

106TH CONGRESS
2D SESSION

S. 2526

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

IN THE SENATE OF THE UNITED STATES

MAY 9, 2000

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

A BILL

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

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

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

4 (a) **SHORT TITLE.**—This Act may be cited as the
5 “Indian Health Care Improvement Act Reauthorization of
6 2000”.

7 (b) **TABLE OF CONTENTS.**—The table of contents for
8 this Act is as follows:

Sec. 1. Short title.

TITLE I—REAUTHORIZATION AND REVISIONS OF THE INDIAN
HEALTH CARE IMPROVEMENT ACT

Sec. 101. Amendment to the Indian Health Care Improvement Act.

TITLE II—CONFORMING AMENDMENTS TO THE SOCIAL SECURITY ACT

Subtitle A—Medicare

- Sec. 201. Limitations on charges.
- Sec. 202. Indian health programs.
- Sec. 203. Qualified Indian health program.

Subtitle B—Medicaid

- Sec. 211. Payments to Federally-qualified health centers.
- Sec. 212. State consultation with Indian health programs.
- Sec. 213. Fmap for services provided by Indian health programs.
- Sec. 214. Indian Health Service programs.

Subtitle C—State Children’s Health Insurance Program

- Sec. 221. Enhanced fmap for State children’s health insurance program.
- Sec. 222. Direct funding of State children’s health insurance program.
- “Sec. 2111. Direct funding of Indian health programs.

Subtitle D—Authorization of Appropriations

- Sec. 231. Authorization of appropriations.

TITLE III—MISCELLANEOUS PROVISIONS

- Sec. 301. Repeals.
- Sec. 302. Severability provisions.

1 **TITLE I—REAUTHORIZATION**
 2 **AND REVISIONS OF THE IN-**
 3 **DIAN HEALTH CARE IM-**
 4 **PROVEMENT ACT**

5 **SEC. 101. AMENDMENT TO THE INDIAN HEALTH CARE IM-**
 6 **PROVEMENT ACT.**

7 The Indian Health Care Improvement Act (25 U.S.C.
 8 1601 et seq.) is amended to read as follows:

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

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

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

- “Sec. 1. Short title; table of contents.
- “Sec. 2. Findings.
- “Sec. 3. Declaration of health objectives.
- “Sec. 4. Definitions.

“TITLE I—INDIAN HEALTH, HUMAN RESOURCES AND
DEVELOPMENT

- “Sec. 101. Purpose.
- “Sec. 102. General requirements.
- “Sec. 103. Health professions recruitment program for Indians.
- “Sec. 104. Health professions preparatory scholarship program for Indians.
- “Sec. 105. Indian health professions scholarships.
- “Sec. 106. American Indians into psychology program.
- “Sec. 107. Indian Health Service extern programs.
- “Sec. 108. Continuing education allowances.
- “Sec. 109. Community health representative program.
- “Sec. 110. Indian Health Service loan repayment program.
- “Sec. 111. Scholarship and loan repayment recovery fund.
- “Sec. 112. Recruitment activities.
- “Sec. 113. Tribal recruitment and retention program.
- “Sec. 114. Advanced training and research.
- “Sec. 115. Nursing programs; Quentin N. Burdick American Indians into Nursing Program.
- “Sec. 116. Tribal culture and history.
- “Sec. 117. INMED program.
- “Sec. 118. Health training programs of community colleges.
- “Sec. 119. Retention bonus.
- “Sec. 120. Nursing residency program.
- “Sec. 121. Community health aide program for Alaska.
- “Sec. 122. Tribal health program administration.
- “Sec. 123. Health professional chronic shortage demonstration project.
- “Sec. 124. Scholarships.
- “Sec. 125. National Health Service Corps.
- “Sec. 126. Substance abuse counselor education demonstration project.
- “Sec. 127. Mental health training and community education.
- “Sec. 128. Authorization of appropriations.

“TITLE II—HEALTH SERVICES

- “Sec. 201. Indian Health Care Improvement Fund.
- “Sec. 202. Catastrophic Health Emergency Fund.
- “Sec. 203. Health promotion and disease prevention services.
- “Sec. 204. Diabetes prevention, treatment, and control.
- “Sec. 205. Shared services.
- “Sec. 206. Health services research.
- “Sec. 207. Mammography and other cancer screening.
- “Sec. 208. Patient travel costs.
- “Sec. 209. Epidemiology centers.
- “Sec. 210. Comprehensive school health education programs.
- “Sec. 211. Indian youth program.

- “Sec. 212. Prevention, control, and elimination of communicable and infectious diseases.
- “Sec. 213. Authority for provision of other services.
- “Sec. 214. Indian women’s health care.
- “Sec. 215. Environmental and nuclear health hazards.
- “Sec. 216. Arizona as a contract health service delivery area.
- “Sec. 217. California contract health services demonstration program.
- “Sec. 218. California as a contract health service delivery area.
- “Sec. 219. Contract health services for the Trenton service area.
- “Sec. 220. Programs operated by Indian tribes and tribal organizations.
- “Sec. 221. Licensing.
- “Sec. 222. Authorization for emergency contract health services.
- “Sec. 223. Prompt action on payment of claims.
- “Sec. 224. Liability for payment.
- “Sec. 225. Authorization of appropriations.

“TITLE III—FACILITIES

- “Sec. 301. Consultation, construction and renovation of facilities; reports.
- “Sec. 302. Safe water and sanitary waste disposal facilities.
- “Sec. 303. Preference to Indians and Indian firms.
- “Sec. 304. Soboba sanitation facilities.
- “Sec. 305. Expenditure of nonservice funds for renovation.
- “Sec. 306. Funding for the construction, expansion, and modernization of small ambulatory care facilities.
- “Sec. 307. Indian health care delivery demonstration project.
- “Sec. 308. Land transfer.
- “Sec. 309. Leases.
- “Sec. 310. Loans, loan guarantees and loan repayment.
- “Sec. 311. Tribal leasing.
- “Sec. 312. Indian Health Service/tribal facilities joint venture program.
- “Sec. 313. Location of facilities.
- “Sec. 314. Maintenance and improvement of health care facilities.
- “Sec. 315. Tribal management of Federally-owned quarters.
- “Sec. 316. Applicability of buy American requirement.
- “Sec. 317. Other funding for facilities.
- “Sec. 318. Authorization of appropriations.

“TITLE IV—ACCESS TO HEALTH SERVICES

- “Sec. 401. Treatment of payments under medicare program.
- “Sec. 402. Treatment of payments under medicaid program.
- “Sec. 403. Report.
- “Sec. 404. Grants to and funding agreements with the service, Indian tribes or tribal organizations, and urban Indian organizations.
- “Sec. 405. Direct billing and reimbursement of medicare, medicaid, and other third party payors.
- “Sec. 406. Reimbursement from certain third parties of costs of health services.
- “Sec. 407. Crediting of reimbursements.
- “Sec. 408. Purchasing health care coverage.
- “Sec. 409. Indian Health Service, Department of Veteran’s Affairs, and other Federal agency health facilities and services sharing.
- “Sec. 410. Payor of last resort.
- “Sec. 411. Right to recover from Federal health care programs.

- “Sec. 412. Tuba city demonstration project.
- “Sec. 413. Access to Federal insurance.
- “Sec. 414. Consultation and rulemaking.
- “Sec. 415. Limitations on charges.
- “Sec. 416. Limitation on Secretary’s waiver authority.
- “Sec. 417. Waiver of medicare and medicaid sanctions.
- “Sec. 418. Meaning of ‘remuneration’ for purposes of safe harbor provisions; antitrust immunity.
- “Sec. 419. Co-insurance, co-payments, deductibles and premiums.
- “Sec. 420. Inclusion of income and resources for purposes of medically needy medicaid eligibility.
- “Sec. 421. Estate recovery provisions.
- “Sec. 422. Medical child support.
- “Sec. 423. Provisions relating to managed care.
- “Sec. 424. Navajo Nation medicaid agency.
- “Sec. 425. Indian advisory committees.
- “Sec. 426. Authorization of appropriations.

“TITLE V—HEALTH SERVICES FOR URBAN INDIANS

- “Sec. 501. Purpose.
- “Sec. 502. Contracts with, and grants to, urban Indian organizations.
- “Sec. 503. Contracts and grants for the provision of health care and referral services.
- “Sec. 504. Contracts and grants for the determination of unmet health care needs.
- “Sec. 505. Evaluations; renewals.
- “Sec. 506. Other contract and grant requirements.
- “Sec. 507. Reports and records.
- “Sec. 508. Limitation on contract authority.
- “Sec. 509. Facilities.
- “Sec. 510. Office of Urban Indian Health.
- “Sec. 511. Grants for alcohol and substance abuse related services.
- “Sec. 512. Treatment of certain demonstration projects.
- “Sec. 513. Urban NIAAA transferred programs.
- “Sec. 514. Consultation with urban Indian organizations.
- “Sec. 515. Federal Tort Claims Act coverage.
- “Sec. 516. Urban youth treatment center demonstration.
- “Sec. 517. Use of Federal government facilities and sources of supply.
- “Sec. 518. Grants for diabetes prevention, treatment and control.
- “Sec. 519. Community health representatives.
- “Sec. 520. Regulations.
- “Sec. 521. Authorization of appropriations.

“TITLE VI—ORGANIZATIONAL IMPROVEMENTS

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

“TITLE VII—BEHAVIORAL HEALTH PROGRAMS

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

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

“TITLE VIII—MISCELLANEOUS

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

1 **“SEC. 2. FINDINGS.**

2 “Congress makes the following findings:

3 “(1) Federal delivery of health services and
 4 funding of tribal and urban Indian health programs
 5 to maintain and improve the health of the Indians
 6 are consonant with and required by the Federal Gov-
 7 ernment’s historical and unique legal relationship
 8 with the American Indian people, as reflected in the
 9 Constitution, treaties, Federal laws, and the course

1 of dealings of the United States with Indian Tribes,
2 and the United States' resulting government to gov-
3 ernment and trust responsibility and obligations to
4 the American Indian people.

5 “(2) From the time of European occupation
6 and colonization through the 20th century, the poli-
7 cies and practices of the United States caused or
8 contributed to the severe health conditions of Indi-
9 ans.

10 “(3) Indian Tribes have, through the cession of
11 over 400,000,000 acres of land to the United States
12 in exchange for promises, often reflected in treaties,
13 of health care secured a de facto contract that enti-
14 tles Indians to health care in perpetuity, based on
15 the moral, legal, and historic obligation of the
16 United States.

17 “(4) The population growth of the Indian peo-
18 ple that began in the later part of the 20th century
19 increases the need for Federal health care services.

20 “(5) A major national goal of the United States
21 is to provide the quantity and quality of health serv-
22 ices which will permit the health status of Indians,
23 regardless of where they live, to be raised to the
24 highest possible level, a level that is not less than
25 that of the general population, and to provide for the

1 maximum participation of Indian Tribes, tribal orga-
2 nizations, and urban Indian organizations in the
3 planning, delivery, and management of those serv-
4 ices.

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

9 “(7) Despite such services, the unmet health
10 needs of the American Indian people remain alarm-
11 ingly severe, and even continue to increase, and the
12 health status of the Indians is far below the health
13 status of the general population of the United
14 States.

15 “(8) The disparity in health status that is to be
16 addresses is formidable. In death rates for example,
17 Indian people suffer a death rate for diabetes
18 mellitus that is 249 percent higher than the death
19 rate for all races in the United States, a pneumonia
20 and influenza death rate that is 71 percent higher,
21 a tuberculosis death rate that is 533 percent higher,
22 and a death rate from alcoholism that is 627 percent
23 higher.

1 **“SEC. 3. DECLARATION OF HEALTH OBJECTIVES.**

2 “Congress hereby declares that it is the policy of the
3 United States, in fulfillment of its special trust respon-
4 sibilities and legal obligations to the American Indian
5 people—

6 “(1) to assure the highest possible health status
7 for Indians and to provide all resources necessary to
8 effect that policy;

9 “(2) to raise the health status of Indians by the
10 year 2010 to at least the levels set forth in the goals
11 contained within the Healthy People 2000, or any
12 successor standards thereto;

13 “(3) in order to raise the health status of In-
14 dian people to at least the levels set forth in the
15 goals contained within the Healthy People 2000, or
16 any successor standards thereto, to permit Indian
17 Tribes and tribal organizations to set their own
18 health care priorities and establish goals that reflect
19 their unmet needs;

20 “(4) to increase the proportion of all degrees in
21 the health professions and allied and associated
22 health professions awarded to Indians so that the
23 proportion of Indian health professionals in each ge-
24 ographic service area is raised to at least the level
25 of that of the general population;

1 “(5) to require meaningful, active consultation
2 with Indian Tribes, Indian organizations, and urban
3 Indian organizations to implement this Act and the
4 national policy of Indian self-determination; and

5 “(6) that funds for health care programs and
6 facilities operated by Tribes and tribal organizations
7 be provided in amounts that are not less than the
8 funds that are provided to programs and facilities
9 operated directly by the Service.

10 **“SEC. 4. DEFINITIONS.**

11 “In this Act:

12 “(1) ACCREDITED AND ACCESSIBLE.—The term
13 ‘accredited and accessible’, with respect to an entity,
14 means a community college or other appropriate en-
15 tity that is on or near a reservation and accredited
16 by a national or regional organization with accred-
17 iting authority.

18 “(2) AREA OFFICE.—The term ‘area office’
19 mean an administrative entity including a program
20 office, within the Indian Health Service through
21 which services and funds are provided to the service
22 units within a defined geographic area.

23 “(3) ASSISTANT SECRETARY.—The term ‘As-
24 sistant Secretary’ means the Assistant Secretary of
25 the Indian Health as established under section 601.

1 “(4) CONTRACT HEALTH SERVICE.—The term
2 ‘contract health service’ means a health service that
3 is provided at the expense of the Service, Indian
4 Tribe, or tribal organization by a public or private
5 medical provider or hospital, other than a service
6 funded under the Indian Self-Determination and
7 Education Assistance Act or under this Act.

8 “(5) DEPARTMENT.—The term ‘Department’,
9 unless specifically provided otherwise, means the De-
10 partment of Health and Human Services.

11 “(6) FUND.—The terms ‘fund’ or ‘funding’
12 mean the transfer of monies from the Department
13 to any eligible entity or individual under this Act by
14 any legal means, including funding agreements, con-
15 tracts, memoranda of understanding, Buy Indian
16 Act contracts, or otherwise.

17 “(7) FUNDING AGREEMENT.—The term ‘fund-
18 ing agreement’ means any agreement to transfer
19 funds for the planning, conduct, and administration
20 of programs, functions, services and activities to
21 Tribes and tribal organizations from the Secretary
22 under the authority of the Indian Self-Determination
23 and Education Assistance Act.

24 “(8) HEALTH PROFESSION.—The term ‘health
25 profession’ means allopathic medicine, family medi-

1 cine, internal medicine, pediatrics, geriatric medi-
2 cine, obstetrics and gynecology, podiatric medicine,
3 nursing, public health nursing, dentistry, psychiatry,
4 osteopathy, optometry, pharmacy, psychology, public
5 health, social work, marriage and family therapy,
6 chiropractic medicine, environmental health and en-
7 gineering, and allied health professions, or any other
8 health profession.

