

Calendar No. 233111TH CONGRESS
1ST SESSION**S. 1790**

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

IN THE SENATE OF THE UNITED STATES

OCTOBER 15, 2009

Mr. DORGAN (for himself, Mr. REID, Ms. MURKOWSKI, Mr. UDALL of New Mexico, Mr. WHITEHOUSE, Mr. JOHNSON, Mr. TESTER, Mr. AKAKA, Mr. CONRAD, Mr. BEGICH, Mr. FRANKEN, Mr. BURRIS, Mr. INOUE, Ms. STABENOW, Mr. UDALL of Colorado, Ms. KLOBUCHAR, Mr. BENNET, Mr. CRAPO, Mrs. MURRAY, Ms. CANTWELL, Mr. MERKLEY, and Mr. DODD) introduced the following bill; which was read twice and referred to the Committee on Indian Affairs

DECEMBER 16, 2009

Reported by Mr. DORGAN, with amendments

[Omit the part struck through and insert the part printed in *italic*]

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,*

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

2 (a) SHORT TITLE.—This Act may be cited as the
3 “Indian Health Care Improvement Reauthorization and
4 Extension Act of 2009”.

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

Sec. 1. Short title; table of contents.

TITLE I—INDIAN HEALTH CARE IMPROVEMENT ACT
REAUTHORIZATION AND AMENDMENTS

Sec. 101. Reauthorization.

Sec. 102. Findings.

Sec. 103. Declaration of national Indian health policy.

Sec. 104. Definitions.

Subtitle A—Indian Health Manpower

Sec. 111. Community Health Aide Program.

Sec. 112. Health professional chronic shortage demonstration programs.

Sec. 113. Exemption from payment of certain fees.

Subtitle B—Health Services

Sec. 121. Indian Health Care Improvement Fund.

Sec. 122. Catastrophic Health Emergency Fund.

Sec. 123. Diabetes prevention, treatment, and control.

Sec. ~~124~~124. Other authority for provision of services; shared services for long-term care.

Sec. ~~122~~125. Reimbursement from certain third parties of costs of health services.

Sec. ~~123~~126. Crediting of reimbursements.

Sec. ~~124~~127. Behavioral health training and community education programs.

~~Sec. 125. Mammography and other cancer screening.~~

Sec. 128. Cancer screenings.

Sec. ~~126~~129. Patient travel costs.

Sec. ~~127~~130. Epidemiology centers.

Sec. 131. Indian youth grant program.

Sec. 132. American Indians Into Psychology Program.

Sec. ~~128~~133. Prevention, control, and elimination of communicable and infectious diseases.

Sec. ~~129~~134. Methods to increase clinician recruitment and retention issues.

Sec. 135. Liability for payment.

Sec. ~~130~~136. Offices of Indian Men’s Health and Indian Women’s Health.

~~Sec. 131. Contract health service disbursement formula.~~

Sec. 137. Contract health service administration and disbursement formula.

Subtitle C—Health Facilities

Sec. 141. Health care facility priority system.

- Sec. 142. Priority of certain projects protected.*
~~Sec. 141. Indian health care delivery demonstration projects.~~
Sec. 143. Indian health care delivery demonstration projects.
~~Sec. 142~~*144. Tribal management of federally owned quarters.*
~~Sec. 143~~*145. Other funding, equipment, and supplies for facilities.*
~~Sec. 144~~*146. Indian country modular component facilities demonstration program.*
~~Sec. 145~~*147. Mobile health stations demonstration program.*

Subtitle D—Access to Health Services

- Sec. 151. Treatment of payments under Social Security Act health benefits programs.*
Sec. 152. Purchasing health care coverage.
Sec. 153. 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 and other health benefits programs.
Sec. 154. Sharing arrangements with Federal agencies.
Sec. 155. Eligible Indian veteran services.
Sec. 156. Nondiscrimination under Federal health care programs in qualifications for reimbursement for services.
Sec. 157. Access to Federal insurance.
Sec. 158. General exceptions.
Sec. 159. Navajo Nation Medicaid Agency feasibility study.

Subtitle E—Health Services for Urban Indians

- Sec. 161. Facilities renovation.*
Sec. 162. Treatment of certain demonstration projects.
~~Sec. 161~~*163. Requirement to confer with urban Indian organizations.*
~~Sec. 162~~*164. Expanded program authority for urban Indian organizations.*
~~Sec. 163~~*165. Community health representatives.*
Sec. 166. Use of Federal Government facilities and sources of supply; health information technology.

Subtitle F—Organizational Improvements

- Sec. 171. Establishment of the Indian Health Service as an agency of the Public Health Service.*
Sec. 172. Office of Direct Service Tribes.
Sec. 173. Nevada area office.

Subtitle G—Behavioral Health Programs

- Sec. 181. Behavioral health programs.*

“TITLE VII—BEHAVIORAL HEALTH PROGRAMS

“Subtitle A—General Programs

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

- “Sec. 707. Indian women treatment programs.
- “Sec. 708. Indian youth program.
- “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 spectrum disorders programs.
- ~~“Sec. 713. Child sexual abuse and prevention treatment programs.~~
- “Sec. 713. Child sexual abuse prevention and treatment programs.*
- “Sec. 714. Domestic and sexual violence prevention and treatment.
- “Sec. 715. Behavioral health research.

“Subtitle B—Indian Youth Suicide Prevention

- “Sec. 721. Findings and purpose.
- “Sec. 722. Definitions.
- “Sec. 723. Indian youth telemental health demonstration project.
- “Sec. 724. Substance Abuse and Mental Health Services Administration grants.
- “Sec. 725. Use of predoctoral psychology and psychiatry interns.
- “Sec. 726. Indian youth life skills development demonstration program.

Subtitle H—Miscellaneous

- Sec. 191. Confidentiality of medical quality assurance records; qualified immunity for participants.
- Sec. 192. Arizona, North Dakota, and South Dakota as contract health service delivery areas; eligibility of California Indians.
- Sec. 193. Methods to increase access to professionals of certain corps.
- Sec. 194. Health services for ineligible persons.
- Sec. 195. Annual budget submission.
- Sec. 196. Prescription drug monitoring.*
- Sec. 197. Tribal health program option for cost sharing.*
- Sec. 198. Disease and injury prevention report.*
- Sec. 199. Other GAO reports.*
- Sec. 199A. Traditional health care practices.*
- Sec. 199B. Director of HIV/AIDS Prevention and Treatment.*

TITLE II—AMENDMENTS TO OTHER ACTS

- ~~Sec. 201. Solicitation of proposals for safe harbors under the Social Security Act for facilities of Indian health programs and urban Indian organizations.~~
- ~~Sec. 202. Annual report regarding Indians served by health benefits programs under Social Security Act.~~
- ~~Sec. 203. Including costs incurred by Service, a federally qualified health center, an AIDS drug assistance program, certain hospitals, or a pharmaceutical manufacturer patient assistance program in providing prescription drugs toward the annual out of pocket threshold under part D.~~
- Sec. 204201. Medicare amendments.
- ~~Sec. 205. Expansion of payments under Medicare, Medicaid, and CHIP for all covered services furnished by Indian health programs.~~
- Sec. 206202. Reauthorization of Native Hawaiian health care programs.

1 **TITLE I—INDIAN HEALTH CARE**
2 **IMPROVEMENT ACT REAU-**
3 **THORIZATION AND AMEND-**
4 **MENTS**

5 **SEC. 101. REAUTHORIZATION.**

6 (a) **IN GENERAL.**—Section 825 of the Indian Health
7 Care Improvement Act (25 U.S.C. 1680o) is amended to
8 read as follows:

9 **“SEC. 825. AUTHORIZATION OF APPROPRIATIONS.**

10 “There are authorized to be appropriated such sums
11 as are necessary to carry out this Act for fiscal year 2010
12 and each fiscal year thereafter, to remain available until
13 expended.”.

14 (b) **REPEALS.**—The following provisions of the In-
15 dian Health Care Improvement Act are repealed:

16 (1) Section 123 (25 U.S.C. 1616p).

17 (2) Paragraph (6) of section 209(m) (25 U.S.C.
18 1621h(m)).

19 (3) Subsection (g) of section 211 (25 U.S.C.
20 1621j).

21 (4) Subsection (e) of section 216 (25 U.S.C.
22 1621o).

23 (5) Section 224 (25 U.S.C. 1621w).

24 (6) Section 309 (25 U.S.C. 1638a).

25 (7) Section 407 (25 U.S.C. 1647).

1 (8) Subsection (c) of section 512 (25 U.S.C.
2 1660b).

3 (9) Section 514 (25 U.S.C. 1660d).

4 (10) Section 603 (25 U.S.C. 1663).

5 (11) Section 805 (25 U.S.C. 1675).

6 (c) CONFORMING AMENDMENTS.—

7 (1) Section 204(c)(1) of the Indian Health Care
8 Improvement Act (25 U.S.C. 1621c(c)(1)) is amend-
9 ed by striking “through fiscal year 2000”.

10 (2) Section 213 of the Indian Health Care Im-
11 provement Act (25 U.S.C. 1621*l*) is amended by
12 striking “(a) The Secretary” and inserting “The
13 Secretary”.

14 (3) Section 310 of the Indian Health Care Im-
15 provement Act (25 U.S.C. 1638b) is amended by
16 striking “funds provided pursuant to the authoriza-
17 tion contained in section 309” each place it appears
18 and inserting “funds made available to carry out
19 this title”.

20 **SEC. 102. FINDINGS.**

21 Section 2 of the Indian Health Care Improvement
22 Act (25 U.S.C. 1601) is amended—

23 (1) by redesignating subsections (a), (b), (c),
24 and (d) as paragraphs (1), (3), (4), and (5), respec-

1 tively, and indenting the paragraphs appropriately;
2 and

3 (2) by inserting after paragraph (1) (as so re-
4 designated) the following:

5 “(2) A major national goal of the United States
6 is to provide the resources, processes, and structure
7 that will enable Indian tribes and tribal members to
8 obtain the quantity and quality of health care serv-
9 ices and opportunities that will eradicate the health
10 disparities between Indians and the general popu-
11 lation of the United States.”.

12 **SEC. 103. DECLARATION OF NATIONAL INDIAN HEALTH**
13 **POLICY.**

14 Section 3 of the Indian Health Care Improvement
15 Act (25 U.S.C. 1602) is amended to read as follows:

16 **“SEC. 3. DECLARATION OF NATIONAL INDIAN HEALTH POL-**
17 **ICY.**

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

21 “(1) to ensure the highest possible health status
22 for Indians and urban Indians and to provide all re-
23 sources necessary to effect that policy;

24 “(2) to raise the health status of Indians and
25 urban Indians to at least the levels set forth in the

1 goals contained within the Healthy People 2010 ini-
2 tiative or successor objectives;

3 “(3) to ensure maximum Indian participation in
4 the direction of health care services so as to render
5 the persons administering such services and the
6 services themselves more responsive to the needs and
7 desires of Indian communities;

8 “(4) to increase the proportion of all degrees in
9 the health professions and allied and associated
10 health professions awarded to Indians so that the
11 proportion of Indian health professionals in each
12 Service area is raised to at least the level of that of
13 the general population;

14 “(5) to require that all actions under this Act
15 shall be carried out with active and meaningful con-
16 sultation with Indian tribes and tribal organizations,
17 and conference with urban Indian organizations, to
18 implement this Act and the national policy of Indian
19 self-determination;

20 “(6) to ensure that the United States and In-
21 dian tribes work in a government-to-government re-
22 lationship to ensure quality health care for all tribal
23 members; and

24 “(7) to provide funding for programs and facili-
25 ties operated by Indian tribes and tribal organiza-

1 tions in amounts that are not less than the amounts
2 provided to programs and facilities operated directly
3 by the Service.”.

4 **SEC. 104. DEFINITIONS.**

5 Section 4 of the Indian Health Care Improvement
6 Act (25 U.S.C. 1603) is amended—

7 (1) by striking the matter preceding subsection
8 (a) and inserting “In this Act:”;

9 (2) in each of subsections (c), (j), (k), and (l),
10 by redesignating the paragraphs contained in the
11 subsections as subparagraphs and indenting the sub-
12 paragraphs appropriately;

13 (3) by redesignating subsections (a) through (q)
14 as paragraphs (17), (18), (13), (14), (26), (28),
15 (27), (29), (1), (20), (11), (7), (19), (10), (21), (8),
16 and (9), respectively, indenting the paragraphs ap-
17 propriately, and moving the paragraphs so as to ap-
18 pear in numerical order;

19 (4) in each paragraph (as so redesignated), by
20 inserting a heading the text of which is comprised of
21 the term defined in the paragraph;

22 (5) by inserting “The term” after each para-
23 graph heading;

24 (6) by inserting after paragraph (1) (as redesi-
25 gnated by paragraph (3)) the following:

1 “(2) BEHAVIORAL HEALTH.—

2 “(A) IN GENERAL.—The term ‘behavioral
3 health’ means the blending of substance (alco-
4 hol, drugs, inhalants, and tobacco) abuse and
5 mental health *disorders* prevention and treat-
6 ment for the purpose of providing comprehen-
7 sive services.

8 “(B) INCLUSIONS.—The term ‘behavioral
9 health’ includes the joint development of sub-
10 stance abuse and mental health treatment plan-
11 ning and coordinated case management using a
12 multidisciplinary approach.

13 “(3) CALIFORNIA INDIAN.—The term ‘Cali-
14 fornia Indian’ means any Indian who is eligible for
15 health services provided by the Service pursuant to
16 section 809.

17 “(4) COMMUNITY COLLEGE.—The term ‘com-
18 munity college’ means—

19 “(A) a tribal college or university; or

20 “(B) a junior or community college.

21 “(5) CONTRACT HEALTH SERVICE.—The term
22 ‘contract health service’ means any health service
23 that is—

24 “(A) delivered based on a referral by, or at
25 the expense of, an Indian health program; and

1 “(B) provided by a public or private med-
 2 ical provider or hospital that is not a provider
 3 or hospital of the Indian health program.

4 “(6) DEPARTMENT.—The term ‘Department’,
 5 unless otherwise designated, means the Department
 6 of Health and Human Services.”;

7 (7) by striking paragraph (7) (as redesignated
 8 by paragraph (3)) and inserting the following:

9 “(7) DISEASE PREVENTION.—

10 “(A) IN GENERAL.—The term ‘disease pre-
 11 vention’ means any activity for—

12 “(i) the reduction, limitation, and pre-
 13 vention of—

14 “(I) disease; and

15 “(II) complications of disease;

16 and

17 “(ii) the reduction of consequences of
 18 disease.

19 “(B) INCLUSIONS.—The term ‘disease pre-
 20 vention’ includes an activity for—

21 “(i) controlling—

22 “(I) the development of diabetes;

23 “(II) high blood pressure;

24 “(III) infectious agents;

25 “(IV) injuries;

1 “(V) occupational hazards and
2 disabilities;

3 “(VI) sexually transmittable dis-
4 eases; or

5 “(VII) toxic agents; or

6 “(ii) providing—

7 “(I) fluoridation of water; or

8 “(II) immunizations.”;

9 (8) by striking paragraph (9) (as redesignated
10 by paragraph (3)) and inserting the following:

11 “(9) FAS.—The term ‘fetal alcohol syndrome’
12 or ‘FAS’ means a syndrome in which, with a history
13 of maternal alcohol consumption during pregnancy,
14 the following criteria are met:

15 “(A) Central nervous system involvement
16 such as mental retardation, developmental
17 delay, intellectual deficit, microencephaly, or
18 neurologic abnormalities.

19 “(B) Craniofacial abnormalities with at
20 least 2 of the following: microphthalmia, short
21 palpebral fissures, poorly developed philtrum,
22 thin upper lip, flat nasal bridge, and short
23 upturned nose.

24 “(C) Prenatal or postnatal growth delay.”;

1 (9) by striking paragraphs (11) and (12) (as
2 redesignated by paragraph (3)) and inserting the
3 following:

4 “(11) HEALTH PROMOTION.—The term ‘health
5 promotion’ means any activity for—

6 “(A) fostering social, economic, environ-
7 mental, and personal factors conducive to
8 health, including raising public awareness re-
9 garding health matters and enabling individuals
10 to cope with health problems by increasing
11 knowledge and providing valid information;

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

14 “(C) promoting education and work in ac-
15 cordance with physical and mental capacity;

16 “(D) making available safe water and sani-
17 tary facilities;

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

20 “(F) promoting culturally competent care;
21 and

22 “(G) providing adequate and appropriate
23 programs, including programs for—

24 “(i) abuse prevention (mental and
25 physical);

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

- 1 “(xviii) psychological well-being;
- 2 “(xix) reproductive health and family
- 3 planning;
- 4 “(xx) safe and adequate water;
- 5 “(xxi) healthy work environments;
- 6 “(xxii) elimination, reduction, and
- 7 prevention of contaminants that create
- 8 unhealthy household conditions (including
- 9 mold and other allergens);
- 10 “(xxiii) stress control;
- 11 “(xxiv) substance abuse;
- 12 “(xxv) sanitary facilities;
- 13 “(xxvi) sudden infant death syndrome
- 14 prevention;
- 15 “(xxvii) tobacco use cessation and re-
- 16 duction;
- 17 “(xxviii) violence prevention; and
- 18 “(xxix) such other activities identified
- 19 by the Service, a tribal health program, or
- 20 an urban Indian organization to promote
- 21 achievement of any of the objectives re-
- 22 ferred to in section 3(2).

23 “(12) INDIAN HEALTH PROGRAM.—The term

24 ‘Indian health program’ means—

1 “(A) any health program administered di-
2 rectly by the Service;

3 “(B) any tribal health program; and

4 “(C) any Indian tribe or tribal organiza-
5 tion to which the Secretary provides funding
6 pursuant to section 23 of the Act of June 25,
7 1910 (25 U.S.C. 47) (commonly known as the
8 ‘Buy Indian Act’).”;

9 (10) by inserting after paragraph (14) (as re-
10 designated by paragraph (3)) the following:

11 “(15) JUNIOR OR COMMUNITY COLLEGE.—The
12 term ‘junior or community college’ has the meaning
13 given the term in section 312(e) of the Higher Edu-
14 cation Act of 1965 (20 U.S.C. 1058(e)).

15 “(16) RESERVATION.—

16 “(A) IN GENERAL.—The term ‘reservation’
17 means a reservation, Pueblo, or colony of any
18 Indian tribe.

19 “(B) INCLUSIONS.—The term ‘reservation’
20 includes—

21 “(i) former reservations in Oklahoma;

22 “(ii) Indian allotments; and

23 “(iii) Alaska Native Regions estab-
24 lished pursuant to the Alaska Native

1 Claims Settlement Act (43 U.S.C. 1601 et
2 seq.).”;

3 (11) by striking paragraph (20) (as redesignated by paragraph (3)) and inserting the following:

5 “(20) SERVICE UNIT.—The term ‘Service unit’
6 means an administrative entity of the Service or a
7 tribal health program through which services are
8 provided, directly or by contract, to eligible Indians
9 within a defined geographic area.”;

10 (12) by inserting after paragraph (21) (as redesignated by paragraph (3)) the following:

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

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

24 “(24) TRIBAL COLLEGE OR UNIVERSITY.—The
25 term ‘tribal college or university’ has the meaning

1 given the term in section 316(b) of the Higher Edu-
 2 cation Act of 1965 (20 U.S.C. 1059c(b)).

3 “(25) TRIBAL HEALTH PROGRAM.—The term
 4 ‘tribal health program’ means an Indian tribe or
 5 tribal organization that operates any health pro-
 6 gram, service, function, activity, or facility funded,
 7 in whole or part, by the Service through, or provided
 8 for in, a contract or compact with the Service under
 9 the Indian Self-Determination and Education Assist-
 10 ance Act (25 U.S.C. 450 et seq.)”; and

11 (13) by striking paragraph (26) (as redesign-
 12 nated by paragraph (3)) and inserting the following:

13 “(26) TRIBAL ORGANIZATION.—The term ‘trib-
 14 al organization’ has the meaning given the term in
 15 section 4 of the Indian Self-Determination and Edu-
 16 cation Assistance Act (25 U.S.C. 450b).”.

17 **Subtitle A—Indian Health** 18 **Manpower**

19 **SEC. 111. COMMUNITY HEALTH AIDE PROGRAM.**

20 Section 119 of the Indian Health Care Improvement
 21 Act (25 U.S.C. 1616*l*) is amended to read as follows:

22 **“SEC. 119. COMMUNITY HEALTH AIDE PROGRAM.**

23 “(a) GENERAL PURPOSES OF PROGRAM.—Pursuant
 24 to the Act of November 2, 1921 (25 U.S.C. 13) (commonly
 25 known as the ‘Snyder Act’), the Secretary, acting through

1 the Service, shall develop and operate a Community
2 Health Aide Program in the State of Alaska under which
3 the Service—

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

6 “(2) uses those aides or practitioners in the
7 provision of health care, health promotion, and dis-
8 ease prevention services to Alaska Natives living in
9 villages in rural Alaska; and

10 “(3) provides for the establishment of tele-
11 conferencing capacity in health clinics located in or
12 near those villages for use by community health
13 aides 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 those 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 regarding the
2 theory of health care with supervised practical
3 experience 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 that identi-
20 fies 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 ensure the pro-
7 vision of quality health care, health promotion, and
8 disease prevention services; and

9 “(7) ensure that—

10 “(A) pulpal therapy (not including
11 pulpotomies on deciduous teeth) or extraction of
12 adult teeth can be performed by a dental health
13 aide therapist only after consultation with a li-
14 censed dentist who determines that the proce-
15 dure is a medical emergency that cannot be re-
16 solved with palliative treatment; and

17 “(B) dental health aide therapists are
18 strictly prohibited from performing all other
19 oral or jaw surgeries, subject to the condition
20 that uncomplicated extractions shall not be con-
21 sidered oral surgery under this section.

22 “(c) PROGRAM REVIEW.—

23 “(1) NEUTRAL PANEL.—

24 “(A) ESTABLISHMENT.—The Secretary,
25 acting through the Service, shall establish a

1 neutral panel to carry out the study under
2 paragraph (2).

3 “(B) MEMBERSHIP.—Members of the neu-
4 tral panel shall be appointed by the Secretary
5 from among clinicians, economists, community
6 practitioners, oral epidemiologists, and Alaska
7 Natives.

8 “(2) STUDY.—

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

16 “(B) PARAMETERS OF STUDY.—The Sec-
17 retary, in consultation with interested parties,
18 including professional dental organizations,
19 shall develop the parameters of the study.

20 “(C) INCLUSIONS.—The study shall in-
21 clude a determination by the neutral panel with
22 respect to—

23 “(i) the ability of the dental health
24 aide therapist services under this section to

1 address the dental care needs of Alaska
2 Natives;

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

8 “(iii) whether safer and less costly al-
9 ternatives to the dental health aide thera-
10 pist services exist.

11 “(D) CONSULTATION.—In carrying out the
12 study under this paragraph, the neutral panel
13 shall consult with Alaska tribal organizations
14 with respect to the adequacy and accuracy of
15 the study.

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

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

24 “(B) any comments received from Alaska
25 tribal organizations under paragraph (2)(D).

1 “(d) NATIONALIZATION OF PROGRAM.—

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

8 “(2) *REQUIREMENT; EXCLUSION.*—*In estab-*
9 *lishing a national program under paragraph (1), the*
10 *Secretary—*

11 “(A) *shall not reduce the amounts provided*
12 *for the Community Health Aide Program de-*
13 *scribed in subsections (a) and (b); and*

14 “(B) *shall exclude dental health aide thera-*
15 *pist services from services covered under the pro-*
16 *gram.”.*

17 **SEC. 112. HEALTH PROFESSIONAL CHRONIC SHORTAGE**
18 **DEMONSTRATION PROGRAMS.**

19 Title I of the Indian Health Care Improvement Act
20 (25 U.S.C. 1611 et seq.) (as amended by section 101(b))
21 is amended by adding at the end the following:

22 **“SEC. 123. HEALTH PROFESSIONAL CHRONIC SHORTAGE**
23 **DEMONSTRATION PROGRAMS.**

24 “(a) DEMONSTRATION PROGRAMS.—The Secretary,
25 acting through the Service, may fund demonstration pro-

1 grams for Indian health programs to address the chronic
2 shortages of health professionals.

3 “(b) PURPOSES OF PROGRAMS.—The purposes of
4 demonstration programs under subsection (a) shall be—

5 “(1) to provide direct clinical and practical ex-
6 perience within an Indian health program to health
7 profession students and residents from medical
8 schools;

9 “(2) to improve the quality of health care for
10 Indians by ensuring access to qualified health pro-
11 fessionals;

12 “(3) to provide academic and scholarly opportu-
13 nities for health professionals serving Indians by
14 identifying all academic and scholarly resources of
15 the region; and

16 “(4) to provide training and support for alter-
17 native provider types, such as community health rep-
18 resentatives, and community health aides.

19 “(c) ADVISORY BOARD.—The demonstration pro-
20 grams established pursuant to subsection (a) shall incor-
21 porate a program advisory board, which may be composed
22 of representatives of tribal governments, Indian health
23 programs, and Indian communities in the areas to be
24 served by the demonstration programs.”.

1 **SEC. 113. EXEMPTION FROM PAYMENT OF CERTAIN FEES.**

2 Title I of the Indian Health Care Improvement Act
3 (25 U.S.C. 1611 et seq.) (as amended by section 112) is
4 amended by adding at the end the following:

5 **“SEC. 124. EXEMPTION FROM PAYMENT OF CERTAIN FEES.**

6 “Employees of a tribal health program or urban In-
7 dian organization shall be exempt from payment of licens-
8 ing, registration, and any other fees imposed by a Federal
9 agency to the same extent that officers of the commis-
10 sioned corps of the Public Health Service and other em-
11 ployees of the Service are exempt from those fees.”.

12 **Subtitle B—Health Services**

13 **SEC. 121. INDIAN HEALTH CARE IMPROVEMENT FUND.**

14 *Section 201 of the Indian Health Care Improvement*
15 *Act (25 U.S.C. 1621) is amended to read as follows:*

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

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

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

25 *“(2) eliminating backlogs in the provision of*
26 *health care services to Indians;*

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

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

6 “(5) augmenting the ability of the Service to
7 meet the following health service responsibilities with
8 respect to those Indian tribes with the highest levels
9 of health status deficiencies and resource deficiencies:

10 “(A) Clinical care, including inpatient
11 care, outpatient care (including audiology, clin-
12 ical eye, and vision care), primary care, sec-
13 ondary and tertiary care, and long-term care.

14 “(B) Preventive health, including mammog-
15 raphy and other cancer screening.

16 “(C) Dental care.

17 “(D) Mental health, including community
18 mental health services, inpatient mental health
19 services, dormitory mental health services, thera-
20 peutic and residential treatment centers, and
21 training of traditional health care practitioners.

22 “(E) Emergency medical services.

23 “(F) Treatment and control of, and reha-
24 bitative care related to, alcoholism and drug

1 *abuse (including fetal alcohol syndrome) among*
2 *Indians.*

3 “(G) *Injury prevention programs, including*
4 *data collection and evaluation, demonstration*
5 *projects, training, and capacity building.*

6 “(H) *Home health care.*

7 “(I) *Community health representatives.*

8 “(J) *Maintenance and improvement.*

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

15 “(c) *ALLOCATION; USE.—*

16 “(1) *IN GENERAL.—Funds appropriated under*
17 *the authority of this section shall be allocated to Serv-*
18 *ice units, Indian tribes, or tribal organizations. The*
19 *funds allocated to each Indian tribe, tribal organiza-*
20 *tion, or Service unit under this paragraph shall be*
21 *used by the Indian tribe, tribal organization, or Serv-*
22 *ice unit under this paragraph to improve the health*
23 *status and reduce the resource deficiency of each In-*
24 *Indian tribe served by such Service unit, Indian tribe,*
25 *or tribal organization.*

1 “(2) *APPORTIONMENT OF ALLOCATED FUNDS.*—
 2 *The apportionment of funds allocated to a Service*
 3 *unit, Indian tribe, or tribal organization under para-*
 4 *graph (1) among the health service responsibilities de-*
 5 *scribed in subsection (a)(5) shall be determined by the*
 6 *Service in consultation with, and with the active par-*
 7 *ticipation of, the affected Indian tribes and tribal or-*
 8 *ganizations.*

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

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

14 “(A) *the health status objectives set forth in*
 15 *sections 3(1) and 3(2) are not being achieved;*
 16 *and*

17 “(B) *the Indian tribe or tribal organization*
 18 *does not have available to it the health resources*
 19 *it needs, taking into account the actual cost of*
 20 *providing health care services given local geo-*
 21 *graphic, climatic, rural, or other circumstances.*

22 “(2) *AVAILABLE RESOURCES.*—*The health re-*
 23 *sources available to an Indian tribe or tribal organi-*
 24 *zation include health resources provided by the Serv-*
 25 *ice as well as health resources used by the Indian*

1 *tribe or tribal organization, including services and fi-*
2 *nancing systems provided by any Federal programs,*
3 *private insurance, and programs of State or local*
4 *governments.*

5 *“(3) PROCESS FOR REVIEW OF DETERMINA-*
6 *TIONS.—The Secretary shall establish procedures*
7 *which allow any Indian tribe or tribal organization*
8 *to petition the Secretary for a review of any deter-*
9 *mination of the extent of the health status and re-*
10 *source deficiency of such Indian tribe or tribal orga-*
11 *nization.*

12 *“(e) ELIGIBILITY FOR FUNDS.—Tribal health pro-*
13 *grams shall be eligible for funds appropriated under the au-*
14 *thority of this section on an equal basis with programs that*
15 *are administered directly by the Service.*

16 *“(f) REPORT.—By no later than the date that is 3*
17 *years after the date of enactment of the Indian Health Care*
18 *Improvement Reauthorization and Extension Act of 2009,*
19 *the Secretary shall submit to Congress the current health*
20 *status and resource deficiency report of the Service for each*
21 *Service unit, including newly recognized or acknowledged*
22 *Indian tribes. Such report shall set out—*

23 *“(1) the methodology then in use by the Service*
24 *for determining tribal health status and resource defi-*

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

3 “(2) *the extent of the health status and resource*
4 *deficiency of each Indian tribe served by the Service*
5 *or a tribal health program;*

6 “(3) *the amount of funds necessary to eliminate*
7 *the health status and resource deficiencies of all In-*
8 *Indian tribes served by the Service or a tribal health*
9 *program; and*

10 “(4) *an estimate of—*

11 “(A) *the amount of health service funds ap-*
12 *propriated under the authority of this Act, or*
13 *any other Act, including the amount of any*
14 *funds transferred to the Service for the preceding*
15 *fiscal year which is allocated to each Service*
16 *unit, Indian tribe, or tribal organization;*

17 “(B) *the number of Indians eligible for*
18 *health services in each Service unit or Indian*
19 *tribe or tribal organization; and*

20 “(C) *the number of Indians using the Serv-*
21 *ice resources made available to each Service unit,*
22 *Indian tribe or tribal organization, and, to the*
23 *extent available, information on the waiting lists*
24 *and number of Indians turned away for services*
25 *due to lack of resources.*

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

6 “(h) *CLARIFICATION.*—Nothing in this section is in-
 7 tended to diminish the primary responsibility of the Service
 8 to eliminate existing backlogs in unmet health care needs,
 9 nor are the provisions of this section intended to discourage
 10 the Service from undertaking additional efforts to achieve
 11 equity among Indian tribes and tribal organizations.

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

15 **SEC. 122. CATASTROPHIC HEALTH EMERGENCY FUND.**

16 Section 202 of the Indian Health Care Improvement
 17 Act (25 U.S.C. 1621a) is amended to read as follows:

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

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

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

23 and

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

1 “(b) *ADMINISTRATION.*—*CHEF shall be administered*
2 *by the Secretary, acting through the headquarters of the*
3 *Service, solely for the purpose of meeting the extraordinary*
4 *medical costs associated with the treatment of victims of*
5 *disasters or catastrophic illnesses who are within the re-*
6 *sponsibility of the Service.*

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

14 “(d) *REGULATIONS.*—*The Secretary shall promulgate*
15 *regulations consistent with the provisions of this section*
16 *to—*

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

21 “(2) *provide that a Service Unit shall not be eli-*
22 *gible for reimbursement for the cost of treatment from*
23 *CHEF until its cost of treating any victim of such*
24 *catastrophic illness or disaster has reached a certain*
25 *threshold cost which the Secretary shall establish at—*

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

2 “(B) for any subsequent year, not less than
3 the threshold cost of the previous year increased
4 by the percentage increase in the medical care
5 expenditure category of the consumer price index
6 for all urban consumers (United States city av-
7 erage) for the 12-month period ending with De-
8 cember of the previous year;

9 “(3) establish a procedure for the reimbursement
10 of the portion of the costs that exceeds such threshold
11 cost incurred by—

12 “(A) Service Units; or

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

15 “(4) establish a procedure for payment from
16 CHEF in cases in which the exigencies of the medical
17 circumstances warrant treatment prior to the author-
18 ization of such treatment by the Service; and

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

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

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

13 **SEC. 123. DIABETES PREVENTION, TREATMENT, AND CON-**
 14 **TROL.**

15 *Section 204 of the Indian Health Care Improvement*
 16 *Act (25 U.S.C. 1621c) is amended to read as follows:*

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

19 “(a) *DETERMINATIONS REGARDING DIABETES.*—The
 20 *Secretary, acting through the Service, and in consultation*
 21 *with Indian tribes and tribal organizations, shall deter-*
 22 *mine—*

23 “(1) *by Indian tribe and by Service unit, the in-*
 24 *cidence of, and the types of complications resulting*
 25 *from, diabetes among Indians; and*

1 “(2) based on the determinations made pursuant
2 to paragraph (1), the measures (including patient
3 education and effective ongoing monitoring of disease
4 indicators) each Service unit should take to reduce the
5 incidence of, and prevent, treat, and control the com-
6 plications resulting from, diabetes among Indian
7 tribes within that Service unit.

8 “(b) *DIABETES SCREENING.*—To the extent medically
9 indicated and with informed consent, the Secretary shall
10 screen each Indian who receives services from the Service
11 for diabetes and for conditions which indicate a high risk
12 that the individual will become diabetic and establish a
13 cost-effective approach to ensure ongoing monitoring of dis-
14 ease indicators. Such screening and monitoring may be con-
15 ducted by a tribal health program and may be conducted
16 through appropriate Internet-based health care manage-
17 ment programs.

18 “(c) *DIABETES PROJECTS.*—The Secretary shall con-
19 tinue to maintain each model diabetes project in existence
20 on the date of enactment of the Indian Health Care Im-
21 provement Reauthorization and Extension Act of 2009, any
22 such other diabetes programs operated by the Service or
23 tribal health programs, and any additional diabetes
24 projects, such as the Medical Vanguard program provided
25 for in title IV of Public Law 108–87, as implemented to

1 *serve Indian tribes. tribal health programs shall receive re-*
2 *curing funding for the diabetes projects that they operate*
3 *pursuant to this section, both at the date of enactment of*
4 *the Indian Health Care Improvement Reauthorization and*
5 *Extension Act of 2009 and for projects which are added and*
6 *funded thereafter.*

7 “(d) *DIALYSIS PROGRAMS.—The Secretary is author-*
8 *ized to provide, through the Service, Indian tribes, and trib-*
9 *al organizations, dialysis programs, including the purchase*
10 *of dialysis equipment and the provision of necessary staff-*
11 *ing.*

12 “(e) *OTHER DUTIES OF THE SECRETARY.—*

13 “(1) *IN GENERAL.—The Secretary shall, to the*
14 *extent funding is available—*

15 “(A) *in each area office, consult with In-*
16 *dian tribes and tribal organizations regarding*
17 *programs for the prevention, treatment, and con-*
18 *trol of diabetes;*

19 “(B) *establish in each area office a registry*
20 *of patients with diabetes to track the incidence*
21 *of diabetes and the complications from diabetes*
22 *in that area; and*

23 “(C) *ensure that data collected in each area*
24 *office regarding diabetes and related complica-*
25 *tions among Indians are disseminated to all*

1 *other area offices, subject to applicable patient*
 2 *privacy laws.*

3 “(2) *DIABETES CONTROL OFFICERS.*—

4 “(A) *IN GENERAL.*—*The Secretary may es-*
 5 *tablish and maintain in each area office a posi-*
 6 *tion of diabetes control officer to coordinate and*
 7 *manage any activity of that area office relating*
 8 *to the prevention, treatment, or control of diabe-*
 9 *tes to assist the Secretary in carrying out a pro-*
 10 *gram under this section or section 330C of the*
 11 *Public Health Service Act (42 U.S.C. 254c-3).*

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

20 **SEC. ~~124~~124. OTHER AUTHORITY FOR PROVISION OF SERV-**
 21 **ICES; SHARED SERVICES FOR LONG-TERM**
 22 **CARE.**

23 (a) OTHER AUTHORITY FOR PROVISION OF SERV-
 24 ICES.—

1 (1) IN GENERAL.—Section 205 of the Indian
2 Health Care Improvement Act (25 U.S.C. 1621d) is
3 amended to read as follows:

4 **“SEC. 205. OTHER AUTHORITY FOR PROVISION OF SERV-**
5 **ICES.**

6 “(a) DEFINITIONS.—In this section:

7 “(1) ASSISTED LIVING SERVICE.—The term ‘as-

8 sisted living service’ means any service provided by

9 an assisted living facility (as defined in section

10 232(b) of the National Housing Act (12 U.S.C.

