITION ON CERTAIN PAYMENTS.—Section 2105(c)(6)(B)
23 of such Act (42 U.S.C. 1397ee(c)(6)(B)) is amended by
24 striking "insurance program, other than an insurance pro-
25 gram operated or financed by the Indian Health Service"

1 and inserting "program, other than a health care program
2 operated or financed by the Indian Health Service or by
3 an Indian Tribe, Tribal Organization, or urban Indian or-
4 ganization".

5 (c) DEFINITIONS.—Section 2110(c) of such Act (42
6 U.S.C. 1397jj(c)) is amended by adding at the end the
7 following new paragraph:

8 "(9) INDIAN; INDIAN HEALTH PROGRAM; IN-
9 DIAN TRIBE; ETC.—The terms 'Indian', 'Indian
10 Health Program', 'Indian Tribe', 'Tribal Organiza-
11 tion', and 'Urban Indian Organization' have the
12 meanings given those terms in section 4 of the In-
13 dian Health Care Improvement Act.".

14 **SEC. 204. NONDISCRIMINATION IN QUALIFICATIONS FOR**
15 **PAYMENT FOR SERVICES UNDER FEDERAL**
16 **HEALTH CARE PROGRAMS.**

17 Section 1139 of the Social Security Act (42 U.S.C.
18 1320b–9), as amended by section 202, is amended by re-
19 designating subsection (c) as subsection (d), and inserting
20 after subsection (b) the following new subsection:

21 "(c) NONDISCRIMINATION IN QUALIFICATIONS FOR
22 PAYMENT FOR SERVICES UNDER FEDERAL HEALTH
23 CARE PROGRAMS.—

24 "(1) REQUIREMENT TO SATISFY GENERALLY
25 APPLICABLE PARTICIPATION REQUIREMENTS.—

1 “(A) IN GENERAL.—A Federal health care
2 program must accept an entity that is operated
3 by the Indian Health Service, an Indian Tribe,
4 Tribal Organization, or Urban Indian Organiza-
5 tion as a provider eligible to receive payment
6 under the program for health care services fur-
7 nished to an Indian on the same basis as any
8 other provider qualified to participate as a pro-
9 vider of health care services under the program
10 if the entity meets generally applicable State or
11 other requirements for participation as a pro-
12 vider of health care services under the program.
13 “(B) SATISFACTION OF STATE OR LOCAL
14 LICENSURE OR RECOGNITION REQUIRE-
15 MENTS.—Any requirement for participation as
16 a provider of health care services under a Fed-
17 eral health care program that an entity be li-
18 censed or recognized under the State or local
19 law where the entity is located to furnish health
20 care services shall be deemed to have been met
21 in the case of an entity operated by the Indian
22 Health Service, an Indian Tribe, Tribal Organi-
23 zation, or Urban Indian Organization if the en-
24 tity meets all the applicable standards for such
25 licensure or recognition, regardless of whether

1 the entity obtains a license or other documenta-
2 tion under such State or local law. In accord-
3 ance with section 221 of the Indian Health
4 Care Improvement Act, the absence of the licen-
5 sure of a health care professional employed by
6 such an entity under the State or local law
7 where the entity is located shall not be taken
8 into account for purposes of determining wheth-
9 er the entity meets such standards, if the pro-
10 fessional is licensed in another State.

11 ''(2) PROHIBITION ON FEDERAL PAYMENTS TO
12 ENTITIES OR INDIVIDUALS EXCLUDED FROM PAR-
13 TICIPATION IN FEDERAL HEALTH CARE PROGRAMS
14 OR WHOSE STATE LICENSES ARE UNDER SUSPEN-
15 SION OR HAVE BEEN REVOKED.—

16 ''(A) EXCLUDED ENTITIES.—No entity op-
17 erated by the Indian Health Service, an Indian
18 Tribe, Tribal Organization, or Urban Indian
19 Organization that has been excluded from par-
20 ticipation in any Federal health care program
21 or for which a license is under suspension or
22 has been revoked by the State where the entity
23 is located shall be eligible to receive payment
24 under any such program for health care serv-
25 ices furnished to an Indian.

1 "(B) EXCLUDED INDIVIDUALS.—No indi-
2 vidual who has been excluded from participation
3 in any Federal health care program or whose
4 State license is under suspension or has been
5 revoked shall be eligible to receive payment
6 under any such program for health care serv-
7 ices furnished by that individual, directly or
8 through an entity that is otherwise eligible to
9 receive payment for health care services, to an
10 Indian.

11 "(C) FEDERAL HEALTH CARE PROGRAM
12 DEFINED.—In this subsection, the term, 'Fed-
13 eral health care program' has the meaning
14 given that term in section 1128B(f), except
15 that, for purposes of this subsection, such term
16 shall include the health insurance program
17 under chapter 89 of title 5, United States
18 Code.".