9 “(9) HEALTH PROMOTION; DISEASE PREVEN-
10 TION.—The terms ‘health promotion’ and ‘disease
11 prevention’ shall have the meanings given such
12 terms in paragraphs (1) and (2) of section 203(c).

13 “(10) INDIAN.—The term ‘Indian’ and ‘Indi-
14 ans’ shall have meanings given such terms for pur-
15 poses of the Indian Self-Determination and Edu-
16 cation Assistance Act.

17 “(11) INDIAN HEALTH PROGRAM.—The term
18 ‘Indian health program’ shall have the meaning
19 given such term in section 110(a)(2)(A).

20 “(12) INDIAN TRIBE.—The term ‘Indian tribe’
21 shall have the meaning given such term in section
22 4(e) of the Indian Self Determination and Education
23 Assistance Act.

24 “(13) RESERVATION.—The term ‘reservation’
25 means any Federally recognized Indian tribe’s res-

1 ervation, Pueblo or colony, including former reserva-
2 tions in Oklahoma, Alaska Native Regions estab-
3 lished pursuant to the Alaska Native Claims Settle-
4 ment Act, and Indian allotments.

5 “(14) SECRETARY.—The term ‘Secretary’, un-
6 less specifically provided otherwise, means the Sec-
7 retary of Health and Human Services.

8 “(15) SERVICE.—The term ‘Service’ means the
9 Indian Health Service.

10 “(16) SERVICE AREA.—The term ‘service area’
11 means the geographical area served by each area of-
12 fice.

13 “(17) SERVICE UNIT.—The term ‘service unit’
14 means—

15 “(A) an administrative entity within the
16 Indian Health Service; or

17 “(B) a tribe or tribal organization oper-
18 ating health care programs or facilities with
19 funds from the Service under the Indian Self-
20 Determination and Education Assistance Act,
21 through which services are provided, directly or
22 by contract, to the eligible Indian population
23 within a defined geographic area.

24 “(18) TRADITIONAL HEALTH CARE PRAC-
25 TICES.—The term ‘traditional health care practices’

1 means the application by Native healing practi-
2 tioners of the Native healing sciences (as opposed or
3 in contradistinction to western healing sciences)
4 which embodies the influences or forces of innate
5 tribal discovery, history, description, explanation and
6 knowledge of the states of wellness and illness and
7 which calls upon these influences or forces, including
8 physical, mental, and spiritual forces in the pro-
9 motion, restoration, preservation and maintenance of
10 health, well-being, and life's harmony.

11 “(19) TRIBAL ORGANIZATION.—The term ‘trib-
12 al organization’ shall have the meaning given such
13 term in section 4(l) of the Indian Self Determination
14 and Education Assistance Act.

15 “(20) TRIBALLY CONTROLLED COMMUNITY
16 COLLEGE.—The term ‘tribally controlled community
17 college’ shall have the meaning given such term in
18 section 126 (g)(2).

19 “(21) URBAN CENTER.—The term ‘urban cen-
20 ter’ means any community that has a sufficient
21 urban Indian population with unmet health needs to
22 warrant assistance under title V, as determined by
23 the Secretary.

1 “(22) URBAN INDIAN.—The term ‘urban In-
2 dian’ means any individual who resides in an urban
3 center and who—

4 “(A) regardless of whether such individual
5 lives on or near a reservation, is a member of
6 a tribe, band or other organized group of Indi-
7 ans, including those tribes, bands or groups ter-
8 minated since 1940;

9 “(B) is an Eskimo or Aleut or other Alas-
10 kan Native;

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

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

15 “(23) URBAN INDIAN ORGANIZATION.—The
16 term ‘urban Indian organization’ means a nonprofit
17 corporate body situated in an urban center, governed
18 by an urban Indian controlled board of directors,
19 and providing for the participation of all interested
20 Indian groups and individuals, and which is capable
21 of legally cooperating with other public and private
22 entities for the purpose of performing the activities
23 described in section 503(a).

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

4 **“SEC. 101. PURPOSE.**

5 “The purpose of this title is to increase, to the max-
6 imum extent feasible, the number of Indians entering the
7 health professions and providing health services, and to
8 assure an optimum supply of health professionals to the
9 Service, Indian tribes, tribal organizations, and urban In-
10 dian organizations involved in the provision of health serv-
11 ices to Indian people.

12 **“SEC. 102. GENERAL REQUIREMENTS.**

13 “(a) SERVICE AREA PRIORITIES.—Unless specifically
14 provided otherwise, amounts appropriated for each fiscal
15 year to carry out each program authorized under this title
16 shall be allocated by the Secretary to the area office of
17 each service area using a formula—

18 “(1) to be developed in consultation with Indian
19 Tribes, tribal organizations and urban Indian orga-
20 nizations; and

21 “(2) that takes into account the human re-
22 source and development needs in each such service
23 area.

24 “(b) CONSULTATION.—Each area office receiving
25 funds under this title shall actively and continuously con-

1 sult with representatives of Indian tribes, tribal organiza-
2 tions, and urban Indian organizations to prioritize the uti-
3 lization of funds provided under this title within the serv-
4 ice area.

5 “(c) REALLOCATION.—Unless specifically prohibited,
6 an area office may reallocate funds provided to the office
7 under this title among the programs authorized by this
8 title, except that scholarship and loan repayment funds
9 shall not be used for administrative functions or expenses.

10 “(d) LIMITATION.—This section shall not apply with
11 respect to individual recipients of scholarships, loans or
12 other funds provided under this title (as this title existed
13 1 day prior to the date of enactment of this Act) until
14 such time as the individual completes the course of study
15 that is supported through the use of such funds.

16 **“SEC. 103. HEALTH PROFESSIONS RECRUITMENT PROGRAM**
17 **FOR INDIANS.**

18 “(a) IN GENERAL.—The Secretary, acting through
19 the Service, shall make funds available through the area
20 office to public or nonprofit private health entities, or In-
21 dian tribes or tribal organizations to assist such entities
22 in meeting the costs of—

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

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

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

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

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

17 “(b) ADMINISTRATIVE PROVISIONS.—

18 “(1) APPLICATION.—To be eligible to receive
19 funds under this section an entity described in sub-
20 section (a) shall submit to the Secretary, through
21 the appropriate area office, and have approved, an
22 application in such form, submitted in such manner,
23 and containing such information as the Secretary
24 shall by regulation prescribe.

1 “(2) PREFERENCE.—In awarding funds under
2 this section, the area office shall give a preference
3 to applications submitted by Indian tribes, tribal or-
4 ganizations, or urban Indian organizations.

5 “(3) AMOUNT.—The amount of funds to be
6 provided to an eligible entity under this section shall
7 be determined by the area office. Payments under
8 this section may be made in advance or by way of
9 reimbursement, and at such intervals and on such
10 conditions as provided for in regulations promul-
11 gated pursuant to this Act.

12 “(4) TERMS.—A funding commitment under
13 this section shall, to the extent not otherwise prohib-
14 ited by law, be for a term of 3 years, as provided
15 for in regulations promulgated pursuant to this Act.

16 “(c) DEFINITION.—For purposes of this section and
17 sections 104 and 105, the terms ‘Indian’ and ‘Indians’
18 shall, in addition to the definition provided for in section
19 4, mean any individual who—

20 “(1) irrespective of whether such individual
21 lives on or near a reservation, is a member of a
22 tribe, band, or other organized group of Indians, in-
23 cluding those Tribes, bands, or groups terminated
24 since 1940;

1 “(2) is an Eskimo or Aleut or other Alaska Na-
2 tive;

3 “(3) is considered by the Secretary of the Inte-
4 rior to be an Indian for any purpose; or

5 “(4) is determined to be an Indian under regu-
6 lations promulgated by the Secretary.

7 **“SEC. 104. HEALTH PROFESSIONS PREPARATORY SCHOL-
8 ARSHIP PROGRAM FOR INDIANS.**

9 “(a) IN GENERAL.—The Secretary, acting through
10 the Service, shall provide scholarships through the area
11 offices to Indians who—

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

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

17 “(b) PURPOSE.—Scholarships provided under this
18 section shall be for the following purposes:

19 “(1) Compensatory preprofessional education of
20 any recipient. Such scholarship shall not exceed 2
21 years on a full-time basis (or the part-time equiva-
22 lent thereof, as determined by the area office pursu-
23 ant to regulations promulgated under this Act).

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

1 course of study preparatory to a field of study in
2 a health profession, such scholarship not to exceed
3 4 years (or the part-time equivalent thereof, as de-
4 termined by the area office pursuant to regulations
5 promulgated under this Act) except that an exten-
6 sion of up to 2 years may be approved by the Sec-
7 retary.

8 “(c) USE OF SCHOLARSHIP.—Scholarships made
9 under this section may be used to cover costs of tuition,
10 books, transportation, board, and other necessary related
11 expenses of a recipient while attending school.

12 “(d) LIMITATIONS.—Scholarship assistance to an eli-
13 gible applicant under this section shall not be denied solely
14 on the basis of—

15 “(1) the applicant’s scholastic achievement if
16 such applicant has been admitted to, or maintained
17 good standing at, an accredited institution; or

18 “(2) the applicant’s eligibility for assistance or
19 benefits under any other Federal program.

20 **“SEC. 105. INDIAN HEALTH PROFESSIONS SCHOLARSHIPS.**

21 “(a) SCHOLARSHIPS.—

22 “(1) IN GENERAL.—In order to meet the needs
23 of Indians, Indian tribes, tribal organizations, and
24 urban Indian organizations for health professionals,
25 the Secretary, acting through the Service and in ac-

1 cordance with this section, shall provide scholarships
2 through the area offices to Indians who are enrolled
3 full or part time in accredited schools and pursuing
4 courses of study in the health professions. Such
5 scholarships shall be designated Indian Health
6 Scholarships and shall, except as provided in sub-
7 section (b), be made in accordance with section
8 338A of the Public Health Service Act (42 U.S.C.
9 254l).

10 “(2) NO DELEGATION.—The Director of the
11 Service shall administer this section and shall not
12 delegate any administrative functions under a fund-
13 ing agreement pursuant to the Indian Self-Deter-
14 mination and Education Assistance Act.

15 “(b) ELIGIBILITY.—

16 “(1) ENROLLMENT.—An Indian shall be eligible
17 for a scholarship under subsection (a) in any year in
18 which such individual is enrolled full or part time in
19 a course of study referred to in subsection (a)(1).

20 “(2) SERVICE OBLIGATION.—

21 “(A) PUBLIC HEALTH SERVICE ACT.—The
22 active duty service obligation under a written
23 contract with the Secretary under section 338A
24 of the Public Health Service Act (42 U.S.C.
25 254l) that an Indian has entered into under

1 that section shall, if that individual is a recipi-
2 ent of an Indian Health Scholarship, be met in
3 full-time practice on an equivalent year for year
4 obligation, by service—

5 “(i) in the Indian Health Service;

6 “(ii) in a program conducted under a
7 funding agreement entered into under the
8 Indian Self-Determination and Education
9 Assistance Act;

10 “(iii) in a program assisted under title
11 V; or

12 “(iv) in the private practice of the ap-
13 plicable profession if, as determined by the
14 Secretary, in accordance with guidelines
15 promulgated by the Secretary, such prac-
16 tice is situated in a physician or other
17 health professional shortage area and ad-
18 dresses the health care needs of a substan-
19 tial number of Indians.

20 “(B) DEFERRING ACTIVE SERVICE.—At
21 the request of any Indian who has entered into
22 a contract referred to in subparagraph (A) and
23 who receives a degree in medicine (including os-
24 teopathic or allopathic medicine), dentistry, op-
25 tometry, podiatry, or pharmacy, the Secretary

1 shall defer the active duty service obligation of
2 that individual under that contract, in order
3 that such individual may complete any intern-
4 ship, residency, or other advanced clinical train-
5 ing that is required for the practice of that
6 health profession, for an appropriate period (in
7 years, as determined by the Secretary), subject
8 to the following conditions:

9 “(i) No period of internship, resi-
10 dency, or other advanced clinical training
11 shall be counted as satisfying any period of
12 obligated service that is required under
13 this section.

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

19 “(iii) The active duty service obliga-
20 tion will be served in the health profession
21 of that individual, in a manner consistent
22 with clauses (i) through (iv) of subpara-
23 graph (A).

24 “(C) NEW SCHOLARSHIP RECIPIENTS.—A
25 recipient of an Indian Health Scholarship that

1 is awarded after December 31, 2001, shall meet
2 the active duty service obligation under such
3 scholarship by providing service within the serv-
4 ice area from which the scholarship was award-
5 ed. In placing the recipient for active duty the
6 area office shall give priority to the program
7 that funded the recipient, except that in cases
8 of special circumstances, a recipient may be
9 placed in a different service area pursuant to an
10 agreement between the areas or programs in-
11 volved.

12 “(D) PRIORITY IN ASSIGNMENT.—Subject
13 to subparagraph (C), the area office, in making
14 assignments of Indian Health Scholarship re-
15 cipients required to meet the active duty service
16 obligation described in subparagraph (A), shall
17 give priority to assigning individuals to service
18 in those programs specified in subparagraph
19 (A) that have a need for health professionals to
20 provide health care services as a result of indi-
21 viduals having breached contracts entered into
22 under this section.

23 “(3) PART-TIME ENROLLMENT.—In the case of
24 an Indian receiving a scholarship under this section

1 who is enrolled part time in an approved course of
2 study—

3 “(A) such scholarship shall be for a period
4 of years not to exceed the part-time equivalent
5 of 4 years, as determined by the appropriate
6 area office;

7 “(B) the period of obligated service de-
8 scribed in paragraph (2)(A) shall be equal to
9 the greater of—

10 “(i) the part-time equivalent of 1 year
11 for each year for which the individual was
12 provided a scholarship (as determined by
13 the area office); or

14 “(ii) two years; and

15 “(C) the amount of the monthly stipend
16 specified in section 338A(g)(1)(B) of the Public
17 Health Service Act (42 U.S.C. 254l(g)(1)(B))
18 shall be reduced pro rata (as determined by the
19 Secretary) based on the number of hours such
20 student is enrolled.

21 “(4) BREACH OF CONTRACT.—

22 “(A) IN GENERAL.—An Indian who has,
23 on or after the date of the enactment of this
24 paragraph, entered into a written contract with

1 the area office pursuant to a scholarship under
2 this section and who—

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

9 “(ii) is dismissed from such edu-
10 cational institution for disciplinary reasons;

11 “(iii) voluntarily terminates the train-
12 ing in such an educational institution for
13 which he or she is provided a scholarship
14 under such contract before the completion
15 of such training; or

16 “(iv) fails to accept payment, or in-
17 structs the educational institution in which
18 he or she is enrolled not to accept pay-
19 ment, in whole or in part, of a scholarship
20 under such contract;

21 in lieu of any service obligation arising under
22 such contract, shall be liable to the United
23 States for the amount which has been paid to
24 him or her, or on his or her behalf, under the
25 contract.