11 1715w(b))), except that such an assisted living facil-

12 ity—

13 “(A) shall not be required to obtain a li-

14 cense; but

15 “(B) shall meet all applicable standards

16 for licensure.

17 “(2) HOME- AND COMMUNITY-BASED SERV-

18 ICE.—The term ‘home- and community-based serv-

19 ice’ means 1 or more of the services specified in

20 paragraphs (1) through (9) of section 1929(a) of the

21 Social Security Act (42 U.S.C. 1396t(a)) (whether

22 provided by the Service or by an Indian tribe or trib-

23 al organization pursuant to the Indian Self-Deter-

24 mination and Education Assistance Act (25 U.S.C.

1 450 et seq.)) that are or will be provided in accord-
2 ance with applicable standards.

3 “(3) HOSPICE CARE.—The term ‘hospice care’
4 means—

5 “(A) the items and services specified in
6 subparagraphs (A) through (H) of section
7 1861(dd)(1) of the Social Security Act (42
8 U.S.C. 1395x(dd)(1)); and

9 “(B) such other services as an Indian tribe
10 or tribal organization determines are necessary
11 and appropriate to provide in furtherance of
12 that care.

13 “(4) LONG-TERM CARE SERVICES.—The term
14 ‘long-term care services’ has the meaning given the
15 term ‘qualified long-term care services’ in section
16 7702B(c) of the Internal Revenue Code of 1986.

17 “(b) 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 through health care-related
21 services and programs not otherwise described in this Act
22 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 “(c) ELIGIBILITY.—The following individuals shall be
3 eligible to receive long-term care services under this sec-
4 tion:

5 “(1) Individuals who are unable to perform a
6 certain number of activities of daily living without
7 assistance.

8 “(2) Individuals with a mental impairment,
9 such as dementia, Alzheimer’s disease, or another
10 disabling mental illness, who may be able to perform
11 activities of daily living under supervision.

12 “(3) Such other individuals as an applicable
13 tribal health program determines to be appropriate.

14 “(d) AUTHORIZATION OF CONVENIENT CARE SERV-
15 ICES.—The Secretary, acting through the Service, Indian
16 tribes, and tribal organizations, may also provide funding
17 under this Act to meet the objectives set forth in section
18 3 for convenient care services programs pursuant to sec-
19 tion 307(c)(2)(A).”

20 (2) REPEAL.—Section 821 of the Indian Health
21 Care Improvement Act (25 U.S.C. 1680k) is re-
22 pealed.

23 (b) SHARED SERVICES FOR LONG-TERM CARE.—Sec-
24 tion 822 of the Indian Health Care Improvement Act (25
25 U.S.C. 1680l) is amended to read as follows:

1 **“SEC. 822. SHARED SERVICES FOR LONG-TERM CARE.**

2 “(a) LONG-TERM CARE.—

3 “(1) IN GENERAL.—Notwithstanding any other
4 provision of law, the Secretary, acting through the
5 Service, is authorized to provide directly, or enter
6 into contracts or compacts under the Indian Self-De-
7 termination and Education Assistance Act (25
8 U.S.C. 450 et seq.) with Indian tribes or tribal orga-
9 nizations for, the delivery of long-term care (includ-
10 ing health care services associated with long-term
11 care) provided in a facility to Indians.

12 “(2) INCLUSIONS.—Each agreement under
13 paragraph (1) shall provide for the sharing of staff
14 or other services between the Service or a tribal
15 health program and a long-term care or related facil-
16 ity owned and operated (directly or through a con-
17 tract or compact under the Indian Self-Determina-
18 tion and Education Assistance Act (25 U.S.C. 450
19 et seq.)) by the Indian tribe or tribal organization.

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

22 “(1) may, at the request of the Indian tribe or
23 tribal organization, delegate to the Indian tribe or
24 tribal organization such powers of supervision and
25 control over Service employees as the Secretary de-

1 termines to be necessary to carry out the purposes
2 of this section;

3 “(2) shall provide that expenses (including sala-
4 ries) relating to services that are shared between the
5 Service and the tribal health program be allocated
6 proportionately between the Service and the Indian
7 tribe or tribal organization; and

8 “(3) may authorize the Indian tribe or tribal
9 organization to construct, renovate, or expand a
10 long-term care or other similar facility (including the
11 construction of a facility attached to a Service facil-
12 ity).

13 “(c) MINIMUM REQUIREMENT.—Any nursing facility
14 provided for under this section shall meet the require-
15 ments for nursing facilities under section 1919 of the So-
16 cial Security Act (42 U.S.C. 1396r).

17 “(d) OTHER ASSISTANCE.—The Secretary shall pro-
18 vide such technical and other assistance as may be nec-
19 essary to enable applicants to comply with this section.

20 “(e) USE OF EXISTING OR UNDERUSED FACILI-
21 TIES.—The Secretary shall encourage the use of existing
22 facilities that are underused, or allow the use of swing
23 beds, for long-term or similar care.”.

1 **SEC. ~~122125~~. REIMBURSEMENT FROM CERTAIN THIRD PAR-**
2 **TIES OF COSTS OF HEALTH SERVICES.**

3 Section 206 of the Indian Health Care Improvement
4 Act (25 U.S.C. 1621e) is amended to read as follows:

5 **“SEC. 206. REIMBURSEMENT FROM CERTAIN THIRD PAR-**
6 **TIES OF COSTS OF HEALTH SERVICES.**

7 “(a) RIGHT OF RECOVERY.—Except as provided in
8 subsection (f), the United States, an Indian tribe, or tribal
9 organization shall have the right to recover from an insur-
10 ance company, health maintenance organization, employee
11 benefit plan, third-party tortfeasor, or any other respon-
12 sible or liable third party (including a political subdivision
13 or local governmental entity of a State) the reasonable
14 charges billed by the Secretary, an Indian tribe, or tribal
15 organization in providing health services through the Serv-
16 ice, an Indian tribe, or tribal organization, or, if higher,
17 the highest amount the third party would pay for care and
18 services furnished by providers other than governmental
19 entities, to any individual to the same extent that such
20 individual, or any nongovernmental provider of such serv-
21 ices, would be eligible to receive damages, reimbursement,
22 or indemnification for such charges or expenses if—

23 “(1) such services had been provided by a non-
24 governmental provider; and

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

4 “(b) LIMITATIONS ON RECOVERIES FROM STATES.—
5 Subsection (a) shall provide a right of recovery against
6 any State, only if the injury, illness, or disability for which
7 health services were provided is covered under—

8 “(1) workers’ compensation laws; or

9 “(2) a no-fault automobile accident insurance
10 plan or program.

11 “(c) NONAPPLICABILITY OF OTHER LAWS.—No law
12 of any State, or of any political subdivision of a State and
13 no provision of any contract, insurance or health mainte-
14 nance organization policy, employee benefit plan, self-in-
15 surance plan, managed care plan, or other health care plan
16 or program entered into or renewed after the date of en-
17 actment of the Indian Health Care Amendments of 1988,
18 shall prevent or hinder the right of recovery of the United
19 States, an Indian tribe, or tribal organization under sub-
20 section (a).

21 “(d) NO EFFECT ON PRIVATE RIGHTS OF ACTION.—
22 No action taken by the United States, an Indian tribe,
23 or tribal organization to enforce the right of recovery pro-
24 vided under this section shall operate to deny to the in-

1 jured person the recovery for that portion of the person's
2 damage not covered hereunder.

3 “(e) ENFORCEMENT.—

4 “(1) IN GENERAL.—The United States, an In-
5 dian tribe, or tribal organization may enforce the
6 right of recovery provided under subsection (a) by—

7 “(A) intervening or joining in any civil ac-
8 tion or proceeding brought—

9 “(i) by the individual for whom health
10 services were provided by the Secretary, an
11 Indian tribe, or tribal organization; or

12 “(ii) by any representative or heirs of
13 such individual, or

14 “(B) instituting a separate civil action, in-
15 cluding a civil action for injunctive relief and
16 other relief and including, with respect to a po-
17 litical subdivision or local governmental entity
18 of a State, such an action against an official
19 thereof.

20 “(2) NOTICE.—All reasonable efforts shall be
21 made to provide notice of action instituted under
22 paragraph (1)(B) to the individual to whom health
23 services were provided, either before or during the
24 pendency of such action.

25 “(3) RECOVERY FROM TORTFEASORS.—

1 “(A) IN GENERAL.—In any case in which
2 an Indian tribe or tribal organization that is
3 authorized or required under a compact or con-
4 tract issued pursuant to the Indian Self-Deter-
5 mination and Education Assistance Act (25
6 U.S.C. 450 et seq.) to furnish or pay for health
7 services to a person who is injured or suffers a
8 disease on or after the date of enactment of the
9 Indian Health Care Improvement Reauthoriza-
10 tion and Extension Act of 2009 under cir-
11 cumstances that establish grounds for a claim
12 of liability against the tortfeasor with respect to
13 the injury or disease, the Indian tribe or tribal
14 organization shall have a right to recover from
15 the tortfeasor (or an insurer of the tortfeasor)
16 the reasonable value of the health services so
17 furnished, paid for, or to be paid for, in accord-
18 ance with the Federal Medical Care Recovery
19 Act (42 U.S.C. 2651 et seq.), to the same ex-
20 tent and under the same circumstances as the
21 United States may recover under that Act.

22 “(B) TREATMENT.—The right of an In-
23 dian tribe or tribal organization to recover
24 under subparagraph (A) shall be independent of
25 the rights of the injured or diseased person

1 served by the Indian tribe or tribal organiza-
2 tion.

3 “(f) LIMITATION.—Absent specific written authoriza-
4 tion by the governing body of an Indian tribe for the pe-
5 riod of such authorization (which may not be for a period
6 of more than 1 year and which may be revoked at any
7 time upon written notice by the governing body to the
8 Service), the United States shall not have a right of recov-
9 ery under this section if the injury, illness, or disability
10 for which health services were provided is covered under
11 a self-insurance plan funded by an Indian tribe, tribal or-
12 ganization, or urban Indian organization. Where such au-
13 thorization is provided, the Service may receive and ex-
14 pend such amounts for the provision of additional health
15 services consistent with such authorization.

16 “(g) COSTS AND ATTORNEY’S FEES.—In any action
17 brought to enforce the provisions of this section, a pre-
18 vailing plaintiff shall be awarded its reasonable attorney’s
19 fees and costs of litigation.

20 “(h) NONAPPLICABILITY OF CLAIMS FILING RE-
21 QUIREMENTS.—An insurance company, health mainte-
22 nance organization, self-insurance plan, managed care
23 plan, or other health care plan or program (under the So-
24 cial Security Act or otherwise) may not deny a claim for
25 benefits submitted by the Service or by an Indian tribe

1 or tribal organization based on the format in which the
2 claim is submitted if such format complies with the format
3 required for submission of claims under title XVIII of the
4 Social Security Act or recognized under section 1175 of
5 such Act.

6 “(i) APPLICATION TO URBAN INDIAN ORGANIZA-
7 TIONS.—The previous provisions of this section shall apply
8 to urban Indian organizations with respect to populations
9 served by such Organizations in the same manner they
10 apply to Indian tribes and tribal organizations with re-
11 spect to populations served by such Indian tribes and trib-
12 al organizations.

13 “(j) STATUTE OF LIMITATIONS.—The provisions of
14 section 2415 of title 28, United States Code, shall apply
15 to all actions commenced under this section, and the ref-
16 erences therein to the United States are deemed to include
17 Indian tribes, tribal organizations, and urban Indian orga-
18 nizations.

19 “(k) SAVINGS.—Nothing in this section shall be con-
20 strued to limit any right of recovery available to the
21 United States, an Indian tribe, or tribal organization
22 under the provisions of any applicable, Federal, State, or
23 tribal law, including medical lien laws.”.

1 **SEC. ~~123126~~. CREDITING OF REIMBURSEMENTS.**

2 Section 207 of the Indian Health Care Improvement
3 Act (25 U.S.C. 1621f) is amended to read as follows:

4 **“SEC. 207. CREDITING OF REIMBURSEMENTS.**

5 “(a) USE OF AMOUNTS.—

6 “(1) RETENTION BY PROGRAM.—Except as pro-
7 vided in sections 202(a)(2) and 813, all reimburse-
8 ments received or recovered under any of the pro-
9 grams described in paragraph (2), including under
10 section 813, by reason of the provision of health
11 services by the Service, by an Indian tribe or tribal
12 organization, or by an urban Indian organization,
13 shall be credited to the Service, such Indian tribe or
14 tribal organization, or such urban Indian organiza-
15 tion, respectively, and may be used as provided in
16 section 401. In the case of such a service provided
17 by or through a Service Unit, such amounts shall be
18 credited to such unit and used for such purposes.

19 “(2) PROGRAMS COVERED.—The programs re-
20 ferred to in paragraph (1) are the following:

21 “(A) Titles XVIII, XIX, and XXI of the
22 Social Security Act.

23 “(B) This Act, including section 813.

24 “(C) Public Law 87–693.

25 “(D) Any other provision of law.

1 “(b) NO OFFSET OF AMOUNTS.—The Service may
 2 not offset or limit any amount obligated to any Service
 3 Unit or entity receiving funding from the Service because
 4 of the receipt of reimbursements under subsection (a).”.

5 **SEC. 124127. BEHAVIORAL HEALTH TRAINING AND COMMU-**
 6 **NITY EDUCATION PROGRAMS.**

7 Section 209 of the Indian Health Care Improvement
 8 Act (25 U.S.C. 1621h) is amended by striking subsection
 9 (d) and inserting the following:

10 “(d) BEHAVIORAL HEALTH TRAINING AND COMMU-
 11 NITY EDUCATION PROGRAMS.—

12 “(1) STUDY; LIST.—The Secretary, acting
 13 through the Service, and the Secretary of the Inte-
 14 rior, in consultation with Indian tribes and tribal or-
 15 ganizations, shall conduct a study and compile a list
 16 of the types of staff positions specified in paragraph
 17 (2) whose qualifications include, or should include,
 18 training in the identification, prevention, education,
 19 referral, or treatment of mental illness, or dysfunc-
 20 tional and self destructive behavior.

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

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

1 “(i) elementary and secondary edu-
2 cation;

3 “(ii) social services and family and
4 child welfare;

5 “(iii) law enforcement and judicial
6 services; and

7 “(iv) alcohol and substance abuse;

8 “(B) staff positions within the Service; and

9 “(C) staff positions similar to those identi-
10 fied in subparagraphs (A) and (B) established
11 and maintained by Indian tribes and tribal or-
12 ganizations (without regard to the funding
13 source).

14 “(3) TRAINING CRITERIA.—

15 “(A) IN GENERAL.—The appropriate Sec-
16 retary shall provide training criteria appropriate
17 to each type of position identified in paragraphs
18 (2)(A) and (2)(B) and ensure that appropriate
19 training has been, or shall be provided to any
20 individual in any such position. With respect to
21 any such individual in a position identified pur-
22 suant to paragraph (2)(C), the respective Secre-
23 taries shall provide appropriate training to, or
24 provide funds to, an Indian tribe or tribal orga-
25 nization for training of appropriate individuals.

1 In the case of positions funded under a contract
2 or compact under the Indian Self-Determina-
3 tion and Education Assistance Act (25 U.S.C.
4 450 et seq.), the appropriate Secretary shall en-
5 sure that such training costs are included in the
6 contract or compact, as the Secretary deter-
7 mines necessary.

8 “(B) POSITION SPECIFIC TRAINING CRI-
9 TERIA.—Position specific training criteria shall
10 be culturally relevant to Indians and Indian
11 tribes and shall ensure that appropriate infor-
12 mation regarding traditional health care prac-
13 tices is provided.

14 “(4) COMMUNITY EDUCATION ON MENTAL ILL-
15 NESS.—The Service shall develop and implement, on
16 request of an Indian tribe, tribal organization, or
17 urban Indian organization, or assist the Indian tribe,
18 tribal organization, or urban Indian organization to
19 develop and implement, a program of community
20 education on mental illness. In carrying out this
21 paragraph, the Service shall, upon request of an In-
22 dian tribe, tribal organization, or urban Indian orga-
23 nization, provide technical assistance to the Indian
24 tribe, tribal organization, or urban Indian organiza-
25 tion to obtain and develop community educational

1 materials on the identification, prevention, referral,
 2 and treatment of mental illness and dysfunctional
 3 and self-destructive behavior.

4 “(5) PLAN.—Not later than 90 days after the
 5 date of enactment of the Indian Health Care Im-
 6 provement Reauthorization and Extension Act of
 7 2009, the Secretary shall develop a plan under which
 8 the Service will increase the health care staff pro-
 9 viding behavioral health services by at least 500 po-
 10 sitions within 5 years after the date of enactment of
 11 that Act, with at least 200 of such positions devoted
 12 to child, adolescent, and family services. The plan
 13 developed under this paragraph shall be imple-
 14 mented under the Act of November 2, 1921 (25
 15 U.S.C. 13) (commonly known as the ‘Snyder Act’).”.

16 **SEC. 125. MAMMOGRAPHY AND OTHER CANCER SCREEN-**
 17 **ING.**

18 Section 212 of the Indian Health Care Improvement
 19 Act (25 U.S.C. 1621k) is amended to read as follows:

20 **“SEC. 212. MAMMOGRAPHY AND OTHER CANCER SCREEN-**
 21 **ING.**

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

24 “(1) SCREENING MAMMOGRAPHY.—Screening
 25 mammography (as defined in section 1861(jj) of the

1 Social Security Act (42 U.S.C. 1395x(jj))) for In-
 2 dian women at a frequency appropriate to those
 3 women under accepted and appropriate national
 4 standards, and under such terms and conditions as
 5 are consistent with standards established by the Sec-
 6 retary to ensure the safety and accuracy of screen-
 7 ing mammography under part B of title XVIII of
 8 that Act (42 U.S.C. 1395j et seq.).

9 “(2) OTHER CANCER SCREENING.—

10 “(A) IN GENERAL.—Other cancer screen-
 11 ing that receives an A or B rating as rec-
 12 ommended by the United States Preventive
 13 Services Task Force established under section
 14 915(a)(1) of the Public Health Service Act (42
 15 U.S.C. 299b-4(a)(1)).

16 “(B) REQUIREMENT.—The Secretary shall
 17 ensure that screening provided for under this
 18 paragraph complies with the recommendations
 19 of the Task Force referred to in subparagraph
 20 (A) with respect to—

21 “(i) frequency;

22 “(ii) the population to be served;

23 “(iii) the procedure or technology to
 24 be used;

25 “(iv) evidence of effectiveness; and

1 “~~(v)~~ other matters that the Secretary
2 determines to be appropriate.”.

3 **SEC. 128. CANCER SCREENINGS.**

4 *Section 212 of the Indian Health Care Improvement*
5 *Act (25 U.S.C. 1621k) is amended by inserting “and other*
6 *cancer screenings” before the period at the end.*

7 **SEC. ~~126~~129. PATIENT TRAVEL COSTS.**

8 Section 213 of the Indian Health Care Improvement
9 Act (25 U.S.C. 1621l) is amended to read as follows:

10 **“SEC. 213. PATIENT TRAVEL COSTS.**

11 “(a) DEFINITION OF QUALIFIED ESCORT.—In this
12 section, the term ‘qualified escort’ means—

13 “(1) an adult escort (including a parent, guard-
14 ian, or other family member) who is required be-
15 cause of the physical or mental condition, or age, of
16 the applicable patient;

17 “(2) a health professional for the purpose of
18 providing necessary medical care during travel by
19 the applicable patient; or

20 “(3) other escorts, as the Secretary or applica-
21 ble Indian Health Program determines to be appro-
22 priate.

23 “(b) PROVISION OF FUNDS.—The Secretary, acting
24 through the Service and Tribal Health Programs, is au-
25 thorized to provide funds for the following patient travel

1 costs, including qualified escorts, associated with receiving
 2 health care services provided (either through direct or con-
 3 tract care or through a contract or compact under the In-
 4 dian Self-Determination and Education Assistance Act
 5 (25 U.S.C. 450 et seq.)) under this Act—

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

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

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

15 **SEC. ~~127130~~. EPIDEMIOLOGY CENTERS.**

16 Section 214 of the Indian Health Care Improvement
 17 Act (25 U.S.C. 1621m) is amended to read as follows:

18 **“SEC. 214. EPIDEMIOLOGY CENTERS.**

19 “(a) ESTABLISHMENT OF CENTERS.—

20 “(1) IN GENERAL.—The Secretary shall estab-
 21 lish an epidemiology center in each Service area to
 22 carry out the functions described in subsection (b).

23 “(2) NEW CENTERS.—

24 “(A) IN GENERAL.—Subject to subpara-
 25 graph (B), any new center established after the

1 date of enactment of the Indian Health Care
2 Improvement Reauthorization and Extension
3 Act of 2009 may be operated under a grant au-
4 thorized by subsection (d).

5 “(B) REQUIREMENT.—Funding provided
6 in a grant described in subparagraph (A) shall
7 not be divisible.

8 “(3) FUNDS NOT DIVISIBLE.—*An epidemiology*
9 *center established under this subsection shall be sub-*
10 *ject to the Indian Self-Determination and Education*
11 *Assistance Act (25 U.S.C. 450 et seq.), but the funds*
12 *for the center shall not be divisible.*

13 “(b) FUNCTIONS OF CENTERS.—In consultation with
14 and on the request of Indian tribes, tribal organizations,
15 and urban Indian organizations, each Service area epide-
16 miology center established under this section shall, with
17 respect to the applicable Service area—

18 “(1) collect data relating to, and monitor
19 progress made toward meeting, each of the health
20 status objectives of the Service, the Indian tribes,
21 tribal organizations, and urban Indian organizations
22 in the Service area;

23 “(2) evaluate existing delivery systems, data
24 systems, and other systems that impact the improve-
25 ment of Indian health;

1 “(3) assist Indian tribes, tribal organizations,
2 and urban Indian organizations in identifying high-
3 est-priority health status objectives and the services
4 needed to achieve those objectives, based on epide-
5 miological data;

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

8 “(5) make recommendations to improve health
9 care delivery systems for Indians and urban Indians;

10 “(6) provide requested technical assistance to
11 Indian tribes, tribal organizations, and urban Indian
12 organizations in the development of local health
13 service priorities and incidence and prevalence rates
14 of disease and other illness in the community; and

15 “(7) provide disease surveillance and assist In-
16 dian tribes, tribal organizations, and urban Indian
17 communities to promote public health.

18 “(c) TECHNICAL ASSISTANCE.—The Director of the
19 Centers for Disease Control and Prevention shall provide
20 technical assistance to the centers in carrying out this sec-
21 tion.

22 “(d) GRANTS FOR STUDIES.—

23 “(1) IN GENERAL.—The Secretary may make
24 grants to Indian tribes, tribal organizations, Indian
25 organizations, and eligible intertribal consortia to

1 conduct epidemiological studies of Indian commu-
2 nities.

3 “(2) ELIGIBLE INTERTRIBAL CONSORTIA.—An
4 intertribal consortium or Indian organization shall
5 be eligible to receive a grant under this subsection
6 if the intertribal consortium is—

7 “(A) incorporated for the primary purpose
8 of improving Indian health; and

9 “(B) representative of the Indian tribes or
10 urban Indian communities residing in the area
11 in which the intertribal consortium is located.

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

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

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

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

1 “(C) demonstrate cooperation from Indian
2 tribes or urban Indian organizations in the area
3 to be served.

4 “(5) USE OF FUNDS.—A grant provided 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 regarding
11 health care and health service management
12 issues; and

13 “(C) in collaboration with Indian tribes,
14 tribal organizations, and urban Indian organi-
15 zations, to provide to the Service information
16 regarding ways to improve the health status of
17 Indians.

18 “(e) ACCESS TO INFORMATION.—

19 “(1) IN GENERAL.—An epidemiology center op-
20 erated by a grantee pursuant to a grant awarded
21 under subsection (d) shall be treated as a public
22 health authority (as defined in section 164.501 of
23 title 45, Code of Federal Regulations (or a successor
24 regulation)) for purposes of the Health Insurance

1 Portability and Accountability Act of 1996 (Public
2 Law 104–191; 110 Stat. 1936).

3 “(2) ACCESS TO INFORMATION.—The Secretary
4 shall grant to each epidemiology center described in
5 paragraph (1) access to use of the data, data sets,
6 monitoring systems, delivery systems, and other pro-
7 tected health information in the possession of the
8 Secretary.

9 “(3) REQUIREMENT.—The activities of an epi-
10 demiology center described in paragraph (1) shall be
11 for the purposes of research and for preventing and
12 controlling disease, injury, or disability (as those ac-
13 tivities are described in section 164.512 of title 45,
14 Code of Federal Regulations (or a successor regula-
15 tion)), for purposes of the Health Insurance Port-
16 ability and Accountability Act of 1996 (Public Law
17 ~~104–191; 110 Stat. 1936~~).*104–191; 110 Stat.*
18 *1936*).”.

19 “(f) FUNDS NOT DIVISIBLE.—An epidemiology cen-
20 ter established under this section shall be subject to the
21 ~~Indian Self-Determination and Education Assistance Act~~
22 ~~(25 U.S.C. 450 et seq.)~~, but the funds for the center shall
23 not be divisible.”.

1 **SEC. 131. INDIAN YOUTH GRANT PROGRAM.**

2 *Section 216(b)(2) of the Indian Health Care Improve-*
 3 *ment Act (25 U.S.C. 1621o(b)(2)) is amended by striking*
 4 *“section 209(m)” and inserting “section 708(c)”.*

5 **SEC. 132. AMERICAN INDIANS INTO PSYCHOLOGY PRO-**
 6 **GRAM.**

7 *Section 217 of the Indian Health Care Improvement*
 8 *Act (25 U.S.C. 1621p) is amended to read as follows:*

9 **“SEC. 217. AMERICAN INDIANS INTO PSYCHOLOGY PRO-**
 10 **GRAM.**

11 *“(a) GRANTS AUTHORIZED.—The Secretary, acting*
 12 *through the Service, shall make grants of not more than*
 13 *\$300,000 to each of 9 colleges and universities for the pur-*
 14 *pose of developing and maintaining Indian psychology ca-*
 15 *reer recruitment programs as a means of encouraging Indi-*
 16 *ans to enter the behavioral health field. These programs*
 17 *shall be located at various locations throughout the country*
 18 *to maximize their availability to Indian students and new*
 19 *programs shall be established in different locations from*
 20 *time to time.*

21 *“(b) QUENTIN N. BURDICK PROGRAM GRANT.—The*
 22 *Secretary shall provide a grant authorized under subsection*
 23 *(a) to develop and maintain a program at the University*
 24 *of North Dakota to be known as the ‘Quentin N. Burdick*
 25 *American Indians Into Psychology Program’. Such pro-*
 26 *gram shall, to the maximum extent feasible, coordinate with*

1 *the Quentin N. Burdick Indian health programs authorized*
2 *under section 117(b), the Quentin N. Burdick American In-*
3 *dians Into Nursing Program authorized under section*
4 *115(e), and existing university research and communica-*
5 *tions networks.*

6 “(c) *REGULATIONS.—The Secretary shall issue regula-*
7 *tions pursuant to this Act for the competitive awarding of*
8 *grants provided under this section.*

9 “(d) *CONDITIONS OF GRANT.—Applicants under this*
10 *section shall agree to provide a program which, at a min-*
11 *imum—*

12 “(1) *provides outreach and recruitment for*
13 *health professions to Indian communities including*
14 *elementary, secondary, and accredited and accessible*
15 *community colleges that will be served by the pro-*
16 *gram;*

17 “(2) *incorporates a program advisory board*
18 *comprised of representatives from the tribes and com-*
19 *munities that will be served by the program;*

20 “(3) *provides summer enrichment programs to*
21 *expose Indian students to the various fields of psy-*
22 *chology through research, clinical, and experimental*
23 *activities;*

24 “(4) *provides stipends to undergraduate and*
25 *graduate students to pursue a career in psychology;*

1 “(5) develops affiliation agreements with tribal
2 colleges and universities, the Service, university affili-
3 ated programs, and other appropriate accredited and
4 accessible entities to enhance the education of Indian
5 students;

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

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

11 “(e) *ACTIVE DUTY SERVICE REQUIREMENT.*—The ac-
12 tive duty service obligation prescribed under section 338C
13 of the Public Health Service Act (42 U.S.C. 254m) shall
14 be met by each graduate who receives a stipend described
15 in subsection (d)(4) that is funded under this section. Such
16 obligation shall be met by service—

17 “(1) in an Indian health program;

18 “(2) in a program assisted under title V; or

19 “(3) in the private practice of psychology if, as
20 determined by the Secretary, in accordance with
21 guidelines promulgated by the Secretary, such prac-
22 tice is situated in a physician or other health profes-
23 sional shortage area and addresses the health care
24 needs of a substantial number of Indians.

1 “(f) *AUTHORIZATION OF APPROPRIATIONS.*—*There is*
 2 *authorized to be appropriated to carry out this section*
 3 *\$2,700,000 for fiscal year 2010 and each fiscal year there-*
 4 *after.*”.

5 **SEC. 128133. PREVENTION, CONTROL, AND ELIMINATION OF**
 6 **COMMUNICABLE AND INFECTIOUS DISEASES.**

7 Section 218 of the Indian Health Care Improvement
 8 Act (25 U.S.C. 1621q) is amended to read as follows:

9 **“SEC. 218. PREVENTION, CONTROL, AND ELIMINATION OF**
 10 **COMMUNICABLE AND INFECTIOUS DISEASES.**

11 “(a) **GRANTS AUTHORIZED.**—The Secretary, acting
 12 through the Service, and after consultation with the Cen-
 13 ters for Disease Control and Prevention, may make grants
 14 available to Indian tribes and tribal organizations for the
 15 following:

16 “(1) Projects for the prevention, control, and
 17 elimination of communicable and infectious diseases,
 18 including tuberculosis, hepatitis, HIV, respiratory
 19 syncytial virus, hanta virus, sexually transmitted dis-
 20 eases, and *H. pylori*.

21 “(2) Public information and education pro-
 22 grams for the prevention, control, and elimination of
 23 communicable and infectious diseases.

24 “(3) Education, training, and clinical skills im-
 25 provement activities in the prevention, control, and

1 elimination of communicable and infectious diseases
2 for health professionals, including allied health pro-
3 fessionals.

4 “(4) Demonstration projects for the screening,
5 treatment, and prevention of hepatitis C virus
6 (HCV).

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

10 “(c) COORDINATION WITH HEALTH AGENCIES.—In-
11 dian tribes and tribal organizations receiving funding
12 under this section are encouraged to coordinate their ac-
13 tivities with the Centers for Disease Control and Preven-
14 tion and State and local health agencies.

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

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

19 “(2) shall prepare and submit a report to Con-
20 gress biennially on the use of funds under this sec-
21 tion and on the progress made toward the preven-
22 tion, control, and elimination of communicable and
23 infectious diseases among Indians and urban Indi-
24 ans.”.

1 **SEC. 129134. METHODS TO INCREASE CLINICIAN RECRUIT-**
 2 **MENT AND RETENTION ISSUES.**

3 (a) LICENSING.—Section 221 of the Indian Health
 4 Care Improvement Act (25 U.S.C. 1621t) is amended to
 5 read as follows:

6 **“SEC. 221. LICENSING.**

7 “Licensed health professionals employed by a tribal
 8 health program shall be exempt, if licensed in any State,
 9 from the licensing requirements of the State in which the
 10 tribal health program performs the services described in
 11 the contract or compact of the tribal health program under
 12 the Indian Self-Determination and Education Assistance
 13 Act (25 U.S.C. 450 et seq.).”.

14 (b) TREATMENT OF SCHOLARSHIPS FOR CERTAIN
 15 PURPOSES.—Title I of the Indian Health Care Improve-
 16 ment Act (25 U.S.C. 1611 et seq.) (as amended by section
 17 113) is amended by adding at the end the following:

18 **“SEC. 125. TREATMENT OF SCHOLARSHIPS FOR CERTAIN**
 19 **PURPOSES.**

20 “A scholarship provided to an individual pursuant to
 21 this title shall be considered to be a qualified scholarship
 22 for purposes of section 117 of the Internal Revenue Code
 23 of 1986.”.

24 (c) CONTINUING EDUCATION ALLOWANCES.—Section
 25 106 of the Indian Health Care Improvement Act (25 U.S.C.
 26 1615) is amended to read as follows:

1 **“SEC. 106. CONTINUING EDUCATION ALLOWANCES.**

2 *“In order to encourage scholarship and stipend recipi-*
3 *ents under sections 104, 105, and 115 and health profes-*
4 *sionals, including community health representatives and*
5 *emergency medical technicians, to join or continue in an*
6 *Indian health program and to provide services in the rural*
7 *and remote areas in which a significant portion of Indians*
8 *reside, the Secretary, acting through the Service, may—*

9 *“(1) provide programs or allowances to transi-*
10 *tion into an Indian health program, including licens-*
11 *ing, board or certification examination assistance,*
12 *and technical assistance in fulfilling service obliga-*
13 *tions under sections 104, 105, and 115; and*

14 *“(2) provide programs or allowances to health*
15 *professionals employed in an Indian health program*
16 *to enable those professionals, for a period of time each*
17 *year prescribed by regulation of the Secretary, to take*
18 *leave of the duty stations of the professionals for pro-*
19 *fessional consultation, management, leadership, and*
20 *refresher training courses.”.*

21 **SEC. 135. LIABILITY FOR PAYMENT.**

22 *Section 222 of the Indian Health Care Improvement*
23 *Act (25 U.S.C. 1621u) is amended to read as follows:*

24 **“SEC. 222. LIABILITY FOR PAYMENT.**

25 *“(a) NO PATIENT LIABILITY.—A patient who receives*
26 *contract health care services that are authorized by the*

1 *Service shall not be liable for the payment of any charges*
 2 *or costs associated with the provision of such services.*

3 “(b) *NOTIFICATION.*—*The Secretary shall notify a con-*
 4 *tract care provider and any patient who receives contract*
 5 *health care services authorized by the Service that such pa-*
 6 *tient is not liable for the payment of any charges or costs*
 7 *associated with the provision of such services not later than*
 8 *5 business days after receipt of a notification of a claim*
 9 *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 220(b), the provider shall*
 13 *have no further recourse against the patient who received*
 14 *the services.”.*

15 **SEC. 130136. OFFICES OF INDIAN MEN’S HEALTH AND IN-**
 16 **DIAN WOMEN’S HEALTH.**

17 Section 223 of the Indian Health Care Improvement
 18 Act (25 U.S.C. 1621v) is amended—

19 (1) by striking the section designation and
 20 heading and all that follows through “oversee efforts
 21 of the Service to” and inserting the following:

22 **“SEC. 223. OFFICES OF INDIAN MEN’S HEALTH AND INDIAN**
 23 **WOMEN’S HEALTH.**

24 “(a) **OFFICE OF INDIAN MEN’S HEALTH.**—

1 “(1) ESTABLISHMENT.—The Secretary may es-
2 tablish within the Service an office, to be known as
3 the ‘Office of Indian Men’s Health’.

4 “(2) DIRECTOR.—

5 “(A) IN GENERAL.—The Office of Indian
6 Men’s Health shall be headed by a director, to
7 be appointed by the Secretary.

8 “(B) DUTIES.—The director shall coordi-
9 nate and promote the health status of Indian
10 men in the United States.