19 **SEC. 205. SOLICITATION OF PROPOSALS FOR SAFE HAR-**
20 **BORS UNDER THE SOCIAL SECURITY ACT**
21 **FOR FACILITIES OF INDIAN HEALTH PRO-**
22 **GRAMS AND URBAN INDIAN ORGANIZATIONS.**

23 The Secretary of Health and Human Services, acting
24 through the Office of the Inspector General of the Depart-
25 ment of Health and Human Services, shall publish a no-

1 tice, described in section 1128D(a)(1)(A) of the Social Se-
2 curity Act (42 U.S.C. 1320a–7d(a)(1)(A)), soliciting a
3 proposal, not later than July 1, 2010, on the development
4 of safe harbors described in such section relating to health
5 care items and services provided by facilities of Indian
6 Health Programs or an urban Indian organization (as
7 such terms are defined in section 4 of the Indian Health
8 Care Improvement Act). Such a safe harbor may relate
9 to areas such as transportation, housing, or cost-sharing,
10 assistance provided through such facilities or contract
11 health services for Indians.

12 **SEC. 206. ANNUAL REPORT ON INDIANS SERVED BY SOCIAL**
13 **SECURITY ACT HEALTH BENEFIT PROGRAMS.**

14 Section 1139 of the Social Security Act (42 U.S.C.
15 1320b–9), as amended by the sections 202, 205, and 206,
16 is amended by redesignating subsection (e) as subsection
17 (f), and inserting after subsection (d) the following new
18 subsection:

19 ‘‘(e) ANNUAL REPORT ON INDIANS SERVED BY
20 HEALTH BENEFIT PROGRAMS FUNDED UNDER THIS
21 ACT.—Beginning January 1, 2007, and annually there-
22 after, the Secretary, acting through the Administrator of
23 the Centers for Medicare & Medicaid Services and the Di-
24 rector of the Indian Health Service, shall submit a report
25 to Congress regarding the enrollment and health status

1 of Indians receiving items or services under health benefit
2 programs funded under this Act during the preceding
3 year. Each such report shall include the following:

4 "(1) The total number of Indians enrolled in, or
5 receiving items or services under, such programs,
6 disaggregated with respect to each such program.

7 "(2) The number of Indians described in para-
8 graph (1) that also received health benefits under
9 programs funded by the Indian Health Service.

10 "(3) General information regarding the health
11 status of the Indians described in paragraph (1),
12 disaggregated with respect to specific diseases or
13 conditions and presented in a manner that is con-
14 sistent with protections for privacy of individually
15 identifiable health information under section 264(c)
16 of the Health Insurance Portability and Account-
17 ability Act of 1996.

18 "(4) A detailed statement of the status of facili-
19 ties of the Indian Health Service or an Indian Tribe,
20 Tribal Organization, or an Urban Indian Organiza-
21 tion with respect to such facilities' compliance with
22 the applicable conditions and requirements of titles
23 XVIII, XIX, and XXI, and, in the case of title XIX
24 or XXI, under a State plan under such title or
25 under waiver authority, and of the progress being

1 made by such facilities (under plans submitted
2 under section 1880(b), 1911(b) or otherwise) toward
3 the achievement and maintenance of such compli-
4 ance.

5 "(5) Such other information as the Secretary
6 determines is appropriate.".

7 **SEC. 207. DEVELOPMENT OF RECOMMENDATIONS TO IM-**
8 **PROVE INTERSTATE COORDINATION OF MED-**
9 **ICAID AND SCHIP COVERAGE OF INDIAN**
10 **CHILDREN AND OTHER CHILDREN WHO ARE**
11 **OUTSIDE OF THEIR STATE OF RESIDENCY BE-**
12 **CAUSE OF EDUCATIONAL OR OTHER NEEDS.**

13 (a) STUDY.—The Secretary shall conduct a study to
14 identify barriers to interstate coordination of enrollment
15 and coverage under the Medicaid program under title XIX
16 of the Social Security Act and the State Children's Health
17 Insurance Program under title XXI of such Act of chil-
18 dren who are eligible for medical assistance or child health
19 assistance under such programs and who, because of edu-
20 cational needs, migration of families, emergency evacu-
21 ations, or otherwise, frequently change their State of resi-
22 dency or otherwise are temporarily present outside of the
23 State of their residency. Such study shall include an exam-
24 ination of the enrollment and coverage coordination issues
25 faced by Indian children who are eligible for medical as-

1 sistance or child health assistance under such programs
2 in their State of residence and who temporarily reside in
3 an out-of-State boarding school or peripheral dormitory
4 funded by the Bureau of Indian Affairs.

5 (b) REPORT.—Not later than 18 months after the
6 date of enactment of this Act, the Secretary, in consulta-
7 tion with directors of State Medicaid programs under title
8 XIX of the Social Security Act and directors of State Chil-
9 dren's Health Insurance Programs under title XXI of such
10 Act, shall submit a report to Congress that contains rec-
11 ommendations for such legislative and administrative ac-
12 tions as the Secretary determines appropriate to address
13 the enrollment and coverage coordination barriers identi-
14 fied through the study required under subsection (a).

○