1 “(B) FAILURE TO PERFORM SERVICE OB-
2 LIGATION.—If for any reason not specified in
3 subparagraph (A) an individual breaches his or
4 her written contract by failing either to begin
5 such individual’s service obligation under this
6 section or to complete such service obligation,
7 the United States shall be entitled to recover
8 from the individual an amount determined in
9 accordance with the formula specified in sub-
10 section (l) of section 110 in the manner pro-
11 vided for in such subsection.

12 “(C) DEATH.—Upon the death of an indi-
13 vidual who receives an Indian Health Scholar-
14 ship, any obligation of that individual for serv-
15 ice or payment that relates to that scholarship
16 shall be canceled.

17 “(D) WAIVER.—The Secretary shall pro-
18 vide for the partial or total waiver or suspen-
19 sion of any obligation of service or payment of
20 a recipient of an Indian Health Scholarship if
21 the Secretary, in consultation with the appro-
22 priate area office, Indian tribe, tribal organiza-
23 tion, and urban Indian organization, determines
24 that—

1 “(i) it is not possible for the recipient
2 to meet that obligation or make that pay-
3 ment;

4 “(ii) requiring that recipient to meet
5 that obligation or make that payment
6 would result in extreme hardship to the re-
7 cipient; or

8 “(iii) the enforcement of the require-
9 ment to meet the obligation or make the
10 payment would be unconscionable.

11 “(E) HARDSHIP OR GOOD CAUSE.—Not-
12 withstanding any other provision of law, in any
13 case of extreme hardship or for other good
14 cause shown, the Secretary may waive, in whole
15 or in part, the right of the United States to re-
16 cover funds made available under this section.

17 “(F) BANKRUPTCY.—Notwithstanding any
18 other provision of law, with respect to a recipi-
19 ent of an Indian Health Scholarship, no obliga-
20 tion for payment may be released by a dis-
21 charge in bankruptcy under title 11, United
22 States Code, unless that discharge is granted
23 after the expiration of the 5-year period begin-
24 ning on the initial date on which that payment
25 is due, and only if the bankruptcy court finds

1 that the nondischarge of the obligation would
2 be unconscionable.

3 “(c) FUNDING FOR TRIBES FOR SCHOLARSHIP PRO-
4 GRAMS.—

5 “(1) PROVISION OF FUNDS.—

6 “(A) IN GENERAL.—The Secretary shall
7 make funds available, through area offices, to
8 Indian Tribes and tribal organizations for the
9 purpose of assisting such Tribes and tribal or-
10 ganizations in educating Indians to serve as
11 health professionals in Indian communities.

12 “(B) LIMITATION.—The Secretary shall
13 ensure that amounts available for grants under
14 subparagraph (A) for any fiscal year shall not
15 exceed an amount equal to 5 percent of the
16 amount available for each fiscal year for Indian
17 Health Scholarships under this section.

18 “(C) APPLICATION.—An application for
19 funds under subparagraph (A) shall be in such
20 form and contain such agreements, assurances
21 and information as consistent with this section.

22 “(2) REQUIREMENTS.—

23 “(A) IN GENERAL.—An Indian Tribe or
24 tribal organization receiving funds under para-
25 graph (1) shall agree to provide scholarships to

1 Indians in accordance with the requirements of
2 this subsection.

3 “(B) MATCHING REQUIREMENT.—With re-
4 spect to the costs of providing any scholarship
5 pursuant to subparagraph (A)—

6 “(i) 80 percent of the costs of the
7 scholarship shall be paid from the funds
8 provided under paragraph (1) to the In-
9 dian Tribe or tribal organization; and

10 “(ii) 20 percent of such costs shall be
11 paid from any other source of funds.

12 “(3) ELIGIBILITY.—An Indian Tribe or tribal
13 organization shall provide scholarships under this
14 subsection only to Indians who are enrolled or ac-
15 cepted for enrollment in a course of study (approved
16 by the Secretary) in one of the health professions
17 described in this Act.

18 “(4) CONTRACTS.—In providing scholarships
19 under paragraph (1), the Secretary and the Indian
20 Tribe or tribal organization shall enter into a writ-
21 ten contract with each recipient of such scholarship.
22 Such contract shall—

23 “(A) obligate such recipient to provide
24 service in an Indian health program (as defined
25 in section 110(a)(2)(A)) in the same service

1 area where the Indian Tribe or tribal organiza-
2 tion providing the scholarship is located, for—

3 “(i) a number of years equal to the
4 number of years for which the scholarship
5 is provided (or the part-time equivalent
6 thereof, as determined by the Secretary),
7 or for a period of 2 years, whichever period
8 is greater; or

9 “(ii) such greater period of time as
10 the recipient and the Indian Tribe or tribal
11 organization may agree;

12 “(B) provide that the scholarship—

13 “(i) may only be expended for—

14 “(I) tuition expenses, other rea-
15 sonable educational expenses, and rea-
16 sonable living expenses incurred in at-
17 tendance at the educational institu-
18 tion; and

19 “(II) payment to the recipient of
20 a monthly stipend of not more than
21 the amount authorized by section
22 338(g)(1)(B) of the Public Health
23 Service Act (42 U.S.C.
24 254m(g)(1)(B), such amount to be re-
25 duced pro rata (as determined by the

1 Secretary) based on the number of
2 hours such student is enrolled, and
3 may not exceed, for any year of at-
4 tendance which the scholarship is pro-
5 vided, the total amount required for
6 the year for the purposes authorized
7 in this clause; and

8 “(ii) may not exceed, for any year of
9 attendance which the scholarship is pro-
10 vided, the total amount required for the
11 year for the purposes authorized in clause
12 (i);

13 “(C) require the recipient of such scholar-
14 ship to maintain an acceptable level of academic
15 standing as determined by the educational insti-
16 tution in accordance with regulations issued
17 pursuant to this Act; and

18 “(D) require the recipient of such scholar-
19 ship to meet the educational and licensure re-
20 quirements appropriate to the health profession
21 involved.

22 “(5) BREACH OF CONTRACT.—

23 “(A) IN GENERAL.—An individual who has
24 entered into a written contract with the Sec-

1 retary and an Indian Tribe or tribal organiza-
2 tion under this subsection and who—

3 “(i) fails to maintain an acceptable
4 level of academic standing in the education
5 institution in which he or she is enrolled
6 (such level determined by the educational
7 institution under regulations of the Sec-
8 retary);

9 “(ii) is dismissed from such education
10 for disciplinary reasons;

11 “(iii) voluntarily terminates the train-
12 ing in such an educational institution for
13 which he or she has been provided a schol-
14 arship under such contract before the com-
15 pletion of such training; or

16 “(iv) fails to accept payment, or in-
17 structs the educational institution in which
18 he or she is enrolled not to accept pay-
19 ment, in whole or in part, of a scholarship
20 under such contract, in lieu of any service
21 obligation arising under such contract;

22 shall be liable to the United States for the Fed-
23 eral share of the amount which has been paid
24 to him or her, or on his or her behalf, under
25 the contract.

1 “(B) FAILURE TO PERFORM SERVICE OB-
2 LIGATION.—If for any reason not specified in
3 subparagraph (A), an individual breaches his or
4 her written contract by failing to either begin
5 such individual’s service obligation required
6 under such contract or to complete such service
7 obligation, the United States shall be entitled to
8 recover from the individual an amount deter-
9 mined in accordance with the formula specified
10 in subsection (l) of section 110 in the manner
11 provided for in such subsection.

12 “(C) INFORMATION.—The Secretary may
13 carry out this subsection on the basis of infor-
14 mation received from Indian Tribes or tribal or-
15 ganizations involved, or on the basis of informa-
16 tion collected through such other means as the
17 Secretary deems appropriate.

18 “(6) REQUIRED AGREEMENTS.—The recipient
19 of a scholarship under paragraph (1) shall agree, in
20 providing health care pursuant to the requirements
21 of this subsection—

22 “(A) not to discriminate against an indi-
23 vidual seeking care on the basis of the ability
24 of the individual to pay for such care or on the
25 basis that payment for such care will be made

1 pursuant to the program established in title
2 XVIII of the Social Security Act or pursuant to
3 the programs established in title XIX of such
4 Act; and

5 “(B) to accept assignment under section
6 1842(b)(3)(B)(ii) of the Social Security Act for
7 all services for which payment may be made
8 under part B of title XVIII of such Act, and to
9 enter into an appropriate agreement with the
10 State agency that administers the State plan
11 for medical assistance under title XIX of such
12 Act to provide service to individuals entitled to
13 medical assistance under the plan.

14 “(7) PAYMENTS.—The Secretary, through the
15 area office, shall make payments under this sub-
16 section to an Indian Tribe or tribal organization for
17 any fiscal year subsequent to the first fiscal year of
18 such payments unless the Secretary or area office
19 determines that, for the immediately preceding fiscal
20 year, the Indian Tribe or tribal organization has not
21 complied with the requirements of this subsection.

22 **“SEC. 106. AMERICAN INDIANS INTO PSYCHOLOGY PRO-**
23 **GRAM.**

24 “(a) IN GENERAL.—Notwithstanding section 102,
25 the Secretary shall provide funds to at least 3 colleges and

1 universities for the purpose of developing and maintaining
2 American Indian psychology career recruitment programs
3 as a means of encouraging Indians to enter the mental
4 health field. These programs shall be located at various
5 colleges and universities throughout the country to maxi-
6 mize their availability to Indian students and new pro-
7 grams shall be established in different locations from time
8 to time.

9 “(b) QUENTIN N. BURDICK AMERICAN INDIANS
10 INTO PSYCHOLOGY PROGRAM.—The Secretary shall pro-
11 vide funds under subsection (a) to develop and maintain
12 a program at the University of North Dakota to be known
13 as the ‘Quentin N. Burdick American Indians Into Psy-
14 chology Program’. Such program shall, to the maximum
15 extent feasible, coordinate with the Quentin N. Burdick
16 American Indians Into Nursing Program authorized under
17 section 115, the Quentin N. Burdick Indians into Health
18 Program authorized under section 117, and existing uni-
19 versity research and communications networks.

20 “(c) REQUIREMENTS.—

21 “(1) REGULATIONS.—The Secretary shall pro-
22 mulgate regulations pursuant to this Act for the
23 competitive awarding of funds under this section.

1 “(2) PROGRAM.—Applicants for funds under
2 this section shall agree to provide a program which,
3 at a minimum—

4 “(A) provides outreach and recruitment for
5 health professions to Indian communities in-
6 cluding elementary, secondary and accredited
7 and accessible community colleges that will be
8 served by the program;

9 “(B) incorporates a program advisory
10 board comprised of representatives from the
11 Tribes and communities that will be served by
12 the program;

13 “(C) provides summer enrichment pro-
14 grams to expose Indian students to the various
15 fields of psychology through research, clinical,
16 and experimental activities;

17 “(D) provides stipends to undergraduate
18 and graduate students to pursue a career in
19 psychology;

20 “(E) develops affiliation agreements with
21 tribal community colleges, the Service, univer-
22 sity affiliated programs, and other appropriate
23 accredited and accessible entities to enhance the
24 education of Indian students;

1 “(F) utilizes, to the maximum extent fea-
2 sible, existing university tutoring, counseling
3 and student support services; and

4 “(G) employs, to the maximum extent fea-
5 sible, qualified Indians in the program.

6 “(d) ACTIVE DUTY OBLIGATION.—The active duty
7 service obligation prescribed under section 338C of the
8 Public Health Service Act (42 U.S.C. 254m) shall be met
9 by each graduate who receives a stipend described in sub-
10 section (e)(2)(C) that is funded under this section. Such
11 obligation shall be met by service—

12 “(1) in the Indian Health Service;

13 “(2) in a program conducted under a funding
14 agreement contract entered into under the Indian
15 Self-Determination and Education Assistance Act;

16 “(3) in a program assisted under title V; or

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

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

24 “(a) IN GENERAL.—Any individual who receives a
25 scholarship pursuant to section 105 shall be entitled to

1 employment in the Service, or may be employed by a pro-
2 gram of an Indian tribe, tribal organization, or urban In-
3 dian organization, or other agency of the Department as
4 may be appropriate and available, during any nonacademic
5 period of the year. Periods of employment pursuant to this
6 subsection shall not be counted in determining the fulfill-
7 ment of the service obligation incurred as a condition of
8 the scholarship.

9 “(b) ENROLLEES IN COURSE OF STUDY.—Any indi-
10 vidual who is enrolled in a course of study in the health
11 professions may be employed by the Service or by an In-
12 dian tribe, tribal organization, or urban Indian organiza-
13 tion, during any nonacademic period of the year. Any such
14 employment shall not exceed 120 days during any calendar
15 year.

16 “(c) HIGH SCHOOL PROGRAMS.—Any individual who
17 is in a high school program authorized under section
18 103(a) may be employed by the Service, or by a Indian
19 Tribe, tribal organization, or urban Indian organization,
20 during any nonacademic period of the year. Any such em-
21 ployment shall not exceed 120 days during any calendar
22 year.

23 “(d) ADMINISTRATIVE PROVISIONS.—Any employ-
24 ment pursuant to this section shall be made without re-
25 gard to any competitive personnel system or agency per-

1 sonnel limitation and to a position which will enable the
2 individual so employed to receive practical experience in
3 the health profession in which he or she is engaged in
4 study. Any individual so employed shall receive payment
5 for his or her services comparable to the salary he or she
6 would receive if he or she were employed in the competitive
7 system. Any individual so employed shall not be counted
8 against any employment ceiling affecting the Service or
9 the Department.

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

11 “In order to encourage health professionals, including
12 for purposes of this section, community health representa-
13 tives and emergency medical technicians, to join or con-
14 tinue in the Service or in any program of an Indian tribe,
15 tribal organization, or urban Indian organization and to
16 provide their services in the rural and remote areas where
17 a significant portion of the Indian people reside, the Sec-
18 retary, acting through the area offices, may provide allow-
19 ances to health professionals employed in the Service or
20 such a program to enable such professionals to take leave
21 of their duty stations for a period of time each year (as
22 prescribed by regulations of the Secretary) for professional
23 consultation and refresher training courses.

1 **“SEC. 109. COMMUNITY HEALTH REPRESENTATIVE PRO-**
2 **GRAM.**

3 “(a) IN GENERAL.—Under the authority of the Act
4 of November 2, 1921 (25 U.S.C. 13) (commonly known
5 as the Snyder Act), the Secretary shall maintain a Com-
6 munity Health Representative Program under which the
7 Service, Indian tribes and tribal organizations—

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

10 “(2) use such community health representatives
11 in the provision of health care, health promotion,
12 and disease prevention services to Indian commu-
13 nities.