11 “(3) REPORT.—Not later than 2 years after the
12 date of enactment of the Indian Health Care Im-
13 provement Reauthorization and Extension Act of
14 2009, the Secretary, acting through the Service,
15 shall submit to Congress a report describing—

16 “(A) any activity carried out by the direc-
17 tor as of the date on which the report is pre-
18 pared; and

19 “(B) any finding of the director with re-
20 spect to the health of Indian men.

21 “(b) OFFICE OF INDIAN WOMEN’S HEALTH.—The
22 Secretary, acting through the Service, shall establish an
23 office, to be known as the ‘Office of Indian Women’s
24 Health’, to”;

1 (2) in subsection (b) (as so redesignated) by in-
2 serting “(including urban Indian women)” before
3 “of all ages”.

4 **SEC. 131. CONTRACT HEALTH SERVICE DISBURSEMENT**
5 **FORMULA.**

6 Title II of the Indian Health Care Improvement Act
7 (~~25~~ U.S.C. 1621 et seq.) is amended by adding at the end
8 the following:

9 **“SEC. 226. CONTRACT HEALTH SERVICE DISBURSEMENT**
10 **FORMULA.**

11 “(a) IN GENERAL.—Not later than 90 days after the
12 date of enactment of this section, the Secretary, acting
13 through the Service, shall initiate procedures under sub-
14 chapter III of chapter 5 of title 5, United States Code,
15 to negotiate and promulgate such regulations or amend-
16 ments to establish a disbursement formula for contract
17 health service funds.

18 “(b) REGULATIONS.—

19 “(1) PROPOSED REGULATIONS.—Proposed reg-
20 ulations to implement this section shall be published
21 in the Federal Register by the Secretary no later
22 than 24 months after the date of enactment of this
23 section and shall have no less than a 120-day com-
24 ment period.

1 “(2) EXPIRATION OF AUTHORITY.—The author-
2 ity to promulgate regulation under paragraph (1)
3 shall expire 36 months after the date of the enact-
4 ment of this section.

5 “(e) PROCEDURES.—

6 “(1) IN GENERAL.—A negotiated rulemaking
7 committee established pursuant to section 565 of
8 title 5, United States Code, to carry out this section
9 shall have as its members only representatives of the
10 Federal Government and representatives of Indian
11 tribes and tribal organizations, who shall be nomi-
12 nated by and be representatives of Indian tribes and
13 tribal organizations from each Service area.

14 “(2) REQUIREMENTS.—The committee shall
15 confer with, and accommodate participation by, rep-
16 resentatives of Indian tribes, inter-tribal consortia,
17 tribal organizations, and individual tribal members.

18 “(3) ADAPTATION OF PROCEDURES.—The Sec-
19 retary shall adapt the negotiated rulemaking proce-
20 dures to the unique context of self-governance and
21 the government-to-government relationship between
22 the United States and Indian tribes.”.

1 **SEC. 137. CONTRACT HEALTH SERVICE ADMINISTRATION**
2 **AND DISBURSEMENT FORMULA.**

3 *Title II of the Indian Health Care Improvement Act*
4 *(25 U.S.C. 1621 et seq.) is amended by adding at the end*
5 *the following:*

6 **“SEC. 226. CONTRACT HEALTH SERVICE ADMINISTRATION**
7 **AND DISBURSEMENT FORMULA.**

8 *“(a) SUBMISSION OF REPORT.—As soon as practicable*
9 *after the date of enactment of the Indian Health Care Im-*
10 *provement Reauthorization and Extension Act of 2009, the*
11 *Comptroller General of the United States shall submit to*
12 *the Secretary, the Committee on Indian Affairs of the Sen-*
13 *ate, and the Committee on Natural Resources of the House*
14 *of Representatives, and make available to each Indian tribe,*
15 *a report describing the results of the study of the Comp-*
16 *troller General regarding the funding of the contract health*
17 *service program (including historic funding levels and a*
18 *recommendation of the funding level needed for the pro-*
19 *gram) and the administration of the contract health service*
20 *program (including the distribution of funds pursuant to*
21 *the program), as requested by Congress in March 2009, or*
22 *pursuant to section 830.*

23 *“(b) CONSULTATION WITH TRIBES.—On receipt of the*
24 *report under subsection (a), the Secretary shall consult with*
25 *Indian tribes regarding the contract health service program,*

1 *including the distribution of funds pursuant to the pro-*
2 *gram—*

3 “(1) *to determine whether the current distribu-*
4 *tion formula would require modification if the con-*
5 *tract health service program were funded at the level*
6 *recommended by the Comptroller General;*

7 “(2) *to identify any inequities in the current*
8 *distribution formula under the current funding level*
9 *or inequitable results for any Indian tribe under the*
10 *funding level recommended by the Comptroller Gen-*
11 *eral;*

12 “(3) *to identify any areas of program adminis-*
13 *tration that may result in the inefficient or ineffective*
14 *management of the program; and*

15 “(4) *to identify any other issues and rec-*
16 *ommendations to improve the administration of the*
17 *contract health services program and correct any un-*
18 *fair results or funding disparities identified under*
19 *paragraph (2).*

20 “(c) *SUBSEQUENT ACTION BY SECRETARY.—If, after*
21 *consultation with Indian tribes under subsection (b), the*
22 *Secretary determines that any issue described in subsection*
23 *(b)(2) exists, the Secretary may initiate procedures under*
24 *subchapter III of chapter 5 of title 5, United States Code,*
25 *to negotiate or promulgate regulations to establish a dis-*

1 bursement formula for the contract health service program
2 funding.”.

3 **Subtitle C—Health Facilities**

4 **SEC. 141. HEALTH CARE FACILITY PRIORITY SYSTEM.**

5 *Section 301 of the Indian Health Care Improvement*
6 *Act (25 U.S.C. 1631) is amended—*

7 *(1) by redesignating subsection (d) as subsection*
8 *(h); and*

9 *(2) by striking subsection (c) and inserting the*
10 *following:*

11 *“(c) HEALTH CARE FACILITY PRIORITY SYSTEM.—*

12 *“(1) IN GENERAL.—*

13 *“(A) PRIORITY SYSTEM.—The Secretary,*
14 *acting through the Service, shall maintain a*
15 *health care facility priority system, which—*

16 *“(i) shall be developed in consultation*
17 *with Indian tribes and tribal organizations;*

18 *“(ii) shall give Indian tribes’ needs the*
19 *highest priority;*

20 *“(iii)(I) may include the lists required*
21 *in paragraph (2)(B)(ii); and*

22 *“(II) shall include the methodology re-*
23 *quired in paragraph (2)(B)(v); and*

24 *“(III) may include such health care fa-*
25 *cilities, and such renovation or expansion*

1 *needs of any health care facility, as the*
2 *Service may identify; and*

3 “(iv) shall provide an opportunity for
4 the nomination of planning, design, and
5 construction projects by the Service, Indian
6 tribes, and tribal organizations for consider-
7 ation under the priority system at least
8 once every 3 years, or more frequently as
9 the Secretary determines to be appropriate.

10 “(B) *NEEDS OF FACILITIES UNDER ISDEAA*
11 *AGREEMENTS.—The Secretary shall ensure that*
12 *the planning, design, construction, renovation,*
13 *and expansion needs of Service and non-Service*
14 *facilities operated under contracts or compacts*
15 *in accordance with the Indian Self-Determina-*
16 *tion and Education Assistance Act (25 U.S.C.*
17 *450 et seq.) are fully and equitably integrated*
18 *into the health care facility priority system.*

19 “(C) *CRITERIA FOR EVALUATING NEEDS.—*
20 *For purposes of this subsection, the Secretary, in*
21 *evaluating the needs of facilities operated under*
22 *a contract or compact under the Indian Self-De-*
23 *termination and Education Assistance Act (25*
24 *U.S.C. 450 et seq.), shall use the criteria used by*

1 *the Secretary in evaluating the needs of facilities*
2 *operated directly by the Service.*

3 “(D) *PRIORITY OF CERTAIN PROJECTS PRO-*
4 *TECTED.—The priority of any project established*
5 *under the construction priority system in effect*
6 *on the date of enactment of the Indian Health*
7 *Care Improvement Reauthorization and Exten-*
8 *sion Act of 2009 shall not be affected by any*
9 *change in the construction priority system tak-*
10 *ing place after that date if the project—*

11 “(i) *was identified in the fiscal year*
12 *2008 Service budget justification as—*

13 “(I) *1 of the 10 top-priority inpa-*
14 *tient projects;*

15 “(II) *1 of the 10 top-priority out-*
16 *patient projects;*

17 “(III) *1 of the 10 top-priority*
18 *staff quarters developments; or*

19 “(IV) *1 of the 10 top-priority*
20 *Youth Regional Treatment Centers;*

21 “(ii) *had completed both Phase I and*
22 *Phase II of the construction priority system*
23 *in effect on the date of enactment of such*
24 *Act; or*

1 “(iii) is not included in clause (i) or
2 (ii) and is selected, as determined by the
3 Secretary—

4 “(I) on the initiative of the Sec-
5 retary; or

6 “(II) pursuant to a request of an
7 Indian tribe or tribal organization.

8 “(2) REPORT; CONTENTS.—

9 “(A) INITIAL COMPREHENSIVE REPORT.—

10 “(i) DEFINITIONS.—In this subpara-
11 graph:

12 “(I) FACILITIES APPROPRIATION
13 ADVISORY BOARD.—The term ‘Facili-
14 ties Appropriation Advisory Board’
15 means the advisory board, comprised of
16 12 members representing Indian tribes
17 and 2 members representing the Serv-
18 ice, established at the discretion of the
19 Director—

20 “(aa) to provide advice and
21 recommendations for policies and
22 procedures of the programs funded
23 pursuant to facilities appropria-
24 tions; and

1 “(bb) to address other facili-
2 ties issues.

3 “(II) *FACILITIES NEEDS ASSESS-*
4 *MENT WORKGROUP.*—*The term ‘Facili-*
5 *ties Needs Assessment Workgroup’*
6 *means the workgroup established at the*
7 *discretion of the Director—*

8 “(aa) to review the health
9 care facilities construction pri-
10 ority system; and

11 “(bb) to make recommenda-
12 tions to the Facilities Appropria-
13 tion Advisory Board for revising
14 the priority system.

15 “(ii) *INITIAL REPORT.*—

16 “(I) *IN GENERAL.*—*Not later than*
17 *1 year after the date of enactment of*
18 *the Indian Health Care Improvement*
19 *Reauthorization and Extension Act of*
20 *2009, the Secretary shall submit to the*
21 *Committee on Indian Affairs of the*
22 *Senate and the Committee on Natural*
23 *Resources of the House of Representa-*
24 *tives a report that describes the com-*
25 *prehensive, national, ranked list of all*

1 *health care facilities needs for the Serv-*
2 *ice, Indian tribes, and tribal organiza-*
3 *tions (including inpatient health care*
4 *facilities, outpatient health care facili-*
5 *ties, specialized health care facilities*
6 *(such as for long-term care and alcohol*
7 *and drug abuse treatment), wellness*
8 *centers, and staff quarters, and the*
9 *renovation and expansion needs, if*
10 *any, of such facilities) developed by the*
11 *Service, Indian tribes, and tribal orga-*
12 *nizations for the Facilities Needs As-*
13 *essment Workgroup and the Facilities*
14 *Appropriation Advisory Board.*

15 *“(II) INCLUSIONS.—The initial*
16 *report shall include—*

17 *“(aa) the methodology and*
18 *criteria used by the Service in de-*
19 *termining the needs and estab-*
20 *lishing the ranking of the facili-*
21 *ties needs; and*

22 *“(bb) such other information*
23 *as the Secretary determines to be*
24 *appropriate.*

1 “(iii) *UPDATES OF REPORT.*—*Begin-*
2 *ning in calendar year 2011, the Secretary*
3 *shall—*

4 “(I) *update the report under*
5 *clause (ii) not less frequently than once*
6 *every 5 years; and*

7 “(II) *include the updated report*
8 *in the appropriate annual report*
9 *under subparagraph (B) for submis-*
10 *sion to Congress under section 801.*

11 “(B) *ANNUAL REPORTS.*—*The Secretary*
12 *shall submit to the President, for inclusion in the*
13 *report required to be transmitted to Congress*
14 *under section 801, a report which sets forth the*
15 *following:*

16 “(i) *A description of the health care fa-*
17 *cility priority system of the Service estab-*
18 *lished under paragraph (1).*

19 “(ii) *Health care facilities lists, which*
20 *may include—*

21 “(I) *the 10 top-priority inpatient*
22 *health care facilities;*

23 “(II) *the 10 top-priority out-*
24 *patient health care facilities;*

1 “(III) the 10 top-priority special-
2 ized health care facilities (such as long-
3 term care and alcohol and drug abuse
4 treatment); and

5 “(IV) the 10 top-priority staff
6 quarters developments associated with
7 health care facilities.

8 “(iii) The justification for such order
9 of priority.

10 “(iv) The projected cost of such
11 projects.

12 “(v) The methodology adopted by the
13 Service in establishing priorities under its
14 health care facility priority system.

15 “(3) REQUIREMENTS FOR PREPARATION OF RE-
16 PORTS.—In preparing the report required under
17 paragraph (2), the Secretary shall—

18 “(A) consult with and obtain information
19 on all health care facilities needs from Indian
20 tribes and tribal organizations; and

21 “(B) review the total unmet needs of all In-
22 dian tribes and tribal organizations for health
23 care facilities (including staff quarters), includ-
24 ing needs for renovation and expansion of exist-
25 ing facilities.

1 “(d) *REVIEW OF METHODOLOGY USED FOR HEALTH*
2 *FACILITIES CONSTRUCTION PRIORITY SYSTEM.*—

3 “(1) *IN GENERAL.*—Not later than 1 year after
4 *the establishment of the priority system under sub-*
5 *section (c)(1)(A), the Comptroller General of the*
6 *United States shall prepare and finalize a report re-*
7 *viewing the methodologies applied, and the processes*
8 *followed, by the Service in making each assessment of*
9 *needs for the list under subsection (c)(2)(A)(i) and*
10 *developing the priority system under subsection*
11 *(c)(1), including a review of—*

12 “(A) *the recommendations of the Facilities*
13 *Appropriation Advisory Board and the Facili-*
14 *ties Needs Assessment Workgroup (as those terms*
15 *are defined in subsection (c)(2)(A)(i)); and*

16 “(B) *the relevant criteria used in ranking*
17 *or prioritizing facilities other than hospitals or*
18 *clinics.*

19 “(2) *SUBMISSION TO CONGRESS.*—*The Comp-*
20 *troller General of the United States shall submit the*
21 *report under paragraph (1) to—*

22 “(A) *the Committees on Indian Affairs and*
23 *Appropriations of the Senate;*

1 “(B) *the Committees on Natural Resources*
2 *and Appropriations of the House of Representa-*
3 *tives; and*

4 “(C) *the Secretary.*

5 “(e) *FUNDING CONDITION.—All funds appropriated*
6 *under the Act of November 2, 1921 (25 U.S.C. 13) (com-*
7 *monly known as the ‘Snyder Act’), for the planning, design,*
8 *construction, or renovation of health facilities for the benefit*
9 *of 1 or more Indian Tribes shall be subject to the provisions*
10 *of section 102 of the Indian Self-Determination and Edu-*
11 *cation Assistance Act (25 U.S.C. 450f) or sections 504 and*
12 *505 of that Act (25 U.S.C. 458aaa–3, 458aaa–4).*

13 “(f) *DEVELOPMENT OF INNOVATIVE APPROACHES.—*
14 *The Secretary shall consult and cooperate with Indian*
15 *tribes and tribal organizations, and confer with urban In-*
16 *dian organizations, in developing innovative approaches to*
17 *address all or part of the total unmet need for construction*
18 *of health facilities, that may include—*

19 “(1) *the establishment of an area distribution*
20 *fund in which a portion of health facility construc-*
21 *tion funding could be devoted to all Service areas;*

22 “(2) *approaches provided for in other provisions*
23 *of this title; and*

24 “(3) *other approaches, as the Secretary deter-*
25 *mines to be appropriate.”.*

1 **SEC. 142. PRIORITY OF CERTAIN PROJECTS PROTECTED.**

2 *Section 301 of the Indian Health Care Improvement*
3 *Act (25 U.S.C. 1631) (as amended by section 141) is*
4 *amended by adding at the end the following:*

5 *“(g) PRIORITY OF CERTAIN PROJECTS PROTECTED.—*
6 *The priority of any project established under the construc-*
7 *tion priority system in effect on the date of enactment of*
8 *this Indian Health Care Improvement Reauthorization and*
9 *Extension Act of 2009 shall not be affected by any change*
10 *in the construction priority system taking place after that*
11 *date if the project—*

12 *“(1) was identified in the fiscal year 2008 Serv-*
13 *ice budget justification as—*

14 *“(A) 1 of the 10 top-priority inpatient*
15 *projects;*

16 *“(B) 1 of the 10 top-priority outpatient*
17 *projects;*

18 *“(C) 1 of the 10 top-priority staff quarters*
19 *developments; or*

20 *“(D) 1 of the 10 top-priority Youth Re-*
21 *gional Treatment Centers;*

22 *“(2) had completed both Phase I and Phase II*
23 *of the construction priority system in effect on the*
24 *date of enactment of such Act; or*

25 *“(3) is not included in clause (i) or (ii) and is*
26 *selected, as determined by the Secretary—*

1 “(A) on the initiative of the Secretary; or
 2 “(B) pursuant to a request of an Indian
 3 tribe or tribal organization.”.

4 **SEC. 141. INDIAN HEALTH CARE DELIVERY DEMONSTRATION PROJECTS.**
 5

6 Section 307 of the Indian Health Care Improvement
 7 Act (25 U.S.C. 1637) is amended to read as follows:

8 **“SEC. 307. INDIAN HEALTH CARE DELIVERY DEMONSTRATION PROJECTS.**
 9

10 “(a) **IN GENERAL.**—The Secretary, acting through
 11 the Service, is authorized to carry out, or to enter into
 12 contracts under the Indian Self-Determination and Edu-
 13 cation Assistance Act (25 U.S.C. 450 et seq.) with Indian
 14 Tribes or tribal organizations to carry out, a health care
 15 delivery demonstration project to test alternative means
 16 of delivering health care and services to Indians through
 17 facilities.

18 “(b) **USE OF FUNDS.**—The Secretary, in approving
 19 projects pursuant to this section—

20 “(1) may authorize such contracts for the con-
 21 struction and renovation of hospitals, health centers,
 22 health stations, and other facilities to deliver health
 23 care services; and

24 “(2) is authorized—

25 “(A) to waive any leasing prohibition;

1 “(B) to permit carryover of funds appro-
2 priated for the provision of health care services;

3 “(C) to permit the use of other available
4 funds;

5 “(D) to permit the use of funds or prop-
6 erty donated from any source for project pur-
7 poses;

8 “(E) to provide for the reversion of do-
9 nated real or personal property to the donor;
10 and

11 “(F) to permit the use of Service funds to
12 match other funds, including Federal funds.

13 “(e) HEALTH CARE DEMONSTRATION PROJECTS.—

14 “(1) DEFINITION OF CONVENIENT CARE SERV-
15 ICE.—In this subsection, the term ‘convenient care
16 service’ means any primary health care service, such
17 as urgent care services, nonemergent care services,
18 prevention services and screenings, and any service
19 authorized by section 203 or 205(d), that is offered
20 at an alternative setting.

21 “(2) GENERAL PROJECTS.—

22 “(A) CRITERIA.—The Secretary may ap-
23 prove under this section demonstration projects
24 that meet the following criteria:

1 “(i) There is a need for a new facility
2 or program, such as a program for conven-
3 ient care services, or the reorientation of
4 an existing facility or program.

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

8 “(iii) The project has the potential to
9 deliver services in an efficient and effective
10 manner.

11 “(iv) The project is economically via-
12 ble.

13 “(v) For projects carried out by an
14 Indian tribe or tribal organization, the In-
15 dian tribe or tribal organization has the
16 administrative and financial capability to
17 administer the project.

18 “(vi) The project is integrated with
19 providers of related health and social serv-
20 ices and is coordinated with, and avoids
21 duplication of, existing services in order to
22 expand the availability of services.

23 “(B) PRIORITY.—In approving demonstra-
24 tion projects under this paragraph, the Sec-
25 retary shall give priority to demonstration

1 projects, to the extent the projects meet the cri-
 2 teria described in subparagraph (A), located in
 3 any of the following Service units:

4 “(i) Cass Lake, Minnesota.

5 “(ii) Mescalero, New Mexico.

6 “(iii) Owyhee and Elko, Nevada.

7 “(iv) Schurz, Nevada.

8 “(v) Ft. Yuma, California.

9 “(3) INNOVATIVE HEALTH SERVICES DELIVERY
 10 DEMONSTRATION PROJECT.—

11 “(A) CRITERIA.—The Secretary shall look
 12 at innovative ways to deliver health care serv-
 13 ices, such as medical, dental, alternative medi-
 14 cine, pharmaceutical, nursing, and clinical lab-
 15 oratory services, in American Indian and Alas-
 16 ka Native communities, including convenient
 17 care service, community health centers, and
 18 other health care models which improve access
 19 to quality health promotion and disease preven-
 20 tion services.

21 “(B) APPROVAL.—In addition to projects
 22 described in paragraph (2), in any fiscal year,
 23 the Secretary is authorized to approve not more
 24 than 10 applications for health care delivery
 25 demonstration projects that—

1 “(i) include a convenient care service
2 program as an alternative means of deliv-
3 ering health care services to Indians; and

4 “(ii) meet the criteria described in
5 subparagraph (C).

6 “(C) CRITERIA.—The Secretary shall ap-
7 prove under subparagraph (B) demonstration
8 projects that meet all of the following criteria:

9 “(i) The criteria set forth in para-
10 graph (2)(A).

11 “(ii) There is a lack of access to
12 health care services at existing health care
13 facilities, which may be due to limited
14 hours of operation at those facilities or
15 other factors.

16 “(iii) The project—

17 “(I) expands the availability of
18 services; or

19 “(II) reduces—

20 “(aa) the burden on Con-
21 tract Health Services; or

22 “(bb) the need for emer-
23 gency room visits.

24 “(d) PEER REVIEW PANELS.—The Secretary may
25 provide for the establishment of peer review panels, as nec-

1 essary, to review and evaluate applications using the cri-
2 teria described in paragraphs (2)(A) and (3)(C) of sub-
3 section (e).

4 “(e) TECHNICAL ASSISTANCE.—The Secretary shall
5 provide such technical and other assistance as may be nee-
6 cessary to enable applicants to comply with this section.

7 “(f) SERVICE TO INELIGIBLE PERSONS.—Subject to
8 section 813, the authority to provide services to persons
9 otherwise ineligible for the health care benefits of the
10 Service, and the authority to extend hospital privileges in
11 Service facilities to non-Service health practitioners as
12 provided in section 813, may be included, subject to the
13 terms of that section, in any demonstration project ap-
14 proved pursuant to this section.

15 “(g) EQUITABLE TREATMENT.—For purposes of
16 subsection (e), the Secretary, in evaluating facilities oper-
17 ated under any contract or compact under the Indian Self-
18 Determination and Education Assistance Act (25 U.S.C.
19 450 et seq.), shall use the same criteria that the Secretary
20 uses in evaluating facilities operated directly by the Serv-
21 ice.

22 “(h) EQUITABLE INTEGRATION OF FACILITIES.—
23 The Secretary shall ensure that the planning, design, con-
24 struction, renovation, and expansion needs of Service and
25 non-Service facilities that are the subject of a contract or

1 compact under the Indian Self-Determination and Edu-
 2 cation Assistance Act (25 U.S.C. 450 et seq.) for health
 3 services are fully and equitably integrated into the imple-
 4 mentation of the health care delivery demonstration
 5 projects under this section.”.

6 **SEC. 143. INDIAN HEALTH CARE DELIVERY DEMONSTRA-**
 7 **TION PROJECTS.**

8 *Section 307 of the Indian Health Care Improvement*
 9 *Act (25 U.S.C. 1637) is amended to read as follows:*

10 **“SEC. 307. INDIAN HEALTH CARE DELIVERY DEMONSTRA-**
 11 **TION PROJECTS.**

12 *“(a) PURPOSE AND GENERAL AUTHORITY.—*

13 *“(1) PURPOSE.—The purpose of this section is to*
 14 *encourage the establishment of demonstration projects*
 15 *that meet the applicable criteria of this section to be*
 16 *carried out by the Secretary, acting through the Serv-*
 17 *ice, or Indian tribes or tribal organizations acting*
 18 *pursuant to contracts or compacts under the Indian*
 19 *Self Determination and Education Assistance Act (25*
 20 *U.S.C. 450 et seq.)—*

21 *“(A) to test alternative means of delivering*
 22 *health care and services to Indians through fa-*
 23 *cilities; or*

24 *“(B) to use alternative or innovative meth-*
 25 *ods or models of delivering health care services to*

1 Indians (including primary care services, con-
2 tract health services, or any other program or
3 service authorized by this Act) through conven-
4 ient care services (as defined in subsection (c)),
5 community health centers, or cooperative agree-
6 ments or arrangements with other health care
7 providers that share or coordinate the use of fa-
8 cilities, funding, or other resources, or otherwise
9 coordinate or improve the coordination of activi-
10 ties of the Service, Indian tribes, or tribal orga-
11 nizations, with those of the other health care pro-
12 viders.

13 “(2) *AUTHORITY.*—The Secretary, acting through
14 the Service, is authorized to carry out, or to enter
15 into contracts or compacts under the Indian Self-De-
16 termination and Education Assistance Act (25 U.S.C.
17 450 *et seq.*) with Indian tribes or tribal organizations
18 to carry out, health care delivery demonstration
19 projects that—

20 “(A) test alternative means of delivering
21 health care and services to Indians through fa-
22 cilities; or

23 “(B) otherwise carry out the purposes of
24 this section.

1 “(b) *USE OF FUNDS.—The Secretary, in approving*
2 *projects pursuant to this section—*

3 “(1) *may authorize such contracts for the con-*
4 *struction and renovation of hospitals, health centers,*
5 *health stations, and other facilities to deliver health*
6 *care services; and*

7 “(2) *is authorized—*

8 “(A) *to waive any leasing prohibition;*

9 “(B) *to permit use and carryover of funds*
10 *appropriated for the provision of health care*
11 *services under this Act (including for the pur-*
12 *chase of health benefits coverage, as authorized*
13 *by section 402(a));*

14 “(C) *to permit the use of other available*
15 *funds, including other Federal funds, funds from*
16 *third-party collections in accordance with sec-*
17 *tions 206, 207, and 401, and non-Federal funds*
18 *contributed by State or local governmental agen-*
19 *cies or facilities or private health care providers*
20 *pursuant to cooperative or other agreements with*
21 *the Service, 1 or more Indian tribes, or tribal or-*
22 *ganizations;*

23 “(D) *to permit the use of funds or property*
24 *donated or otherwise provided from any source*
25 *for project purposes;*

1 “(E) to provide for the reversion of donated
2 real or personal property to the donor; and

3 “(F) to permit the use of Service funds to
4 match other funds, including Federal funds.

5 “(c) HEALTH CARE DEMONSTRATION PROJECTS.—

6 “(1) DEFINITION OF CONVENIENT CARE SERV-
7 ICE.—In this subsection, the term ‘convenient care
8 service’ means any primary health care service, such
9 as urgent care services, nonemergent care services,
10 prevention services and screenings, and any service
11 authorized by section 203 or 205(d), that is offered—

12 “(A) at an alternative setting; or

13 “(B) during hours other than regular work-
14 ing hours.

15 “(2) GENERAL PROJECTS.—

16 “(A) CRITERIA.—The Secretary may ap-
17 prove under this section demonstration projects
18 that meet the following criteria:

19 “(i) There is a need for a new facility
20 or program, such as a program for conven-
21 ient care services, or an improvement in,
22 increased efficiency at, or reorientation of
23 an existing facility or program.

1 “(ii) *A significant number of Indians,*
2 *including Indians with low health status,*
3 *will be served by the project.*

4 “(iii) *The project has the potential to*
5 *deliver services in an efficient and effective*
6 *manner.*

7 “(iv) *The project is economically via-*
8 *ble.*

9 “(v) *For projects carried out by an In-*
10 *Indian tribe or tribal organization, the In-*
11 *Indian tribe or tribal organization has the ad-*
12 *ministrative and financial capability to ad-*
13 *minister the project.*

14 “(vi) *The project is integrated with*
15 *providers of related health or social services*
16 *(including State and local health care agen-*
17 *cies or other health care providers) and is*
18 *coordinated with, and avoids duplication of,*
19 *existing services in order to expand the*
20 *availability of services.*

21 “(B) *PRIORITY.—In approving demonstra-*
22 *tion projects under this paragraph, the Secretary*
23 *shall give priority to demonstration projects, to*
24 *the extent the projects meet the criteria described*

1 *in subparagraph (A), located in any of the fol-*
 2 *lowing Service units:*

3 “(i) *Cass Lake, Minnesota.*

4 “(ii) *Mescalero, New Mexico.*

5 “(iii) *Owyhee and Elko, Nevada.*

6 “(iv) *Schurz, Nevada.*

7 “(v) *Ft. Yuma, California.*

8 “(3) *INNOVATIVE HEALTH SERVICES DELIVERY*
 9 *DEMONSTRATION PROJECT.—*

10 “(A) *APPLICATION OR REQUEST.—On re-*
 11 *ceipt of an application or request from an In-*
 12 *dian tribe, a consortium of Indian tribes, or a*
 13 *tribal organization within a Service area, the*
 14 *Secretary shall take into consideration alter-*
 15 *native or innovated methods to deliver health*
 16 *care services within the Service area (or a por-*
 17 *tion of, or facility within, the Service area) as*
 18 *described in the application or request, including*
 19 *medical, dental, pharmaceutical, nursing, clin-*
 20 *ical laboratory, contract health services, conven-*
 21 *ient care services, community health centers, or*
 22 *any other health care services delivery models de-*
 23 *signed to improve access to, or efficiency or qual-*
 24 *ity of, the health care, health promotion, or dis-*

1 ease prevention services and programs under this
2 Act.

3 “(B) APPROVAL.—In addition to projects
4 described in paragraph (2), in any fiscal year,
5 the Secretary is authorized under this paragraph
6 to approve not more than 10 applications for
7 health care delivery demonstration projects that
8 meet the criteria described in subparagraph (C).

9 “(C) CRITERIA.—The Secretary shall ap-
10 prove under subparagraph (B) demonstration
11 projects that meet all of the following criteria:

12 “(i) The criteria set forth in paragraph
13 (2)(A).

14 “(ii) There is a lack of access to health
15 care services at existing health care facili-
16 ties, which may be due to limited hours of
17 operation at those facilities or other factors.

18 “(iii) The project—

19 “(I) expands the availability of
20 services; or

21 “(II) reduces—

22 “(aa) the burden on Contract
23 Health Services; or

24 “(bb) the need for emergency
25 room visits.

1 “(d) *TECHNICAL ASSISTANCE.*—On receipt of an ap-
2 plication or request from an Indian tribe, a consortium of
3 Indian tribes, or a tribal organization, the Secretary shall
4 provide such technical and other assistance as may be nec-
5 essary to enable applicants to comply with this section, in-
6 cluding information regarding the Service unit budget and
7 available funding for carrying out the proposed demonstra-
8 tion project.

9 “(e) *SERVICE TO INELIGIBLE PERSONS.*—Subject to
10 section 813, the authority to provide services to persons oth-
11 erwise ineligible for the health care benefits of the Service,
12 and the authority to extend hospital privileges in Service
13 facilities to non-Service health practitioners as provided in
14 section 813, may be included, subject to the terms of that
15 section, in any demonstration project approved pursuant
16 to this section.

17 “(f) *EQUITABLE TREATMENT.*—For purposes of sub-
18 section (c), the Secretary, in evaluating facilities operated
19 under any contract or compact under the Indian Self-Deter-
20 mination and Education Assistance Act (25 U.S.C. 450 et
21 seq.), shall use the same criteria that the Secretary uses in
22 evaluating facilities operated directly by the Service.

23 “(g) *EQUITABLE INTEGRATION OF FACILITIES.*—The
24 Secretary shall ensure that the planning, design, construc-
25 tion, renovation, and expansion needs of Service and non-

1 *Service facilities that are the subject of a contract or com-*
2 *compact under the Indian Self-Determination and Education*
3 *Assistance Act (25 U.S.C. 450 et seq.) for health services*
4 *are fully and equitably integrated into the implementation*
5 *of the health care delivery demonstration projects under this*
6 *section.”.*

7 **SEC. 142144. TRIBAL MANAGEMENT OF FEDERALLY OWNED**
8 **QUARTERS.**

9 Title III of the Indian Health Care Improvement Act
10 (as amended by section 101(b)) is amended by inserting
11 after section 308 (25 U.S.C. 1638) the following:

12 **“SEC. 309. TRIBAL MANAGEMENT OF FEDERALLY OWNED**
13 **QUARTERS.**

14 “(a) RENTAL RATES.—

15 “(1) ESTABLISHMENT.—Notwithstanding any
16 other provision of law, a tribal health program that
17 operates a hospital or other health facility and the
18 federally owned quarters associated with such a fa-
19 cility pursuant to a contract or compact under the
20 Indian Self-Determination and Education Assistance
21 Act (25 U.S.C. 450 et seq.) may establish the rental
22 rates charged to the occupants of those quarters, on
23 providing notice to the Secretary.

1 “(2) OBJECTIVES.—In establishing rental rates
2 under this subsection, a tribal health program shall
3 attempt—

4 “(A) to base the rental rates on the rea-
5 sonable value of the quarters to the occupants
6 of the quarters; and

7 “(B) to generate sufficient funds to pru-
8 dently provide for the operation and mainte-
9 nance of the quarters, and at the discretion of
10 the tribal health program, to supply reserve
11 funds for capital repairs and replacement of the
12 quarters.

13 “(3) EQUITABLE FUNDING.—A federally owned
14 quarters the rental rates for which are established
15 by a tribal health program under this subsection
16 shall remain eligible to receive improvement and re-
17 pair funds to the same extent that all federally
18 owned quarters used to house personnel in programs
19 of the Service are eligible to receive those funds.

20 “(4) NOTICE OF RATE CHANGE.—A tribal
21 health program that establishes a rental rate under
22 this subsection shall provide occupants of the feder-
23 ally owned quarters a notice of any change in the
24 rental rate by not later than the date that is 60 days
25 notice before the effective date of the change.

1 “(5) RATES IN ALASKA.—A rental rate estab-
2 lished by a tribal health program under this section
3 for a federally owned quarters in the State of Alaska
4 may be based on the cost of comparable private
5 rental housing in the nearest established community
6 with a year-round population of 1,500 or more indi-
7 viduals.

8 “(b) DIRECT COLLECTION OF RENT.—

9 “(1) IN GENERAL.—Notwithstanding any other
10 provision of law, and subject to paragraph (2), a
11 tribal health program may collect rent directly from
12 Federal employees who occupy federally owned quar-
13 ters if the tribal health program submits to the Sec-
14 retary and the employees a notice of the election of
15 the tribal health program to collect rents directly
16 from the employees.

17 “(2) ACTION BY EMPLOYEES.—On receipt of a
18 notice described in paragraph (1)—

19 “(A) the affected Federal employees shall
20 pay rent for occupancy of a federally owned
21 quarters directly to the applicable tribal health
22 program; and

23 “(B) the Secretary shall not have the au-
24 thority to collect rent from the employees
25 through payroll deduction or otherwise.

1 “(3) USE OF PAYMENTS.—The rent payments
2 under this subsection—

3 “(A) shall be retained by the applicable
4 tribal health program in a separate account,
5 which shall be used by the tribal health pro-
6 gram for the maintenance (including capital re-
7 pairs and replacement) and operation of the
8 quarters, as the tribal health program deter-
9 mines to be appropriate; and

10 “(B) shall not be made payable to, or oth-
11 erwise be deposited with, the United States.

12 “(4) RETROCESSION OF AUTHORITY.—If a trib-
13 al health program that elected to collect rent directly
14 under paragraph (1) requests retrocession of the au-
15 thority of the tribal health program to collect that
16 rent, the retrocession shall take effect on the earlier
17 of—

18 “(A) the first day of the month that begins
19 not less than 180 days after the tribal health
20 program submits the request; and

21 “(B) such other date as may be mutually
22 agreed on by the Secretary and the tribal health
23 program.”.