14 “(b) ACTIVITIES.—The Secretary, acting through the
15 Community Health Representative Program, shall—

16 “(1) provide a high standard of training for
17 community health representatives to ensure that the
18 community health representatives provide quality
19 health care, health promotion, and disease preven-
20 tion services to the Indian communities served by
21 such Program;

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

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

1 “(B) provides instruction and practical ex-
2 perience in health promotion and disease pre-
3 vention activities, with appropriate consider-
4 ation given to lifestyle factors that have an im-
5 pact on Indian health status, such as alco-
6 holism, family dysfunction, and poverty;

7 “(3) maintain a system which identifies the
8 needs of community health representatives for con-
9 tinuing education in health care, health promotion,
10 and disease prevention and maintain programs that
11 meet the needs for such continuing education;

12 “(4) maintain a system that provides close su-
13 pervision of community health representatives;

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

17 “(6) promote traditional health care practices
18 of the Indian tribes served consistent with the Serv-
19 ice standards for the provision of health care, health
20 promotion, and disease prevention.

21 **“SEC. 110. INDIAN HEALTH SERVICE LOAN REPAYMENT**
22 **PROGRAM.**

23 “(a) ESTABLISHMENT.—

24 “(1) IN GENERAL.—The Secretary, acting
25 through the Service, shall establish a program to be

1 known as the Indian Health Service Loan Repay-
2 ment Program (referred to in this Act as the ‘Loan
3 Repayment Program’) in order to assure an ade-
4 quate supply of trained health professionals nec-
5 essary to maintain accreditation of, and provide
6 health care services to Indians through, Indian
7 health programs.

8 “(2) DEFINITIONS.—In this section:

9 “(A) INDIAN HEALTH PROGRAM.—The
10 term ‘Indian health program’ means any health
11 program or facility funded, in whole or part, by
12 the Service for the benefit of Indians and
13 administered—

14 “(i) directly by the Service;

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

18 “(I) the Indian Self-Determina-
19 tion and Educational Assistance Act;
20 or

21 “(II) section 23 of the Act of
22 April 30, 1908 (25 U.S.C. 47) (com-
23 monly known as the ‘Buy-Indian
24 Act’); or

1 “(iii) by an urban Indian organization
2 pursuant to title V.

3 “(B) STATE.—The term ‘State’ has the
4 same meaning given such term in section
5 331(i)(4) of the Public Health Service Act.

6 “(b) ELIGIBILITY.—To be eligible to participate in
7 the Loan Repayment Program, an individual must—

8 “(1)(A) be enrolled—

9 “(i) in a course of study or program in an
10 accredited institution, as determined by the
11 Secretary, within any State and be scheduled to
12 complete such course of study in the same year
13 such individual applies to participate in such
14 program; or

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

17 “(B) have—

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

19 “(ii) a license to practice a health profes-
20 sion in a State;

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

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

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

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

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

10 “(c) FORMS.—

11 “(1) IN GENERAL.—In disseminating applica-
12 tion forms and contract forms to individuals desiring
13 to participate in the Loan Repayment Program, the
14 Secretary shall include with such forms a fair sum-
15 mary of the rights and liabilities of an individual
16 whose application is approved (and whose contract is
17 accepted) by the Secretary, including in the sum-
18 mary a clear explanation of the damages to which
19 the United States is entitled under subsection (l) in
20 the case of the individual’s breach of the contract.
21 The Secretary shall provide such individuals with
22 sufficient information regarding the advantages and
23 disadvantages of service as a commissioned officer in
24 the Regular or Reserve Corps of the Public Health
25 Service or a civilian employee of the Indian Health

1 Service to enable the individual to make a decision
2 on an informed basis.

3 “(2) FORMS TO BE UNDERSTANDABLE.—The
4 application form, contract form, and all other infor-
5 mation furnished by the Secretary under this section
6 shall be written in a manner calculated to be under-
7 stood by the average individual applying to partici-
8 pate in the Loan Repayment Program.

9 “(3) AVAILABILITY.—The Secretary shall make
10 such application forms, contract forms, and other in-
11 formation available to individuals desiring to partici-
12 pate in the Loan Repayment Program on a date suf-
13 ficiently early to ensure that such individuals have
14 adequate time to carefully review and evaluate such
15 forms and information.

16 “(d) PRIORITY.—

17 “(1) ANNUAL DETERMINATIONS.—The Sec-
18 retary, acting through the Service and in accordance
19 with subsection (k), shall annually—

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

23 “(B) rank those positions in order of pri-
24 ority.

1 “(2) PRIORITY IN APPROVAL.—Consistent with
2 the priority determined under paragraph (1), the
3 Secretary, in determining which applications under
4 the Loan Repayment Program to approve (and
5 which contracts to accept), shall give priority to ap-
6 plications made by—

7 “(A) Indians; and

8 “(B) individuals recruited through the ef-
9 forts an Indian tribe, tribal organization, or
10 urban Indian organization.

11 “(e) CONTRACTS.—

12 “(1) IN GENERAL.—An individual becomes a
13 participant in the Loan Repayment Program only
14 upon the Secretary and the individual entering into
15 a written contract described in subsection (f).

16 “(2) NOTICE.—Not later than 21 days after
17 considering an individual for participation in the
18 Loan Repayment Program under paragraph (1), the
19 Secretary shall provide written notice to the indi-
20 vidual of—

21 “(A) the Secretary’s approving of the indi-
22 vidual’s participation in the Loan Repayment
23 Program, including extensions resulting in an
24 aggregate period of obligated service in excess
25 of 4 years; or

1 “(B) the Secretary’s disapproving an indi-
2 vidual’s participation in such Program.

3 “(f) WRITTEN CONTRACT.—The written contract re-
4 ferred to in this section between the Secretary and an indi-
5 vidual shall contain—

6 “(1) an agreement under which—

7 “(A) subject to paragraph (3), the Sec-
8 retary agrees—

9 “(i) to pay loans on behalf of the indi-
10 vidual in accordance with the provisions of
11 this section; and

12 “(ii) to accept (subject to the avail-
13 ability of appropriated funds for carrying
14 out this section) the individual into the
15 Service or place the individual with a tribe,
16 tribal organization, or urban Indian orga-
17 nization as provided in subparagraph
18 (B)(iii); and

19 “(B) subject to paragraph (3), the indi-
20 vidual agrees—

21 “(i) to accept loan payments on behalf
22 of the individual;

23 “(ii) in the case of an individual de-
24 scribed in subsection (b)(1)—

1 “(I) to maintain enrollment in a
2 course of study or training described
3 in subsection (b)(1)(A) until the indi-
4 vidual completes the course of study
5 or training; and

6 “(II) while enrolled in such
7 course of study or training, to main-
8 tain an acceptable level of academic
9 standing (as determined under regula-
10 tions of the Secretary by the edu-
11 cational institution offering such
12 course of study or training);

13 “(iii) to serve for a time period (re-
14 ferred to in this section as the ‘period of
15 obligated service’) equal to 2 years or such
16 longer period as the individual may agree
17 to serve in the full-time clinical practice of
18 such individual’s profession in an Indian
19 health program to which the individual
20 may be assigned by the Secretary;

21 “(2) a provision permitting the Secretary to ex-
22 tend for such longer additional periods, as the indi-
23 vidual may agree to, the period of obligated service
24 agreed to by the individual under paragraph
25 (1)(B)(iii);

1 “(3) a provision that any financial obligation of
2 the United States arising out of a contract entered
3 into under this section and any obligation of the in-
4 dividual which is conditioned thereon is contingent
5 upon funds being appropriated for loan repayments
6 under this section;

7 “(4) a statement of the damages to which the
8 United States is entitled under subsection (l) for the
9 individual’s breach of the contract; and

10 “(5) such other statements of the rights and li-
11 abilities of the Secretary and of the individual, not
12 inconsistent with this section.

13 “(g) LOAN REPAYMENTS.—

14 “(1) IN GENERAL.—A loan repayment provided
15 for an individual under a written contract under the
16 Loan Repayment Program shall consist of payment,
17 in accordance with paragraph (2), on behalf of the
18 individual of the principal, interest, and related ex-
19 penses on government and commercial loans received
20 by the individual regarding the undergraduate or
21 graduate education of the individual (or both), which
22 loans were made for—

23 “(A) tuition expenses;

1 “(B) all other reasonable educational ex-
2 penses, including fees, books, and laboratory ex-
3 penses, incurred by the individual; and

4 “(C) reasonable living expenses as deter-
5 mined by the Secretary.

6 “(2) AMOUNT OF PAYMENT.—

7 “(A) IN GENERAL.—For each year of obli-
8 gated service that an individual contracts to
9 serve under subsection (f) the Secretary may
10 pay up to \$35,000 (or an amount equal to the
11 amount specified in section 338B(g)(2)(A) of
12 the Public Health Service Act) on behalf of the
13 individual for loans described in paragraph (1).
14 In making a determination of the amount to
15 pay for a year of such service by an individual,
16 the Secretary shall consider the extent to which
17 each such determination—

18 “(i) affects the ability of the Secretary
19 to maximize the number of contracts that
20 can be provided under the Loan Repay-
21 ment Program from the amounts appro-
22 priated for such contracts;

23 “(ii) provides an incentive to serve in
24 Indian health programs with the greatest
25 shortages of health professionals; and

1 “(iii) provides an incentive with re-
2 spect to the health professional involved re-
3 maining in an Indian health program with
4 such a health professional shortage, and
5 continuing to provide primary health serv-
6 ices, after the completion of the period of
7 obligated service under the Loan Repay-
8 ment Program.

9 “(B) TIME FOR PAYMENT.—Any arrange-
10 ment made by the Secretary for the making of
11 loan repayments in accordance with this sub-
12 section shall provide that any repayments for a
13 year of obligated service shall be made not later
14 than the end of the fiscal year in which the in-
15 dividual completes such year of service.

16 “(3) SCHEDULE FOR PAYMENTS.—The Sec-
17 retary may enter into an agreement with the holder
18 of any loan for which payments are made under the
19 Loan Repayment Program to establish a schedule
20 for the making of such payments.

21 “(h) COUNTING OF INDIVIDUALS.—Notwithstanding
22 any other provision of law, individuals who have entered
23 into written contracts with the Secretary under this sec-
24 tion, while undergoing academic training, shall not be

1 counted against any employment ceiling affecting the De-
2 partment.

3 “(i) RECRUITING PROGRAMS.—The Secretary shall
4 conduct recruiting programs for the Loan Repayment Pro-
5 gram and other health professional programs of the Serv-
6 ice at educational institutions training health professionals
7 or specialists identified in subsection (a).

8 “(j) NONAPPLICATION OF CERTAIN PROVISION.—
9 Section 214 of the Public Health Service Act (42 U.S.C.
10 215) shall not apply to individuals during their period of
11 obligated service under the Loan Repayment Program.

12 “(k) ASSIGNMENT OF INDIVIDUALS.—The Secretary,
13 in assigning individuals to serve in Indian health programs
14 pursuant to contracts entered into under this section,
15 shall—

16 “(1) ensure that the staffing needs of Indian
17 health programs administered by an Indian tribe or
18 tribal or health organization receive consideration on
19 an equal basis with programs that are administered
20 directly by the Service; and

21 “(2) give priority to assigning individuals to In-
22 dian health programs that have a need for health
23 professionals to provide health care services as a re-
24 sult of individuals having breached contracts entered
25 into under this section.

1 “(l) BREACH OF CONTRACT.—

2 “(1) IN GENERAL.—An individual who has en-
3 tered into a written contract with the Secretary
4 under this section and who—

5 “(A) is enrolled in the final year of a
6 course of study and who—

7 “(i) fails to maintain an acceptable
8 level of academic standing in the edu-
9 cational institution in which he is enrolled
10 (such level determined by the educational
11 institution under regulations of the Sec-
12 retary);

13 “(ii) voluntarily terminates such en-
14 rollment; or

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

18 “(B) is enrolled in a graduate training pro-
19 gram, and who fails to complete such training
20 program, and does not receive a waiver from
21 the Secretary under subsection (b)(1)(B)(ii),

22 shall be liable, in lieu of any service obligation aris-
23 ing under such contract, to the United States for the
24 amount which has been paid on such individual’s be-
25 half under the contract.

1 “(2) AMOUNT OF RECOVERY.—If, for any rea-
2 son not specified in paragraph (1), an individual
3 breaches his written contract under this section by
4 failing either to begin, or complete, such individual’s
5 period of obligated service in accordance with sub-
6 section (f), the United States shall be entitled to re-
7 cover from such individual an amount to be deter-
8 mined in accordance with the following formula:

$$9 \qquad \qquad \qquad A=3Z(t-s/t)$$

10 in which—

11 “(A) ‘A’ is the amount the United States
12 is entitled to recover;

13 “(B) ‘Z’ is the sum of the amounts paid
14 under this section to, or on behalf of, the indi-
15 vidual and the interest on such amounts which
16 would be payable if, at the time the amounts
17 were paid, they were loans bearing interest at
18 the maximum legal prevailing rate, as deter-
19 mined by the Treasurer of the United States;

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

23 “(D) ‘s’ is the number of months of such
24 period served by such individual in accordance
25 with this section.

1 Amounts not paid within such period shall be sub-
2 ject to collection through deductions in Medicare
3 payments pursuant to section 1892 of the Social Se-
4 curity Act.

5 “(3) DAMAGES.—

6 “(A) TIME FOR PAYMENT.—Any amount
7 of damages which the United States is entitled
8 to recover under this subsection shall be paid to
9 the United States within the 1-year period be-
10 ginning on the date of the breach of contract or
11 such longer period beginning on such date as
12 shall be specified by the Secretary.

13 “(B) DELINQUENCIES.—If damages de-
14 scribed in subparagraph (A) are delinquent for
15 3 months, the Secretary shall, for the purpose
16 of recovering such damages—

17 “(i) utilize collection agencies con-
18 tracted with by the Administrator of the
19 General Services Administration; or

20 “(ii) enter into contracts for the re-
21 covery of such damages with collection
22 agencies selected by the Secretary.

23 “(C) CONTRACTS FOR RECOVERY OF DAM-
24 AGES.—Each contract for recovering damages
25 pursuant to this subsection shall provide that

1 the contractor will, not less than once each 6
2 months, submit to the Secretary a status report
3 on the success of the contractor in collecting
4 such damages. Section 3718 of title 31, United
5 States Code, shall apply to any such contract to
6 the extent not inconsistent with this subsection.

7 “(m) CANCELLATION, WAIVER OR RELEASE.—

8 “(1) CANCELLATION.—Any obligation of an in-
9 dividual under the Loan Repayment Program for
10 service or payment of damages shall be canceled
11 upon the death of the individual.

12 “(2) WAIVER OF SERVICE OBLIGATION.—The
13 Secretary shall by regulation provide for the partial
14 or total waiver or suspension of any obligation of
15 service or payment by an individual under the Loan
16 Repayment Program whenever compliance by the in-
17 dividual is impossible or would involve extreme hard-
18 ship to the individual and if enforcement of such ob-
19 ligation with respect to any individual would be un-
20 conscionable.

21 “(3) WAIVER OF RIGHTS OF UNITED STATES.—
22 The Secretary may waive, in whole or in part, the
23 rights of the United States to recover amounts
24 under this section in any case of extreme hardship

1 or other good cause shown, as determined by the
2 Secretary.