1 **SEC. 143145. OTHER FUNDING, EQUIPMENT, AND SUPPLIES**
 2 **FOR FACILITIES.**

3 Title III of the Indian Health Care Improvement Act
 4 (25 U.S.C. 1631 et seq.) is amended by adding at the end
 5 the following:

6 **“SEC. 311. OTHER FUNDING, EQUIPMENT, AND SUPPLIES**
 7 **FOR FACILITIES.**

8 “(a) AUTHORIZATION.—

9 ~~“(1) AUTHORITY TO TRANSFER FUNDS.—The~~
 10 ~~head of any Federal agency to which funds, equip-~~
 11 ~~ment, or other supplies are made available for the~~
 12 ~~construction or operation of a health care facility~~
 13 ~~may transfer the funds, equipment, or supplies to~~
 14 ~~the Secretary for the construction or operation of a~~
 15 ~~health care facility to achieve—~~

16 *“(1) AUTHORITY TO TRANSFER FUNDS.—The*
 17 *head of any Federal agency to which funds, equip-*
 18 *ment, or other supplies are made available for the*
 19 *planning, design, construction, or operation of a*
 20 *health care or sanitation facility may transfer the*
 21 *funds, equipment, or supplies to the Secretary for the*
 22 *planning, design, construction, or operation of a*
 23 *health care or sanitation facility to achieve—*

24 “(A) the purposes of this Act; and

1 “(B) the purposes for which the funds,
2 equipment, or supplies were made available to
3 the Federal agency.

4 “(2) AUTHORITY TO ACCEPT FUNDS.—The Sec-
5 retary may—

6 “(A) accept from any source, including
7 Federal and State agencies, funds, equipment,
8 or supplies that are available for the construc-
9 tion or operation of health care *or sanitation* fa-
10 cilities; and

11 “(B) use those funds, equipment, and sup-
12 plies to plan, design, ~~and construct health care~~
13 ~~facilities~~, *construct, and operate health care or*
14 *sanitation facilities* for Indians, including pur-
15 suant to a contract or compact under the In-
16 dian Self-Determination and Education Assist-
17 ance Act (25 U.S.C. 450 et seq.).

18 “(3) EFFECT OF RECEIPT.—Receipt of funds
19 by the Secretary under this subsection shall not af-
20 fect any priority established under section 301.

21 “(b) INTERAGENCY AGREEMENTS.—The Secretary
22 may enter into interagency agreements with Federal or
23 State agencies and other entities, and accept funds, equip-
24 ment, or other supplies from those entities, to provide for
25 the planning, design, ~~and construction of health care fa-~~

1 ~~ilities construction, and operation of health care or sanita-~~
 2 ~~tion facilities~~ to be administered by Indian health pro-
 3 grams to achieve—

4 “(1) the purposes of this Act; and

5 “(2) the purposes for which the funds were ap-
 6 propriated or otherwise provided.

7 ~~“(c) ESTABLISHMENT OF STANDARDS.—The Sec-~~
 8 ~~retary, acting through the Service, shall establish, by regu-~~
 9 ~~lation, standards for the planning, design, and construc-~~
 10 ~~tion of health care facilities serving Indians under this~~
 11 ~~Act.”.~~

12 “(c) *ESTABLISHMENT OF STANDARDS.—*

13 “(1) *IN GENERAL.—The Secretary, acting*
 14 *through the Service, shall establish, by regulation,*
 15 *standards for the planning, design, construction, and*
 16 *operation of health care or sanitation facilities serv-*
 17 *ing Indians under this Act.*

18 “(2) *OTHER REGULATIONS.—Notwithstanding*
 19 *any other provision of law, any other applicable regu-*
 20 *lations of the Department shall apply in carrying out*
 21 *projects using funds transferred under this section.*

22 “(d) *DEFINITION OF SANITATION FACILITY.—In this*
 23 *section, the term ‘sanitation facility’ means a safe and ade-*
 24 *quate water supply system, sanitary sewage disposal sys-*

1 *tem, or sanitary solid waste system (including all related*
 2 *equipment and support infrastructure).”.*

3 **SEC. 144146. INDIAN COUNTRY MODULAR COMPONENT FA-**
 4 **CILITIES DEMONSTRATION PROGRAM.**

5 Title III of the Indian Health Care Improvement Act
 6 (25 U.S.C. 1631 et seq.) (as amended by section ~~143145~~)
 7 is amended by adding at the end the following:

8 **“SEC. 312. INDIAN COUNTRY MODULAR COMPONENT FA-**
 9 **CILITIES DEMONSTRATION PROGRAM.**

10 “(a) DEFINITION OF MODULAR COMPONENT
 11 HEALTH CARE FACILITY.—In this section, the term ‘mod-
 12 ular component health care facility’ means a health care
 13 facility that is constructed—

14 “(1) off-site using prefabricated component
 15 units for subsequent transport to the destination lo-
 16 cation; and

17 “(2) represents a more economical method for
 18 provision of health care facility than a traditionally
 19 constructed health care building.

20 “(b) ESTABLISHMENT.—The Secretary, acting
 21 through the Service, shall establish a demonstration pro-
 22 gram under which the Secretary shall award no less than
 23 3 grants for purchase, installation and maintenance of
 24 modular component health care facilities in Indian com-
 25 munities for provision of health care services.

1 “(c) SELECTION OF LOCATIONS.—

2 “(1) PETITIONS.—

3 “(A) SOLICITATION.—The Secretary shall
4 solicit from Indian tribes petitions for location
5 of the modular component health care facilities
6 in the Service areas of the petitioning Indian
7 tribes.

8 “(B) PETITION.—To be eligible to receive
9 a grant under this section, an Indian tribe or
10 tribal organization must submit to the Sec-
11 retary a petition to construct a modular compo-
12 nent health care facility in the Indian commu-
13 nity of the Indian tribe, at such time, in such
14 manner, and containing such information as the
15 Secretary may require.

16 “(2) SELECTION.—In selecting the location of
17 each modular component health care facility to be
18 provided under the demonstration program, the Sec-
19 retary shall give priority to projects already on the
20 Indian Health Service facilities construction priority
21 list and petitions which demonstrate that erection of
22 a modular component health facility—

23 “(A) is more economical than construction
24 of a traditionally constructed health care facil-
25 ity;

1 “(B) can be constructed and erected on the
2 selected location in less time than traditional
3 construction; and

4 “(C) can adequately house the health care
5 services needed by the Indian population to be
6 served.

7 “(3) EFFECT OF SELECTION.—A modular com-
8 ponent health care facility project selected for par-
9 ticipation in the demonstration program shall not be
10 eligible for entry on the facilities construction prior-
11 ities list entitled ‘IHS Health Care Facilities FY
12 2011 Planned Construction Budget’ and dated May
13 7, 2009 (or any successor list).

14 “(d) ELIGIBILITY.—

15 “(1) IN GENERAL.—An Indian tribe may sub-
16 mit a petition under subsection (c)(1)(B) regardless
17 of whether the Indian tribe is a party to any con-
18 tract or compact under the Indian Self-Determina-
19 tion and Education Assistance Act (25 U.S.C. 450
20 et seq.).

21 “(2) ADMINISTRATION.—At the election of an
22 Indian tribe or tribal organization selected for par-
23 ticipation in the demonstration program, the funds
24 provided for the project shall be subject to the provi-

1 sions of the Indian Self-Determination and Edu-
 2 cation Assistance Act.

3 “(e) REPORTS.—Not later than 1 year after the date
 4 on which funds are made available for the demonstration
 5 program and annually thereafter, the Secretary shall sub-
 6 mit to Congress a report describing—

7 “(1) each activity carried out under the dem-
 8 onstration program, including an evaluation of the
 9 success of the activity; and

10 “(2) the potential benefits of increased use of
 11 modular component health care facilities in other In-
 12 dian communities.

13 “(f) AUTHORIZATION OF APPROPRIATIONS.—There
 14 are authorized to be appropriated \$50,000,000 to carry
 15 out the demonstration program under this section for the
 16 first 5 fiscal years, and such sums as may be necessary
 17 to carry out the program in subsequent fiscal years.”.

18 **SEC. 145147. MOBILE HEALTH STATIONS DEMONSTRATION**
 19 **PROGRAM.**

20 Title III of the Indian Health Care Improvement Act
 21 (25 U.S.C. 1631 et seq.) (as amended by section ~~144146~~)
 22 is amended by adding at the end the following:

23 **“SEC. 313. MOBILE HEALTH STATIONS DEMONSTRATION**
 24 **PROGRAM.**

25 “(a) DEFINITIONS.—In this section:

1 “(1) ELIGIBLE TRIBAL CONSORTIUM.—The
2 term ‘eligible tribal consortium’ means a consortium
3 composed of 2 or more Service units between which
4 a mobile health station can be transported by road
5 in up to 8 hours. A Service unit operated by the
6 Service or by an Indian tribe or tribal organization
7 shall be equally eligible for participation in such con-
8 sortium.

9 “(2) MOBILE HEALTH STATION.—The term
10 ‘mobile health station’ means a health care unit
11 that—

12 “(A) is constructed, maintained, and capa-
13 ble of being transported within a semi-trailer
14 truck or similar vehicle;

15 “(B) is equipped for the provision of 1 or
16 more specialty health care services; and

17 “(C) can be equipped to be docked to a
18 stationary health care facility when appropriate.

19 “(3) SPECIALTY HEALTH CARE SERVICE.—

20 “(A) IN GENERAL.—The term ‘specialty
21 health care service’ means a health care service
22 which requires the services of a health care pro-
23 fessional with specialized knowledge or experi-
24 ence.

1 “(B) INCLUSIONS.—The term ‘specialty
2 health care service’ includes any service relating
3 to—

4 “(i) dialysis;

5 “(ii) surgery;

6 “(iii) mammography;

7 “(iv) dentistry; or

8 “(v) any other specialty health care
9 service.

10 “(b) ESTABLISHMENT.—The Secretary, acting
11 through the Service, shall establish a demonstration pro-
12 gram under which the Secretary shall provide at least 3
13 mobile health station projects.

14 “(c) PETITION.—To be eligible to receive a mobile
15 health station under the demonstration program, an eligi-
16 ble tribal consortium shall submit to the Secretary, a peti-
17 tion at such time, in such manner, and containing—

18 “(1) a description of the Indian population to
19 be served;

20 “(2) a description of the specialty service or
21 services for which the mobile health station is re-
22 quested and the extent to which such service or serv-
23 ices are currently available to the Indian population
24 to be served; and

1 “(3) such other information as the Secretary
2 may require.

3 “(d) USE OF FUNDS.—The Secretary shall use
4 amounts made available to carry out the demonstration
5 program under this section—

6 “(1)(A) to establish, purchase, lease, or main-
7 tain mobile health stations for the eligible tribal con-
8 sortia selected for projects; and

9 “(B) to provide, through the mobile health sta-
10 tion, such specialty health care services as the af-
11 fected eligible tribal consortium determines to be
12 necessary for the Indian population served;

13 “(2) to employ an existing mobile health station
14 (regardless of whether the mobile health station is
15 owned or rented and operated by the Service) to pro-
16 vide specialty health care services to an eligible trib-
17 al consortium; and

18 “(3) to establish, purchase, or maintain docking
19 equipment for a mobile health station, including the
20 establishment or maintenance of such equipment at
21 a modular component health care facility (as defined
22 in section 312(a)), if applicable.

23 “(e) REPORTS.—Not later than 1 year after the date
24 on which the demonstration program is established under
25 subsection (b) and annually thereafter, the Secretary, act-

1 ing through the Service, shall submit to Congress a report
2 describing—

3 “(1) each activity carried out under the dem-
4 onstration program including an evaluation of the
5 success of the activity; and

6 “(2) the potential benefits of increased use of
7 mobile health stations to provide specialty health
8 care services for Indian communities.

9 “(f) AUTHORIZATION OF APPROPRIATIONS.—There
10 are authorized to be appropriated \$5,000,000 per year to
11 carry out the demonstration program under this section
12 for the first 5 fiscal years, and such sums as may be need-
13 ed to carry out the program in subsequent fiscal years.”.

14 **Subtitle D—Access to Health** 15 **Services**

16 **SEC. 151. TREATMENT OF PAYMENTS UNDER SOCIAL SECU-** 17 **RITY ACT HEALTH BENEFITS PROGRAMS.**

18 Section 401 of the Indian Health Care Improvement
19 Act (25 U.S.C. 1641) is amended to read as follows:

20 **“SEC. 401. TREATMENT OF PAYMENTS UNDER SOCIAL SE-** 21 **CURITY ACT HEALTH BENEFITS PROGRAMS.**

22 “(a) DISREGARD OF MEDICARE, MEDICAID, AND
23 CHIP PAYMENTS IN DETERMINING APPROPRIATIONS.—
24 Any payments received by an Indian health program or
25 by an urban Indian organization under title XVIII, XIX,

1 or XXI of the Social Security Act for services provided
2 to Indians eligible for benefits under such respective titles
3 shall not be considered in determining appropriations for
4 the provision of health care and services to Indians.

5 “(b) NONPREFERENTIAL TREATMENT.—Nothing in
6 this Act authorizes the Secretary to provide services to an
7 Indian with coverage under title XVIII, XIX, or XI of the
8 Social Security Act in preference to an Indian without
9 such coverage.

10 “(c) USE OF FUNDS.—

11 “(1) SPECIAL FUND.—

12 “(A) 100 PERCENT PASS-THROUGH OF
13 PAYMENTS DUE TO FACILITIES.—Notwith-
14 standing any other provision of law, but subject
15 to paragraph (2), payments to which a facility
16 of the Service is entitled by reason of a provi-
17 sion of title XVIII or XIX of the Social Secu-
18 rity Act shall be placed in a special fund to be
19 held by the Secretary. In making payments
20 from such fund, the Secretary shall ensure that
21 each Service unit of the Service receives 100
22 percent of the amount to which the facilities of
23 the Service, for which such Service unit makes
24 collections, are entitled by reason of a provision
25 of either such title.

1 “(B) USE OF FUNDS.—Amounts received
2 by a facility of the Service under subparagraph
3 (A) by reason of a provision of title XVIII or
4 XIX of the Social Security Act shall first be
5 used (to such extent or in such amounts as are
6 provided in appropriation Acts) for the purpose
7 of making any improvements in the programs
8 of the Service operated by or through such fa-
9 cility which may be necessary to achieve or
10 maintain compliance with the applicable condi-
11 tions and requirements of such respective title.
12 Any amounts so received that are in excess of
13 the amount necessary to achieve or maintain
14 such conditions and requirements shall, subject
15 to consultation with the Indian tribes being
16 served by the Service unit, be used for reducing
17 the health resource deficiencies (as determined
18 in section 201(c)) of such Indian tribes, includ-
19 ing the provision of services pursuant to section
20 205.

21 “(2) DIRECT PAYMENT OPTION.—Paragraph
22 (1) shall not apply to a tribal health program upon
23 the election of such program under subsection (d) to
24 receive payments directly. No payment may be made
25 out of the special fund described in such paragraph

1 with respect to reimbursement made for services
2 provided by such program during the period of such
3 election.

4 “(d) DIRECT BILLING.—

5 “(1) IN GENERAL.—Subject to complying with
6 the requirements of paragraph (2), a tribal health
7 program may elect to directly bill for, and receive
8 payment for, health care items and services provided
9 by such program for which payment is made under
10 title XVIII, XIX, or XXI of the Social Security Act
11 or from any other third party payor.

12 “(2) DIRECT REIMBURSEMENT.—

13 “(A) USE OF FUNDS.—Each tribal health
14 program making the election described in para-
15 graph (1) with respect to a program under a
16 title of the Social Security Act shall be reim-
17 bursed directly by that program for items and
18 services furnished without regard to subsection
19 (c)(1), except that all amounts so reimbursed
20 shall be used by the tribal health program for
21 the purpose of making any improvements in fa-
22 cilities of the tribal health program that may be
23 necessary to achieve or maintain compliance
24 with the conditions and requirements applicable
25 generally to such items and services under the

1 program under such title and to provide addi-
2 tional health care services, improvements in
3 health care facilities and tribal health pro-
4 grams, any health care-related purpose (includ-
5 ing coverage for a service or service within a
6 contract health service delivery area or any por-
7 tion of a contract health service delivery area
8 that would otherwise be provided as a contract
9 health service), or otherwise to achieve the ob-
10 jectives provided in section 3 of this Act.

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

24 “(C) IDENTIFICATION OF SOURCE OF PAY-
25 MENTS.—Any tribal health program that re-

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

7 “(3) EXAMINATION AND IMPLEMENTATION OF
8 CHANGES.—

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

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

1 garding patients served by the Service (and by
2 tribal health programs, to the extent such data
3 is available to the Service), and such other in-
4 formation as the Administrator may require for
5 purposes of administering title XVIII, XIX, or
6 XXI of the Social Security Act.

7 “(4) WITHDRAWAL FROM PROGRAM.—A tribal
8 health program that bills directly under the program
9 established under this subsection may withdraw
10 from participation in the same manner and under
11 the same conditions that an Indian tribe or tribal or-
12 ganization may retrocede a contracted program to
13 the Secretary under the authority of the Indian Self-
14 Determination and Education Assistance Act (25
15 U.S.C. 450 et seq.). All cost accounting and billing
16 authority under the program established under this
17 subsection shall be returned to the Secretary upon
18 the Secretary’s acceptance of the withdrawal of par-
19 ticipation in this program.

20 “(5) TERMINATION FOR FAILURE TO COMPLY
21 WITH REQUIREMENTS.—The Secretary may termi-
22 nate the participation of a tribal health program or
23 in the direct billing program established under this
24 subsection if the Secretary determines that the pro-
25 gram has failed to comply with the requirements of

1 paragraph (2). The Secretary shall provide a tribal
2 health program with notice of a determination that
3 the program has failed to comply with any such re-
4 quirement and a reasonable opportunity to correct
5 such noncompliance prior to terminating the pro-
6 gram's participation in the direct billing program es-
7 tablished under this subsection.

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

12 **SEC. 152. PURCHASING HEALTH CARE COVERAGE.**

13 Section 402 of the Indian Health Care Improvement
14 Act (25 U.S.C. 1642) is amended to read as follows:

15 **“SEC. 402. PURCHASING HEALTH CARE COVERAGE.**

16 “(a) IN GENERAL.—Insofar as amounts are made
17 available under law (including a provision of the Social
18 Security Act, the Indian Self-Determination and Edu-
19 cation Assistance Act (25 U.S.C. 450 et seq.), or other
20 law, other than under section 404) to Indian tribes, tribal
21 organizations, and urban Indian organizations for health
22 benefits for Service beneficiaries, Indian tribes, tribal or-
23 ganizations, and urban Indian organizations may use such
24 amounts to purchase health benefits coverage (including
25 coverage for a service, or service within a contract health

1 service delivery area, or any portion of a contract health
2 service delivery area that would otherwise be provided as
3 a contract health service) for such beneficiaries in any
4 manner, including through—

5 “(1) a tribally owned and operated health care
6 plan;

7 “(2) a State or locally authorized or licensed
8 health care plan;

9 “(3) a health insurance provider or managed
10 care organization;

11 “(4) a self-insured plan; or

12 “(5) a high deductible or health savings account
13 plan.

14 “(b) FINANCIAL NEED.—The purchase of coverage
15 under subsection (a) by an Indian tribe, tribal organiza-
16 tion, or urban Indian organization may be based on the
17 financial needs of such beneficiaries (as determined by the
18 1 or more Indian tribes being served based on a schedule
19 of income levels developed or implemented by such 1 ore
20 more Indian tribes).

21 “(c) EXPENSES FOR SELF-INSURED PLAN.—In the
22 case of a self-insured plan under subsection (a)(4), the
23 amounts may be used for expenses of operating the plan,
24 including administration and insurance to limit the finan-
25 cial risks to the entity offering the plan.

1 “(d) CONSTRUCTION.—Nothing in this section shall
2 be construed as affecting the use of any amounts not re-
3 ferred to in subsection (a).”.

4 **SEC. 153. GRANTS TO AND CONTRACTS WITH THE SERVICE,**
5 **INDIAN TRIBES, TRIBAL ORGANIZATIONS,**
6 **AND URBAN INDIAN ORGANIZATIONS TO FA-**
7 **CILITATE OUTREACH, ENROLLMENT, AND**
8 **COVERAGE OF INDIANS UNDER SOCIAL SECU-**
9 **RITY ACT HEALTH BENEFIT PROGRAMS AND**
10 **OTHER HEALTH BENEFITS PROGRAMS.**

11 Section 404 of the Indian Health Care Improvement
12 Act (25 U.S.C. 1644) is amended to read as follows:

13 **“SEC. 404. GRANTS TO AND CONTRACTS WITH THE SERV-**
14 **ICE, INDIAN TRIBES, TRIBAL ORGANIZA-**
15 **TIONS, AND URBAN INDIAN ORGANIZATIONS**
16 **TO FACILITATE OUTREACH, ENROLLMENT,**
17 **AND COVERAGE OF INDIANS UNDER SOCIAL**
18 **SECURITY ACT HEALTH BENEFIT PROGRAMS**
19 **AND OTHER HEALTH BENEFITS PROGRAMS.**

20 “(a) INDIAN TRIBES AND TRIBAL ORGANIZA-
21 TIONS.—The Secretary, acting through the Service, shall
22 make grants to or enter into contracts with Indian tribes
23 and tribal organizations to assist such tribes and tribal
24 organizations in establishing and administering programs
25 on or near reservations and trust lands, including pro-

1 grams to provide outreach and enrollment through video,
2 electronic delivery methods, or telecommunication devices
3 that allow real-time or time-delayed communication be-
4 tween individual Indians and the benefit program, to as-
5 sist individual Indians—

6 “(1) to enroll for benefits under a program es-
7 tablished under title XVIII, XIX, or XXI of the So-
8 cial Security Act and other health benefits pro-
9 grams; and

10 “(2) with respect to such programs for which
11 the charging of premiums and cost sharing is not
12 prohibited under such programs, to pay premiums or
13 cost sharing for coverage for such benefits, which
14 may be based on financial need (as determined by
15 the Indian tribe or tribes or tribal organizations
16 being served based on a schedule of income levels de-
17 veloped or implemented by such tribe, tribes, or trib-
18 al organizations).

19 “(b) CONDITIONS.—The Secretary, acting through
20 the Service, shall place conditions as deemed necessary to
21 effect the purpose of this section in any grant or contract
22 which the Secretary makes with any Indian tribe or tribal
23 organization pursuant to this section. Such conditions
24 shall include requirements that the Indian tribe or tribal
25 organization successfully undertake—

1 “(1) to determine the population of Indians eli-
2 gible for the benefits described in subsection (a);

3 “(2) to educate Indians with respect to the ben-
4 efits available under the respective programs;

5 “(3) to provide transportation for such indi-
6 vidual Indians to the appropriate offices for enroll-
7 ment or applications for such benefits; and

8 “(4) to develop and implement methods of im-
9 proving the participation of Indians in receiving ben-
10 efits under such programs.

11 “(c) APPLICATION TO URBAN INDIAN ORGANIZA-
12 TIONS.—

13 “(1) IN GENERAL.—The provisions of sub-
14 section (a) shall apply with respect to grants and
15 other funding to urban Indian organizations with re-
16 spect to populations served by such organizations in
17 the same manner they apply to grants and contracts
18 with Indian tribes and tribal organizations with re-
19 spect to programs on or near reservations.

20 “(2) REQUIREMENTS.—The Secretary shall in-
21 clude in the grants or contracts made or provided
22 under paragraph (1) requirements that are—

23 “(A) consistent with the requirements im-
24 posed by the Secretary under subsection (b);

1 “(B) appropriate to urban Indian organi-
2 zations and urban Indians; and

3 “(C) necessary to effect the purposes of
4 this section.

5 “(d) FACILITATING COOPERATION.—The Secretary,
6 acting through the Centers for Medicare & Medicaid Serv-
7 ices, shall develop and disseminate best practices that will
8 serve to facilitate cooperation with, and agreements be-
9 tween, States and the Service, Indian tribes, tribal organi-
10 zations, or urban Indian organizations with respect to the
11 provision of health care items and services to Indians
12 under the programs established under title XVIII, XIX,
13 or XXI of the Social Security Act.

14 “(e) AGREEMENTS RELATING TO IMPROVING EN-
15 ROLLMENT OF INDIANS UNDER SOCIAL SECURITY ACT
16 HEALTH BENEFITS PROGRAMS.—For provisions relating
17 to agreements of the Secretary, acting through the Serv-
18 ice, for the collection, preparation, and submission of ap-
19 plications by Indians for assistance under the Medicaid
20 and children’s health insurance programs established
21 under titles XIX and XXI of the Social Security Act, and
22 benefits under the Medicare program established under
23 title XVIII of such Act, see subsections (a) and (b) of sec-
24 tion 1139 of the Social Security Act.

1 “(f) DEFINITION OF PREMIUMS AND COST SHAR-
2 ING.—In this section:

3 “(1) PREMIUM.—The term ‘premium’ includes
4 any enrollment fee or similar charge.

5 “(2) COST SHARING.—The term ‘cost sharing’
6 includes any deduction, deductible, copayment, coin-
7 surance, or similar charge.”.

8 **SEC. 154. SHARING ARRANGEMENTS WITH FEDERAL AGEN-**
9 **CIES.**

10 Section 405 of the Indian Health Care Improvement
11 Act (25 U.S.C. 1645) is amended to read as follows:

12 **“SEC. 405. SHARING ARRANGEMENTS WITH FEDERAL AGEN-**
13 **CIES.**

14 “(a) AUTHORITY.—

15 “(1) IN GENERAL.—The Secretary may enter
16 into (or expand) arrangements for the sharing of
17 medical facilities and services between the Service,
18 Indian tribes, and tribal organizations and the De-
19 partment of Veterans Affairs and the Department of
20 Defense.

21 “(2) CONSULTATION BY SECRETARY RE-
22 QUIRED.—The Secretary may not finalize any ar-
23 rangement between the Service and a Department
24 described in paragraph (1) without first consulting

1 with the Indian tribes which will be significantly af-
2 fected by the arrangement.

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

7 “(1) the priority access of any Indian to health
8 care services provided through the Service and the
9 eligibility of any Indian to receive health services
10 through the Service;

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

13 “(3) the priority access of any veteran to health
14 care services provided by the Department of Vet-
15 erans Affairs;

16 “(4) the quality of health care services provided
17 by the Department of Veterans Affairs or the De-
18 partment of Defense; or

19 “(5) the eligibility of any Indian who is a vet-
20 eran to receive health services through the Depart-
21 ment of Veterans Affairs.

22 “(c) REIMBURSEMENT.—The Service, Indian tribe,
23 or tribal organization shall be reimbursed by the Depart-
24 ment of Veterans Affairs or the Department of Defense
25 (as the case may be) where services are provided through

1 the Service, an Indian tribe, or a tribal organization to
2 beneficiaries eligible for services from either such Depart-
3 ment, notwithstanding any other provision of law.

4 “(d) CONSTRUCTION.—Nothing in this section may
5 be construed as creating any right of a non-Indian veteran
6 to obtain health services from the Service.”.

7 **SEC. 155. ELIGIBLE INDIAN VETERAN SERVICES.**

8 Title IV of the Indian Health Care Improvement Act
9 (25 U.S.C. 1641 et seq.) (as amended by section 101(b))
10 is amended by adding at the end the following:

11 **“SEC. 407. ELIGIBLE INDIAN VETERAN SERVICES.**

12 “(a) FINDINGS; PURPOSE.—

13 “(1) FINDINGS.—Congress finds that—

14 “(A) collaborations between the Secretary
15 and the Secretary of Veterans Affairs regarding
16 the treatment of Indian veterans at facilities of
17 the Service should be encouraged to the max-
18 imum extent practicable; and

19 “(B) increased enrollment for services of
20 the Department of Veterans Affairs by veterans
21 who are members of Indian tribes should be en-
22 couraged to the maximum extent practicable.

23 “(2) PURPOSE.—The purpose of this section is
24 to reaffirm the goals stated in the document entitled
25 ‘Memorandum of Understanding Between the VA/

1 Veterans Health Administration And HHS/Indian
2 Health Service' and dated February 25, 2003 (relat-
3 ing to cooperation and resource sharing between the
4 Veterans Health Administration and Service).

5 “(b) DEFINITIONS.—In this section:

6 “(1) ELIGIBLE INDIAN VETERAN.—The term
7 ‘eligible Indian veteran’ means an Indian or Alaska
8 Native veteran who receives any medical service that
9 is—

10 “(A) authorized under the laws adminis-
11 tered by the Secretary of Veterans Affairs; and

12 “(B) administered at a facility of the Serv-
13 ice (including a facility operated by an Indian
14 tribe or tribal organization through a contract
15 or compact with the Service under the Indian
16 Self-Determination and Education Assistance
17 Act (25 U.S.C. 450 et seq.)) pursuant to a local
18 memorandum of understanding.

19 “(2) LOCAL MEMORANDUM OF UNDER-
20 STANDING.—The term ‘local memorandum of under-
21 standing’ means a memorandum of understanding
22 between the Secretary (or a designee, including the
23 director of any area office of the Service) and the
24 Secretary of Veterans Affairs (or a designee) to im-
25 plement the document entitled ‘Memorandum of Un-

1 derstanding Between the VA/Veterans Health Ad-
2 ministration And HHS/Indian Health Service’ and
3 dated February 25, 2003 (relating to cooperation
4 and resource sharing between the Veterans Health
5 Administration and Indian Health Service).

6 “(c) ELIGIBLE INDIAN VETERANS EXPENSES.—

7 “(1) IN GENERAL.—Notwithstanding any other
8 provision of law, the Secretary shall provide for vet-
9 eran-related expenses incurred by eligible Indian vet-
10 erans as described in subsection (b)(1)(B).

11 “(2) METHOD OF PAYMENT.—The Secretary
12 shall establish such guidelines as the Secretary de-
13 termines to be appropriate regarding the method of
14 payments to the Secretary of Veterans Affairs under
15 paragraph (1).

16 “(d) TRIBAL APPROVAL OF MEMORANDA.—In nego-
17 tiating a local memorandum of understanding with the
18 Secretary of Veterans Affairs regarding the provision of
19 services to eligible Indian veterans, the Secretary shall
20 consult with each Indian tribe that would be affected by
21 the local memorandum of understanding.

22 “(e) FUNDING.—

23 “(1) TREATMENT.—Expenses incurred by the
24 Secretary in carrying out subsection (c)(1) shall not

1 be considered to be Contract Health Service ex-
2 penses.

3 “(2) USE OF FUNDS.—Of funds made available
4 to the Secretary in appropriations Acts for the Serv-
5 ice (excluding funds made available for facilities,
6 Contract Health Services, or contract support costs),
7 the Secretary shall use such sums as are necessary
8 to carry out this section.”.

9 **SEC. 156. NONDISCRIMINATION UNDER FEDERAL HEALTH**
10 **CARE PROGRAMS IN QUALIFICATIONS FOR**
11 **REIMBURSEMENT FOR SERVICES.**

12 Title IV of the Indian Health Care Improvement Act
13 (25 U.S.C. 1641 et seq.) (as amended by section 155) is
14 amended by adding at the end the following:

15 **“SEC. 408. NONDISCRIMINATION UNDER FEDERAL HEALTH**
16 **CARE PROGRAMS IN QUALIFICATIONS FOR**
17 **REIMBURSEMENT FOR SERVICES.**

18 “(a) REQUIREMENT TO SATISFY GENERALLY APPLI-
19 CABLE PARTICIPATION REQUIREMENTS.—

20 “(1) IN GENERAL.—A Federal health care pro-
21 gram must accept an entity that is operated by the
22 Service, an Indian tribe, tribal organization, or
23 urban Indian organization as a provider eligible to
24 receive payment under the program for health care
25 services furnished to an Indian on the same basis as

1 any other provider qualified to participate as a pro-
2 vider of health care services under the program if
3 the entity meets generally applicable State or other
4 requirements for participation as a provider of
5 health care services under the program.

6 “(2) SATISFACTION OF STATE OR LOCAL LICEN-
7 SURE OR RECOGNITION REQUIREMENTS.—Any re-
8 quirement for participation as a provider of health
9 care services under a Federal health care program
10 that an entity be licensed or recognized under the
11 State or local law where the entity is located to fur-
12 nish health care services shall be deemed to have
13 been met in the case of an entity operated by the
14 Service, an Indian tribe, tribal organization, or
15 urban Indian organization if the entity meets all the
16 applicable standards for such licensure or recogni-
17 tion, regardless of whether the entity obtains a li-
18 cense or other documentation under such State or
19 local law. In accordance with section 221, the ab-
20 sence of the licensure of a health professional em-
21 ployed by such an entity under the State or local law
22 where the entity is located shall not be taken into
23 account for purposes of determining whether the en-
24 tity meets such standards, if the professional is li-
25 censed in another State.

1 “(b) APPLICATION OF EXCLUSION FROM PARTICIPA-
2 TION IN FEDERAL HEALTH CARE PROGRAMS.—

3 “(1) EXCLUDED ENTITIES.—No entity operated
4 by the Service, an Indian tribe, tribal organization,
5 or urban Indian organization that has been excluded
6 from participation in any Federal health care pro-
7 gram or for which a license is under suspension or
8 has been revoked by the State where the entity is lo-
9 cated shall be eligible to receive payment or reim-
10 bursement under any such program for health care
11 services furnished to an Indian.

12 “(2) EXCLUDED INDIVIDUALS.—No individual
13 who has been excluded from participation in any
14 Federal health care program or whose State license
15 is under suspension shall be eligible to receive pay-
16 ment or reimbursement under any such program for
17 health care services furnished by that individual, di-
18 rectly or through an entity that is otherwise eligible
19 to receive payment for health care services, to an In-
20 dian.

21 “(3) FEDERAL HEALTH CARE PROGRAM DE-
22 FINED.—In this subsection, the term, ‘Federal
23 health care program’ has the meaning given that
24 term in section 1128B(f) of the Social Security Act
25 (42 U.S.C. 1320a–7b(f)), except that, for purposes

1 of this subsection, such term shall include the health
2 insurance program under chapter 89 of title 5,
3 United States Code.

4 “(c) RELATED PROVISIONS.—For provisions related
5 to nondiscrimination against providers operated by the
6 Service, an Indian tribe, tribal organization, or urban In-
7 dian organization, see section 1139(c) of the Social Secu-
8 rity Act (42 U.S.C. 1320b–9(c)).”

9 **SEC. 157. ACCESS TO FEDERAL INSURANCE.**

10 Title IV of the Indian Health Care Improvement Act
11 (25 U.S.C. 1641 et seq.) (as amended by section 156) is
12 amended by adding at the end the following:

13 **“SEC. 409. ACCESS TO FEDERAL INSURANCE.**

14 “Notwithstanding the provisions of title 5, United
15 States Code, Executive order, or administrative regula-
16 tion, an Indian tribe or tribal organization carrying out
17 programs under the Indian Self-Determination and Edu-
18 cation Assistance Act (25 U.S.C. 450 et seq.) or an urban
19 Indian organization carrying out programs under title V
20 of this Act shall be entitled to purchase coverage, rights,
21 and benefits for the employees of such Indian tribe or trib-
22 al organization, or urban Indian organization, under chap-
23 ter 89 of title 5, United States Code, and chapter 87 of
24 such title if necessary employee deductions and agency
25 contributions in payment for the coverage, rights, and ben-

1 efits for the period of employment with such Indian tribe
 2 or tribal organization, or urban Indian organization, are
 3 currently deposited in the applicable Employee’s Fund
 4 under such title.”.

5 **SEC. 158. GENERAL EXCEPTIONS.**

6 Title IV of the Indian Health Care Improvement Act
 7 (25 U.S.C. 1641 et seq.) (as amended by section 157) is
 8 amended by adding at the end the following:

9 **“SEC. 410. GENERAL EXCEPTIONS.**

10 “The requirements of this title shall not apply to any
 11 excepted benefits described in paragraph (1)(A) or (3) of
 12 section 2791(c) of the Public Health Service Act (42
 13 U.S.C. 300gg–91).”.

14 **SEC. 159. NAVAJO NATION MEDICAID AGENCY FEASIBILITY**
 15 **STUDY.**

16 *Title IV of the Indian Health Care Improvement Act*
 17 *(25 U.S.C. 1641 et seq.) (as amended by section 158) is*
 18 *amended by adding at the end the following:*

19 **“SEC. 411. NAVAJO NATION MEDICAID AGENCY FEASIBILITY**
 20 **STUDY.**

21 “(a) *STUDY.*—*The Secretary shall conduct a study to*
 22 *determine the feasibility of treating the Navajo Nation as*
 23 *a State for the purposes of title XIX of the Social Security*
 24 *Act, to provide services to Indians living within the bound-*
 25 *aries of the Navajo Nation through an entity established*

1 *having the same authority and performing the same func-*
2 *tions as single-State medicaid agencies responsible for the*
3 *administration of the State plan under title XIX of the So-*
4 *cial Security Act.*

5 “(b) *CONSIDERATIONS.—In conducting the study, the*
6 *Secretary shall consider the feasibility of—*

7 “(1) *assigning and paying all expenditures for*
8 *the provision of services and related administration*
9 *funds, under title XIX of the Social Security Act, to*
10 *Indians living within the boundaries of the Navajo*
11 *Nation that are currently paid to or would otherwise*
12 *be paid to the State of Arizona, New Mexico, or Utah;*

13 “(2) *providing assistance to the Navajo Nation*
14 *in the development and implementation of such entity*
15 *for the administration, eligibility, payment, and de-*
16 *livery of medical assistance under title XIX of the So-*
17 *cial Security Act;*

18 “(3) *providing an appropriate level of matching*
19 *funds for Federal medical assistance with respect to*
20 *amounts such entity expends for medical assistance*
21 *for services and related administrative costs; and*

22 “(4) *authorizing the Secretary, at the option of*
23 *the Navajo Nation, to treat the Navajo Nation as a*
24 *State for the purposes of title XIX of the Social Secu-*
25 *rity Act (relating to the State children’s health insur-*

1 *ance program) under terms equivalent to those de-*
2 *scribed in paragraphs (2) through (4).*

3 *“(c) REPORT.—Not later than 3 years after the date*
4 *of enactment of the Indian Health Care Improvement Reau-*
5 *thorization and Extension Act of 2009, the Secretary shall*
6 *submit to the Committee on Indian Affairs and Committee*
7 *on Finance of the Senate and the Committee on Natural*
8 *Resources and Committee on Energy and Commerce of the*
9 *House of Representatives a report that includes—*

10 *“(1) the results of the study under this section;*

11 *“(2) a summary of any consultation that oc-*
12 *curred between the Secretary and the Navajo Nation,*
13 *other Indian Tribes, the States of Arizona, New Mex-*
14 *ico, and Utah, counties which include Navajo Lands,*
15 *and other interested parties, in conducting this study;*

16 *“(3) projected costs or savings associated with es-*
17 *tablishment of such entity, and any estimated impact*
18 *on services provided as described in this section in re-*
19 *lation to probable costs or savings; and*

20 *“(4) legislative actions that would be required to*
21 *authorize the establishment of such entity if such enti-*
22 *ty is determined by the Secretary to be feasible.”.*

1 **Subtitle E—Health Services for**
2 **Urban Indians**

3 **SEC. 161. FACILITIES RENOVATION.**

4 *Section 509 of the Indian Health Care Improvement*
5 *Act (25 U.S.C. 1659) is amended by inserting “or construc-*
6 *tion or expansion of facilities” after “renovations to facili-*
7 *ties”.*

8 **SEC. 162. TREATMENT OF CERTAIN DEMONSTRATION**
9 **PROJECTS.**

10 *Section 512 of the Indian Health Care Improvement*
11 *Act (25 U.S.C. 1660b) is amended to read as follows:*

12 **“SEC. 512. TREATMENT OF CERTAIN DEMONSTRATION**
13 **PROJECTS.**

14 *“Notwithstanding any other provision of law, the*
15 *Tulsa Clinic and Oklahoma City Clinic demonstration*
16 *projects shall—*

17 *“(1) be permanent programs within the Service’s*
18 *direct care program;*

19 *“(2) continue to be treated as Service units and*
20 *operating units in the allocation of resources and co-*
21 *ordination of care; and*

22 *“(3) continue to meet the requirements and defi-*
23 *nitions of an urban Indian organization in this Act,*
24 *and shall not be subject to the provisions of the In-*

1 *dian Self-Determination and Education Assistance*
 2 *Act (25 U.S.C. 450 et seq.).”*

3 **SEC. 161163. REQUIREMENT TO CONFER WITH URBAN IN-**
 4 **DIAN ORGANIZATIONS.**

5 (a) CONFERRING WITH URBAN INDIAN ORGANIZA-
 6 TIONS.—Title V of the Indian Health Care Improvement
 7 Act (25 U.S.C. 1651 et seq.) (as amended by section
 8 101(b)) is amended by adding at the end the following:

9 **“SEC. 514. CONFERRING WITH URBAN INDIAN ORGANIZA-**
 10 **TIONS.**

11 “(a) DEFINITION OF CONFER.—In this section, the
 12 term ‘confer’ means to engage in an open and free ex-
 13 change of information and opinions that—

14 “(1) leads to mutual understanding and com-
 15 prehension; and

16 “(2) emphasizes trust, respect, and shared re-
 17 sponsibility.

18 “(b) REQUIREMENT.—The Secretary shall ensure
 19 that the Service confers, to the maximum extent prac-
 20 ticable, with urban Indian organizations in carrying out
 21 this Act.”.

22 (b) CONTRACTS WITH, AND GRANTS TO, URBAN IN-
 23 DIAN ORGANIZATIONS.—Section 502 of the Indian Health
 24 Care Improvement Act (25 U.S.C. 1652) is amended to
 25 read as follows:

1 **“SEC. 502. CONTRACTS WITH, AND GRANTS TO, URBAN IN-**
 2 **DIAN ORGANIZATIONS.**

3 “(a) IN GENERAL.—Pursuant to the Act of Novem-
 4 ber 2, 1921 (25 U.S.C. 13) (commonly known as the ‘Sny-
 5 der Act’), the Secretary, acting through the Service, shall
 6 enter into contracts with, or make grants to, urban Indian
 7 organizations to assist the urban Indian organizations in
 8 the establishment and administration, within urban cen-
 9 ters, of programs that meet the requirements of this title.

10 “(b) CONDITIONS.—Subject to section 506, the Sec-
 11 retary, acting through the Service, shall include such con-
 12 ditions as the Secretary considers necessary to effect the
 13 purpose of this title in any contract into which the Sec-
 14 retary enters with, or in any grant the Secretary makes
 15 to, any urban Indian organization pursuant to this title.”.

16 **SEC. ~~162~~164. EXPANDED PROGRAM AUTHORITY FOR URBAN**
 17 **INDIAN ORGANIZATIONS.**

18 Title V of the Indian Health Care Improvement Act
 19 (25 U.S.C. 1651 et seq.) (as amended by section 163(a))
 20 is amended by adding at the end the following:

21 **“SEC. 515. EXPANDED PROGRAM AUTHORITY FOR URBAN**
 22 **INDIAN ORGANIZATIONS.**

23 “Notwithstanding any other provision of this Act, the
 24 Secretary, acting through the Service, is authorized to es-
 25 tablish programs, including programs for awarding grants,
 26 for urban Indian organizations that are identical to any

1 programs established pursuant to sections 218, 702, and
 2 708(g).”.

3 **SEC. 163165. COMMUNITY HEALTH REPRESENTATIVES.**

4 Title V of the Indian Health Care Improvement Act
 5 (25 U.S.C. 1651 et seq.) (as amended by section 164) is
 6 amended by adding at the end the following:

7 **“SEC. 516. COMMUNITY HEALTH REPRESENTATIVES.**

8 “The Secretary, acting through the Service, may
 9 enter into contracts with, and make grants to, urban In-
 10 dian organizations for the employment of Indians trained
 11 as health service providers through the Community Health
 12 Representative Program under section 107 in the provi-
 13 sion of health care, health promotion, and disease preven-
 14 tion services to urban Indians.”.

15 **SEC. 166. USE OF FEDERAL GOVERNMENT FACILITIES AND**
 16 **SOURCES OF SUPPLY; HEALTH INFORMATION**
 17 **TECHNOLOGY.**

18 *Title V of the Indian Health Care Improvement Act*
 19 *(25 U.S.C. 1651 et seq.) (as amended by section 165) is*
 20 *amended by adding at the end the following:*

21 **“SEC. 517. USE OF FEDERAL GOVERNMENT FACILITIES AND**
 22 **SOURCES OF SUPPLY.**

23 *“(a) IN GENERAL.—The Secretary may permit an*
 24 *urban Indian organization that has entered into a contract*
 25 *or received a grant pursuant to this title, in carrying out*

1 *the contract or grant, to use, in accordance with such terms*
2 *and conditions for use and maintenance as are agreed on*
3 *by the Secretary and the urban Indian organizations—*

4 “(1) *any existing facility under the jurisdiction*
5 *of the Secretary;*

6 “(2) *all equipment contained in or pertaining to*
7 *such an existing facility; and*

8 “(3) *any other personal property of the Federal*
9 *Government under the jurisdiction of the Secretary.*

10 “(b) *DONATIONS.—Subject to subsection (d), the Sec-*
11 *retary may donate to an urban Indian organization that*
12 *has entered into a contract or received a grant pursuant*
13 *to this title any personal or real property determined to*
14 *be excess to the needs of the Service or the General Services*
15 *Administration for the purposes of carrying out the con-*
16 *tract or grant.*

17 “(c) *ACQUISITION OF PROPERTY.—The Secretary may*
18 *acquire excess or surplus personal or real property of the*
19 *Federal Government for donation, subject to subsection (d),*
20 *to an urban Indian organization that has entered into a*
21 *contract or received a grant pursuant to this title if the*
22 *Secretary determines that the property is appropriate for*
23 *use by the urban Indian organization for purposes of the*
24 *contract or grant.*

1 “(d) *PRIORITY.*—If the Secretary receives from an
2 urban Indian organization or an Indian tribe or tribal or-
3 ganization a request for a specific item of personal or real
4 property described in subsection (b) or (c), the Secretary
5 shall give priority to the request for donation to the Indian
6 tribe or tribal organization, if the Secretary receives the re-
7 quest from the Indian tribe or tribal organization before
8 the earlier of—

9 “(1) the date on which the Secretary transfers
10 title to the property to the urban Indian organiza-
11 tion; and

12 “(2) the date on which the Secretary transfers
13 the property physically to the urban Indian organiza-
14 tion.

15 “(e) *EXECUTIVE AGENCY STATUS.*—For purposes of
16 section 501(a) of title 40, United States Code, an urban
17 Indian organization that has entered into a contract or re-
18 ceived a grant pursuant to this title may be considered to
19 be an Executive agency in carrying out the contract or
20 grant.

21 **“SEC. 518. HEALTH INFORMATION TECHNOLOGY.**

22 “The Secretary, acting through the Service, may make
23 grants to urban Indian organizations under this title for
24 the development, adoption, and implementation of health
25 information technology (as defined in section 3000 of the

1 *Public Health Service Act (42 U.S.C. 300jj), telemedicine*
 2 *services development, and related infrastructure.”.*

3 **Subtitle F—Organizational**
 4 **Improvements**

5 **SEC. 171. ESTABLISHMENT OF THE INDIAN HEALTH SERV-**
 6 **ICE AS AN AGENCY OF THE PUBLIC HEALTH**
 7 **SERVICE.**

8 Section 601 of the Indian Health Care Improvement
 9 Act (25 U.S.C. 1661) is amended to read as follows:

10 **“SEC. 601. ESTABLISHMENT OF THE INDIAN HEALTH SERV-**
 11 **ICE AS AN AGENCY OF THE PUBLIC HEALTH**
 12 **SERVICE.**

13 “(a) ESTABLISHMENT.—

14 “(1) IN GENERAL.—In order to more effectively
 15 and efficiently carry out the responsibilities, authori-
 16 ties, and functions of the United States to provide
 17 health care services to Indians and Indian tribes, as
 18 are or may be hereafter provided by Federal statute
 19 or treaties, there is established within the Public
 20 Health Service of the Department the Indian Health
 21 Service.

22 “(2) DIRECTOR.—The Service shall be adminis-
 23 tered by a Director, who shall be appointed by the
 24 President, by and with the advice and consent of the
 25 Senate. The Director shall report to the Secretary.

1 Effective with respect to an individual appointed by
2 the President, by and with the advice and consent
3 of the Senate, after January 1, 2008, the term of
4 service of the Director shall be 4 years. A Director
5 may serve more than 1 term.

6 “(3) INCUMBENT.—The individual serving in
7 the position of Director of the Service on the day be-
8 fore the date of enactment of the Indian Health
9 Care Improvement Reauthorization and Extension
10 Act of 2009 shall serve as Director.

11 “(4) ADVOCACY AND CONSULTATION.—The po-
12 sition of Director is established to, in a manner con-
13 sistent with the government-to-government relation-
14 ship between the United States and Indian Tribes—

15 “(A) facilitate advocacy for the develop-
16 ment of appropriate Indian health policy; and

17 “(B) promote consultation on matters re-
18 lating to Indian health.

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

23 “(c) DUTIES.—The Director shall—

24 “(1) perform all functions that were, on the day
25 before the date of enactment of the Indian Health

1 Care Improvement Reauthorization and Extension
2 Act of 2009, carried out by or under the direction
3 of the individual serving as Director of the Service
4 on that day;

5 “(2) perform all functions of the Secretary re-
6 lating to the maintenance and operation of hospital
7 and health facilities for Indians and the planning
8 for, and provision and utilization of, health services
9 for Indians, *including by ensuring that all agency di-*
10 *rectors, managers, and chief executive officers have*
11 *appropriate and adequate training, experience, skill*
12 *levels, knowledge, abilities, and education (including*
13 *continuing training requirements) to competently ful-*
14 *fill the duties of the positions and the mission of the*
15 *Service;*

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) directly advise the Secretary concerning
9 the development of all policy- and budget-related
10 matters affecting Indian 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 Director, shall have the authority—

6 “(A) except to the extent provided for in
7 paragraph (2), to appoint and compensate em-
8 ployees for the Service in accordance with title
9 5, United States Code;

10 “(B) to enter into contracts for the pro-
11 curement of goods and services to carry out the
12 functions of the Service; and

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

15 “(2) PERSONNEL ACTIONS.—Notwithstanding
16 any other provision of law, the provisions of section
17 12 of the Act of June 18, 1934 (48 Stat. 986; 25
18 U.S.C. 472), shall apply to all personnel actions
19 taken with respect to new positions created within
20 the Service as a result of its establishment under
21 subsection (a).”.

22 **SEC. 172. OFFICE OF DIRECT SERVICE TRIBES.**

23 Title VI of the Indian Health Care Improvement Act
24 (25 U.S.C. 1661 et seq.) (as amended by section 101(b))
25 is amended by adding at the end the following:

1 **“SEC. 603. OFFICE OF DIRECT SERVICE TRIBES.**

2 “(a) ESTABLISHMENT.—There is established within
3 the Service an office, to be known as the ‘Office of Direct
4 Service Tribes’.

5 “(b) TREATMENT.—The Office of Direct Service
6 Tribes shall be located in the Office of the Director.

7 “(c) DUTIES.—The Office of Direct Service Tribes
8 shall be responsible for—

9 “(1) providing Service-wide leadership, guidance
10 and support for direct service tribes to include stra-
11 tegic planning and program evaluation;

12 “(2) ensuring maximum flexibility to tribal
13 health and related support systems for Indian bene-
14 ficiaries;

15 “(3) serving as the focal point for consultation
16 and participation between direct service tribes and
17 organizations and the Service in the development of
18 Service policy;

19 “(4) holding no less than biannual consultations
20 with direct service tribes in appropriate locations to
21 gather information and aid in the development of
22 health policy; and

23 “(5) directing a national program and providing
24 leadership and advocacy in the development of
25 health policy, program management, budget formu-

1 lation, resource allocation, and delegation support
2 for direct service tribes.”.

3 **SEC. 173. NEVADA AREA OFFICE.**

4 Title VI of the Indian Health Care Improvement Act
5 (25 U.S.C. 1661 et seq.) (as amended by section 172) is
6 amended by adding at the end the following:

7 **“SEC. 604. NEVADA AREA OFFICE.**

8 ~~“(a) IN GENERAL.—Not later than 1 year after the~~
9 ~~date of enactment of this section, the Secretary of Health~~
10 ~~and Human Services, in consultation with Indian tribes,~~
11 ~~tribal organizations, and urban Indian organizations in~~
12 ~~the State of Nevada, shall submit to Congress a plan ex-~~
13 ~~plaining the manner and schedule by which a Nevada area~~
14 ~~office, separate and distinct from the Phoenix area office,~~
15 ~~can be established in Nevada.~~

16 ~~“(b) FAILURE TO SUBMIT A PLAN.—If the Secretary~~
17 ~~fails to submit a plan in accordance with this section, the~~
18 ~~Secretary shall withhold such operations funds reserved~~
19 ~~for the Phoenix Area Office of the Indian Health Service.~~
20 ~~Funds withheld pursuant to this subsection may, at the~~
21 ~~discretion of the Secretary, be restored to the Phoenix~~
22 ~~Area Office upon compliance with this section.”.~~

23 **“SEC. 604. NEVADA AREA OFFICE.**

24 ~~“(a) IN GENERAL.—Not later than 1 year after the~~
25 ~~date of enactment of this section, in a manner consistent~~

1 *with the tribal consultation policy of the Service, the Sec-*
2 *retary shall submit to Congress a plan describing the man-*
3 *ner and schedule by which an area office, separate and dis-*
4 *tinct from the Phoenix Area Office of the Service, can be*
5 *established in the State of Nevada.*

6 “(b) *FAILURE TO SUBMIT PLAN.*—

7 “(1) *DEFINITION OF OPERATIONS FUNDS.*—*In*
8 *this subsection, the term ‘operations funds’ means*
9 *only the funds used for—*

10 “(A) *the administration of services, includ-*
11 *ing functional expenses such as overtime, per-*
12 *sonnel salaries, and associated benefits; or*

13 “(B) *related tasks that directly affect the*
14 *operations described in subparagraph (A).*

15 “(2) *WITHHOLDING OF FUNDS.*—*If the Secretary*
16 *fails to submit a plan in accordance with subsection*
17 *(a), the Secretary shall withhold the operations funds*
18 *reserved for the Office of the Director, subject to the*
19 *condition that the withholding shall not adversely im-*
20 *pect the capacity of the Service to deliver health care*
21 *services.*

22 “(3) *RESTORATION.*—*The operations funds with-*
23 *held pursuant to paragraph (2) may be restored, at*
24 *the discretion of the Secretary, to the Office of the Di-*

1 *rector on achievement by that Office of compliance*
 2 *with this section.”.*

3 **Subtitle G—Behavioral Health**
 4 **Programs**

5 **SEC. 181. BEHAVIORAL HEALTH PROGRAMS.**

6 Title VII of the Indian Health Care Improvement Act
 7 (25 U.S.C. 1665 et seq.) is amended to read as follows:

8 **“TITLE VII—BEHAVIORAL**
 9 **HEALTH PROGRAMS**

10 **“Subtitle A—General Programs**

11 **“SEC. 701. DEFINITIONS.**

12 “In this subtitle:

13 “(1) ALCOHOL-RELATED
 14 NEURODEVELOPMENTAL DISORDERS; ARND.—The
 15 term ‘alcohol-related neurodevelopmental disorders’
 16 or ‘ARND’ means, with a history of maternal alco-
 17 hol consumption during pregnancy, central nervous
 18 system abnormalities, which may range from minor
 19 intellectual deficits and developmental delays to
 20 mental retardation. ARND children may have behav-
 21 ioral problems, learning disabilities, problems with
 22 executive functioning, and attention disorders. The
 23 neurological defects of ARND may be as severe as
 24 FAS, but facial anomalies and other physical char-

1 acteristics are not present in ARND, thus making
2 diagnosis difficult.

3 “(2) ASSESSMENT.—The term ‘assessment’
4 means the systematic collection, analysis, and dis-
5 semination of information on health status, health
6 needs, and health problems.

7 “(3) BEHAVIORAL HEALTH AFTERCARE.—The
8 term ‘behavioral health aftercare’ includes those ac-
9 tivities and resources used to support recovery fol-
10 lowing inpatient, residential, intensive substance
11 abuse, or mental health outpatient or outpatient
12 treatment. The purpose is to help prevent or deal
13 with relapse by ensuring that by the time a client or
14 patient is discharged from a level of care, such as
15 outpatient treatment, an aftercare plan has been de-
16 veloped with the client. An aftercare plan may use
17 such resources as a community-based therapeutic
18 group, transitional living facilities, a 12-step spon-
19 sor, a local 12-step or other related support group,
20 and other community-based providers.

21 “(4) DUAL DIAGNOSIS.—The term ‘dual diag-
22 nosis’ means coexisting substance abuse and mental
23 illness conditions or diagnosis. Such clients are
24 sometimes referred to as mentally ill chemical abus-
25 ers (MICAs).

1 “(5) FETAL ALCOHOL SPECTRUM DIS-
2 ORDERS.—

3 “(A) IN GENERAL.—The term ‘fetal alco-
4 hol spectrum disorders’ includes a range of ef-
5 fects that can occur in an individual whose
6 mother drank alcohol during pregnancy, includ-
7 ing physical, mental, behavioral, and/or learning
8 disabilities with possible lifelong implications.

9 “(B) INCLUSIONS.—The term ‘fetal alcohol
10 spectrum disorders’ may include—

11 “(i) fetal alcohol syndrome (FAS);

12 “(ii) partial fetal alcohol syndrome
13 (partial FAS);

14 “(iii) alcohol-related birth defects
15 (ARBD); and

16 “(iv) alcohol-related
17 neurodevelopmental disorders (ARND).

18 “(6) FAS OR FETAL ALCOHOL SYNDROME.—

19 The term ‘FAS’ or ‘fetal alcohol syndrome’ means a
20 syndrome in which, with a history of maternal alco-
21 hol consumption during pregnancy, the following cri-
22 teria are met:

23 “(A) Central nervous system involvement,
24 such as mental retardation, developmental

1 delay, intellectual deficit, microencephaly, or
2 neurological abnormalities.

3 “(B) Craniofacial abnormalities with at
4 least 2 of the following:

5 “(i) Microphthalmia.

6 “(ii) Short palpebral fissures.

7 “(iii) Poorly developed philtrum.

8 “(iv) Thin upper lip.

9 “(v) Flat nasal bridge.

10 “(vi) Short upturned nose.

11 “(C) Prenatal or postnatal growth delay.

12 “(7) REHABILITATION.—The term ‘rehabilita-
13 tion’ means medical and health care services that—

14 “(A) are recommended by a physician or
15 licensed practitioner of the healing arts within
16 the scope of their practice under applicable law;

17 “(B) are furnished in a facility, home, or
18 other setting in accordance with applicable
19 standards; and

20 “(C) have as their purpose any of the fol-
21 lowing:

22 “(i) The maximum attainment of
23 physical, mental, and developmental func-
24 tioning.

1 “(ii) Averting deterioration in physical
2 or mental functional status.

3 “(iii) The maintenance of physical or
4 mental health functional status.

5 “(8) SUBSTANCE ABUSE.—The term ‘substance
6 abuse’ includes inhalant abuse.

7 ~~“(9) SYSTEMS OF CARE.—The term ‘Systems of
8 Care’ means a system for delivering services to chil-
9 dren and their families that is child-centered, family-
10 focused and family-driven, community-based, and
11 culturally competent and responsive to the needs of
12 the children and families being served. The systems
13 of care approach values prevention and early identi-
14 fication, smooth transitions for children and fami-
15 lies, child and family participation and advocacy,
16 comprehensive array of services, individualized serv-
17 ice planning, services in the least restrictive environ-
18 ment, and integrated services with coordinated plan-
19 ning across the child-serving systems.~~

20 **“SEC. 702. BEHAVIORAL HEALTH PREVENTION AND TREAT-
21 MENT SERVICES.**

22 “(a) PURPOSES.—The purposes of this section are as
23 follows:

24 “(1) To authorize and direct the Secretary, act-
25 ing through the Service, Indian tribes, and tribal or-

1 organizations, to develop a comprehensive behavioral
2 health prevention and treatment program which em-
3 phasizes collaboration among alcohol and substance
4 abuse, social services, and mental health programs.

5 “(2) To provide information, direction, and
6 guidance relating to mental illness and dysfunction
7 and self-destructive behavior, including child abuse
8 and family violence, to those Federal, tribal, State,
9 and local agencies responsible for programs in In-
10 dian communities in areas of health care, education,
11 social services, child and family welfare, alcohol and
12 substance abuse, law enforcement, and judicial serv-
13 ices.

14 “(3) To assist Indian tribes to identify services
15 and resources available to address mental illness and
16 dysfunctional and self-destructive behavior.

17 “(4) To provide authority and opportunities for
18 Indian tribes and tribal organizations to develop, im-
19 plement, and coordinate with community-based pro-
20 grams which include identification, prevention, edu-
21 cation, referral, and treatment services, including
22 through multidisciplinary resource teams.

23 “(5) To ensure that Indians, as citizens of the
24 United States and of the States in which they re-

1 side, have the same access to behavioral health serv-
2 ices to which all citizens have access.

3 “(6) To modify or supplement existing pro-
4 grams and authorities in the areas identified in
5 paragraph (2).

6 “(b) PLANS.—

7 “(1) DEVELOPMENT.—The Secretary, acting
8 through the Service, Indian tribes, and tribal organi-
9 zations, shall encourage Indian tribes and tribal or-
10 ganizations to develop tribal plans, and urban Indian
11 organizations to develop local plans, and for all such
12 groups to participate in developing areawide plans
13 for Indian Behavioral Health Services. The plans
14 shall include, to the extent feasible, the following
15 components:

16 “(A) An assessment of the scope of alcohol
17 or other substance abuse, mental illness, and
18 dysfunctional and self-destructive behavior, in-
19 cluding suicide, child abuse, and family vio-
20 lence, among Indians, including—

21 “(i) the number of Indians served who
22 are directly or indirectly affected by such
23 illness or behavior; or

1 “(ii) an estimate of the financial and
2 human cost attributable to such illness or
3 behavior.

4 “(B) An assessment of the existing and
5 additional resources necessary for the preven-
6 tion and treatment of such illness and behavior,
7 including an assessment of the progress toward
8 achieving the availability of the full continuum
9 of care described in subsection (c).

10 “(C) An estimate of the additional funding
11 needed by the Service, Indian tribes, tribal or-
12 ganizations, and urban Indian organizations to
13 meet their responsibilities under the plans.

14 “(2) NATIONAL CLEARINGHOUSE.—The Sec-
15 retary, acting through the Service, shall coordinate
16 with existing national clearinghouses and informa-
17 tion centers to include at the clearinghouses and
18 centers plans and reports on the outcomes of such
19 plans developed by Indian tribes, tribal organiza-
20 tions, urban Indian organizations, and Service areas
21 relating to behavioral health. The Secretary shall en-
22 sure access to these plans and outcomes by any In-
23 dian tribe, tribal organization, urban Indian organi-
24 zation, or the Service.

1 “(3) TECHNICAL ASSISTANCE.—The Secretary
2 shall provide technical assistance to Indian tribes,
3 tribal organizations, and urban Indian organizations
4 in preparation of plans under this section and in de-
5 veloping standards of care that may be used and
6 adopted locally.

7 “(c) PROGRAMS.—The Secretary, acting through the
8 Service, shall provide, to the extent feasible and if funding
9 is available, programs including the following:

10 “(1) COMPREHENSIVE CARE.—A comprehensive
11 continuum of behavioral health care which pro-
12 vides—

13 “(A) community-based prevention, inter-
14 vention, outpatient, and behavioral health
15 aftercare;

16 “(B) detoxification (social and medical);

17 “(C) acute hospitalization;

18 “(D) intensive outpatient/day treatment;

19 “(E) residential treatment;

20 “(F) transitional living for those needing a
21 temporary, stable living environment that is
22 supportive of treatment and recovery goals;

23 “(G) emergency shelter;

24 “(H) intensive case management;

25 “(I) diagnostic services; and

1 “(J) promotion of healthy approaches to
2 risk and safety issues, including injury preven-
3 tion.

4 “(2) CHILD CARE.—Behavioral health services
5 for Indians from birth through age 17, including—

6 “(A) preschool and school age fetal alcohol
7 spectrum disorder services, including assess-
8 ment and behavioral intervention;

9 “(B) mental health and substance abuse
10 services (emotional, organic, alcohol, drug, in-
11 halant, and tobacco);

12 “(C) identification and treatment of co-oc-
13 ccurring disorders and comorbidity;

14 “(D) prevention of alcohol, drug, inhalant,
15 and tobacco use;

16 “(E) early intervention, treatment, and
17 aftercare;

18 “(F) promotion of healthy approaches to
19 risk and safety issues; and

20 “(G) identification and treatment of ne-
21 glect and physical, mental, and sexual abuse.

22 “(3) ADULT CARE.—Behavioral health services
23 for Indians from age 18 through 55, including—

24 “(A) early intervention, treatment, and
25 aftercare;

1 “(B) mental health and substance abuse
2 services (emotional, alcohol, drug, inhalant, and
3 tobacco), including sex specific services;

4 “(C) identification and treatment of co-oc-
5 ccurring disorders (dual diagnosis) and comor-
6 bidity;

7 “(D) promotion of healthy approaches for
8 risk-related behavior;

9 “(E) treatment services for women at risk
10 of giving birth to a child with a fetal alcohol
11 spectrum disorder; and

12 “(F) sex specific treatment for sexual as-
13 sult and domestic violence.

14 “(4) FAMILY CARE.—Behavioral health services
15 for families, including—

16 “(A) early intervention, treatment, and
17 aftercare for affected families;

18 “(B) treatment for sexual assault and do-
19 mestic violence; and

20 “(C) promotion of healthy approaches re-
21 lating to parenting, domestic violence, and other
22 abuse issues.

23 “(5) ELDER CARE.—Behavioral health services
24 for Indians 56 years of age and older, including—

1 “(A) early intervention, treatment, and
2 aftercare;

3 “(B) mental health and substance abuse
4 services (emotional, alcohol, drug, inhalant, and
5 tobacco), including sex specific services;

6 “(C) identification and treatment of co-oc-
7 curring disorders (dual diagnosis) and comor-
8 bidity;

9 “(D) promotion of healthy approaches to
10 managing conditions related to aging;

11 “(E) sex specific treatment for sexual as-
12 sault, domestic violence, neglect, physical and
13 mental abuse and exploitation; and

14 “(F) identification and treatment of de-
15 mentias regardless of cause.

16 “(d) COMMUNITY BEHAVIORAL HEALTH PLAN.—

17 “(1) ESTABLISHMENT.—The governing body of
18 any Indian tribe, tribal organization, or urban In-
19 dian organization may adopt a resolution for the es-
20 tablishment of a community behavioral health plan
21 providing for the identification and coordination of
22 available resources and programs to identify, pre-
23 vent, or treat substance abuse, mental illness, or
24 dysfunctional and self-destructive behavior, including
25 child abuse and family violence, among its members

1 or its service population. This plan should include
2 behavioral health services, social services, intensive
3 outpatient services, and continuing aftercare.

4 “(2) TECHNICAL ASSISTANCE.—At the request
5 of an Indian tribe, tribal organization, or urban In-
6 dian organization, the Bureau of Indian Affairs and
7 the Service shall cooperate with and provide tech-
8 nical assistance to the Indian tribe, tribal organiza-
9 tion, or urban Indian organization in the develop-
10 ment and implementation of such plan.

11 “(3) FUNDING.—The Secretary, acting through
12 the Service, Indian tribes, and tribal organizations,
13 may make funding available to Indian tribes and
14 tribal organizations which adopt a resolution pursu-
15 ant to paragraph (1) to obtain technical assistance
16 for the development of a community behavioral
17 health plan and to provide administrative support in
18 the implementation of such plan.

19 “(e) COORDINATION FOR AVAILABILITY OF SERV-
20 ICES.—The Secretary, acting through the Service, shall
21 coordinate behavioral health planning, to the extent fea-
22 sible, with other Federal agencies and with State agencies,
23 to encourage comprehensive behavioral health services for
24 Indians regardless of their place of residence.

1 “(1) The scope and nature of mental illness and
2 dysfunctional and self-destructive behavior, including
3 child abuse and family violence, among Indians.

4 “(2) The existing Federal, tribal, State, local,
5 and private services, resources, and programs avail-
6 able to provide behavioral health services for Indi-
7 ans.

8 “(3) The unmet need for additional services, re-
9 sources, and programs necessary to meet the needs
10 identified pursuant to paragraph (1).

11 “(4)(A) The right of Indians, as citizens of the
12 United States and of the States in which they re-
13 side, to have access to behavioral health services to
14 which all citizens have access.

15 “(B) The right of Indians to participate in, and
16 receive the benefit of, such services.

17 “(C) The actions necessary to protect the exer-
18 cise of such right.

19 “(5) The responsibilities of the Bureau of In-
20 dian Affairs and the Service, including mental illness
21 identification, prevention, education, referral, and
22 treatment services (including services through multi-
23 disciplinary resource teams), at the central, area,
24 and agency and Service unit, Service area, and head-

1 quarters levels to address the problems identified in
2 paragraph (1).

3 “(6) A strategy for the comprehensive coordina-
4 tion of the behavioral health services provided by the
5 Bureau of Indian Affairs and the Service to meet
6 the problems identified pursuant to paragraph (1),
7 including—

8 “(A) the coordination of alcohol and sub-
9 stance abuse programs of the Service, the Bu-
10 reau of Indian Affairs, and Indian tribes and
11 tribal organizations (developed under the Indian
12 Alcohol and Substance Abuse Prevention and
13 Treatment Act of 1986 (25 U.S.C. 2401 et
14 seq.)) with behavioral health initiatives pursu-
15 ant to this Act, particularly with respect to the
16 referral and treatment of dually diagnosed indi-
17 viduals requiring behavioral health and sub-
18 stance abuse treatment; and

19 “(B) ensuring that the Bureau of Indian
20 Affairs and Service programs and services (in-
21 cluding multidisciplinary resource teams) ad-
22 dressing child abuse and family violence are co-
23 ordinated with such non-Federal programs and
24 services.

1 “(7) Directing appropriate officials of the Bu-
2 reau of Indian Affairs and the Service, particularly
3 at the agency and Service unit levels, to cooperate
4 fully with tribal requests made pursuant to commu-
5 nity behavioral health plans adopted under section
6 702(c) and section 4206 of the Indian Alcohol and
7 Substance Abuse Prevention and Treatment Act of
8 1986 (25 U.S.C. 2412).

9 “(8) Providing for an annual review of such
10 agreement by the Secretaries which shall be provided
11 to Congress and Indian tribes and tribal organiza-
12 tions.

13 “(b) SPECIFIC PROVISIONS REQUIRED.—The memo-
14 randa of agreement updated or entered into pursuant to
15 subsection (a) shall include specific provisions pursuant to
16 which the Service shall assume responsibility for—

17 “(1) the determination of the scope of the prob-
18 lem of alcohol and substance abuse among Indians,
19 including the number of Indians within the jurisdic-
20 tion of the Service who are directly or indirectly af-
21 fected by alcohol and substance abuse and the finan-
22 cial and human cost;

23 “(2) an assessment of the existing and needed
24 resources necessary for the prevention of alcohol and

1 substance abuse and the treatment of Indians af-
2 fected by alcohol and substance abuse; and

3 “(3) an estimate of the funding necessary to
4 adequately support a program of prevention of alco-
5 hol and substance abuse and treatment of Indians
6 affected by alcohol and substance abuse.

7 “(c) PUBLICATION.—Each memorandum of agree-
8 ment entered into or renewed (and amendments or modi-
9 fications thereto) under subsection (a) shall be published
10 in the Federal Register. At the same time as publication
11 in the Federal Register, the Secretary shall provide a copy
12 of such memoranda, amendment, or modification to each
13 Indian tribe, tribal organization, and urban Indian organi-
14 zation.