3 “(4) RELEASE.—Any obligation of an individual
4 under the Loan Repayment Program for payment of
5 damages may be released by a discharge in bank-
6 ruptcy under title 11 of the United States Code only
7 if such discharge is granted after the expiration of
8 the 5-year period beginning on the first date that
9 payment of such damages is required, and only if
10 the bankruptcy court finds that nondischarge of the
11 obligation would be unconscionable.

12 “(n) REPORT.—The Secretary shall submit to the
13 President, for inclusion in each report required to be sub-
14 mitted to the Congress under section 801, a report con-
15 cerning the previous fiscal year which sets forth—

16 “(1) the health professional positions main-
17 tained by the Service or by tribal or Indian organi-
18 zations for which recruitment or retention is dif-
19 ficult;

20 “(2) the number of Loan Repayment Program
21 applications filed with respect to each type of health
22 profession;

23 “(3) the number of contracts described in sub-
24 section (f) that are entered into with respect to each
25 health profession;

1 “(4) the amount of loan payments made under
2 this section, in total and by health profession;

3 “(5) the number of scholarship grants that are
4 provided under section 105 with respect to each
5 health profession;

6 “(6) the amount of scholarship grants provided
7 under section 105, in total and by health profession;

8 “(7) the number of providers of health care
9 that will be needed by Indian health programs, by
10 location and profession, during the 3 fiscal years be-
11 ginning after the date the report is filed; and

12 “(8) the measures the Secretary plans to take
13 to fill the health professional positions maintained
14 by the Service or by tribes, tribal organizations, or
15 urban Indian organizations for which recruitment or
16 retention is difficult.

17 **“SEC. 111. SCHOLARSHIP AND LOAN REPAYMENT RECOV-
18 ERY FUND.**

19 “(a) ESTABLISHMENT.—Notwithstanding section
20 102, there is established in the Treasury of the United
21 States a fund to be known as the Indian Health Scholar-
22 ship and Loan Repayment Recovery Fund (referred to in
23 this section as the ‘LRRF’). The LRRF Fund shall con-
24 sist of—

1 “(1) such amounts as may be collected from in-
2 dividuals under subparagraphs (A) and (B) of sec-
3 tion 105(b)(4) and section 110(l) for breach of con-
4 tract;

5 “(2) such funds as may be appropriated to the
6 LRRF;

7 “(3) such interest earned on amounts in the
8 LRRF; and

9 “(4) such additional amounts as may be col-
10 lected, appropriated, or earned relative to the
11 LRRF.

12 Amounts appropriated to the LRRF shall remain available
13 until expended.

14 “(b) USE OF LRRF.—

15 “(1) IN GENERAL.—Amounts in the LRRF
16 may be expended by the Secretary, subject to section
17 102, acting through the Service, to make payments
18 to the Service or to an Indian tribe or tribal organi-
19 zation administering a health care program pursuant
20 to a funding agreement entered into under the In-
21 dian Self-Determination and Education Assistance
22 Act—

23 “(A) to which a scholarship recipient under
24 section 105 or a loan repayment program par-
25 ticipant under section 110 has been assigned to

1 meet the obligated service requirements pursu-
2 ant to sections; and

3 “(B) that has a need for a health profes-
4 sional to provide health care services as a result
5 of such recipient or participant having breached
6 the contract entered into under section 105 or
7 section 110.

8 “(2) SCHOLARSHIPS AND RECRUITING.—An In-
9 dian tribe or tribal organization receiving payments
10 pursuant to paragraph (1) may expend the payments
11 to provide scholarships or to recruit and employ, di-
12 rectly or by contract, health professionals to provide
13 health care services.

14 “(c) INVESTING OF FUND.—

15 “(1) IN GENERAL.—The Secretary of the
16 Treasury shall invest such amounts of the LRRF as
17 the Secretary determines are not required to meet
18 current withdrawals from the LRRF. Such invest-
19 ments may be made only in interest-bearing obliga-
20 tions of the United States. For such purpose, such
21 obligations may be acquired on original issue at the
22 issue price, or by purchase of outstanding obliga-
23 tions at the market price.

1 “(2) SALE PRICE.—Any obligation acquired by
2 the LRRF may be sold by the Secretary of the
3 Treasury at the market price.

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

5 “(a) REIMBURSEMENT OF EXPENSES.—The Sec-
6 retary may reimburse health professionals seeking posi-
7 tions in the Service, Indian tribes, tribal organizations, or
8 urban Indian organizations, including unpaid student vol-
9 unteers and individuals considering entering into a con-
10 tract under section 110, and their spouses, for actual and
11 reasonable expenses incurred in traveling to and from
12 their places of residence to an area in which they may
13 be assigned for the purpose of evaluating such area with
14 respect to such assignment.

15 “(b) ASSIGNMENT OF PERSONNEL.—The Secretary,
16 acting through the Service, shall assign one individual in
17 each area office to be responsible on a full-time basis for
18 recruitment activities.

19 **“SEC. 113. TRIBAL RECRUITMENT AND RETENTION PRO-**
20 **GRAM.**

21 “(a) FUNDING OF PROJECTS.—The Secretary, acting
22 through the Service, shall fund innovative projects for a
23 period not to exceed 3 years to enable Indian tribes, tribal
24 organizations, and urban Indian organizations to recruit,
25 place, and retain health professionals to meet the staffing

1 needs of Indian health programs (as defined in section
2 110(a)(2)(A)).

3 “(b) ELIGIBILITY.—Any Indian tribe, tribal organi-
4 zation, or urban Indian organization may submit an appli-
5 cation for funding of a project pursuant to this section.

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

7 “(a) DEMONSTRATION PROJECT.—The Secretary,
8 acting through the Service, shall establish a demonstration
9 project to enable health professionals who have worked in
10 an Indian health program (as defined in section 110) for
11 a substantial period of time to pursue advanced training
12 or research in areas of study for which the Secretary de-
13 termines a need exists.

14 “(b) SERVICE OBLIGATION.—

15 “(1) IN GENERAL.—An individual who partici-
16 pates in the project under subsection (a), where the
17 educational costs are borne by the Service, shall
18 incur an obligation to serve in an Indian health pro-
19 gram for a period of obligated service equal to at
20 least the period of time during which the individual
21 participates in such project.

22 “(2) FAILURE TO COMPLETE SERVICE.—In the
23 event that an individual fails to complete a period of
24 obligated service under paragraph (1), the individual
25 shall be liable to the United States for the period of

1 service remaining. In such event, with respect to in-
 2 dividuals entering the project after the date of the
 3 enactment of this Act, the United States shall be en-
 4 titled to recover from such individual an amount to
 5 be determined in accordance with the formula speci-
 6 fied in subsection (l) of section 110 in the manner
 7 provided for in such subsection.

8 “(c) OPPORTUNITY TO PARTICIPATE.—Health pro-
 9 fessionals from Indian tribes, tribal organizations, and
 10 urban Indian organizations under the authority of the In-
 11 dian Self-Determination and Education Assistance Act
 12 shall be given an equal opportunity to participate in the
 13 program under subsection (a).

14 **“SEC. 115. NURSING PROGRAMS; QUENTIN N. BURDICK**
 15 **AMERICAN INDIANS INTO NURSING PRO-**
 16 **GRAM.**

17 “(a) GRANTS.—Notwithstanding section 102, the
 18 Secretary, acting through the Service, shall provide funds
 19 to—

20 “(1) public or private schools of nursing;

21 “(2) tribally controlled community colleges and
 22 tribally controlled postsecondary vocational institu-
 23 tions (as defined in section 390(2) of the Tribally
 24 Controlled Vocational Institutions Support Act of
 25 1990 (20 U.S.C. 2397h(2)); and

1 “(3) nurse midwife programs, and advance
2 practice nurse programs, that are provided by any
3 tribal college accredited nursing program, or in the
4 absence of such, any other public or private institu-
5 tion,

6 for the purpose of increasing the number of nurses, nurse
7 midwives, and nurse practitioners who deliver health care
8 services to Indians.

9 “(b) USE OF GRANTS.—Funds provided under sub-
10 section (a) may be used to—

11 “(1) recruit individuals for programs which
12 train individuals to be nurses, nurse midwives, or
13 advanced practice nurses;

14 “(2) provide scholarships to Indian individuals
15 enrolled in such programs that may be used to pay
16 the tuition charged for such program and for other
17 expenses incurred in connection with such program,
18 including books, fees, room and board, and stipends
19 for living expenses;

20 “(3) provide a program that encourages nurses,
21 nurse midwives, and advanced practice nurses to
22 provide, or continue to provide, health care services
23 to Indians;

1 “(4) provide a program that increases the skills
2 of, and provides continuing education to, nurses,
3 nurse midwives, and advanced practice nurses; or

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

6 “(c) APPLICATIONS.—Each application for funds
7 under subsection (a) shall include such information as the
8 Secretary may require to establish the connection between
9 the program of the applicant and a health care facility
10 that primarily serves Indians.

11 “(d) PREFERENCES.—In providing funds under sub-
12 section (a), the Secretary shall extend a preference to—

13 “(1) programs that provide a preference to In-
14 dians;

15 “(2) programs that train nurse midwives or ad-
16 vanced practice nurses;

17 “(3) programs that are interdisciplinary; and

18 “(4) programs that are conducted in coopera-
19 tion with a center for gifted and talented Indian stu-
20 dents established under section 5324(a) of the In-
21 dian Education Act of 1988.

22 “(e) QUENTIN N. BURDICK AMERICAN INDIANS INTO
23 NURSING PROGRAM.—The Secretary shall ensure that a
24 portion of the funds authorized under subsection (a) is
25 made available to establish and maintain a program at the

1 University of North Dakota to be known as the ‘Quentin
2 N. Burdick American Indians Into Nursing Program’.
3 Such program shall, to the maximum extent feasible, co-
4 ordinate with the Quentin N. Burdick American Indians
5 Into Psychology Program established under section 106(b)
6 and the Quentin N. Burdick Indian Health Programs es-
7 tablished under section 117(b).

8 “(f) SERVICE OBLIGATION.—The active duty service
9 obligation prescribed under section 338C of the Public
10 Health Service Act (42 U.S.C. 254m) shall be met by each
11 individual who receives training or assistance described in
12 paragraph (1) or (2) of subsection (b) that is funded
13 under subsection (a). Such obligation shall be met by
14 service—

15 “(1) in the Indian Health Service;

16 “(2) in a program conducted under a contract
17 entered into under the Indian Self-Determination
18 and Education assistance Act;

19 “(3) in a program assisted under title V; or

20 “(4) in the private practice of nursing if, as de-
21 termined by the Secretary, in accordance with guide-
22 lines promulgated by the Secretary, such practice is
23 situated in a physician or other health professional
24 shortage area and addresses the health care needs of
25 a substantial number of Indians.

1 **“SEC. 116. TRIBAL CULTURE AND HISTORY.**

2 “(a) IN GENERAL.—The Secretary, acting through
3 the Service, shall require that appropriate employees of
4 the Service who serve Indian tribes in each service area
5 receive educational instruction in the history and culture
6 of such tribes and their relationship to the Service.

7 “(b) REQUIREMENTS.—To the extent feasible, the
8 educational instruction to be provided under subsection
9 (a) shall—

10 “(1) be provided in consultation with the af-
11 fected tribal governments, tribal organizations, and
12 urban Indian organizations;

13 “(2) be provided through tribally-controlled
14 community colleges (within the meaning of section
15 2(4) of the Tribally Controlled Community College
16 Assistance Act of 1978) and tribally controlled post-
17 secondary vocational institutions (as defined in sec-
18 tion 390(2) of the Tribally Controlled Vocational In-
19 stitutions Support Act of 1990 (20 U.S.C.
20 2397h(2)); and

21 “(3) include instruction in Native American
22 studies.

23 **“SEC. 117. INMED PROGRAM.**

24 “(a) GRANTS.—The Secretary may provide grants to
25 3 colleges and universities for the purpose of maintaining
26 and expanding the Native American health careers recruit-

1 ment program known as the ‘Indians into Medicine Pro-
 2 gram’ (referred to in this section as ‘INMED’) as a means
 3 of encouraging Indians to enter the health professions.

4 “(b) QUENTIN N. BURDICK INDIAN HEALTH PRO-
 5 GRAM.—The Secretary shall provide 1 of the grants under
 6 subsection (a) to maintain the INMED program at the
 7 University of North Dakota, to be known as the ‘Quentin
 8 N. Burdick Indian Health Program’, unless the Secretary
 9 makes a determination, based upon program reviews, that
 10 the program is not meeting the purposes of this section.
 11 Such program shall, to the maximum extent feasible, co-
 12 ordinate with the Quentin N. Burdick American Indians
 13 Into Psychology Program established under section 106(b)
 14 and the Quentin N. Burdick American Indians Into Nurs-
 15 ing Program established under section 115.

16 “(c) REQUIREMENTS.—

17 “(1) IN GENERAL.—The Secretary shall develop
 18 regulations to govern grants under to this section.

19 “(2) PROGRAM REQUIREMENTS.—Applicants
 20 for grants provided under this section shall agree to
 21 provide a program that—

22 “(A) provides outreach and recruitment for
 23 health professions to Indian communities in-
 24 cluding elementary, secondary and community

1 colleges located on Indian reservations which
2 will be served by the program;

3 “(B) incorporates a program advisory
4 board comprised of representatives from the
5 tribes and communities which will be served by
6 the program;

7 “(C) provides summer preparatory pro-
8 grams for Indian students who need enrichment
9 in the subjects of math and science in order to
10 pursue training in the health professions;

11 “(D) provides tutoring, counseling and
12 support to students who are enrolled in a health
13 career program of study at the respective col-
14 lege or university; and

15 “(E) to the maximum extent feasible, em-
16 ploys qualified Indians in the program.

17 **“SEC. 118. HEALTH TRAINING PROGRAMS OF COMMUNITY**
18 **COLLEGES.**

19 “(a) ESTABLISHMENT GRANTS.—

20 “(1) IN GENERAL.—The Secretary, acting
21 through the Service, shall award grants to accredited
22 and accessible community colleges for the purpose of
23 assisting such colleges in the establishment of pro-
24 grams which provide education in a health profes-
25 sion leading to a degree or diploma in a health pro-

1 fession for individuals who desire to practice such
2 profession on an Indian reservation, in the Service,
3 or in a tribal health program.

4 “(2) AMOUNT.—The amount of any grant
5 awarded to a community college under paragraph
6 (1) for the first year in which such a grant is pro-
7 vided to the community college shall not exceed
8 \$100,000.

9 “(b) CONTINUATION GRANTS.—

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

16 “(2) ELIGIBILITY.—Grants may only be made
17 under this subsection to a community college that—

18 “(A) is accredited;

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

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

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

6 “(ii) stipulate certifications necessary
7 to approve internship and field placement
8 opportunities at health programs of the
9 Service or at tribal health programs;

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

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

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

18 “(c) SERVICE PERSONNEL AND TECHNICAL ASSIST-
19 ANCE.—The Secretary shall encourage community colleges
20 described in subsection (b)(2) to establish and maintain
21 programs described in subsection (a)(1) by—

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

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

3 “(d) SPECIFIED COURSES OF STUDY.—Any program
4 receiving assistance under this section that is conducted
5 with respect to a health profession shall also offer courses
6 of study which provide advanced training for any health
7 professional who—

8 “(1) has already received a degree or diploma
9 in such health profession; and

10 “(2) provides clinical services on an Indian res-
11 ervation, at a Service facility, or at a tribal clinic.
12 Such courses of study may be offered in conjunction with
13 the college or university with which the community college
14 has entered into the agreement required under subsection
15 (b)(2)(C).