15 **“SEC. 704. COMPREHENSIVE BEHAVIORAL HEALTH PRE-**
16 **VENTION AND TREATMENT PROGRAM.**

17 “(a) ESTABLISHMENT.—

18 “(1) IN GENERAL.—The Secretary, acting
19 through the Service, shall provide a program of com-
20 prehensive behavioral health, prevention, treatment,
21 and aftercare; ~~including Systems of Care, which,~~
22 *which may include, if feasible and appropriate, sys-*
23 *tems of care, and* shall include—

24 “(A) prevention, through educational inter-
25 vention, in Indian communities;

1 “(B) acute detoxification, psychiatric hos-
2 pitalization, residential, and intensive outpatient
3 treatment;

4 “(C) community-based rehabilitation and
5 aftercare;

6 “(D) community education and involve-
7 ment, including extensive training of health
8 care, educational, and community-based per-
9 sonnel;

10 “(E) specialized residential treatment pro-
11 grams for high-risk populations, including preg-
12 nant and postpartum women and their children;
13 and

14 “(F) diagnostic services.

15 “(2) TARGET POPULATIONS.—The target popu-
16 lation of such programs shall be members of Indian
17 tribes. Efforts to train and educate key members of
18 the Indian community shall also target employees of
19 health, education, judicial, law enforcement, legal,
20 and social service programs.

21 “(b) CONTRACT HEALTH SERVICES.—

22 “(1) IN GENERAL.—The Secretary, acting
23 through the Service, may enter into contracts with
24 public or private providers of behavioral health treat-

1 ment services for the purpose of carrying out the
2 program required under subsection (a).

3 “(2) PROVISION OF ASSISTANCE.—In carrying
4 out this subsection, the Secretary shall provide as-
5 sistance to Indian tribes and tribal organizations to
6 develop criteria for the certification of behavioral
7 health service providers and accreditation of service
8 facilities which meet minimum standards for such
9 services and facilities.

10 **“SEC. 705. MENTAL HEALTH TECHNICIAN PROGRAM.**

11 “(a) IN GENERAL.—Pursuant to the Act of Novem-
12 ber 2, 1921 (25 U.S.C. 13) (commonly known as the ‘Sny-
13 der Act’), the Secretary shall establish and maintain a
14 mental health technician program within the Service
15 which—

16 “(1) provides for the training of Indians as
17 mental health technicians; and

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

22 “(b) PARAPROFESSIONAL TRAINING.—In carrying
23 out subsection (a), the Secretary, acting through the Serv-
24 ice, shall provide high-standard paraprofessional training
25 in mental health care necessary to provide quality care to

1 the Indian communities to be served. Such training shall
 2 be based upon a curriculum developed or approved by the
 3 Secretary which combines education in the theory of men-
 4 tal health care with supervised practical experience in the
 5 provision of such care.

6 “(c) SUPERVISION AND EVALUATION OF TECHNICALS.—The Secretary, acting through the Service, shall
 7 supervise and evaluate the mental health technicians in
 8 the training program.

10 “(d) TRADITIONAL HEALTH CARE PRACTICES.—The
 11 Secretary, acting through the Service, shall ensure that
 12 the program established pursuant to this ~~subsection~~ *section*
 13 involves the use and promotion of the traditional health
 14 care practices of the Indian tribes to be served.

15 **“SEC. 706. LICENSING REQUIREMENT FOR MENTAL**
 16 **HEALTH CARE WORKERS.**

17 “(a) IN GENERAL.—Subject to section 221, and ex-
 18 cept as provided in subsection (b), any individual employed
 19 as a psychologist, social worker, or marriage and family
 20 therapist for the purpose of providing mental health care
 21 services to Indians in a clinical setting under this Act is
 22 required to be licensed as a psychologist, social worker,
 23 or marriage and family therapist, respectively.

24 “(b) TRAINEES.—An individual may be employed as
 25 a trainee in psychology, social work, or marriage and fam-

1 ily therapy to provide mental health care services de-
2 scribed in subsection (a) if such individual—

3 “(1) works under the direct supervision of a li-
4 censed psychologist, social worker, or marriage and
5 family therapist, respectively;

6 “(2) is enrolled in or has completed at least 2
7 years of course work at a post-secondary, accredited
8 education program for psychology, social work, mar-
9 riage and family therapy, or counseling; and

10 “(3) meets such other training, supervision, and
11 quality review requirements as the Secretary may es-
12 tablish.

13 **“SEC. 707. INDIAN WOMEN TREATMENT PROGRAMS.**

14 “(a) GRANTS.—The Secretary, consistent with sec-
15 tion 702, may make grants to Indian tribes, tribal organi-
16 zations, and urban Indian organizations to develop and
17 implement a comprehensive behavioral health program of
18 prevention, intervention, treatment, and relapse preven-
19 tion services that specifically addresses the cultural, his-
20 torical, social, and child care needs of Indian women, re-
21 gardless of age.

22 “(b) USE OF GRANT FUNDS.—A grant made pursu-
23 ant to this section may be used—

24 “(1) to develop and provide community train-
25 ing, education, and prevention programs for Indian

1 women relating to behavioral health issues, including
2 fetal alcohol spectrum disorders;

3 “(2) to identify and provide psychological serv-
4 ices, counseling, advocacy, support, and relapse pre-
5 vention to Indian women and their families; and

6 “(3) to develop prevention and intervention
7 models for Indian women which incorporate tradi-
8 tional health care practices, cultural values, and
9 community and family involvement.

10 “(c) CRITERIA.—The Secretary, in consultation with
11 Indian tribes and tribal organizations, shall establish cri-
12 teria for the review and approval of applications and pro-
13 posals for funding under this section.

14 “(d) ALLOCATION OF FUNDS FOR URBAN INDIAN
15 ORGANIZATIONS.—20 percent of the funds appropriated
16 pursuant to this section shall be used to make grants to
17 urban Indian organizations.

18 **“SEC. 708. INDIAN YOUTH PROGRAM.**

19 “(a) DETOXIFICATION AND REHABILITATION.—The
20 Secretary, acting through the Service, consistent with sec-
21 tion 702, shall develop and implement a program for acute
22 detoxification and treatment for Indian youths, including
23 behavioral health services. The program shall include re-
24 gional treatment centers designed to include detoxification
25 and rehabilitation for both sexes on a referral basis and

1 programs developed and implemented by Indian tribes or
2 tribal organizations at the local level under the Indian
3 Self-Determination and Education Assistance Act (25
4 U.S.C. 450 et seq.). Regional centers shall be integrated
5 with the intake and rehabilitation programs based in the
6 referring Indian community.

7 “(b) ALCOHOL AND SUBSTANCE ABUSE TREATMENT
8 CENTERS OR FACILITIES.—

9 “(1) ESTABLISHMENT.—

10 “(A) IN GENERAL.—The Secretary, acting
11 through the Service, shall construct, renovate,
12 or, as necessary, purchase, and appropriately
13 staff and operate, at least 1 youth regional
14 treatment center or treatment network in each
15 area under the jurisdiction of an area office.

16 “(B) AREA OFFICE IN CALIFORNIA.—For
17 the purposes of this subsection, the area office
18 in California shall be considered to be 2 area
19 offices, 1 office whose jurisdiction shall be con-
20 sidered to encompass the northern area of the
21 State of California, and 1 office whose jurisdic-
22 tion shall be considered to encompass the re-
23 mainder of the State of California for the pur-
24 pose of implementing California treatment net-
25 works.

1 “(2) FUNDING.—For the purpose of staffing
2 and operating such centers or facilities, funding
3 shall be pursuant to the Act of November 2, 1921
4 (25 U.S.C. 13).

5 “(3) LOCATION.—A youth treatment center
6 constructed or purchased under this subsection shall
7 be constructed or purchased at a location within the
8 area described in paragraph (1) agreed upon (by ap-
9 propriate tribal resolution) by a majority of the In-
10 dian tribes to be served by such center.

11 “(4) SPECIFIC PROVISION OF FUNDS.—

12 “(A) IN GENERAL.—Notwithstanding any
13 other provision of this title, the Secretary may,
14 from amounts authorized to be appropriated for
15 the purposes of carrying out this section, make
16 funds available to—

17 “(i) the Tanana Chiefs Conference,
18 Incorporated, for the purpose of leasing,
19 constructing, renovating, operating, and
20 maintaining a residential youth treatment
21 facility in Fairbanks, Alaska; and

22 “(ii) the Southeast Alaska Regional
23 Health Corporation to staff and operate a
24 residential youth treatment facility without
25 regard to the proviso set forth in section

1 4(l) of the Indian Self-Determination and
 2 Education Assistance Act (25 U.S.C.
 3 450b(l)).

4 “(B) PROVISION OF SERVICES TO ELIGI-
 5 BLE YOUTHS.—Until additional residential
 6 youth treatment facilities are established in
 7 Alaska pursuant to this section, the facilities
 8 specified in subparagraph (A) shall make every
 9 effort to provide services to all eligible Indian
 10 youths residing in Alaska.

11 “(c) INTERMEDIATE ADOLESCENT BEHAVIORAL
 12 HEALTH SERVICES.—

13 “(1) IN GENERAL.—The Secretary, acting
 14 through the Service, may provide intermediate be-
 15 havioral health services, which may ~~incorporate Sys-~~
 16 ~~tems of Care~~, *if feasible and appropriate, incorporate*
 17 *systems of care*, to Indian children and adolescents,
 18 including—

19 “(A) pretreatment assistance;

20 “(B) inpatient, outpatient, and aftercare
 21 services;

22 “(C) emergency care;

23 “(D) suicide prevention and crisis interven-
 24 tion; and

1 “(E) prevention and treatment of mental
2 illness and dysfunctional and self-destructive
3 behavior, including child abuse and family vio-
4 lence.

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

7 “(A) to construct or renovate an existing
8 health facility to provide intermediate behav-
9 ioral health services;

10 “(B) to hire behavioral health profes-
11 sionals;

12 “(C) to staff, operate, and maintain an in-
13 termediate mental health facility, group home,
14 sober housing, transitional housing or similar
15 facilities, or youth shelter where intermediate
16 behavioral health services are being provided;

17 “(D) to make renovations and hire appro-
18 priate staff to convert existing hospital beds
19 into adolescent psychiatric units; and

20 “(E) for intensive home- and community-
21 based services.

22 “(3) CRITERIA.—The Secretary, acting through
23 the Service, shall, in consultation with Indian tribes
24 and tribal organizations, establish criteria for the re-

1 view and approval of applications or proposals for
2 funding made available pursuant to this subsection.

3 “(d) FEDERALLY OWNED STRUCTURES.—

4 “(1) IN GENERAL.—The Secretary, in consulta-
5 tion with Indian tribes and tribal organizations,
6 shall—

7 “(A) identify and use, where appropriate,
8 federally owned structures suitable for local res-
9 idential or regional behavioral health treatment
10 for Indian youths; and

11 “(B) establish guidelines for determining
12 the suitability of any such federally owned
13 structure to be used for local residential or re-
14 gional behavioral health treatment for Indian
15 youths.

16 “(2) TERMS AND CONDITIONS FOR USE OF
17 STRUCTURE.—Any structure described in paragraph
18 (1) may be used under such terms and conditions as
19 may be agreed upon by the Secretary and the agency
20 having responsibility for the structure and any In-
21 dian tribe or tribal organization operating the pro-
22 gram.

23 “(e) REHABILITATION AND AFTERCARE SERVICES.—

24 “(1) IN GENERAL.—The Secretary, Indian
25 tribes, or tribal organizations, in cooperation with

1 the Secretary of the Interior, shall develop and im-
2 plement within each Service unit, community-based
3 rehabilitation and follow-up services for Indian
4 youths who are having significant behavioral health
5 problems, and require long-term treatment, commu-
6 nity reintegration, and monitoring to support the In-
7 dian youths after their return to their home commu-
8 nity.

9 “(2) ADMINISTRATION.—Services under para-
10 graph (1) shall be provided by trained staff within
11 the community who can assist the Indian youths in
12 their continuing development of self-image, positive
13 problem-solving skills, and nonalcohol or substance
14 abusing behaviors. Such staff may include alcohol
15 and substance abuse counselors, mental health pro-
16 fessionals, and other health professionals and para-
17 professionals, including community health represent-
18 atives.

19 “(f) INCLUSION OF FAMILY IN YOUTH TREATMENT
20 PROGRAM.—In providing the treatment and other services
21 to Indian youths authorized by this section, the Secretary,
22 acting through the Service, shall provide for the inclusion
23 of family members of such youths in the treatment pro-
24 grams or other services as may be appropriate. Not less
25 than 10 percent of the funds appropriated for the pur-

1 poses of carrying out subsection (e) shall be used for out-
2 patient care of adult family members related to the treat-
3 ment of an Indian youth under that subsection.

4 “(g) MULTIDRUG ABUSE PROGRAM.—The Secretary,
5 acting through the Service, shall provide, consistent with
6 section 702, programs and services to prevent and treat
7 the abuse of multiple forms of substances, including alco-
8 hol, drugs, inhalants, and tobacco, among Indian youths
9 residing in Indian communities, on or near reservations,
10 and in urban areas and provide appropriate mental health
11 services to address the incidence of mental illness among
12 such youths.

13 “(h) INDIAN YOUTH MENTAL HEALTH.—The Sec-
14 retary, acting through the Service, shall collect data for
15 the report under section 801 with respect to—

16 “(1) the number of Indian youth who are being
17 provided mental health services through the Service
18 and tribal health programs;

19 “(2) a description of, and costs associated with,
20 the mental health services provided for Indian youth
21 through the Service and tribal health programs;

22 “(3) the number of youth referred to the Serv-
23 ice or tribal health programs for mental health serv-
24 ices;

1 “(4) the number of Indian youth provided resi-
2 dential treatment for mental health and behavioral
3 problems through the Service and tribal health pro-
4 grams, reported separately for on- and off-reserva-
5 tion facilities; and

6 “(5) the costs of the services described in para-
7 graph (4).

8 **“SEC. 709. INPATIENT AND COMMUNITY-BASED MENTAL**
9 **HEALTH FACILITIES DESIGN, CONSTRUC-**
10 **TION, AND STAFFING.**

11 “Not later than 1 year after the date of enactment
12 of the Indian Health Care Improvement Reauthorization
13 and Extension Act of 2009, the Secretary, acting through
14 the Service, may provide, in each area of the Service, not
15 less than 1 inpatient mental health care facility, or the
16 equivalent, for Indians with behavioral health problems.
17 For the purposes of this subsection, California shall be
18 considered to be 2 area offices, 1 office whose location
19 shall be considered to encompass the northern area of the
20 State of California and 1 office whose jurisdiction shall
21 be considered to encompass the remainder of the State
22 of California. The Secretary shall consider the possible
23 conversion of existing, underused Service hospital beds
24 into psychiatric units to meet such need.

1 **“SEC. 710. TRAINING AND COMMUNITY EDUCATION.**

2 “(a) PROGRAM.—The Secretary, in cooperation with
3 the Secretary of the Interior, shall develop and implement
4 or assist Indian tribes and tribal organizations to develop
5 and implement, within each Service unit or tribal program,
6 a program of community education and involvement which
7 shall be designed to provide concise and timely information
8 to the community leadership of each tribal community.
9 Such program shall include education about behavioral
10 health issues to political leaders, tribal judges, law en-
11 forcement personnel, members of tribal health and edu-
12 cation boards, health care providers including traditional
13 practitioners, and other critical members of each tribal
14 community. Such program may also include community-
15 based training to develop local capacity and tribal commu-
16 nity provider training for prevention, intervention, treat-
17 ment, and aftercare.

18 “(b) INSTRUCTION.—The Secretary, acting through
19 the Service, shall provide instruction in the area of behav-
20 ioral health issues, including instruction in crisis interven-
21 tion and family relations in the context of alcohol and sub-
22 stance abuse, child sexual abuse, youth alcohol and sub-
23 stance abuse, and the causes and effects of fetal alcohol
24 spectrum disorders to appropriate employees of the Bu-
25 reau of Indian Affairs and the Service, and to personnel
26 in schools or programs operated under any contract with

1 the Bureau of Indian Affairs or the Service, including su-
 2 pervisors of emergency shelters and halfway houses de-
 3 scribed in section 4213 of the Indian Alcohol and Sub-
 4 stance Abuse Prevention and Treatment Act of 1986 (25
 5 U.S.C. 2433).

6 “(c) TRAINING MODELS.—In carrying out the edu-
 7 cation and training programs required by this section, the
 8 Secretary, in consultation with Indian tribes, tribal organi-
 9 zations, Indian behavioral health experts, and Indian alco-
 10 hol and substance abuse prevention experts, shall develop
 11 and provide community-based training models. Such mod-
 12 els shall address—

13 “(1) the elevated risk of ~~alcohol and~~*alcohol*
 14 *abuse and other* behavioral health problems faced by
 15 children of alcoholics;

16 “(2) the cultural, spiritual, and
 17 multigenerational aspects of behavioral health prob-
 18 lem prevention and recovery; and

19 “(3) community-based and multidisciplinary
 20 strategies, ~~including Systems of Care,~~for preventing
 21 and treating behavioral health problems.

22 **“SEC. 711. BEHAVIORAL HEALTH PROGRAM.**

23 “(a) INNOVATIVE PROGRAMS.—The Secretary, acting
 24 through the Service, consistent with section 702, may
 25 plan, develop, implement, and carry out programs to de-

1 liver innovative community-based behavioral health serv-
2 ices to Indians.

3 “(b) AWARDS; CRITERIA.—The Secretary may award
4 a grant for a project under subsection (a) to an Indian
5 tribe or tribal organization and may consider the following
6 criteria:

7 “(1) The project will address significant unmet
8 behavioral health needs among Indians.

9 “(2) The project will serve a significant number
10 of Indians.

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

13 “(4) The Indian tribe or tribal organization has
14 the administrative and financial capability to admin-
15 ister the project.

16 “(5) The project may deliver services in a man-
17 ner consistent with traditional health care practices.

18 “(6) The project is coordinated with, and avoids
19 duplication of, existing services.

20 “(c) EQUITABLE TREATMENT.—For purposes of this
21 subsection, the Secretary shall, in evaluating project appli-
22 cations or proposals, use the same criteria that the Sec-
23 retary uses in evaluating any other application or proposal
24 for such funding.

1 **“SEC. 712. FETAL ALCOHOL SPECTRUM DISORDERS PRO-**
2 **GRAMS.**

3 “(a) PROGRAMS.—

4 “(1) ESTABLISHMENT.—The Secretary, con-
5 sistent with ~~section 701~~*section 702*, acting through
6 the Service, Indian Tribes, and Tribal Organiza-
7 tions, is authorized to establish and operate fetal al-
8 cohol spectrum disorders programs as provided in
9 this section for the purposes of meeting the health
10 status objectives specified in section 3.

11 “(2) USE OF FUNDS.—

12 “(A) IN GENERAL.—Funding provided
13 pursuant to this section shall be used for the
14 following:

15 “(i) To develop and provide for Indi-
16 ans community and in-school training, edu-
17 cation, and prevention programs relating
18 to fetal alcohol spectrum disorders.

19 “(ii) To identify and provide behav-
20 ioral health treatment to high-risk Indian
21 women and high-risk women pregnant with
22 an Indian’s child.

23 “(iii) To identify and provide appro-
24 priate psychological services, educational
25 and vocational support, counseling, advo-
26 cacy, and information to fetal alcohol spec-

1 trum disorders-affected Indians and their
2 families or caretakers.

3 “(iv) To develop and implement coun-
4 seling and support programs in schools for
5 fetal alcohol spectrum disorders-affected
6 Indian children.

7 “(v) To develop prevention and inter-
8 vention models which incorporate practi-
9 tioners of traditional health care practices,
10 cultural values, and community involve-
11 ment.

12 “(vi) To develop, print, and dissemi-
13 nate education and prevention materials on
14 fetal alcohol spectrum disorders.

15 “(vii) To develop and implement, in
16 consultation with Indian Tribes and Tribal
17 Organizations, and in conference with
18 urban Indian Organizations, culturally sen-
19 sitive assessment and diagnostic tools in-
20 cluding dysmorphology clinics and multi-
21 disciplinary fetal alcohol spectrum dis-
22 orders clinics for use in Indian commu-
23 nities and urban Centers.

24 “(viii) To develop and provide training
25 on fetal alcohol spectrum disorders to pro-

1 professionals providing services to Indians, in-
2 cluding medical and allied health practi-
3 tioners, social service providers, educators,
4 and law enforcement, court officials and
5 corrections personnel in the juvenile and
6 criminal justice systems.

7 “(B) ADDITIONAL USES.—In addition to
8 any purpose under subparagraph (A), funding
9 provided pursuant to this section may be used
10 for 1 or more of the following:

11 “(i) Early childhood intervention
12 projects from birth on to mitigate the ef-
13 fects of fetal alcohol spectrum disorders
14 among Indians.

15 “(ii) Community-based support serv-
16 ices for Indians and women pregnant with
17 Indian children.

18 “(iii) Community-based housing for
19 adult Indians with fetal alcohol spectrum
20 disorders.

21 “(3) CRITERIA FOR APPLICATIONS.—The Sec-
22 retary shall establish criteria for the review and ap-
23 proval of applications for funding under this section.

24 “(b) SERVICES.—The Secretary, acting through the
25 Service, Indian Tribes, and Tribal Organizations, shall—

1 “(1) develop and provide services for the pre-
2 vention, intervention, treatment, and aftercare for
3 those affected by fetal alcohol spectrum disorders in
4 Indian communities; and

5 “(2) provide supportive services, including serv-
6 ices to meet the special educational, vocational,
7 school-to-work transition, and independent living
8 needs of adolescent and adult Indians with fetal al-
9 cohol spectrum disorders.

10 “(c) APPLIED RESEARCH PROJECTS.—The Sec-
11 retary, acting through the Substance Abuse and Mental
12 Health Services Administration, shall make grants to In-
13 dian Tribes, Tribal Organizations, and urban Indian Or-
14 ganizations for applied research projects which propose to
15 elevate the understanding of methods to prevent, inter-
16 vene, treat, or provide rehabilitation and behavioral health
17 aftercare for Indians and urban Indians affected by fetal
18 alcohol spectrum disorders.

19 “(d) FUNDING FOR URBAN INDIAN ORGANIZA-
20 TIONS.—Ten percent of the funds appropriated pursuant
21 to this section shall be used to make grants to urban In-
22 dian Organizations funded under title V.

1 ~~“SEC. 713. CHILD SEXUAL ABUSE AND PREVENTION TREAT-~~
 2 ~~MENT PROGRAMS.~~

3 *“SEC. 713. CHILD SEXUAL ABUSE PREVENTION AND TREAT-*
 4 *MENT PROGRAMS.*

5 “(a) ESTABLISHMENT.—The Secretary, acting
 6 through the Service, shall establish, consistent with section
 7 702, in every Service area, programs involving treatment
 8 for—

9 “(1) victims of sexual abuse who are Indian
 10 children or children in an Indian household; and

11 ~~“(2) perpetrators of child sexual abuse who are~~
 12 ~~Indian or members of an Indian household.~~

13 “(2) *other members of the household or family of*
 14 *the victims described in paragraph (1).*

15 “(b) USE OF FUNDS.—Funding provided pursuant to
 16 this section shall be used for the following:

17 “(1) To develop and provide community edu-
 18 cation and prevention programs related to sexual
 19 abuse of Indian children or children in an Indian
 20 household.

21 “(2) To identify and provide behavioral health
 22 treatment to victims of sexual abuse who are Indian
 23 children or children in an Indian household, and to
 24 their family members who are affected by sexual
 25 abuse.

1 “(3) To develop prevention and intervention
2 models which incorporate traditional health care
3 practices, cultural values, and community involve-
4 ment.

5 “(4) To develop and implement culturally sen-
6 sitive assessment and diagnostic tools for use in In-
7 dian communities and urban centers.

8 ~~“(5) To identify and provide behavioral health~~
9 ~~treatment to Indian perpetrators and perpetrators~~
10 ~~who are members of an Indian household—~~

11 ~~“(A) making efforts to begin offender and~~
12 ~~behavioral health treatment while the perpe-~~
13 ~~trator is incarcerated or at the earliest possible~~
14 ~~date if the perpetrator is not incarcerated; and~~

15 ~~“(B) providing treatment after the perpe-~~
16 ~~trator is released, until it is determined that the~~
17 ~~perpetrator is not a threat to children.~~

18 “(c) COORDINATION.—The programs established
19 under subsection (a) shall be carried out in coordination
20 with programs and services authorized under the Indian
21 Child Protection and Family Violence Prevention Act (25
22 U.S.C. 3201 et seq.).

1 **“SEC. 714. DOMESTIC AND SEXUAL VIOLENCE PREVENTION**
2 **AND TREATMENT.**

3 “(a) IN GENERAL.—The Secretary, in accordance
4 with section 702, is authorized to establish in each Service
5 area programs involving the prevention and treatment
6 of—

7 “(1) Indian victims of domestic violence or sex-
8 ual abuse; and

9 ~~“(2) perpetrators of domestic violence or sexual~~
10 ~~abuse who are Indian or members of an Indian~~
11 ~~household.~~

12 *“(2) other members of the household or family of*
13 *the victims described in paragraph (1).*

14 “(b) USE OF FUNDS.—Funds made available to carry
15 out this section shall be used—

16 “(1) to develop and implement prevention pro-
17 grams and community education programs relating
18 to domestic violence and sexual abuse;

19 “(2) to provide behavioral health services, in-
20 cluding victim support services, and medical treat-
21 ment (including examinations performed by sexual
22 assault nurse examiners) to Indian victims of domes-
23 tic violence or sexual abuse;

24 ~~“(3) to purchase rape kits;~~

1 ~~“(4) to develop prevention and intervention~~
2 ~~models, which may incorporate traditional health~~
3 ~~care practices; and~~

4 ~~“(5) to identify and provide behavioral health~~
5 ~~treatment to perpetrators who are Indian or mem-~~
6 ~~bers of an Indian household.~~

7 ~~“(3) to purchase rape kits; and~~

8 ~~“(4) to develop prevention and intervention mod-~~
9 ~~els, which may incorporate traditional health care~~
10 ~~practices.~~

11 “(c) TRAINING AND CERTIFICATION.—

12 “(1) IN GENERAL.—Not later than 1 year after
13 the date of enactment of the Indian Health Care Im-
14 provement Reauthorization and Extension Act of
15 2009, the Secretary shall establish appropriate pro-
16 tocols, policies, procedures, standards of practice,
17 and, if not available elsewhere, training curricula
18 and training and certification requirements for serv-
19 ices for victims of domestic violence and sexual
20 abuse.

21 “(2) REPORT.—Not later than 18 months after
22 the date of enactment of the Indian Health Care Im-
23 provement Reauthorization and Extension Act of
24 2009, the Secretary shall submit to the Committee
25 on Indian Affairs of the Senate and the Committee

1 on Natural Resources of the House of Representa-
2 tives a report that describes the means and extent
3 to which the Secretary has carried out paragraph
4 (1).

5 “(d) COORDINATION.—

6 “(1) IN GENERAL.—The Secretary, in coordina-
7 tion with the Attorney General, Federal and tribal
8 law enforcement agencies, Indian health programs,
9 and domestic violence or sexual assault victim orga-
10 nizations, shall develop appropriate victim services
11 and victim advocate training programs—

12 “(A) to improve domestic violence or sex-
13 ual abuse responses;

14 “(B) to improve forensic examinations and
15 collection;

16 “(C) to identify problems or obstacles in
17 the prosecution of domestic violence or sexual
18 abuse; and

19 “(D) to meet other needs or carry out
20 other activities required to prevent, treat, and
21 improve prosecutions of domestic violence and
22 sexual abuse.

23 “(2) REPORT.—Not later than 2 years after the
24 date of enactment of the Indian Health Care Im-
25 provement Reauthorization and Extension Act of

1 2009, the Secretary shall submit to the Committee
2 on Indian Affairs of the Senate and the Committee
3 on Natural Resources of the House of Representa-
4 tives a report that describes, with respect to the
5 matters described in paragraph (1), the improve-
6 ments made and needed, problems or obstacles iden-
7 tified, and costs necessary to address the problems
8 or obstacles, and any other recommendations that
9 the Secretary determines to be appropriate.

10 **“SEC. 715. BEHAVIORAL HEALTH RESEARCH.**

11 “(a) IN GENERAL.—The Secretary, in consultation
12 with appropriate Federal agencies, shall make grants to,
13 or enter into contracts with, Indian tribes, tribal organiza-
14 tions, and urban Indian organizations or enter into con-
15 tracts with, or make grants to appropriate institutions for,
16 the conduct of research on the incidence and prevalence
17 of behavioral health problems among Indians served by the
18 Service, Indian tribes, or tribal organizations and among
19 Indians in urban areas. Research priorities under this sec-
20 tion shall include—

21 “(1) the multifactorial causes of Indian youth
22 suicide, including—

23 “(A) protective and risk factors and sci-
24 entific data that identifies those factors; and

1 “(B) the effects of loss of cultural identity
2 and the development of scientific data on those
3 effects;

4 “(2) the interrelationship and interdependence
5 of behavioral health problems with alcoholism and
6 other substance abuse, suicide, homicides, other in-
7 juries, and the incidence of family violence; and

8 “(3) the development of models of prevention
9 techniques.

10 “(b) EMPHASIS.—The effect of the interrelationships
11 and interdependencies referred to in subsection (a)(2) on
12 children, and the development of prevention techniques
13 under subsection (a)(3) applicable to children, shall be em-
14 phasized.

15 **“Subtitle B—Indian Youth Suicide** 16 **Prevention**

17 **“SEC. 721. FINDINGS AND PURPOSE.**

18 “(a) FINDINGS.—Congress finds that—

19 “(1)(A) the rate of suicide of American Indians
20 and Alaska Natives is 1.9 times higher than the na-
21 tional average rate; and

22 “(B) the rate of suicide of Indian and Alaska
23 Native youth aged 15 through 24 is—

24 “(i) 3.5 times the national average rate;
25 and

1 “(ii) the highest rate of any population
2 group in the United States;

3 “(2) many risk behaviors and contributing fac-
4 tors for suicide are more prevalent in Indian country
5 than in other areas, including—

6 “(A) history of previous suicide attempts;

7 “(B) family history of suicide;

8 “(C) history of depression or other mental
9 illness;

10 “(D) alcohol or drug abuse;

11 “(E) health disparities;

12 “(F) stressful life events and losses;

13 “(G) easy access to lethal methods;

14 “(H) exposure to the suicidal behavior of
15 others;

16 “(I) isolation; and

17 “(J) incarceration;

18 “(3) according to national data for 2005, sui-
19 cide was the second-leading cause of death for Indi-
20 ans and Alaska Natives of both sexes aged 10
21 through 34;

22 “(4)(A) the suicide rates of Indian and Alaska
23 Native males aged 15 through 24 are—

1 “(i) as compared to suicide rates of males
2 of any other racial group, up to 4 times greater;
3 and

4 “(ii) as compared to suicide rates of fe-
5 males of any other racial group, up to 11 times
6 greater; and

7 “(B) data demonstrates that, over their life-
8 times, females attempt suicide 2 to 3 times more
9 often than males;

10 “(5)(A) Indian tribes, especially Indian tribes
11 located in the Great Plains, have experienced epi-
12 demic levels of suicide, up to 10 times the national
13 average; and

14 “(B) suicide clustering in Indian country affects
15 entire tribal communities;

16 “(6) death rates for Indians and Alaska Natives
17 are statistically underestimated because many areas
18 of Indian country lack the proper resources to iden-
19 tify and monitor the presence of disease;

20 “(7)(A) the Indian Health Service experiences
21 health professional shortages, with physician vacancy
22 rates of approximately 17 percent, and nursing va-
23 cancy rates of approximately 18 percent, in 2007;

1 “(B) 90 percent of all teens who die by suicide
2 suffer from a diagnosable mental illness at time of
3 death;

4 “(C) more than $\frac{1}{2}$ of teens who die by suicide
5 have never been seen by a mental health provider;
6 and

7 “(D) $\frac{1}{3}$ of health needs in Indian country re-
8 late to mental health;

9 “(8) often, the lack of resources of Indian
10 tribes and the remote nature of Indian reservations
11 make it difficult to meet the requirements necessary
12 to access Federal assistance, including grants;

13 “(9) the Substance Abuse and Mental Health
14 Services Administration and the Service have estab-
15 lished specific initiatives to combat youth suicide in
16 Indian country and among Indians and Alaska Na-
17 tives throughout the United States, including the
18 National Suicide Prevention Initiative of the Service,
19 which has worked with Service, tribal, and urban In-
20 dian health programs since 2003;

21 “(10) the National Strategy for Suicide Preven-
22 tion was established in 2001 through a Department
23 of Health and Human Services collaboration
24 among—

1 “(A) the Substance Abuse and Mental
2 Health Services Administration;

3 “(B) the Service;

4 “(C) the Centers for Disease Control and
5 Prevention;

6 “(D) the National Institutes of Health;
7 and

8 “(E) the Health Resources and Services
9 Administration; and

10 “(11) the Service and other agencies of the De-
11 partment of Health and Human Services use infor-
12 mation technology and other programs to address
13 the suicide prevention and mental health needs of
14 Indians and Alaska Natives.

15 “(b) PURPOSES.—The purposes of this subtitle are—

16 “(1) to authorize the Secretary to carry out a
17 demonstration project to test the use of telemental
18 health services in suicide prevention, intervention,
19 and treatment of Indian youth, including through—

20 “(A) the use of psychotherapy, psychiatric
21 assessments, diagnostic interviews, therapies for
22 mental health conditions predisposing to sui-
23 cide, and alcohol and substance abuse treat-
24 ment;

1 “(B) the provision of clinical expertise to,
2 consultation services with, and medical advice
3 and training for frontline health care providers
4 working with Indian youth;

5 “(C) training and related support for com-
6 munity leaders, family members, and health
7 and education workers who work with Indian
8 youth;

9 “(D) the development of culturally relevant
10 educational materials on suicide; and

11 “(E) data collection and reporting;

12 “(2) to encourage Indian tribes, tribal organiza-
13 tions, and other mental health care providers serving
14 residents of Indian country to obtain the services of
15 predoctoral psychology and psychiatry interns; and

16 “(3) to enhance the provision of mental health
17 care services to Indian youth through existing grant
18 programs of the Substance Abuse and Mental
19 Health Services Administration.

20 **“SEC. 722. DEFINITIONS.**

21 “In this subtitle:

22 “(1) ADMINISTRATION.—The term ‘Administra-
23 tion’ means the Substance Abuse and Mental Health
24 Services Administration.

1 “(2) DEMONSTRATION PROJECT.—The term
2 ‘demonstration project’ means the Indian youth tele-
3 mental health demonstration project authorized
4 under section 723(a).

5 ~~“(3) INDIAN COUNTRY.—The term ‘Indian~~
6 ~~country’ has the meaning given the term in section~~
7 ~~1151 of title 18, United States Code.~~

8 “(4)(3) TELEMENTAL HEALTH.—The term
9 ‘telemental health’ means the use of electronic infor-
10 mation and telecommunications technologies to sup-
11 port long-distance mental health care, patient and
12 professional-related education, public health, and
13 health administration.

14 **“SEC. 723. INDIAN YOUTH TELEMENTAL HEALTH DEM-**
15 **ONSTRATION PROJECT.**

16 “(a) AUTHORIZATION.—

17 “(1) IN GENERAL.—The Secretary, acting
18 through the Service, is authorized to carry out a
19 demonstration project to award grants for the provi-
20 sion of telemental health services to Indian youth
21 who—

22 “(A) have expressed suicidal ideas;

23 “(B) have attempted suicide; or

1 “(C) have ~~mental~~*behavioral* health condi-
2 tions that increase or could increase the risk of
3 suicide.

4 “(2) ELIGIBILITY FOR GRANTS.—Grants under
5 paragraph (1) shall be awarded to Indian tribes and
6 tribal organizations that operate 1 or more facili-
7 ties—

8 “(A) located in an area with documented
9 disproportionately high rates of suicide;

10 “(B) reporting active clinical telehealth ca-
11 pabilities; or

12 “(C) offering school-based telemental
13 health services to Indian youth.

14 “(3) GRANT PERIOD.—The Secretary shall
15 award grants under this section for a period of up
16 to 4 years.

17 “(4) MAXIMUM NUMBER OF GRANTS.—Not
18 more than 5 grants shall be provided under para-
19 graph (1), with priority consideration given to In-
20 dian tribes and tribal organizations that—

21 “(A) serve a particular community or geo-
22 graphic area in which there is a demonstrated
23 need to address Indian youth suicide;

24 “(B) enter into collaborative partnerships
25 with Service or other tribal health programs or

1 facilities to provide services under this dem-
2 onstration project;

3 “(C) serve an isolated community or geo-
4 graphic area that has limited or no access to
5 behavioral health services; or

6 “(D) operate a detention facility at which
7 Indian youth are detained.

8 “(5) CONSULTATION WITH ADMINISTRATION.—
9 In developing and carrying out the demonstration
10 project under this subsection, the Secretary shall
11 consult with the Administration as the Federal agen-
12 cy focused on mental health issues, including suicide.

13 “(b) USE OF FUNDS.—

14 “(1) IN GENERAL.—An Indian tribe or tribal
15 organization shall use a grant received under sub-
16 section (a) 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 or tribal clinicians and health services
6 providers working with youth being served
7 under the 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 the
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 those individuals and with State and
18 local health services providers.

19 “(D) To develop and distribute culturally
20 appropriate community educational materials
21 regarding—

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) To conduct data collection and re-
5 porting relating to Indian youth suicide preven-
6 tion efforts.

7 “(2) TRADITIONAL HEALTH CARE PRAC-
8 TICES.—In carrying out the purposes described in
9 paragraph (1), an Indian tribe or tribal organization
10 may use and promote the traditional health care
11 practices of the Indian tribes of the youth to be
12 served.

13 “(c) APPLICATIONS.—

14 “(1) IN GENERAL.—Subject to paragraph (2),
15 to be eligible to receive a grant under subsection (a),
16 an Indian tribe or tribal organization shall prepare
17 and submit to the Secretary an application, at such
18 time, in such manner, and containing such informa-
19 tion as the Secretary may require, including—

20 “(A) a description of the project that the
21 Indian tribe or tribal organization will carry out
22 using the funds provided under the grant;

23 “(B) a description of the manner in which
24 the project funded under the grant would—

1 “(i) meet the telemental health care
2 needs of the Indian youth population to be
3 served by the project; or

4 “(ii) improve the access of the Indian
5 youth population to be served to suicide
6 prevention and treatment services;

7 “(C) evidence of support for the project
8 from the local community to be served by the
9 project;

10 “(D) a description of how the families and
11 leadership of the communities or populations to
12 be served by the project would be involved in
13 the development and ongoing operations of the
14 project;

15 “(E) a plan to involve the tribal commu-
16 nity of the youth who are provided services by
17 the project in planning and evaluating the ~~men-~~
18 ~~tal~~*behavioral* health care and suicide prevention
19 efforts provided, in order to ensure the integra-
20 tion of community, clinical, environmental, and
21 cultural components of the treatment; and

22 “(F) a plan for sustaining the project after
23 Federal assistance for the demonstration
24 project has terminated.

1 “(2) EFFICIENCY OF GRANT APPLICATION
2 PROCESS.—The Secretary shall carry out such meas-
3 ures as the Secretary determines to be necessary to
4 maximize the time and workload efficiency of the
5 process by which Indian tribes and tribal organiza-
6 tions apply for grants under paragraph (1).

7 “(d) COLLABORATION.—The Secretary, acting
8 through the Service, shall encourage Indian tribes and
9 tribal organizations receiving grants under this section to
10 collaborate to enable comparisons regarding best practices
11 across projects.

12 “(e) 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 “(f) REPORTS TO CONGRESS.—

19 “(1) INITIAL REPORT.—

20 “(A) IN GENERAL.—Not later than 2 years
21 after the date on which the first grant is award-
22 ed under this section, the Secretary shall sub-
23 mit to the Committee on Indian Affairs of the
24 Senate and the Committee on Natural Re-
25 sources and the Committee on Energy and

1 Commerce of the House of Representatives a
2 report that—

3 “(i) describes each project funded by
4 a grant under this section during the pre-
5 ceding 2-year period, including a descrip-
6 tion of the level of success achieved by the
7 project; and

8 “(ii) evaluates whether the demonstra-
9 tion project should be continued during the
10 period beginning on the date of termi-
11 nation of funding for the demonstration
12 project under subsection (g) and ending on
13 the date on which the final report is sub-
14 mitted under paragraph (2).

15 “(B) CONTINUATION OF DEMONSTRATION
16 PROJECT.—On a determination by the Sec-
17 retary under clause (ii) of subparagraph (A)
18 that the demonstration project should be con-
19 tinued, the Secretary may carry out the dem-
20 onstration project during the period described
21 in that clause using such sums otherwise made
22 available to the Secretary as the Secretary de-
23 termines to be appropriate.

24 “(2) FINAL REPORT.—Not later than 270 days
25 after the date of termination of funding for the dem-

1 onstration project under subsection (g), the Sec-
2 retary shall submit to the Committee on Indian Af-
3 fairs of the Senate and the Committee on Natural
4 Resources and the Committee on Energy and Com-
5 merce of the House of Representatives a final report
6 that—

7 “(A) describes the results of the projects
8 funded by grants awarded under this section,
9 including any data available that indicate the
10 number of attempted suicides;

11 “(B) evaluates the impact of the tele-
12 mental health services funded by the grants in
13 reducing the number of completed suicides
14 among Indian youth;

15 “(C) evaluates whether the demonstration
16 project should be—

17 “(i) expanded to provide more than 5
18 grants; and

19 “(ii) designated as a permanent pro-
20 gram; and

21 “(D) evaluates the benefits of expanding
22 the demonstration project to include urban In-
23 dian organizations.

1 “(g) AUTHORIZATION OF APPROPRIATIONS.—There
2 is authorized to be appropriated to carry out this section
3 \$1,500,000 for each of fiscal years 2010 through 2013.

4 **“SEC. 724. SUBSTANCE ABUSE AND MENTAL HEALTH SERV-
5 ICES ADMINISTRATION GRANTS.**

6 “(a) GRANT APPLICATIONS.—

7 “(1) EFFICIENCY OF GRANT APPLICATION
8 PROCESS.—The Secretary, acting through the Ad-
9 ministration, shall carry out such measures as the
10 Secretary determines to be necessary to maximize
11 the time and workload efficiency of the process by
12 which Indian tribes and tribal organizations apply
13 for grants under any program administered by the
14 Administration, including by providing methods
15 other than electronic methods of submitting applica-
16 tions for those grants, if necessary.

17 “(2) PRIORITY FOR CERTAIN GRANTS.—

18 “(A) IN GENERAL.—To fulfill the trust re-
19 sponsibility of the United States to Indian
20 tribes, in awarding relevant grants pursuant to
21 a program described in subparagraph (B), the
22 Secretary shall take into consideration the
23 needs of Indian tribes or tribal organizations,
24 as applicable, that serve populations with docu-
25 mented high suicide rates, regardless of whether

1 those Indian tribes or tribal organizations pos-
 2 sess adequate personnel or infrastructure to ful-
 3 fill all applicable requirements of the relevant
 4 program.

5 “(B) DESCRIPTION OF GRANT PRO-
 6 GRAMS.—A grant program referred to in sub-
 7 paragraph (A) is a grant program—

8 “(i) administered by the Administra-
 9 tion to fund activities relating to mental
 10 health, suicide prevention, or suicide-re-
 11 lated risk factors; and

12 “(ii) under which an Indian tribe or
 13 tribal organization is an eligible recipient.

14 “(3) CLARIFICATION REGARDING INDIAN
 15 TRIBES AND TRIBAL ORGANIZATIONS.—Notwith-
 16 standing any other provision of law, in applying for
 17 a grant under any program administered by the Ad-
 18 ministration, no Indian tribe or tribal organization
 19 shall be required to apply through a State or State
 20 agency.

21 “(4) REQUIREMENTS FOR AFFECTED
 22 STATES.—

23 “(A) DEFINITIONS.—In this paragraph:

24 “(i) AFFECTED STATE.—The term
 25 ‘affected State’ means a State—

1 “(I) the boundaries of which in-
2 clude 1 or more Indian tribes; and

3 “(II) the application for a grant
4 under any program administered by
5 the Administration of which includes
6 statewide data.

7 “(ii) INDIAN POPULATION.—The term
8 ‘Indian population’ means the total num-
9 ber of residents of an affected State who
10 are members of ~~1 or more Indian tribes or~~
11 tribal communities located within the af-
12 fected State.~~are Indian.~~

13 “(B) REQUIREMENTS.—As a condition of
14 receipt of a grant under any program adminis-
15 tered by the Administration, each affected State
16 shall—

17 “(i) describe in the grant applica-
18 tion—

19 “(I) the Indian population of the
20 affected State; and

21 “(II) the contribution of that In-
22 dian population to the statewide data
23 used by the affected State in the ap-
24 plication; and

1 “(ii) demonstrate to the satisfaction
2 of the Secretary that—

3 “(I) of the total amount of the
4 grant, the affected State will allocate
5 for use for the Indian population of
6 the affected State an amount equal to
7 the proportion that—

8 “(aa) the Indian population
9 of the affected State; bears to

10 “(bb) the total population of
11 the affected State; and

12 ~~“(II) the affected State will offer~~
13 ~~to enter into a partnership with each~~
14 ~~Indian tribe or tribal organization, as~~
15 ~~applicable, located within the affected~~
16 ~~State to carry out youth suicide pre-~~
17 ~~vention and treatment measures for~~
18 ~~members of the Indian tribe.~~

19 “(II) *the affected State will take*
20 *reasonable efforts to collaborate with*
21 *each Indian tribe located within the af-*
22 *ected State to carry out youth suicide*
23 *prevention and treatment measures for*
24 *members of the Indian tribe.*

1 “(C) REPORT.—Not later than 1 year
2 after the date of receipt of a grant described in
3 subparagraph (B), an affected State shall sub-
4 mit to the Secretary a report describing the
5 measures carried out by the affected State to
6 ensure compliance with the requirements of
7 subparagraph (B)(ii).

8 “(b) NO NON-FEDERAL SHARE REQUIREMENT.—
9 Notwithstanding any other provision of law, no Indian
10 tribe or tribal organization shall be required to provide a
11 non-Federal share of the cost of any project or activity
12 carried out using a grant provided under any program ad-
13 ministered by the Administration.

14 “(c) OUTREACH FOR RURAL AND ISOLATED INDIAN
15 TRIBES.—Due to the rural, isolated nature of most Indian
16 reservations and communities (especially those reserva-
17 tions and communities in the Great Plains region), the
18 Secretary shall conduct outreach activities, with a par-
19 ticular emphasis on the provision of telemental health
20 services, to achieve the purposes of this subtitle with re-
21 spect to Indian tribes located in rural, isolated areas.

22 “(d) PROVISION OF OTHER ASSISTANCE.—

23 “(1) IN GENERAL.—The Secretary, acting
24 through the Administration, shall carry out such
25 measures (including monitoring and the provision of

1 required assistance) as the Secretary determines to
2 be necessary to ensure the provision of adequate sui-
3 cide prevention and mental health services to Indian
4 tribes described in paragraph (2), regardless of
5 whether those Indian tribes possess adequate per-
6 sonnel or infrastructure—

7 “(A) to submit an application for a grant
8 under any program administered by the Admin-
9 istration, including due to problems relating to
10 access to the Internet or other electronic means
11 that may have resulted in previous obstacles to
12 submission of a grant application; or

13 “(B) to fulfill all applicable requirements
14 of the relevant program.

15 “(2) DESCRIPTION OF INDIAN TRIBES.—An In-
16 dian tribe referred to in paragraph (1) is an Indian
17 tribe—

18 “(A) the members of which experience—

19 “(i) a high rate of youth suicide;

20 “(ii) low socioeconomic status; and

21 “(iii) extreme health disparity;

22 “(B) that is located in a remote and iso-
23 lated area; and

24 “(C) that lacks technology and commu-
25 nication infrastructure.

1 “(3) AUTHORIZATION OF APPROPRIATIONS.—

2 There are authorized to be appropriated to the Sec-
3 retary such sums as the Secretary determines to be
4 necessary to carry out this subsection.

5 “(e) EARLY INTERVENTION AND ASSESSMENT SERV-
6 ICES.—

7 “(1) DEFINITION OF AFFECTED ENTITY.—In
8 this subsection, the term ‘affected entity’ means any
9 entity—

10 “(A) that receives a grant for suicide inter-
11 vention, prevention, or treatment under a pro-
12 gram administered by the Administration; and

13 “(B) the population to be served by which
14 includes Indian youth.

15 “(2) REQUIREMENT.—The Secretary, acting
16 through the Administration, shall ensure that each
17 affected entity carrying out a youth suicide early
18 intervention and prevention strategy described in
19 section 520E(c)(1) of the Public Health Service Act
20 (42 U.S.C. 290bb–36(e)(1)), or any other youth sui-
21 cide-related early intervention and assessment activ-
22 ity, provides training or education to individuals who
23 interact frequently with the Indian youth to be
24 served by the affected entity (including parents,
25 teachers, coaches, and mentors) on identifying warn-

1 ing signs of Indian youth who are at risk of commit-
2 ting suicide.

3 **“SEC. 725. USE OF PREDOCTORAL PSYCHOLOGY AND PSY-**
4 **CHIATRY INTERNS.**

5 “‘The Secretary shall carry out such activities as the
6 Secretary determines to be necessary to encourage Indian
7 tribes, tribal organizations, and other mental health care
8 providers ~~servi~~ng residents of Indian country to obtain the
9 services of predoctoral psychology and psychiatry in-
10 terns—

11 “(1) to increase the quantity of patients served
12 by the Indian tribes, tribal organizations, and other
13 mental health care providers; and

14 “(2) for purposes of recruitment and retention.

15 **“SEC. 726. INDIAN YOUTH LIFE SKILLS DEVELOPMENT**
16 **DEMONSTRATION PROGRAM.**

17 “(a) PURPOSE.—The purpose of this section is to au-
18 thorize the Secretary, acting through the Administration,
19 to carry out a demonstration program to test the effective-
20 ness of a culturally compatible, school-based, life skills
21 curriculum for the prevention of Indian and Alaska Native
22 adolescent suicide, including through—

23 “(1) the establishment of tribal partnerships to
24 develop and implement such a curriculum, in co-
25 operation with—

1 “(A) ~~mental~~*behavioral* health professionals,
2 with a priority for tribal partnerships cooper-
3 ating with mental health professionals employed
4 by the Service;

5 “(B) tribal or local school agencies; and

6 “(C) parent and community groups;

7 “(2) the provision by the Administration or the
8 Service of—

9 “(A) technical expertise; and

10 “(B) clinicians, analysts, and educators, as
11 appropriate;

12 “(3) training for teachers, school administra-
13 tors, and community members to implement the cur-
14 riculum;

15 “(4) the establishment of advisory councils com-
16 posed of parents, educators, community members,
17 trained peers, and others to provide advice regarding
18 the curriculum and other components of the dem-
19 onstration program;

20 “(5) the development of culturally appropriate
21 support measures to supplement the effectiveness of
22 the curriculum; and

23 “(6) projects modeled after evidence-based
24 projects, such as programs evaluated and published
25 in relevant literature.

1 “(b) DEMONSTRATION GRANT PROGRAM.—

2 “(1) DEFINITIONS.—In this subsection:

3 “(A) CURRICULUM.—The term ‘cur-
4 rriculum’ means the culturally compatible,
5 school-based, life skills curriculum for the pre-
6 vention of Indian and Alaska Native adolescent
7 suicide identified by the Secretary under para-
8 graph (2)(A).

9 “(B) ELIGIBLE ENTITY.—The term ‘eligi-
10 ble entity’ means—

11 “(i) an Indian tribe;

12 “(ii) a tribal organization;

13 “(iii) any other tribally authorized en-
14 tity; and

15 “(iv) any partnership composed of 2
16 or more entities described in clause (i), (ii),
17 or (iii).

18 “(2) ESTABLISHMENT.—The Secretary, acting
19 through the Administration, may establish and carry
20 out a demonstration program under which the Sec-
21 retary shall—

22 “(A) identify a culturally compatible,
23 school-based, life skills curriculum for the pre-
24 vention of Indian and Alaska Native adolescent
25 suicide;

1 “(B) identify the Indian tribes that are at
2 greatest risk for adolescent suicide;

3 “(C) invite those Indian tribes to partici-
4 pate in the demonstration program by—

5 “(i) responding to a comprehensive
6 program requirement request of the Sec-
7 retary; or

8 “(ii) submitting, through an eligible
9 entity, an application in accordance with
10 paragraph (4); and

11 “(D) provide grants to the Indian tribes
12 identified under subparagraph (B) and eligible
13 entities to implement the curriculum with re-
14 spect to Indian and Alaska Native youths
15 who—

16 “(i) are between the ages of 10 and
17 19; and

18 “(ii) attend school in a region that is
19 at risk of high youth suicide rates, as de-
20 termined by the Administration.

21 “(3) REQUIREMENTS.—

22 “(A) TERM.—The term of a grant pro-
23 vided under the demonstration program under
24 this section shall be not less than 4 years.

1 “(B) MAXIMUM NUMBER.—The Secretary
2 may provide not more than 5 grants under the
3 demonstration program under this section.

4 “(C) AMOUNT.—The grants provided
5 under this section shall be of equal amounts.

6 “(D) CERTAIN SCHOOLS.—In selecting eli-
7 gible entities to receive grants under this sec-
8 tion, the Secretary shall ensure that not less
9 than 1 demonstration program shall be carried
10 out at each of—

11 “(i) a school operated by the Bureau
12 of Indian Education;

13 “(ii) a Tribal school; and

14 “(iii) a school receiving payments
15 under section 8002 or 8003 of the Elemen-
16 tary and Secondary Education Act of 1965
17 (20 U.S.C. 7702, 7703).

18 “(4) APPLICATIONS.—To be eligible to receive a
19 grant under the demonstration program, an eligible
20 entity shall submit to the Secretary an application,
21 at such time, in such manner, and containing such
22 information as the Secretary may require, includ-
23 ing—

24 “(A) an assurance that, in implementing
25 the curriculum, the eligible entity will collabo-

1 rate with 1 or more local educational agencies,
2 including elementary schools, middle schools,
3 and high schools;

4 “(B) an assurance that the eligible entity
5 will collaborate, for the purpose of curriculum
6 development, implementation, and training and
7 technical assistance, with 1 or more—

8 “(i) nonprofit entities with dem-
9 onstrated expertise regarding the develop-
10 ment of culturally sensitive, school-based,
11 youth suicide prevention and intervention
12 programs; or

13 “(ii) institutions of higher education
14 with demonstrated interest and knowledge
15 regarding culturally sensitive, school-based,
16 life skills youth suicide prevention and
17 intervention programs;

18 “(C) an assurance that the curriculum will
19 be carried out in an academic setting in con-
20 junction with at least 1 classroom teacher not
21 less frequently than twice each school week for
22 the duration of the academic year;

23 “(D) a description of the methods by
24 which curriculum participants will be—

1 “(i) screened for mental health at-risk
2 indicators; and

3 “(ii) if needed and on a case-by-case
4 basis, referred to a mental health clinician
5 for further assessment and treatment and
6 with crisis response capability; and

7 “(E) an assurance that supportive services
8 will be provided to curriculum participants iden-
9 tified as high-risk participants, including refer-
10 ral, counseling, and follow-up services for—

11 “(i) drug or alcohol abuse;

12 “(ii) sexual or domestic abuse; and

13 “(iii) depression and other relevant
14 mental health concerns.

15 “(5) USE OF FUNDS.—An Indian tribe identi-
16 fied under paragraph (2)(B) or an eligible entity
17 may use a grant provided under this subsection—

18 “(A) to develop and implement the cur-
19 riculum in a school-based setting;

20 “(B) to establish an advisory council—

21 “(i) to advise the Indian tribe or eligi-
22 ble entity regarding curriculum develop-
23 ment; and

24 “(ii) to provide support services iden-
25 tified as necessary by the community being

1 served by the Indian tribe or eligible enti-
2 ty;

3 “(C) to appoint and train a school- and
4 community-based cultural resource liaison, who
5 will act as an intermediary among the Indian
6 tribe or eligible entity, the applicable school ad-
7 ministrators, and the advisory council estab-
8 lished by the Indian tribe or eligible entity;

9 “(D) to establish an on-site, school-based,
10 MA- or PhD-level mental health practitioner
11 (employed by the Service, if practicable) to
12 work with tribal educators and other personnel;

13 “(E) to provide for the training of peer
14 counselors to assist in carrying out the cur-
15 riculum;

16 “(F) to procure technical and training sup-
17 port from nonprofit or State entities or institu-
18 tions of higher education identified by the com-
19 munity being served by the Indian tribe or eligi-
20 ble entity as the best suited to develop and im-
21 plement the curriculum;

22 “(G) to train teachers and school adminis-
23 trators to effectively carry out the curriculum;

24 “(H) to establish an effective referral pro-
25 cedure and network;

1 “(I) to identify and develop culturally com-
2 patible curriculum support measures;

3 “(J) to obtain educational materials and
4 other resources from the Administration or
5 other appropriate entities to ensure the success
6 of the demonstration program; and

7 “(K) to evaluate the effectiveness of the
8 curriculum in preventing Indian and Alaska
9 Native adolescent suicide.

10 “(c) EVALUATIONS.—Using such amounts made
11 available pursuant to subsection (e) as the Secretary de-
12 termines to be appropriate, the Secretary shall conduct,
13 directly or through a grant, contract, or cooperative agree-
14 ment with an entity that has experience regarding the de-
15 velopment and operation of successful culturally compat-
16 ible, school-based, life skills suicide prevention and inter-
17 vention programs or evaluations, an annual evaluation of
18 the demonstration program under this section, including
19 an evaluation of—

20 “(1) the effectiveness of the curriculum in pre-
21 venting Indian and Alaska Native adolescent suicide;

22 “(2) areas for program improvement; and

23 “(3) additional development of the goals and
24 objectives of the demonstration program.

25 “(d) REPORT TO CONGRESS.—

1 “(1) IN GENERAL.—Subject to paragraph (2),
2 not later than 180 days after the date of termination
3 of the demonstration program, the Secretary shall
4 submit to the Committee on Indian Affairs and the
5 Committee on Health, Education, Labor, and Pen-
6 sions of the Senate and the Committee on Natural
7 Resources and the Committee on Education and
8 Labor of the House of Representatives a final report
9 that—

10 “(A) describes the results of the program
11 of each Indian tribe or eligible entity under this
12 section;

13 “(B) evaluates the effectiveness of the cur-
14 riculum in preventing Indian and Alaska Native
15 adolescent suicide;

16 “(C) makes recommendations regarding—

17 “(i) the expansion of the demonstra-
18 tion program under this section to addi-
19 tional eligible entities;

20 “(ii) designating the demonstration
21 program as a permanent program; and

22 “(iii) identifying and distributing the
23 curriculum through the Suicide Prevention
24 Resource Center of the Administration;
25 and

1 “(D) incorporates any public comments re-
2 ceived under paragraph (2).

3 “(2) PUBLIC COMMENT.—The Secretary shall
4 provide a notice of the report under paragraph (1)
5 and an opportunity for public comment on the re-
6 port for a period of not less than 90 days before
7 submitting the report to Congress.

8 “(e) AUTHORIZATION OF APPROPRIATIONS.—There
9 is authorized to be appropriated to carry out this section
10 \$1,000,000 for each of fiscal years 2010 through 2014.”.

11 **Subtitle H—Miscellaneous**

12 **SEC. 191. CONFIDENTIALITY OF MEDICAL QUALITY ASSUR-** 13 **ANCE RECORDS; QUALIFIED IMMUNITY FOR** 14 **PARTICIPANTS.**

15 Title VIII of the Indian Health Care Improvement
16 Act (as amended by section 101(b)) is amended by insert-
17 ing after section 804 (25 U.S.C. 1674) the following:

18 **“SEC. 805. CONFIDENTIALITY OF MEDICAL QUALITY ASSUR-** 19 **ANCE RECORDS; QUALIFIED IMMUNITY FOR** 20 **PARTICIPANTS.**

21 “(a) DEFINITIONS.—In this section:

22 “(1) HEALTH CARE PROVIDER.—The term
23 ‘health care provider’ means any health care profes-
24 sional, including community health aides and practi-
25 tioners certified under section 119, who is—

1 “(A) granted clinical practice privileges or
2 employed to provide health care services at—

3 “(i) an Indian health program; or

4 “(ii) a health program of an urban In-
5 dian organization; and

6 “(B) licensed or certified to perform health
7 care services by a governmental board or agen-
8 cy or professional health care society or organi-
9 zation.

10 “(2) MEDICAL QUALITY ASSURANCE PRO-
11 GRAM.—The term ‘medical quality assurance pro-
12 gram’ means any activity carried out before, on, or
13 after the date of enactment of the Indian Health
14 Care Improvement Reauthorization and Extension
15 Act of 2009 by or for any Indian health program or
16 urban Indian organization to assess the quality of
17 medical care, including activities conducted by or on
18 behalf of individuals, Indian health program or
19 urban Indian organization medical or dental treat-
20 ment review committees, or other review bodies re-
21 sponsible for quality assurance, credentials, infection
22 control, patient safety, patient care assessment (in-
23 cluding treatment procedures, blood, drugs, and
24 therapeutics), medical records, health resources

1 management review, and identification and preven-
2 tion of medical or dental incidents and risks.

3 “(3) MEDICAL QUALITY ASSURANCE RECORD.—

4 The term ‘medical quality assurance record’ means
5 the proceedings, records, minutes, and reports
6 that—

7 “(A) emanate from quality assurance pro-
8 gram activities described in paragraph (2); and

9 “(B) are produced or compiled by or for an
10 Indian health program or urban Indian organi-
11 zation as part of a medical quality assurance
12 program.

13 “(b) CONFIDENTIALITY OF RECORDS.—Medical qual-
14 ity assurance records created by or for any Indian health
15 program or a health program of an urban Indian organiza-
16 tion as part of a medical quality assurance program are
17 confidential and privileged. Such records may not be dis-
18 closed to any person or entity, except as provided in sub-
19 section (d).

20 “(c) PROHIBITION ON DISCLOSURE AND TESTI-
21 MONY.—

22 “(1) IN GENERAL.—No part of any medical
23 quality assurance record described in subsection (b)
24 may be subject to discovery or admitted into evi-

1 dence in any judicial or administrative proceeding,
2 except as provided in subsection (d).

3 “(2) TESTIMONY.—An individual who reviews
4 or creates medical quality assurance records for any
5 Indian health program or urban Indian organization
6 who participates in any proceeding that reviews or
7 creates such records may not be permitted or re-
8 quired to testify in any judicial or administrative
9 proceeding with respect to such records or with re-
10 spect to any finding, recommendation, evaluation,
11 opinion, or action taken by such person or body in
12 connection with such records except as provided in
13 this section.

14 “(d) AUTHORIZED DISCLOSURE AND TESTIMONY.—

15 “(1) IN GENERAL.—Subject to paragraph (2), a
16 medical quality assurance record described in sub-
17 section (b) may be disclosed, and an individual re-
18 ferred to in subsection (c) may give testimony in
19 connection with such a record, only as follows:

20 “(A) To a Federal agency or private orga-
21 nization, if such medical quality assurance
22 record or testimony is needed by such agency or
23 organization to perform licensing or accredita-
24 tion functions related to any Indian health pro-
25 gram or to a health program of an urban In-

1 dian organization to perform monitoring, re-
2 quired by law, of such program or organization.

3 “(B) To an administrative or judicial pro-
4 ceeding commenced by a present or former In-
5 dian health program or urban Indian organiza-
6 tion provider concerning the termination, sus-
7 pension, or limitation of clinical privileges of
8 such health care provider.

9 “(C) To a governmental board or agency
10 or to a professional health care society or orga-
11 nization, if such medical quality assurance
12 record or testimony is needed by such board,
13 agency, society, or organization to perform li-
14 censing, credentialing, or the monitoring of pro-
15 fessional standards with respect to any health
16 care provider who is or was an employee of any
17 Indian health program or urban Indian organi-
18 zation.

19 “(D) To a hospital, medical center, or
20 other institution that provides health care serv-
21 ices, if such medical quality assurance record or
22 testimony is needed by such institution to as-
23 sess the professional qualifications of any health
24 care provider who is or was an employee of any
25 Indian health program or urban Indian organi-

1 zation and who has applied for or been granted
2 authority or employment to provide health care
3 services in or on behalf of such program or or-
4 ganization.

5 “(E) To an officer, employee, or contractor
6 of the Indian health program or urban Indian
7 organization that created the records or for
8 which the records were created. If that officer,
9 employee, or contractor has a need for such
10 record or testimony to perform official duties.

11 “(F) To a criminal or civil law enforce-
12 ment agency or instrumentality charged under
13 applicable law with the protection of the public
14 health or safety, if a qualified representative of
15 such agency or instrumentality makes a written
16 request that such record or testimony be pro-
17 vided for a purpose authorized by law.

18 “(G) In an administrative or judicial pro-
19 ceeding commenced by a criminal or civil law
20 enforcement agency or instrumentality referred
21 to in subparagraph (F), but only with respect
22 to the subject of such proceeding.

23 “(2) IDENTITY OF PARTICIPANTS.—With the
24 exception of the subject of a quality assurance ac-
25 tion, the identity of any person receiving health care

1 services from any Indian health program or urban
2 Indian organization or the identity of any other per-
3 son associated with such program or organization
4 for purposes of a medical quality assurance program
5 that is disclosed in a medical quality assurance
6 record described in subsection (b) shall be deleted
7 from that record or document before any disclosure
8 of such record is made outside such program or or-
9 ganization.

10 “(e) DISCLOSURE FOR CERTAIN PURPOSES.—

11 “(1) IN GENERAL.—Nothing in this section
12 shall be construed as authorizing or requiring the
13 withholding from any person or entity aggregate sta-
14 tistical information regarding the results of any In-
15 dian health program or urban Indian organization’s
16 medical quality assurance programs.

17 “(2) WITHHOLDING FROM CONGRESS.—Noth-
18 ing in this section shall be construed as authority to
19 withhold any medical quality assurance record from
20 a committee of either House of Congress, any joint
21 committee of Congress, or the Government Account-
22 ability Office if such record pertains to any matter
23 within their respective jurisdictions.

24 “(f) PROHIBITION ON DISCLOSURE OF RECORD OR
25 TESTIMONY.—An individual or entity having possession of

1 or access to a record or testimony described by this section
2 may not disclose the contents of such record or testimony
3 in any manner or for any purpose except as provided in
4 this section.

5 “(g) EXEMPTION FROM FREEDOM OF INFORMATION
6 ACT.—Medical quality assurance records described in sub-
7 section (b) may not be made available to any person under
8 section 552 of title 5, United States Code.

9 “(h) LIMITATION ON CIVIL LIABILITY.—An indi-
10 vidual who participates in or provides information to a
11 person or body that reviews or creates medical quality as-
12 surance records described in subsection (b) shall not be
13 civilly liable for such participation or for providing such
14 information if the participation or provision of information
15 was in good faith based on prevailing professional stand-
16 ards at the time the medical quality assurance program
17 activity took place.

18 “(i) APPLICATION TO INFORMATION IN CERTAIN
19 OTHER RECORDS.—Nothing in this section shall be con-
20 strued as limiting access to the information in a record
21 created and maintained outside a medical quality assur-
22 ance program, including a patient’s medical records, on
23 the grounds that the information was presented during
24 meetings of a review body that are part of a medical qual-
25 ity assurance program.

1 “(j) REGULATIONS.—The Secretary, acting through
2 the Service, shall promulgate regulations pursuant to sec-
3 tion 802.

4 “(k) CONTINUED PROTECTION.—Disclosure under
5 subsection (d) does not permit redisclosure except to the
6 extent such further disclosure is authorized under sub-
7 section (d) or is otherwise authorized to be disclosed under
8 this section.

9 “(l) INCONSISTENCIES.—To the extent that the pro-
10 tections under part C of title IX of the Public Health Serv-
11 ice Act (42 U.S.C. 229b–21 et seq.) (as amended by the
12 Patient Safety and Quality Improvement Act of 2005
13 (Public Law 109–41; 119 Stat. 424)) and this section are
14 inconsistent, the provisions of whichever is more protective
15 shall control.

16 “(m) RELATIONSHIP TO OTHER LAW.—This section
17 shall continue in force and effect, except as otherwise spe-
18 cifically provided in any Federal law enacted after the date
19 of enactment of the Indian Health Care Improvement Re-
20 authorization and Extension Act of 2009.”.

1 **SEC. 192. ARIZONA, NORTH DAKOTA, AND SOUTH DAKOTA**
2 **AS CONTRACT HEALTH SERVICE DELIVERY**
3 **AREAS; ELIGIBILITY OF CALIFORNIA INDI-**
4 **ANS.**

5 Title VIII of the Indian Health Care Improvement
6 Act is amended—

7 (1) by striking section 808 (25 U.S.C. 1678)
8 and inserting the following:

9 **“SEC. 808. ARIZONA AS CONTRACT HEALTH SERVICE DELIV-**
10 **ERY AREA.**

11 “(a) IN GENERAL.—The State of Arizona shall be
12 designated as a contract health service delivery area by
13 the Service for the purpose of providing contract health
14 care services to members of Indian tribes in the State of
15 Arizona.

16 “(b) MAINTENANCE OF SERVICES.—The Service
17 shall not curtail any health care services provided to Indi-
18 ans residing on reservations in the State of Arizona if the
19 curtailment is due to the provision of contract services in
20 that State pursuant to the designation of the State as a
21 contract health service delivery area by subsection (a).”;

22 (2) by inserting after section 808 (25 U.S.C.
23 1678) the following:

1 **“SEC. 808A. NORTH DAKOTA AND SOUTH DAKOTA AS CON-**
 2 **TRACT HEALTH SERVICE DELIVERY AREA.**

3 “(a) IN GENERAL.—The States of North Dakota and
 4 South Dakota shall be designated as a contract health
 5 service delivery area by the Service for the purpose of pro-
 6 viding contract health care services to members of Indian
 7 tribes in the States of North Dakota and South Dakota.

8 “(b) MAINTENANCE OF SERVICES.—The Service
 9 shall not curtail any health care services provided to Indi-
 10 ans residing on any reservation, or in any county that has
 11 a common boundary with any reservation, in the State of
 12 North Dakota or South Dakota if the curtailment is due
 13 to the provision of contract services in those States pursu-
 14 ant to the designation of the States as a contract health
 15 service delivery area by subsection (a).”; and

16 (3) by striking section 809 (25 U.S.C. 1679)
 17 and inserting the following:

18 **“SEC. 809. ELIGIBILITY OF CALIFORNIA INDIANS.**

19 “(a) IN GENERAL.—The following California Indians
 20 shall be eligible for health services provided by the Service:

21 “(1) Any member of a federally recognized In-
 22 dian tribe.

23 “(2) Any descendant of an Indian who was re-
 24 siding in California on June 1, 1852, if such de-
 25 scendant—

1 Corps from an Indian health program or urban Indian or-
2 ganization or withdraw funding used to support such a
3 member, unless the Secretary, acting through the Service,
4 has ensured that the Indians receiving services from the
5 member will experience no reduction 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 the Indian health program may be limited to
10 the individuals who are eligible for services from that In-
11 dian health program.”.

12 **SEC. 194. HEALTH SERVICES FOR INELIGIBLE PERSONS.**

13 Section 813 of the Indian Health Care Improvement
14 Act (25 U.S.C. 1680c) is amended to read as follows:

15 **“SEC. 813. HEALTH SERVICES FOR INELIGIBLE PERSONS.**

16 “(a) CHILDREN.—Any individual who—

17 “(1) has not attained 19 years of age;

18 “(2) is the natural or adopted child, stepchild,
19 foster child, legal ward, or orphan of an eligible In-
20 dian; and

21 “(3) is not otherwise eligible for health services
22 provided by the Service,

23 shall be eligible for all health services provided by the
24 Service on the same basis and subject to the same rules
25 that apply to eligible Indians until such individual attains

1 19 years of age. The existing and potential health needs
2 of all such individuals shall be taken into consideration
3 by the Service in determining the need for, or the alloca-
4 tion of, the health resources of the Service. If such an indi-
5 vidual has been determined to be legally incompetent prior
6 to attaining 19 years of age, such individual shall remain
7 eligible for such services until 1 year after the date of a
8 determination of competency.

9 “(b) SPOUSES.—Any spouse of an eligible Indian who
10 is not an Indian, or who is of Indian descent but is not
11 otherwise eligible for the health services provided by the
12 Service, shall be eligible for such health services if all such
13 spouses or spouses who are married to members of each
14 Indian tribe being served are made eligible, as a class, by
15 an appropriate resolution of the governing body of the In-
16 dian tribe or tribal organization providing such services.
17 The health needs of persons made eligible under this para-
18 graph shall not be taken into consideration by the Service
19 in determining the need for, or allocation of, its health
20 resources.