16 “(e) PRIORITY.—Priority shall be provided under this
17 section to tribally controlled colleges in service areas that
18 meet the requirements of subsection (b).

19 “(f) DEFINITIONS.—In this section:

20 “(1) COMMUNITY COLLEGE.—The term ‘com-
21 munity college’ means—

22 “(A) a tribally controlled community col-
23 lege; or

24 “(B) a junior or community college.

1 “(2) JUNIOR OR COMMUNITY COLLEGE.—The
2 term ‘junior or community college’ has the meaning
3 given such term by section 312(e) of the Higher
4 Education Act of 1965 (20 U.S.C. 1058(e)).

5 “(3) TRIBALLY CONTROLLED COLLEGE.—The
6 term ‘tribally controlled college’ has the meaning
7 given the term ‘tribally controlled community college’
8 by section 2(4) of the Tribally Controlled Commu-
9 nity College Assistance Act of 1978.

10 **“SEC. 119. RETENTION BONUS.**

11 “(a) IN GENERAL.—The Secretary may pay a reten-
12 tion bonus to any health professional employed by, or as-
13 signed to, and serving in, the Service, an Indian tribe, a
14 tribal organization, or an urban Indian organization either
15 as a civilian employee or as a commissioned officer in the
16 Regular or Reserve Corps of the Public Health Service
17 who—

18 “(1) is assigned to, and serving in, a position
19 for which recruitment or retention of personnel is
20 difficult;

21 “(2) the Secretary determines is needed by the
22 Service, tribe, tribal organization, or urban organiza-
23 tion;

24 “(3) has—

1 “(A) completed 3 years of employment
2 with the Service; tribe, tribal organization, or
3 urban organization; or

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

6 “(i) any Federal scholarship program;

7 or

8 “(ii) any Federal education loan re-
9 payment program; and

10 “(4) enters into an agreement with the Service,
11 Indian tribe, tribal organization, or urban Indian or-
12 ganization for continued employment for a period of
13 not less than 1 year.

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

20 “(c) FAILURE TO COMPLETE TERM OF SERVICE.—
21 Any health professional failing to complete the agreed
22 upon term of service, except where such failure is through
23 no fault of the individual, shall be obligated to refund to
24 the Government the full amount of the retention bonus
25 for the period covered by the agreement, plus interest as

1 determined by the Secretary in accordance with section
2 110(l)(2)(B).

3 “(d) FUNDING AGREEMENT.—The Secretary may
4 pay a retention bonus to any health professional employed
5 by an organization providing health care services to Indi-
6 ans pursuant to a funding agreement under the Indian
7 Self-Determination and Education Assistance Act if such
8 health professional is serving in a position which the Sec-
9 retary determines is—

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

12 “(2) necessary for providing health care services
13 to Indians.

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

15 “(a) ESTABLISHMENT.—The Secretary, acting
16 through the Service, shall establish a program to enable
17 Indians who are licensed practical nurses, licensed voca-
18 tional nurses, and registered nurses who are working in
19 an Indian health program (as defined in section
20 110(a)(2)(A)), and have done so for a period of not less
21 than 1 year, to pursue advanced training.

22 “(b) REQUIREMENT.—The program established
23 under subsection (a) shall include a combination of edu-
24 cation and work study in an Indian health program (as
25 defined in section 110(a)(2)(A)) leading to an associate

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

5 “(c) SERVICE OBLIGATION.—An individual who par-
 6 ticipates in a program under subsection (a), where the
 7 educational costs are paid by the Service, shall incur an
 8 obligation to serve in an Indian health program for a pe-
 9 riod of obligated service equal to the amount of time dur-
 10 ing which the individual participates in such program. In
 11 the event that the individual fails to complete such obli-
 12 gated service, the United States shall be entitled to recover
 13 from such individual an amount determined in accordance
 14 with the formula specified in subsection (l) of section 110
 15 in the manner provided for in such subsection.

16 **“SEC. 121. COMMUNITY HEALTH AIDE PROGRAM FOR**
 17 **ALASKA.**

18 “(a) IN GENERAL.—Under the authority of the Act
 19 of November 2, 1921 (25 U.S.C. 13; commonly known as
 20 the Snyder Act), the Secretary shall maintain a Commu-
 21 nity Health Aide Program in Alaska under which the
 22 Service—

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

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

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

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

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

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

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

24 “(B) provides instruction and practical ex-
25 perience in the provision of acute care, emer-

1 agency care, health promotion, disease preven-
2 tion, and the efficient and effective manage-
3 ment of clinic pharmacies, supplies, equipment,
4 and facilities; and

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

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

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

20 “(5) develop and maintain a system that pro-
21 vides close supervision of community health aides
22 and community health practitioners; and

23 “(6) develop a system under which the work of
24 community health aides and community health prac-
25 titioners is reviewed and evaluated to assure the pro-

1 vision of quality health care, health promotion, and
2 disease prevention services.

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

4 “Subject to Section 102, the Secretary, acting
5 through the Service, shall, through a funding agreement
6 or otherwise, provide training for Indians in the adminis-
7 tration and planning of tribal health programs.

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

10 “(a) PILOT PROGRAMS.—The Secretary may,
11 through area offices, fund pilot programs for tribes and
12 tribal organizations to address chronic shortages of health
13 professionals.

14 “(b) PURPOSE.—It is the purpose of the health pro-
15 fessions demonstration project under this section to—

16 “(1) provide direct clinical and practical experi-
17 ence in a service area to health professions students
18 and residents from medical schools;

19 “(2) improve the quality of health care for Indi-
20 ans by assuring access to qualified health care pro-
21 fessionals; and

22 “(3) provide academic and scholarly opportuni-
23 ties for health professionals serving Indian people by
24 identifying and utilizing all academic and scholarly
25 resources of the region.

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

6 **“SEC. 124. SCHOLARSHIPS.**

7 “Scholarships and loan reimbursements provided to
8 individuals pursuant to this title shall be treated as ‘quali-
9 fied scholarships’ for purposes of section 117 of the Inter-
10 nal Revenue Code of 1986.

11 **“SEC. 125. NATIONAL HEALTH SERVICE CORPS.**

12 “(a) LIMITATIONS.—The Secretary shall not—

13 “(1) remove a member of the National Health
14 Services Corps from a health program operated by
15 Indian Health Service or by a tribe or tribal organi-
16 zation under a funding agreement with the Service
17 under the Indian Self-Determination and Education
18 Assistance Act, or by urban Indian organizations; or

19 “(2) withdraw the funding used to support such
20 a member;

21 unless the Secretary, acting through the Service, tribes or
22 tribal organization, has ensured that the Indians receiving
23 services from such member will experience no reduction
24 in services.

1 “(b) DESIGNATION OF SERVICE AREAS AS HEALTH
2 PROFESSIONAL SHORTAGE AREAS.—All service areas
3 served by programs operated by the Service or by a tribe
4 or tribal organization under the Indian Self-Determina-
5 tion and Education Assistance Act, or by an urban Indian
6 organization, shall be designated under section 332 of the
7 Public Health Service Act (42 U.S.C. 254e) as Health
8 Professional Shortage Areas.

9 “(c) FULL TIME EQUIVALENT.—National Health
10 Service Corps scholars that qualify for the commissioned
11 corps in the Public Health Service shall be exempt from
12 the full time equivalent limitations of the National Health
13 Service Corps and the Service when such scholars serve
14 as commissioned corps officers in a health program oper-
15 ated by an Indian tribe or tribal organization under the
16 Indian Self-Determination and Education Assistance Act
17 or by an urban Indian organization.

18 **“SEC. 126. SUBSTANCE ABUSE COUNSELOR EDUCATION**
19 **DEMONSTRATION PROJECT.**

20 “(a) DEMONSTRATION PROJECTS.—The Secretary,
21 acting through the Service, may enter into contracts with,
22 or make grants to, accredited tribally controlled commu-
23 nity colleges, tribally controlled postsecondary vocational
24 institutions, and eligible accredited and accessible commu-

1 nity colleges to establish demonstration projects to develop
2 educational curricula for substance abuse counseling.

3 “(b) USE OF FUNDS.—Funds provided under this
4 section shall be used only for developing and providing
5 educational curricula for substance abuse counseling (in-
6 cluding paying salaries for instructors). Such curricula
7 may be provided through satellite campus programs.

8 “(c) TERM OF GRANT.—A contract entered into or
9 a grant provided under this section shall be for a period
10 of 1 year. Such contract or grant may be renewed for an
11 additional 1 year period upon the approval of the Sec-
12 retary.

13 “(d) REVIEW OF APPLICATIONS.—Not later than 180
14 days after the date of the enactment of this Act, the Sec-
15 retary, after consultation with Indian tribes and adminis-
16 trators of accredited tribally controlled community col-
17 leges, tribally controlled postsecondary vocational institu-
18 tions, and eligible accredited and accessible community
19 colleges, shall develop and issue criteria for the review and
20 approval of applications for funding (including applica-
21 tions for renewals of funding) under this section. Such cri-
22 teria shall ensure that demonstration projects established
23 under this section promote the development of the capacity
24 of such entities to educate substance abuse counselors.

1 “(e) TECHNICAL ASSISTANCE.—The Secretary shall
2 provide such technical and other assistance as may be nec-
3 essary to enable grant recipients to comply with the provi-
4 sions of this section.

5 “(f) REPORT.—The Secretary shall submit to the
6 President, for inclusion in the report required to be sub-
7 mitted under section 801 for fiscal year 1999, a report
8 on the findings and conclusions derived from the dem-
9 onstration projects conducted under this section.

10 “(g) DEFINITIONS.—In this section:

11 “(1) EDUCATIONAL CURRICULUM.—The term
12 ‘educational curriculum’ means 1 or more of the fol-
13 lowing:

14 “(A) Classroom education.

15 “(B) Clinical work experience.

16 “(C) Continuing education workshops.

17 “(2) TRIBALLY CONTROLLED COMMUNITY COL-
18 LEGE.—The term ‘tribally controlled community col-
19 lege’ has the meaning given such term in section
20 2(a)(4) of the Tribally Controlled Community Col-
21 lege Assistance Act of 1978 (25 U.S.C. 1801(a)(4)).

22 “(3) TRIBALLY CONTROLLED POSTSECONDARY
23 VOCATIONAL INSTITUTION.—The term ‘tribally con-
24 trolled postsecondary vocational institution’ has the
25 meaning given such term in section 390(2) of the

1 Tribally Controlled Vocational Institutions Support
2 Act of 1990 (20 U.S.C. 2397h(2)).

3 **“SEC. 127. MENTAL HEALTH TRAINING AND COMMUNITY**
4 **EDUCATION.**

5 “(a) STUDY AND LIST.—

6 “(1) IN GENERAL.—The Secretary and the Sec-
7 retary of the Interior in consultation with Indian
8 tribes and tribal organizations shall conduct a study
9 and compile a list of the types of staff positions
10 specified in subsection (b) whose qualifications in-
11 clude or should include, training in the identifica-
12 tion, prevention, education, referral or treatment of
13 mental illness, dysfunctional or self-destructive be-
14 havior.

15 “(2) POSITIONS.—The positions referred to in
16 paragraph (1) are—

17 “(A) staff positions within the Bureau of
18 Indian Affairs, including existing positions, in
19 the fields of—

20 “(i) elementary and secondary edu-
21 cation;

22 “(ii) social services, family and child
23 welfare;

24 “(iii) law enforcement and judicial
25 services; and

1 “(iv) alcohol and substance abuse;
2 “(B) staff positions within the Service; and
3 “(C) staff positions similar to those speci-
4 fied in subsection (b) and established and main-
5 tained by Indian tribes, tribal organizations,
6 and urban Indian organizations, including posi-
7 tions established pursuant to funding agree-
8 ments under the Indian Self-determination and
9 Education Assistance Act, and this Act.

10 “(3) TRAINING CRITERIA.—

11 “(A) IN GENERAL.—The appropriate Sec-
12 retary shall provide training criteria appropriate
13 to each type of position specified in subsection
14 (b)(1) and ensure that appropriate training has
15 been or will be provided to any individual in any
16 such position.

17 “(B) TRAINING.—With respect to any such
18 individual in a position specified pursuant to
19 subsection (b)(3), the respective Secretaries
20 shall provide appropriate training or provide
21 funds to an Indian tribe, tribal organization, or
22 urban Indian organization for the training of
23 appropriate individuals. In the case of a fund-
24 ing agreement, the appropriate Secretary shall

1 ensure that such training costs are included in
2 the funding agreement, if necessary.

3 “(4) CULTURAL RELEVANCY.—Position specific
4 training criteria shall be culturally relevant to Indi-
5 ans and Indian tribes and shall ensure that appro-
6 priate information regarding traditional health care
7 practices is provided.

8 “(5) COMMUNITY EDUCATION.—

9 “(A) DEVELOPMENT.—The Service shall
10 develop and implement, or on request of an In-
11 dian tribe or tribal organization, assist an In-
12 dian tribe or tribal organization, in developing
13 and implementing a program of community
14 education on mental illness.

15 “(B) TECHNICAL ASSISTANCE.—In car-
16 rying out this paragraph, the Service shall,
17 upon the request of an Indian tribe or tribal or-
18 ganization, provide technical assistance to the
19 Indian tribe or tribal organization to obtain and
20 develop community educational materials on the
21 identification, prevention, referral and treat-
22 ment of mental illness, dysfunctional and self-
23 destructive behavior.

24 “(b) STAFFING.—

1 “(1) IN GENERAL.—Not later than 90 days
 2 after the date of enactment of the Act, the Director
 3 of the Service shall develop a plan under which the
 4 Service will increase the number of health care staff
 5 that are providing mental health services by at least
 6 500 positions within 5 years after such date of en-
 7 actment, with at least 200 of such positions devoted
 8 to child, adolescent, and family services. The alloca-
 9 tion of such positions shall be subject to the provi-
 10 sions of section 102(a).

11 “(2) IMPLEMENTATION.—The plan developed
 12 under paragraph (1) shall be implemented under the
 13 Act of November 2, 1921 (25 U.S.C. 13) (commonly
 14 know as the ‘Snyder Act’).

15 **“SEC. 128. AUTHORIZATION OF APPROPRIATIONS.**

16 “‘There are authorized to be appropriated such sums
 17 as may be necessary for each fiscal year through fiscal
 18 year 2012 to carry out this title.