21 “(c) HEALTH FACILITIES PROVIDING HEALTH
22 SERVICES.—

23 “(1) IN GENERAL.—The Secretary is authorized
24 to provide health services under this subsection
25 through health facilities operated directly by the

1 Service to individuals who reside within the Service
2 unit and who are not otherwise eligible for such
3 health services if—

4 “(A) the Indian tribes served by such Serv-
5 ice unit requests such provision of health serv-
6 ices to such individuals, and

7 “(B) the Secretary and the served Indian
8 tribes have jointly determined that the provision
9 of such health services will not result in a de-
10 nial or diminution of health services to eligible
11 Indians.

12 “(2) ISDEAA PROGRAMS.—In the case of
13 health facilities operated under a contract or com-
14 pact entered into under the Indian Self-Determina-
15 tion and Education Assistance Act (25 U.S.C. 450
16 et seq.), the governing body of the Indian tribe or
17 tribal organization providing health services under
18 such contract or compact is authorized to determine
19 whether health services should be provided under
20 such contract or compact to individuals who are not
21 eligible for such health services under any other sub-
22 section of this section or under any other provision
23 of law. In making such determinations, the gov-
24 erning body of the Indian tribe or tribal organization
25 shall take into account the consideration described in

1 paragraph (1)(B). Any services provided by the In-
2 dian tribe or tribal organization pursuant to a deter-
3 mination made under this subparagraph shall be
4 deemed to be provided under the agreement entered
5 into by the Indian tribe or tribal organization under
6 the Indian Self-Determination and Education Assist-
7 ance Act. The provisions of section 314 of Public
8 Law 101–512 (104 Stat. 1959), as amended by sec-
9 tion 308 of Public Law 103–138 (107 Stat. 1416),
10 shall apply to any services provided by the Indian
11 tribe or tribal organization pursuant to a determina-
12 tion made under this subparagraph.

13 “(3) PAYMENT FOR SERVICES.—

14 “(A) IN GENERAL.—Persons receiving
15 health services provided by the Service under
16 this subsection shall be liable for payment of
17 such health services under a schedule of charges
18 prescribed by the Secretary which, in the judg-
19 ment of the Secretary, results in reimbursement
20 in an amount not less than the actual cost of
21 providing the health services. Notwithstanding
22 section 207 of this Act or any other provision
23 of law, amounts collected under this subsection,
24 including Medicare, Medicaid, or children’s
25 health insurance program reimbursements

1 under titles XVIII, XIX, and XXI of the Social
2 Security Act (42 U.S.C. 1395 et seq.), shall be
3 credited to the account of the program pro-
4 viding the service and shall be used for the pur-
5 poses listed in section 401(d)(2) and amounts
6 collected under this subsection shall be available
7 for expenditure within such program.

8 “(B) INDIGENT PEOPLE.—Health services
9 may be provided by the Secretary through the
10 Service under this subsection to an indigent in-
11 dividual who would not be otherwise eligible for
12 such health services but for the provisions of
13 paragraph (1) only if an agreement has been
14 entered into with a State or local government
15 under which the State or local government
16 agrees to reimburse the Service for the expenses
17 incurred by the Service in providing such health
18 services to such indigent individual.

19 “(4) REVOCATION OF CONSENT FOR SERV-
20 ICES.—

21 “(A) SINGLE TRIBE SERVICE AREA.—In
22 the case of a Service Area which serves only 1
23 Indian tribe, the authority of the Secretary to
24 provide health services under paragraph (1)
25 shall terminate at the end of the fiscal year suc-

1 ceeding the fiscal year in which the governing
2 body of the Indian tribe revokes its concurrence
3 to the provision of such health services.

4 “(B) MULTITRIBAL SERVICE AREA.—In
5 the case of a multitribal Service Area, the au-
6 thority of the Secretary to provide health serv-
7 ices under paragraph (1) shall terminate at the
8 end of the fiscal year succeeding the fiscal year
9 in which at least 51 percent of the number of
10 Indian tribes in the Service Area revoke their
11 concurrence to the provisions of such health
12 services.

13 “(d) OTHER SERVICES.—The Service may provide
14 health services under this subsection to individuals who
15 are not eligible for health services provided by the Service
16 under any other provision of law in order to—

17 “(1) achieve stability in a medical emergency;

18 “(2) prevent the spread of a communicable dis-
19 ease or otherwise deal with a public health hazard;

20 “(3) provide care to non-Indian women preg-
21 nant with an eligible Indian’s child for the duration
22 of the pregnancy through postpartum; or

23 “(4) provide care to immediate family members
24 of an eligible individual if such care is directly re-
25 lated to the treatment of the eligible individual.

1 “(e) HOSPITAL PRIVILEGES FOR PRACTITIONERS.—

2 “(1) IN GENERAL.—Hospital privileges in
3 health facilities operated and maintained by the
4 Service or operated under a contract or compact
5 pursuant to the Indian Self-Determination and Edu-
6 cation Assistance Act (25 U.S.C. 450 et seq.) may
7 be extended to non-Service health care practitioners
8 who provide services to individuals described in sub-
9 section (a), (b), (c), or (d). Such non-Service health
10 care practitioners may, as part of the privileging
11 process, be designated as employees of the Federal
12 Government for purposes of section 1346(b) and
13 chapter 171 of title 28, United States Code (relating
14 to Federal tort claims) only with respect to acts or
15 omissions which occur in the course of providing
16 services to eligible individuals as a part of the condi-
17 tions under which such hospital privileges are ex-
18 tended.

19 “(2) DEFINITION.—For purposes of this sub-
20 section, the term ‘non-Service health care practi-
21 tioner’ means a practitioner who is not—

22 “(A) an employee of the Service; or

23 “(B) an employee of an Indian tribe or
24 tribal organization operating a contract or com-
25 pact under the Indian Self-Determination and

1 Education Assistance Act (25 U.S.C. 450 et
2 seq.) or an individual who provides health care
3 services pursuant to a personal services con-
4 tract with such Indian tribe or tribal organiza-
5 tion.

6 “(f) ELIGIBLE INDIAN.—For purposes of this sec-
7 tion, the term ‘eligible Indian’ means any Indian who is
8 eligible for health services provided by the Service without
9 regard to the provisions of this section.”.

10 **SEC. 195. ANNUAL BUDGET SUBMISSION.**

11 Title VIII of the Indian Health Care Improvement
12 Act (25 U.S.C. 1671 et seq.) is amended by adding at
13 the end the following:

14 **“SEC. 826. ANNUAL BUDGET SUBMISSION.**

15 “Effective beginning with the submission of the an-
16 nual budget request to Congress for fiscal year 2011, the
17 President shall include, in the amount requested and the
18 budget justification, amounts that reflect any changes
19 in—

20 “(1) the cost of health care services, as indexed
21 for United States dollar inflation (as measured by
22 the Consumer Price Index); and

23 “(2) the size of the population served by the
24 Service.”.

1 **SEC. 196. PRESCRIPTION DRUG MONITORING.**

2 *Title VIII of the Indian Health Care Improvement Act*
3 *(25 U.S.C. 1671 et seq.) (as amended by section 195) is*
4 *amended by adding at the end the following:*

5 **“SEC. 827. PRESCRIPTION DRUG MONITORING.**

6 *“(a) MONITORING.—*

7 *“(1) ESTABLISHMENT.—The Secretary, in co-*
8 *ordination with the Secretary of the Interior and the*
9 *Attorney General, shall establish a prescription drug*
10 *monitoring program, to be carried out at health care*
11 *facilities of the Service, tribal health care facilities,*
12 *and urban Indian health care facilities.*

13 *“(2) REPORT.—Not later than 18 months after*
14 *the date of enactment of the Indian Health Care Im-*
15 *provement Reauthorization and Extension Act of*
16 *2009, the Secretary shall submit to the Committee on*
17 *Indian Affairs of the Senate and the Committee on*
18 *Natural Resources of the House of Representatives a*
19 *report that describes—*

20 *“(A) the needs of the Service, tribal health*
21 *care facilities, and urban Indian health care fa-*
22 *cilities with respect to the prescription drug*
23 *monitoring program under paragraph (1);*

24 *“(B) the planned development of that pro-*
25 *gram, including any relevant statutory or ad-*
26 *ministrative limitations; and*

1 “(C) *the means by which the program could*
2 *be carried out in coordination with any State*
3 *prescription drug monitoring program.*

4 “(b) *ABUSE.—*

5 “(1) *IN GENERAL.—The Attorney General, in*
6 *conjunction with the Secretary and the Secretary of*
7 *the Interior, shall conduct—*

8 “(A) *an assessment of the capacity of, and*
9 *support required by, relevant Federal and tribal*
10 *agencies—*

11 “(i) *to carry out data collection and*
12 *analysis regarding incidents of prescription*
13 *drug abuse in Indian communities; and*

14 “(ii) *to exchange among those agencies*
15 *and Indian health programs information*
16 *relating to prescription drug abuse in In-*
17 *Indian communities, including statutory and*
18 *administrative requirements and limita-*
19 *tions relating to that abuse; and*

20 “(B) *training for Indian health care pro-*
21 *viders, tribal leaders, law enforcement officers,*
22 *and school officials regarding awareness and*
23 *prevention of prescription drug abuse and strate-*
24 *gies for improving agency responses to address-*

1 *ing prescription drug abuse in Indian commu-*
 2 *nities.*

3 “(2) *REPORT.*—*Not later than 18 months after*
 4 *the date of enactment of the Indian Health Care Im-*
 5 *provement Reauthorization and Extension Act of*
 6 *2009, the Attorney General shall submit to the Com-*
 7 *mittee on Indian Affairs of the Senate and the Com-*
 8 *mittee on Natural Resources of the House of Rep-*
 9 *resentatives a report that describes—*

10 “(A) *the capacity of Federal and tribal*
 11 *agencies to carry out data collection and anal-*
 12 *ysis and information exchanges as described in*
 13 *paragraph (1)(A);*

14 “(B) *the training conducted pursuant to*
 15 *paragraph (1)(B);*

16 “(C) *infrastructure enhancements required*
 17 *to carry out the activities described in para-*
 18 *graph (1), if any; and*

19 “(D) *any statutory or administrative bar-*
 20 *riers to carrying out those activities.”.*

21 **SEC. 197. TRIBAL HEALTH PROGRAM OPTION FOR COST**
 22 **SHARING.**

23 *Title VIII of the Indian Health Care Improvement Act*
 24 *(25 U.S.C. 1671 et seq.) (as amended by section 196) is*
 25 *amended by adding at the end the following:*

1 **“SEC. 828. TRIBAL HEALTH PROGRAM OPTION FOR COST**
 2 **SHARING.**

3 “(a) *IN GENERAL.*—Nothing in this Act limits the
 4 ability of a tribal health program operating any health pro-
 5 gram, service, function, activity, or facility funded, in
 6 whole or part, by the Service through, or provided for in,
 7 a compact with the Service pursuant to title V of the Indian
 8 Self-Determination and Education Assistance Act (25
 9 U.S.C. 458aaa et seq.) to charge an Indian for services pro-
 10 vided by the tribal health program.

11 “(b) *SERVICE.*—Nothing in this Act authorizes the
 12 Service—

13 “(1) to charge an Indian for services; or

14 “(2) to require any tribal health program to
 15 charge an Indian for services.”.

16 **SEC. 198. DISEASE AND INJURY PREVENTION REPORT.**

17 *Title VIII of the Indian Health Care Improvement Act*
 18 *(25 U.S.C. 1671 et seq.) (as amended by section 197) is*
 19 *amended by adding at the end the following:*

20 **“SEC. 829. DISEASE AND INJURY PREVENTION REPORT.**

21 “Not later than 18 months after the date of enactment
 22 of the Indian Health Care Improvement Reauthorization
 23 and Extension Act of 2009, the Secretary shall submit to
 24 the Committee on Indian Affairs of the Senate and the
 25 Committees on Natural Resources and Energy and Com-
 26 merce of the House of Representatives describing—

1 “(1) all disease and injury prevention activities
2 conducted by the Service, independently or in con-
3 junction with other Federal departments and agencies
4 and Indian tribes; and

5 “(2) the effectiveness of those activities, including
6 the reductions of injury or disease conditions achieved
7 by the activities.”.

8 **SEC. 199. OTHER GAO REPORTS.**

9 Title VIII of the Indian Health Care Improvement Act
10 (25 U.S.C. 1671 et seq.) (as amended by section 198) is
11 amended by adding at the end the following:

12 **“SEC. 830. OTHER GAO REPORTS.**

13 “(a) COORDINATION OF SERVICES.—

14 “(1) STUDY AND EVALUATION.—The Comptroller
15 General of the United States shall conduct a study,
16 and evaluate the effectiveness, of coordination of
17 health care services provided to Indians—

18 “(A) through Medicare, Medicaid, or
19 SCHIP;

20 “(B) by the Service; or

21 “(C) using funds provided by—

22 “(i) State or local governments; or

23 “(ii) Indian tribes.

24 “(2) REPORT.—Not later than 18 months after
25 the date of enactment of the Indian Health Care Im-

1 *provement Reauthorization and Extension Act of*
2 *2009, the Comptroller General shall submit to Con-*
3 *gress a report—*

4 *“(A) describing the results of the evaluation*
5 *under paragraph (1); and*

6 *“(B) containing recommendations of the*
7 *Comptroller General regarding measures to sup-*
8 *port and increase coordination of the provision*
9 *of health care services to Indians as described in*
10 *paragraph (1).*

11 *“(b) PAYMENTS FOR CONTRACT HEALTH SERVICES.—*

12 *“(1) IN GENERAL.—The Comptroller General*
13 *shall conduct a study on the use of health care fur-*
14 *nished by health care providers under the contract*
15 *health services program funded by the Service and op-*
16 *erated by the Service, an Indian tribe, or a tribal or-*
17 *ganization.*

18 *“(2) ANALYSIS.—The study conducted under*
19 *paragraph (1) shall include an analysis of—*

20 *“(A) the amounts reimbursed under the con-*
21 *tract health services program described in para-*
22 *graph (1) for health care furnished by entities,*
23 *individual providers, and suppliers, including a*
24 *comparison of reimbursement for that health care*

1 *through other public programs and in the pri-*
2 *vate sector;*

3 “(B) *barriers to accessing care under such*
4 *contract health services program, including bar-*
5 *riers relating to travel distances, cultural dif-*
6 *ferences, and public and private sector reluctance*
7 *to furnish care to patients under the program;*

8 “(C) *the adequacy of existing Federal fund-*
9 *ing for health care under the contract health*
10 *services program;*

11 “(D) *the administration of the contract*
12 *health service program, including the distribu-*
13 *tion of funds to Indian health programs pursu-*
14 *ant to the program; and*

15 “(E) *any other items determined appro-*
16 *priate by the Comptroller General.*

17 “(3) *REPORT.—Not later than 18 months after*
18 *the date of enactment of the Indian Health Care Im-*
19 *provement Reauthorization and Extension Act of*
20 *2009, the Comptroller General shall submit to Con-*
21 *gress a report on the study conducted under para-*
22 *graph (1), together with recommendations regard-*
23 *ing—*

24 “(A) *the appropriate level of Federal fund-*
25 *ing that should be established for health care*

1 *under the contract health services program de-*
2 *scribed in paragraph (1);*

3 *“(B) how to most efficiently use that fund-*
4 *ing; and*

5 *“(C) the identification of any inequities in*
6 *the current distribution formula or inequitable*
7 *results for any Indian tribe under the funding*
8 *level, and any recommendations for addressing*
9 *any inequities or inequitable results identified.*

10 *“(4) CONSULTATION.—In conducting the study*
11 *under paragraph (1) and preparing the report under*
12 *paragraph (3), the Comptroller General shall consult*
13 *with the Service, Indian tribes, and tribal organiza-*
14 *tions.”.*

15 **SEC. 199A. TRADITIONAL HEALTH CARE PRACTICES.**

16 *Title VIII of the Indian Health Care Improvement Act*
17 *(25 U.S.C. 1671 et seq.) (as amended by section 199) is*
18 *amended by adding at the end the following:*

19 **“SEC. 831. TRADITIONAL HEALTH CARE PRACTICES.**

20 *“Although the Secretary may promote traditional*
21 *health care practices, consistent with the Service standards*
22 *for the provision of health care, health promotion, and dis-*
23 *ease prevention under this Act, the United States is not lia-*
24 *ble for any provision of traditional health care practices*
25 *pursuant to this Act that results in damage, injury, or*

1 *death to a patient. Nothing in this subsection shall be con-*
 2 *strued to alter any liability or other obligation that the*
 3 *United States may otherwise have under the Indian Self-*
 4 *Determination and Education Assistance Act (25 U.S.C.*
 5 *450 et seq.) or this Act.”.*

6 **SEC. 199B. DIRECTOR OF HIV/AIDS PREVENTION AND**
 7 **TREATMENT.**

8 *Title VIII of the Indian Health Care Improvement Act*
 9 *(25 U.S.C. 1671 et seq.) (as amended by section 199A) is*
 10 *amended by adding at the end the following:*

11 **“SEC. 832. DIRECTOR OF HIV/AIDS PREVENTION AND**
 12 **TREATMENT.**

13 *“(a) ESTABLISHMENT.—The Secretary, acting through*
 14 *the Service, shall establish within the Service the position*
 15 *of the Director of HIV/AIDS Prevention and Treatment (re-*
 16 *ferred to in this section as the ‘Director’).*

17 *“(b) DUTIES.—The Director shall—*

18 *“(1) coordinate and promote HIV/AIDS preven-*
 19 *tion and treatment activities specific to Indians;*

20 *“(2) provide technical assistance to Indian*
 21 *tribes, tribal organizations, and urban Indian organi-*
 22 *zations regarding existing HIV/AIDS prevention and*
 23 *treatment programs; and*

24 *“(3) ensure interagency coordination to facilitate*
 25 *the inclusion of Indians in Federal HIV/AIDS re-*

1 search and grant opportunities, with emphasis on the
 2 programs operated under the Ryan White Comprehensive
 3 Aids Resources Emergency Act of 1990 (Public
 4 Law 101–381; 104 Stat. 576) and the amendments
 5 made by that Act.

6 “(c) REPORT.—Not later than 2 years after the date
 7 of enactment of the Indian Health Care Improvement Reau-
 8 thorization and Extension Act of 2009, and not less fre-
 9 quently than once every 2 years thereafter, the Director
 10 shall submit to Congress a report describing, with respect
 11 to the preceding 2-year period—

12 “(1) each activity carried out under this section;
 13 and

14 “(2) any findings of the Director with respect to
 15 HIV/AIDS prevention and treatment activities spe-
 16 cific to Indians.”.

17 **TITLE II—AMENDMENTS TO** 18 **OTHER ACTS**

19 **SEC. 201. 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 such
 7 terms are defined in section 4 of the Indian Health Care
 8 Improvement Act). Such a safe harbor may relate to areas
 9 such as transportation, housing, or cost-sharing, assist-
 10 ance provided through such facilities or contract health
 11 services for Indians.

12 **SEC. 202. ANNUAL REPORT REGARDING INDIANS SERVED**
 13 **BY HEALTH BENEFITS PROGRAMS UNDER SO-**
 14 **CIAL SECURITY ACT.**

15 Section 1139 of the Social Security Act (~~42 U.S.C.~~
 16 ~~1320b-9~~) is amended—

17 (1) by redesignating subsection (e) as sub-
 18 section (d); and

19 (2) by inserting after subsection (b) the fol-
 20 lowing:

21 “(e) ANNUAL REPORTS ON INDIANS SERVED BY
 22 HEALTH BENEFIT PROGRAMS.—

23 “(1) IN GENERAL.—Beginning on January 1,
 24 2011, and annually thereafter, the Secretary, acting
 25 through the Administration of the Centers for Medi-

1 care & Medicaid Services and the Assistant Sec-
2 retary for Indian Health, shall submit to Congress
3 a report regarding the enrollment and health status
4 of Indians receiving items or services under health
5 benefit programs funded under this Act during the
6 preceding year.

7 “(2) INCLUSIONS.—Each report under para-
8 graph (1) shall include the following:

9 “(A) The total number of Indians enrolled
10 in, or receiving items or services under, such
11 programs, disaggregated with respect to each
12 such program.

13 “(B) The number of Indians described in
14 paragraph (1) that also received health benefits
15 under programs funded by the Indian Health
16 Service.

17 “(C) General information regarding the
18 health status of the Indians described in para-
19 graph (1), disaggregated with respect to specific
20 diseases or conditions and presented in a man-
21 ner that is consistent with protections for pri-
22 vacy of individually identifiable health informa-
23 tion under section 264(e) of the Health Insur-
24 ance Portability and Accountability Act of 1996
25 (42 U.S.C. 1320d-2 note).

1 “(D) A detailed statement of the status of
2 facilities of the Indian Health Service or an In-
3 dian tribe, tribal organization or urban Indian
4 organization with respect to the compliance by
5 such facilities with the applicable conditions and
6 requirements of titles XVIII, XIX, and XXI,
7 and, in the case of title XIX or XXI, under a
8 State plan under such title or under waiver au-
9 thority, and of the progress being made by such
10 facilities under plans submitted under section
11 1880(b) or 1911(b) or otherwise toward the
12 achievement and maintenance of such compli-
13 ance.

14 “(E) Such other information as the Sec-
15 retary determines is appropriate.”.

1 **SEC. 203. INCLUDING COSTS INCURRED BY SERVICE, A**
 2 **FEDERALLY QUALIFIED HEALTH CENTER, AN**
 3 **AIDS DRUG ASSISTANCE PROGRAM, CERTAIN**
 4 **HOSPITALS, OR A PHARMACEUTICAL MANU-**
 5 **FACTURER PATIENT ASSISTANCE PROGRAM**
 6 **IN PROVIDING PRESCRIPTION DRUGS TO-**
 7 **WARD THE ANNUAL OUT OF POCKET**
 8 **THRESHOLD UNDER PART D.**

9 (a) **IN GENERAL.**—Section 1860D–2(b)(4)(C) of the
 10 Social Security Act (42 U.S.C. 1395w–102(b)(4)(C)) is
 11 amended—

12 (1) in clause (i), by striking “and” at the end;

13 (2) in clause (ii)—

14 (A) by striking “such costs shall be treated
 15 as incurred only if” and inserting “subject to
 16 clause (iii), such costs shall be treated as in-
 17 curred if”;

18 (B) by striking “, under section 1860D–
 19 14, or under a State Pharmaceutical Assistance
 20 Program”;

21 (C) by striking “(other than under such
 22 section or such a Program)”;

23 (D) by striking the period at the end and
 24 inserting “; and”;

25 (3) by inserting after clause (ii) the following
 26 new clause:

1 “~~(iii)~~ such costs shall be treated as in-
2 curred and shall not be considered to be
3 reimbursed under clause ~~(ii)~~ if such costs
4 are borne or paid—

5 “~~(I)~~ under section ~~1860D-14~~;

6 “~~(II)~~ under a State Pharma-
7 ceutical Assistance Program;

8 “~~(III)~~ by the Indian Health Serv-
9 ice; an Indian tribe or tribal organiza-
10 tion; or an urban Indian organization
11 (as defined in section 4 of the Indian
12 Health Care Improvement Act);

13 “~~(IV)~~ by a Federally qualified
14 health center (as defined in section
15 ~~1861(aa)(4)~~);

16 “~~(V)~~ under an AIDS Drug As-
17 sistance Program under part B of
18 title ~~XXVI~~ of the Public Health Serv-
19 ice Act;

20 “~~(VI)~~ by a subsection ~~(d)~~ hos-
21 pital (as defined in section
22 ~~1886(d)(1)(B)~~) that meets the re-
23 quirements of clauses ~~(i)~~ and ~~(ii)~~ of
24 section ~~340B(a)(4)(L)~~ of the Public
25 Health Service Act; or

1 “(VII) by a pharmaceutical man-
 2 ufacturer patient assistance program,
 3 either directly or through the distribu-
 4 tion or donation of covered part D
 5 drugs, which shall be valued at the
 6 negotiated price of such covered part
 7 D drug under the enrollee’s prescrip-
 8 tion drug plan or MA-PD plan as of
 9 the date that the drug was distributed
 10 or donated.”.

11 (b) **EFFECTIVE DATE.**—The amendments made by
 12 subsection (a) shall apply to costs incurred on or after
 13 January 1, 2010.

14 **SEC. 204201. MEDICARE AMENDMENTS.**

15 (a) **IN GENERAL.**—Section 1880 of the Social Secu-
 16 rity Act (42 U.S.C. 1395qq) is amended—

17 (1) by redesignating subsection (f) as sub-
 18 section (g); and

19 (2) by inserting after subsection (e) the fol-
 20 lowing:

21 “(f) **PROHIBITION.**—Payments made pursuant to this
 22 section shall not be reduced as a result of any beneficiary
 23 deductible, coinsurance, or other charge under section
 24 1813.”.

1 (b) PAYMENT OF BENEFITS.—Section 1833(a)(1)(B)
 2 of the Social Security Act (42 U.S.C. 1395l(a)(1)(B)) is
 3 amended by inserting “or 1880(e)” after “section
 4 1861(s)(10)(A)”.

5 **SEC. 205. EXPANSION OF PAYMENTS UNDER MEDICARE,**
 6 **MEDICAID, AND CHIP FOR ALL COVERED**
 7 **SERVICES FURNISHED BY INDIAN HEALTH**
 8 **PROGRAMS.**

9 (a) MEDICAID.—

10 (1) EXPANSION TO ALL COVERED SERVICES.—

11 Section 1911 of the Social Security Act (42 U.S.C.
 12 1396j) is amended—

13 (A) by amending the heading to read as
 14 follows:

15 **“SEC. 1911. INDIAN HEALTH PROGRAMS.”;**

16 and

17 (B) by amending subsection (a) to read as
 18 follows:

19 **“(a) ELIGIBILITY FOR PAYMENT FOR MEDICAL AS-**
 20 **SISTANCE.—**The Indian Health Service and an Indian
 21 tribe, tribal organization, or an urban Indian organization
 22 shall be eligible for payment for medical assistance pro-
 23 vided under a State plan or under waiver authority with
 24 respect to items and services furnished by the Indian
 25 Health Service, Indian tribe, tribal organization, or urban

1 Indian organization if the furnishing of such services
2 meets all the conditions and requirements which are appli-
3 cable generally to the furnishing of items and services
4 under this title and under such plan or waiver authority.”.

5 (2) COMPLIANCE WITH CONDITIONS AND RE-
6 QUIREMENTS.—Subsection (b) of such section is
7 amended to read as follows:

8 “(b) COMPLIANCE WITH CONDITIONS AND REQUIRE-
9 MENTS.—A facility of the Indian Health Service or an In-
10 dian tribe, tribal organization, or an urban Indian organi-
11 zation which is eligible for payment under subsection (a)
12 with respect to the furnishing of items and services, but
13 which does not meet all of the conditions and requirements
14 of this title and under a State plan or waiver authority
15 which are applicable generally to such facility, shall make
16 such improvements as are necessary to achieve or main-
17 tain compliance with such conditions and requirements in
18 accordance with a plan submitted to and accepted by the
19 Secretary for achieving or maintaining compliance with
20 such conditions and requirements, and shall be deemed to
21 meet such conditions and requirements (and to be eligible
22 for payment under this title), without regard to the extent
23 of its actual compliance with such conditions and require-
24 ments, during the first 12 months after the month in
25 which such plan is submitted.”.

1 (3) REVISION OF AUTHORITY TO ENTER INTO
2 AGREEMENTS.—Subsection (e) of such section is
3 amended to read as follows:

4 “(e) AUTHORITY TO ENTER INTO AGREEMENTS.—
5 The Secretary may enter into an agreement with a State
6 for the purpose of reimbursing the State for medical as-
7 sistance provided by the Indian Health Service, an Indian
8 tribe, tribal organization, or an urban Indian organization
9 (as so defined), directly, through referral, or under con-
10 tracts or other arrangements between the Indian Health
11 Service, an Indian tribe, tribal organization, or an urban
12 Indian organization and another health care provider to
13 Indians who are eligible for medical assistance under the
14 State plan or under waiver authority.”.

15 (4) CROSS-REFERENCES TO SPECIAL FUND FOR
16 IMPROVEMENT OF HIS FACILITIES; DIRECT BILLING
17 OPTION; DEFINITIONS.—Such section is further
18 amended by striking subsection (d) and adding at
19 the end the following new subsections:

20 “(d) SPECIAL FUND FOR IMPROVEMENT OF HIS FA-
21 CILITIES.—For provisions relating to the authority of the
22 Secretary to place payments to which a facility of the In-
23 dian Health Service is eligible for payment under this title
24 into a special fund established under section 401(e)(1) of
25 the Indian Health Care Improvement Act, and the require-

1 ment to use amounts paid from such fund for making im-
 2 provements in accordance with subsection (b); see sub-
 3 paragraphs (A) and (B) of section 401(e)(1) of such Act.

4 “(e) DIRECT BILLING OPTION.—For provisions re-
 5 lating to the authority of a tribal health program or an
 6 urban Indian organization to elect to directly bill for, and
 7 receive payment for, health care items and services pro-
 8 vided by such Program or Organization for which payment
 9 is made under this title, see section 401(d) of the Indian
 10 Health Care Improvement Act.

11 “(f) DEFINITIONS.—In this section, the terms ‘In-
 12 dian health program’, ‘Indian tribe’, ‘tribal health pro-
 13 gram’, ‘tribal organization’, and ‘urban Indian organiza-
 14 tion’ have the meanings given those terms in section 4
 15 of the Indian Health Care Improvement Act.”.

16 (b) MEDICARE.—

17 (1) EXPANSION TO ALL COVERED SERVICES.—

18 Section 1880 of such Act (42 U.S.C. 1395qq) is
 19 amended—

20 (A) by amending the heading to read as
 21 follows:

22 **“SEC. 1880. INDIAN HEALTH PROGRAMS.”;**

23 and

24 (B) by amending subsection (a) to read as
 25 follows:

1 “(a) ELIGIBILITY FOR PAYMENTS.—Subject to sub-
2 section (e), the Indian Health Service and an Indian tribe,
3 tribal organization, or an urban Indian organization shall
4 be eligible for payments under this title with respect to
5 items and services furnished by the Indian Health Service,
6 Indian tribe, tribal organization, or urban Indian organi-
7 zation if the furnishing of such services meets all the con-
8 ditions and requirements which are applicable generally to
9 the furnishing of items and services under this title.”.

10 (2) COMPLIANCE WITH CONDITIONS AND RE-
11 QUIREMENTS.—Subsection (b) of such section is
12 amended to read as follows:

13 “(b) COMPLIANCE WITH CONDITIONS AND REQUIRE-
14 MENTS.—Subject to subsection (e), a facility of the Indian
15 Health Service or an Indian tribe, tribal organization, or
16 an urban Indian organization which is eligible for payment
17 under subsection (a) with respect to the furnishing of
18 items and services, but which does not meet all of the con-
19 ditions and requirements of this title which are applicable
20 generally to such facility, shall make such improvements
21 as are necessary to achieve or maintain compliance with
22 such conditions and requirements in accordance with a
23 plan submitted to and accepted by the Secretary for
24 achieving or maintaining compliance with such conditions
25 and requirements, and shall be deemed to meet such con-

1 ditions and requirements (and to be eligible for payment
 2 under this title); without regard to the extent of its actual
 3 compliance with such conditions and requirements; during
 4 the first 12 months after the month in which such plan
 5 is submitted.”.

6 ~~(3) CROSS-REFERENCES TO SPECIAL FUND FOR~~
 7 ~~IMPROVEMENT OF IHS FACILITIES; DIRECT BILLING~~
 8 ~~OPTION; DEFINITIONS.—~~

9 ~~(A) IN GENERAL.—~~Such section is further
 10 amended by striking subsections (c) and (d)
 11 and inserting the following new subsections:

12 ~~“(c) SPECIAL FUND FOR IMPROVEMENT OF IHS FA-~~
 13 ~~CILITIES.—~~For provisions relating to the authority of the
 14 Secretary to place payments to which a facility of the In-
 15 dian Health Service is eligible for payment under this title
 16 into a special fund established under section 401(e)(1) of
 17 the Indian Health Care Improvement Act, and the require-
 18 ment to use amounts paid from such fund for making im-
 19 provements in accordance with subsection (b); see sub-
 20 paragraphs (A) and (B) of section 401(e)(1) of such Act.

21 ~~“(d) DIRECT BILLING OPTION.—~~For provisions re-
 22 lating to the authority of a tribal health program or an
 23 urban Indian organization to elect to directly bill for, and
 24 receive payment for, health care items and services pro-
 25 vided by such program or organization for which payment

1 is made under this title, see section 401(d) of the Indian
2 Health Care Improvement Act.”.

3 (B) CONFORMING AMENDMENT.—Para-
4 graph (3) of section 1880(e) of such Act (42
5 U.S.C. 1395qq(e)) is amended by inserting
6 “and section 401(e)(1) of the Indian Health
7 Care Improvement Act” after “Subsection (e)”.

8 (4) DEFINITIONS.—Such section is further
9 amended by amending subsection (g) (as redesign-
10 nated by section 204(a)(1) of this Act) to read as
11 follows:

12 “(g) DEFINITIONS.—In this section, the terms ‘In-
13 dian health program’, ‘Indian tribe’, ‘Service Unit’, ‘tribal
14 health program’, ‘tribal organization’, and ‘urban Indian
15 organization’ have the meanings given those terms in sec-
16 tion 4 of the Indian Health Care Improvement Act.”.

17 (e) APPLICATION TO CHIP.—Section 2107(e)(1) of
18 the Social Security Act (42 U.S.C. 1397gg(e)(1)) is
19 amended—

20 (1) by redesignating subparagraph (D) as sub-
21 paragraph (E); and

22 (2) by inserting after subparagraph (C), the fol-
23 lowing new subparagraph:

1 ~~“(D) Section 1911 (relating to Indian~~
 2 ~~health programs, other than subsection (d) of~~
 3 ~~such section).”~~.

4 **SEC. 206202. REAUTHORIZATION OF NATIVE HAWAIIAN**
 5 **HEALTH CARE PROGRAMS.**

6 (a) REAUTHORIZATION.—The Native Hawaiian
 7 Health Care Act of 1988 (42 U.S.C. 11701 et seq.) is
 8 amended by striking “2001” each place it appears in sec-
 9 tions 6(h)(1), 7(b), and 10(c) (42 U.S.C. 11705(h)(1),
 10 11706(b), 11709(c)) and inserting “2019”.

11 (b) HEALTH AND EDUCATION.—

12 (1) IN GENERAL.—Section 6(c) of the Native
 13 Hawaiian Health Care Act of 1988 (42 U.S.C.
 14 11705) is amended by adding at the end the fol-
 15 lowing:

16 “(4) HEALTH AND EDUCATION.—In order to
 17 enable privately funded organizations to continue to
 18 supplement public efforts to provide educational pro-
 19 grams designed to improve the health, capability,
 20 and well-being of Native Hawaiians and to continue
 21 to provide health services to Native Hawaiians, not-
 22 withstanding any other provision of Federal or State
 23 law, it shall be lawful for the private educational or-
 24 ganization identified in section 7202(16) of the Ele-
 25 mentary and Secondary Education Act of 1965 (20

1 U.S.C. 7512(16)) to continue to offer its educational
2 programs and services to Native Hawaiians (as de-
3 fined in section 7207 of that Act (20 U.S.C. 7517))
4 first and to others only after the need for such pro-
5 grams and services by Native Hawaiians has been
6 met.”.

7 (2) EFFECTIVE DATE.—The amendment made
8 by paragraph (1) takes effect on December 5, 2006.

9 (c) DEFINITION OF HEALTH PROMOTION.—Section
10 12(2) of the Native Hawaiian Health Care Act of 1988
11 (42 U.S.C. 11711(2)) is amended—

12 (1) in subparagraph (F), by striking “and” at
13 the end;

14 (2) in subparagraph (G), by striking the period
15 at the end and inserting “, and”; and

16 (3) by adding at the end the following:

17 “(H) educational programs with the mis-
18 sion of improving the health, capability, and
19 well-being of Native Hawaiians.”.

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S. 1790

A BILL

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

DECEMBER 16, 2009

Reported with amendments