19 **“TITLE II—HEALTH SERVICES**

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

21 “(a) IN GENERAL.—The Secretary may expend
 22 funds, directly or under the authority of the Indian Self-
 23 Determination and Education Assistance Act, that are ap-
 24 propriated under the authority of this section, for the pur-
 25 poses of—

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

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

5 “(3) meeting the health needs of Indians in an
6 efficient and equitable manner;

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

10 “(5) augmenting the ability of the Service to
11 meet the following health service responsibilities with
12 respect to those Indian tribes with the highest levels
13 of health status and resource deficiencies:

14 “(A) clinical care, including inpatient care,
15 outpatient care (including audiology, clinical eye
16 and vision care), primary care, secondary and
17 tertiary care, and long term care;

18 “(B) preventive health, including mam-
19 mography and other cancer screening in accord-
20 ance with section 207;

21 “(C) dental care;

22 “(D) mental health, including community
23 mental health services, inpatient mental health
24 services, dormitory mental health services,
25 therapeutic and residential treatment centers,

1 and training of traditional health care practi-
2 tioners;

3 “(E) emergency medical services;

4 “(F) treatment and control of, and reha-
5 bilitative care related to, alcoholism and drug
6 abuse (including fetal alcohol syndrome) among
7 Indians;

8 “(G) accident prevention programs;

9 “(H) home health care;

10 “(I) community health representatives;

11 “(J) maintenance and repair; and

12 “(K) traditional health care practices.

13 “(b) USE OF FUNDS.—

14 “(1) LIMITATION.—Any funds appropriated
15 under the authority of this section shall not be used
16 to offset or limit any other appropriations made to
17 the Service under this Act, the Act of November 2,
18 1921 (25 U.S.C. 13) (commonly known as the ‘Sny-
19 der Act’), or any other provision of law.

20 “(2) ALLOCATION.—

21 “(A) IN GENERAL.—Funds appropriated
22 under the authority of this section shall be allo-
23 cated to service units or Indian tribes or tribal
24 organizations. The funds allocated to each tribe,
25 tribal organization, or service unit under this

1 subparagraph shall be used to improve the
 2 health status and reduce the resource deficiency
 3 of each tribe served by such service unit, tribe
 4 or tribal organization.

5 “(B) APPORTIONMENT.—The apportion-
 6 ment of funds allocated to a service unit, tribe
 7 or tribal organization under subparagraph (A)
 8 among the health service responsibilities de-
 9 scribed in subsection (a)(4) shall be determined
 10 by the Service in consultation with, and with
 11 the active participation of, the affected Indian
 12 tribes in accordance with this section and such
 13 rules as may be established under title VIII.

14 “(c) HEALTH STATUS AND RESOURCE DEFICI-
 15 ENCY.—In this section:

16 “(1) DEFINITION.—The term ‘health status
 17 and resource deficiency’ means the extent to
 18 which—

19 “(A) the health status objective set forth
 20 in section 3(2) is not being achieved; and

21 “(B) the Indian tribe or tribal organization
 22 does not have available to it the health re-
 23 sources it needs, taking into account the actual
 24 cost of providing health care services given local

1 geographic, climatic, rural, or other cir-
2 cumstances.

3 “(2) RESOURCES.—The health resources avail-
4 able to an Indian tribe or tribal organization shall
5 include health resources provided by the Service as
6 well as health resources used by the Indian Tribe or
7 tribal organization, including services and financing
8 systems provided by any Federal programs, private
9 insurance, and programs of State or local govern-
10 ments.

11 “(3) REVIEW OF DETERMINATION.—The Sec-
12 retary shall establish procedures which allow any In-
13 dian tribe or tribal organization to petition the Sec-
14 retary for a review of any determination of the ex-
15 tent of the health status and resource deficiency of
16 such tribe or tribal organization.

17 “(d) ELIGIBILITY.—Programs administered by any
18 Indian tribe or tribal organization under the authority of
19 the Indian Self-Determination and Education Assistance
20 Act shall be eligible for funds appropriated under the au-
21 thority of this section on an equal basis with programs
22 that are administered directly by the Service.

23 “(e) REPORT.—Not later than the date that is 3
24 years after the date of enactment of this Act, the Sec-
25 retary shall submit to the Congress the current health sta-

1 tus and resource deficiency report of the Service for each
2 Indian tribe or service unit, including newly recognized or
3 acknowledged tribes. Such report shall set out—

4 “(1) the methodology then in use by the Service
5 for determining tribal health status and resource de-
6 ficiencies, as well as the most recent application of
7 that methodology;

8 “(2) the extent of the health status and re-
9 source deficiency of each Indian tribe served by the
10 Service;

11 “(3) the amount of funds necessary to eliminate
12 the health status and resource deficiencies of all In-
13 dian tribes served by the Service; and

14 “(4) an estimate of—

15 “(A) the amount of health service funds
16 appropriated under the authority of this Act, or
17 any other Act, including the amount of any
18 funds transferred to the Service, for the pre-
19 ceding fiscal year which is allocated to each
20 service unit, Indian tribe, or comparable entity;

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

24 “(C) the number of Indians using the
25 Service resources made available to each service

1 unit or Indian tribe or tribal organization, and,
2 to the extent available, information on the wait-
3 ing lists and number of Indians turned away for
4 services due to lack of resources.

5 “(f) BUDGETARY RULE.—Funds appropriated under
6 the authority of this section for any fiscal year shall be
7 included in the base budget of the Service for the purpose
8 of determining appropriations under this section in subse-
9 quent fiscal years.

10 “(g) RULE OF CONSTRUCTION.—Nothing in this sec-
11 tion shall be construed to diminish the primary responsi-
12 bility of the Service to eliminate existing backlogs in
13 unmet health care needs or to discourage the Service from
14 undertaking additional efforts to achieve equity among In-
15 dian tribes and tribal organizations.

16 “(h) DESIGNATION.—Any funds appropriated under
17 the authority of this section shall be designated as the ‘In-
18 dian Health Care Improvement Fund’.

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

20 “(a) ESTABLISHMENT.—

21 “(1) IN GENERAL.—There is hereby established
22 an Indian Catastrophic Health Emergency Fund (re-
23 ferred to in this section as the ‘CHEF’) consisting
24 of—

1 “(A) the amounts deposited under sub-
2 section (d); and

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

5 “(2) ADMINISTRATION.—The CHEF shall be
6 administered by the Secretary solely for the purpose
7 of meeting the extraordinary medical costs associ-
8 ated with the treatment of victims of disasters or
9 catastrophic illnesses who are within the responsi-
10 bility of the Service.

11 “(3) EQUITABLE ALLOCATION.—The CHEF
12 shall be equitably allocated, apportioned or delegated
13 on a service unit or area office basis, based upon a
14 formula to be developed by the Secretary in con-
15 sultation with the Indian tribes and tribal organiza-
16 tions through negotiated rulemaking under title
17 VIII. Such formula shall take into account the
18 added needs of service areas which are contract
19 health service dependent.

20 “(4) NOT SUBJECT TO CONTRACT OR
21 GRANT.—No part of the CHEF or its adminis-
22 tration shall be subject to contract or grant
23 under any law, including the Indian Self-Deter-
24 mination and Education Assistance Act.

1 “(5) ADMINISTRATION.—Amounts pro-
2 vided from the CHEF shall be administered by
3 the area offices based upon priorities deter-
4 mined by the Indian tribes and tribal organiza-
5 tions within each service area, including a con-
6 sideration of the needs of Indian tribes and
7 tribal organizations which are contract health
8 service-dependent.

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

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

17 “(2) provide that a service unit, Indian tribe, or
18 tribal organization shall not be eligible for reim-
19 bursement for the cost of treatment from the CHEF
20 until its cost of treatment for any victim of such a
21 catastrophic illness or disaster has reached a certain
22 threshold cost which the Secretary shall establish
23 at—

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

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

8 “(3) establish a procedure for the reimburse-
9 ment of the portion of the costs incurred by—

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

12 “(B) non-Service facilities or providers
13 whenever otherwise authorized by the Service;
14 in rendering treatment that exceeds threshold cost
15 described in paragraph (2);

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

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

1 source of reimbursement for which the patient is eli-
2 gible.

3 “(c) LIMITATION.—Amounts appropriated to the
4 CHEF under this section shall not be used to offset or
5 limit appropriations made to the Service under the author-
6 ity of the Act of November 2, 1921 (25 U.S.C. 13) (com-
7 monly known as the Snyder Act) or any other law.

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

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

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

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

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

22 “(b) PROVISION OF SERVICES.—The Secretary, act-
23 ing through the Service and through Indian tribes and
24 tribal organizations, shall provide health promotion and

1 disease prevention services to Indians so as to achieve the
2 health status objective set forth in section 3(b).

3 “(c) DISEASE PREVENTION AND HEALTH PRO-
4 MOTION.—In this section:

5 “(1) DISEASE PREVENTION.—The term ‘disease
6 prevention’ means the reduction, limitation, and pre-
7 vention of disease and its complications, and the re-
8 duction in the consequences of such diseases,
9 including—

10 “(A) controlling—

11 “(i) diabetes;

12 “(ii) high blood pressure;

13 “(iii) infectious agents;

14 “(iv) injuries;

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

17 “(vi) sexually transmittable diseases;

18 and

19 “(vii) toxic agents; and

20 “(B) providing—

21 “(i) for the fluoridation of water; and

22 “(ii) immunizations.

23 “(2) HEALTH PROMOTION.—The term ‘health
24 promotion’ means fostering social, economic, envi-

1 ronmental, and personal factors conducive to health,
2 including—

3 “(A) raising people’s awareness about
4 health matters and enabling them to cope with
5 health problems by increasing their knowledge
6 and providing them with valid information;

7 “(B) encouraging adequate and appro-
8 priate diet, exercise, and sleep;

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

11 “(E) making available suitable housing,
12 safe water, and sanitary facilities;

13 “(F) improving the physical economic, cul-
14 tural, psychological, and social environment;

15 “(G) promoting adequate opportunity for
16 spiritual, religious, and traditional practices;
17 and

18 “(H) adequate and appropriate programs
19 including—

20 “(i) abuse prevention (mental and
21 physical);

22 “(iii) community health;

23 “(iv) community safety;

24 “(v) consumer health education;

25 “(vi) diet and nutrition;

- 1 “(vii) disease prevention (commu-
2 nicable, immunizations, HIV/AIDS);
3 “(viii) environmental health;
4 “(ix) exercise and physical fitness;
5 “(x) fetal alcohol disorders;
6 “(xi) first aid and CPR education;
7 “(xii) human growth and develop-
8 ment;
9 “(xiii) injury prevention and personal
10 safety;
11 “(xiv) mental health (emotional, self-
12 worth);
13 “(xv) personal health and wellness
14 practices;
15 “(xvi) personal capacity building;
16 “(xvii) prenatal, pregnancy, and in-
17 fant care;
18 “(xviii) psychological well being;
19 “(xix) reproductive health (family
20 planning);
21 “(xx) safe and adequate water;
22 “(xxi) safe housing;
23 “(xxii) safe work environments;
24 “(xxiii) stress control;
25 “(xxiv) substance abuse;

1 “(xxv) sanitary facilities;
2 “(xxvi) tobacco use cessation and re-
3 duction;
4 “(xxvii) violence prevention; and
5 “(xxviii) such other activities identi-
6 fied by the Service, an Indian tribe or trib-
7 al organization, to promote the achieve-
8 ment of the objective described in section
9 3(b).

10 “(d) EVALUATION.—The Secretary, after obtaining
11 input from affected Indian tribes and tribal organizations,
12 shall submit to the President for inclusion in each state-
13 ment which is required to be submitted to Congress under
14 section 801 an evaluation of—

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

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

19 “(3) the internal capacity of the Service to meet
20 such needs; and

21 “(4) the resources which would be required to
22 enable the Service to undertake the health promotion
23 and disease prevention activities necessary to meet
24 such needs.

1 **“SEC. 204. DIABETES PREVENTION, TREATMENT, AND CON-**
2 **TROL.**

3 “(a) DETERMINATION.—The Secretary, in consulta-
4 tion with Indian tribes and tribal organizations, shall
5 determine—

6 “(1) by tribe, tribal organization, and service
7 unit of the Service, the prevalence of, and the types
8 of complications resulting from, diabetes among In-
9 dians; and

10 “(2) based on paragraph (1), the measures (in-
11 cluding patient education) each service unit should
12 take to reduce the prevalence of, and prevent, treat,
13 and control the complications resulting from, diabe-
14 tes among Indian tribes within that service unit.

15 “(b) SCREENING.—The Secretary shall screen each
16 Indian who receives services from the Service for diabetes
17 and for conditions which indicate a high risk that the indi-
18 vidual will become diabetic. Such screening may be done
19 by an Indian tribe or tribal organization operating health
20 care programs or facilities with funds from the Service
21 under the Indian Self-Determination and Education As-
22 sistance Act.

23 “(c) CONTINUED FUNDING.—The Secretary shall
24 continue to fund, through fiscal year 2012, each effective
25 model diabetes project in existence on the date of the en-
26 actment of this Act and such other diabetes programs op-

1 erated by the Secretary or by Indian tribes and tribal or-
2 ganizations and any additional programs added to meet
3 existing diabetes needs. Indian tribes and tribal organiza-
4 tions shall receive recurring funding for the diabetes pro-
5 grams which they operate pursuant to this section. Model
6 diabetes projects shall consult, on a regular basis, with
7 tribes and tribal organizations in their regions regarding
8 diabetes needs and provide technical expertise as needed.

9 “(d) DIALYSIS PROGRAMS.—The Secretary shall pro-
10 vide funding through the Service, Indian tribes and tribal
11 organizations to establish dialysis programs, including
12 funds to purchase dialysis equipment and provide nec-
13 essary staffing.

14 “(e) OTHER ACTIVITIES.—The Secretary shall, to the
15 extent funding is available—

16 “(1) in each area office of the Service, consult
17 with Indian tribes and tribal organizations regarding
18 programs for the prevention, treatment, and control
19 of diabetes;

20 “(2) establish in each area office of the Service
21 a registry of patients with diabetes to track the
22 prevalence of diabetes and the complications from
23 diabetes in that area; and

24 “(3) ensure that data collected in each area of-
25 fice regarding diabetes and related complications

1 among Indians is disseminated to tribes, tribal orga-
2 nizations, and all other area offices.

3 **“SEC. 205. SHARED SERVICES.**

4 “(a) IN GENERAL.—The Secretary, acting through
5 the Service and notwithstanding any other provision of
6 law, is authorized to enter into funding agreements or
7 other arrangements with Indian tribes or tribal organiza-
8 tions for the delivery of long-term care and similar services
9 to Indians. Such projects shall provide for the sharing of
10 staff or other services between a Service or tribal facility
11 and a long-term care or other similar facility owned and
12 operated (directly or through a funding agreement) by
13 such Indian tribe or tribal organization.

14 “(b) REQUIREMENTS.—A funding agreement or
15 other arrangement entered into pursuant to subsection
16 (a)—

17 “(1) may, at the request of the Indian tribe or
18 tribal organization, delegate to such tribe or tribal
19 organization such powers of supervision and control
20 over Service employees as the Secretary deems nec-
21 essary to carry out the purposes of this section;

22 “(2) shall provide that expenses (including sala-
23 ries) relating to services that are shared between the
24 Service and the tribal facility be allocated propor-

1 tionately between the Service and the tribe or tribal
2 organization; and

3 “(3) may authorize such tribe or tribal organi-
4 zation to construct, renovate, or expand a long-term
5 care or other similar facility (including the construc-
6 tion of a facility attached to a Service facility).

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

11 “(d) USE OF EXISTING FACILITIES.—The Secretary
12 shall encourage the use for long-term or similar care of
13 existing facilities that are under-utilized or allow the use
14 of swing beds for such purposes.

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

16 “(a) FUNDING.—The Secretary shall make funding
17 available for research to further the performance of the
18 health service responsibilities of the Service, Indian tribes,
19 and tribal organizations and shall coordinate the activities
20 of other Agencies within the Department to address these
21 research needs.

22 “(b) ALLOCATION.—Funding under subsection (a)
23 shall be allocated equitably among the area offices. Each
24 area office shall award such funds competitively within
25 that area.

1 “(c) ELIGIBILITY FOR FUNDS.—Indian tribes and
2 tribal organizations receiving funding from the Service
3 under the authority of the Indian Self-Determination and
4 Education Assistance Act shall be given an equal oppor-
5 tunity to compete for, and receive, research funds under
6 this section.

7 “(d) USE.—Funds received under this section may
8 be used for both clinical and non-clinical research by In-
9 dian tribes and tribal organizations and shall be distrib-
10 uted to the area offices. Such area offices may make
11 grants using such funds within each area.

12 **“SEC. 207. MAMMOGRAPHY AND OTHER CANCER SCREEN-**
13 **ING.**

14 “The Secretary, through the Service or through In-
15 dian tribes or tribal organizations, shall provide for the
16 following screening:

17 “(1) Mammography (as defined in section
18 1861(jj) of the Social Security Act) for Indian
19 women at a frequency appropriate to such women
20 under national standards, and under such terms and
21 conditions as are consistent with standards estab-
22 lished by the Secretary to assure the safety and ac-
23 curacy of screening mammography under part B of
24 title XVIII of the Social Security Act.

1 “(2) Other cancer screening meeting national
2 standards.

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

4 “The Secretary, acting through the Service, Indian
5 tribes and tribal organizations shall provide funds for the
6 following patient travel costs, including appropriate and
7 necessary qualified escorts, associated with receiving
8 health care services provided (either through direct or con-
9 tract care or through funding agreements entered into
10 pursuant to the Indian Self-Determination and Education
11 Assistance Act) under this Act:

12 “(1) Emergency air transportation and non-
13 emergency air transportation where ground trans-
14 portation is infeasible.

15 “(2) Transportation by private vehicle, specially
16 equipped vehicle and ambulance.

17 “(3) Transportation by such other means as
18 may be available and required when air or motor ve-
19 hicle transportation is not available.

20 **“SEC. 209. EPIDEMIOLOGY CENTERS.**

21 “(a) ESTABLISHMENT.—

22 “(1) IN GENERAL.—In addition to those centers
23 operating 1 day prior to the date of enactment of
24 this Act, (including those centers for which funding
25 is currently being provided through funding agree-

1 ments under the Indian Self-Determination and
2 Education Assistance Act), the Secretary shall, not
3 later than 180 days after such date of enactment,
4 establish and fund an epidemiology center in each
5 service area which does not have such a center to
6 carry out the functions described in paragraph (2).
7 Any centers established under the preceding sen-
8 tence may be operated by Indian tribes or tribal or-
9 ganizations pursuant to funding agreements under
10 the Indian Self-Determination and Education Assist-
11 ance Act, but funding under such agreements may
12 not be divisible.

13 “(2) FUNCTIONS.—In consultation with and
14 upon the request of Indian tribes, tribal organiza-
15 tions and urban Indian organizations, each area epi-
16 demiology center established under this subsection
17 shall, with respect to such area shall—

18 “(A) collect data related to the health sta-
19 tus objective described in section 3(b), and
20 monitor the progress that the Service, Indian
21 tribes, tribal organizations, and urban Indian
22 organizations have made in meeting such health
23 status objective;

1 “(B) evaluate existing delivery systems,
2 data systems, and other systems that impact
3 the improvement of Indian health;

4 “(C) assist Indian tribes, tribal organiza-
5 tions, and urban Indian organizations in identi-
6 fying their highest priority health status objec-
7 tives and the services needed to achieve such
8 objectives, based on epidemiological data;

9 “(D) make recommendations for the tar-
10 geting of services needed by tribal, urban, and
11 other Indian communities;

12 “(E) make recommendations to improve
13 health care delivery systems for Indians and
14 urban Indians;

15 “(F) provide requested technical assistance
16 to Indian Tribes and urban Indian organiza-
17 tions in the development of local health service
18 priorities and incidence and prevalence rates of
19 disease and other illness in the community; and

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

23 “(3) TECHNICAL ASSISTANCE.—The director of
24 the Centers for Disease Control and Prevention shall

1 provide technical assistance to the centers in car-
2 rying out the requirements of this subsection.

3 “(b) FUNDING.—The Secretary may make funding
4 available to Indian tribes, tribal organizations, and eligible
5 intertribal consortia or urban Indian organizations to con-
6 duct epidemiological studies of Indian communities.

7 **“SEC. 210. COMPREHENSIVE SCHOOL HEALTH EDUCATION**
8 **PROGRAMS.**

9 “(a) IN GENERAL.—The Secretary, acting through
10 the Service, shall provide funding to Indian tribes, tribal
11 organizations, and urban Indian organizations to develop
12 comprehensive school health education programs for chil-
13 dren from preschool through grade 12 in schools for the
14 benefit of Indian and urban Indian children.

15 “(b) USE OF FUNDS.—Funds awarded under this
16 section may be used to—

17 “(1) develop and implement health education
18 curricula both for regular school programs and after
19 school programs;

20 “(2) train teachers in comprehensive school
21 health education curricula;

22 “(3) integrate school-based, community-based,
23 and other public and private health promotion ef-
24 forts;

1 “(4) encourage healthy, tobacco-free school en-
2 vironments;

3 “(5) coordinate school-based health programs
4 with existing services and programs available in the
5 community;

6 “(6) develop school programs on nutrition edu-
7 cation, personal health, oral health, and fitness;

8 “(7) develop mental health wellness programs;

9 “(8) develop chronic disease prevention pro-
10 grams;

11 “(9) develop substance abuse prevention pro-
12 grams;

13 “(10) develop injury prevention and safety edu-
14 cation programs;

15 “(11) develop activities for the prevention and
16 control of communicable diseases;

17 “(12) develop community and environmental
18 health education programs that include traditional
19 health care practitioners;

20 “(13) carry out violence prevention activities;
21 and

22 “(14) carry out activities relating to such other
23 health issues as are appropriate.

24 “(c) TECHNICAL ASSISTANCE.—The Secretary shall,
25 upon request, provide technical assistance to Indian tribes,

1 tribal organization and urban Indian organizations in the
2 development of comprehensive health education plans, and
3 the dissemination of comprehensive health education ma-
4 terials and information on existing health programs and
5 resources.

6 “(d) CRITERIA.—The Secretary, in consultation with
7 Indian tribes tribal organizations, and urban Indian orga-
8 nizations shall establish criteria for the review and ap-
9 proval of applications for funding under this section.

10 “(e) COMPREHENSIVE SCHOOL HEALTH EDUCATION
11 PROGRAM.—

12 “(1) DEVELOPMENT.—The Secretary of the In-
13 terior, acting through the Bureau of Indian Affairs
14 and in cooperation with the Secretary and affected
15 Indian tribes and tribal organizations, shall develop
16 a comprehensive school health education program for
17 children from preschool through grade 12 for use in
18 schools operated by the Bureau of Indian Affairs.

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

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

23 “(B) mental health wellness programs;

24 “(C) chronic disease prevention programs;

1 “(D) substance abuse prevention pro-
2 grams;

3 “(E) injury prevention and safety edu-
4 cation programs; and

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

7 “(3) TRAINING AND COORDINATION.—The Sec-
8 retary of the Interior shall—

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

11 “(B) ensure the integration and coordina-
12 tion of school-based programs with existing
13 services and health programs available in the
14 community; and

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

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

18 “(a) IN GENERAL.—The Secretary, acting through
19 the Service, is authorized to provide funding to Indian
20 tribes, tribal organizations, and urban Indian organiza-
21 tions for innovative mental and physical disease prevention
22 and health promotion and treatment programs for Indian
23 and urban Indian preadolescent and adolescent youths.

24 “(b) USE OF FUNDS.—

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

3 “(A) develop prevention and treatment
4 programs for Indian youth which promote men-
5 tal and physical health and incorporate cultural
6 values, community and family involvement, and
7 traditional health care practitioners; and

8 “(B) develop and provide community train-
9 ing and education.

10 “(2) LIMITATION.—Funds made available
11 under this section may not be used to provide serv-
12 ices described in section 707(c).

13 “(c) REQUIREMENTS.—The Secretary shall—

14 “(1) disseminate to Indian tribes, tribal organi-
15 zations, and urban Indian organizations information
16 regarding models for the delivery of comprehensive
17 health care services to Indian and urban Indian ado-
18 lescents;

19 “(2) encourage the implementation of such
20 models; and

21 “(3) at the request of an Indian tribe, tribal or-
22 ganization, or urban Indian organization, provide
23 technical assistance in the implementation of such
24 models.

1 “(d) CRITERIA.—The Secretary, in consultation with
2 Indian tribes, tribal organization, and urban Indian orga-
3 nizations, shall establish criteria for the review and ap-
4 proval of applications under this section.

5 **“SEC. 212. PREVENTION, CONTROL, AND ELIMINATION OF**
6 **COMMUNICABLE AND INFECTIOUS DISEASES.**

7 “(a) IN GENERAL.—The Secretary, acting through
8 the Service after consultation with Indian tribes, tribal or-
9 ganizations, urban Indian organizations, and the Centers
10 for Disease Control and Prevention, may make funding
11 available to Indian tribes and tribal organizations for—

12 “(1) projects for the prevention, control, and
13 elimination of communicable and infectious diseases,
14 including tuberculosis, hepatitis, HIV, respiratory
15 syncytial virus, hanta virus, sexually transmitted dis-
16 eases, and H. Pylori;

17 “(2) public information and education programs
18 for the prevention, control, and elimination of com-
19 municable and infectious diseases; and

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

1 “(b) REQUIREMENT OF APPLICATION.—The Sec-
2 retary may provide funds under subsection (a) only if an
3 application or proposal for such funds is submitted.

4 “(c) TECHNICAL ASSISTANCE AND REPORT.—In car-
5 rying out this section, the Secretary—

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

8 “(2) shall prepare and submit, biennially, a re-
9 port to Congress on the use of funds under this sec-
10 tion and on the progress made toward the preven-
11 tion, control, and elimination of communicable and
12 infectious diseases among Indians and urban Indi-
13 ans.

14 **“SEC. 213. AUTHORITY FOR PROVISION OF OTHER SERV-**
15 **ICES.**

16 “(a) IN GENERAL.—The Secretary, acting through
17 the Service, Indian tribes, and tribal organizations, may
18 provide funding under this Act to meet the objective set
19 forth in section 3 through health care related services and
20 programs not otherwise described in this Act. Such serv-
21 ices and programs shall include services and programs re-
22 lated to—

23 “(1) hospice care and assisted living;

24 “(2) long-term health care;

25 “(3) home- and community-based services;

1 “(4) public health functions; and

2 “(5) traditional health care practices.

3 “(b) AVAILABILITY OF SERVICES FOR CERTAIN INDI-
4 VIDUALS.—At the discretion of the Service, Indian tribe,
5 or tribal organization, services hospice care, home health
6 care (under section 201), home- and community-based
7 care, assisted living, and long term care may be provided
8 (on a cost basis) to individuals otherwise ineligible for the
9 health care benefits of the Service. Any funds received
10 under this subsection shall not be used to offset or limit
11 the funding allocated to a tribe or tribal organization.

12 “(c) DEFINITIONS.—In this section:

13 “(1) HOME- AND COMMUNITY-BASED SERV-
14 ICES.—The term ‘home- and community-based serv-
15 ices’ means 1 or more of the following:

16 “(A) Homemaker/home health aide serv-
17 ices.

18 “(B) Chore services.

19 “(C) Personal care services.

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

23 “(E) Training for family members.

24 “(F) Adult day care.

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

4 “(2) HOSPICE CARE.—The term ‘hospice care’
5 means the items and services specified in subpara-
6 graphs (A) through (H) of section 1861(dd)(1) of
7 the Social Security Act (42 U.S.C. 1395x(dd)(1)),
8 and such other services which an Indian tribe or
9 tribal organization determines are necessary and ap-
10 propriate to provide in furtherance of such care.

11 “(3) PUBLIC HEALTH FUNCTIONS.—The term
12 ‘public health functions’ means public health related
13 programs, functions, and services including assess-
14 ments, assurances, and policy development that In-
15 dian tribes and tribal organizations are authorized
16 and encouraged, in those circumstances where it
17 meets their needs, to carry out by forming collabo-
18 rative relationships with all levels of local, State, and
19 Federal governments.

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

21 “The Secretary acting through the Service, Indian
22 tribes, tribal organizations, and urban Indian organiza-
23 tions shall provide funding to monitor and improve the
24 quality of health care for Indian women of all ages
25 through the planning and delivery of programs adminis-

1 tered by the Service, in order to improve and enhance the
2 treatment models of care for Indian women.

3 **“SEC. 215. ENVIRONMENTAL AND NUCLEAR HEALTH HAZ-**
4 **ARDS.**

5 “(a) STUDY AND MONITORING PROGRAMS.—The
6 Secretary and the Service shall, in conjunction with other
7 appropriate Federal agencies and in consultation with con-
8 cerned Indian tribes and tribal organizations, conduct a
9 study and carry out ongoing monitoring programs to de-
10 termine the trends that exist in the health hazards posed
11 to Indian miners and to Indians on or near Indian reserva-
12 tions and in Indian communities as a result of environ-
13 mental hazards that may result in chronic or life-threat-
14 ening health problems. Such hazards include nuclear re-
15 source development, petroleum contamination, and con-
16 tamination of the water source or of the food chain. Such
17 study (and any reports with respect to such study) shall
18 include—

19 “(1) an evaluation of the nature and extent of
20 health problems caused by environmental hazards
21 currently exhibited among Indians and the causes of
22 such health problems;

23 “(2) an analysis of the potential effect of ongo-
24 ing and future environmental resource development
25 on or near Indian reservations and communities in-

1 including the cumulative effect of such development
2 over time on health;

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

13 “(4) a summary of any findings or rec-
14 ommendations provided in Federal and State stud-
15 ies, reports, investigations, and inspections during
16 the 5 years prior to the date of the enactment of
17 this Act that directly or indirectly relate to the ac-
18 tivities, practices, and conditions affecting the health
19 or safety of such Indians; and

20 “(5) a description of the efforts that have been
21 made by Federal and State agencies and resource
22 and economic development companies to effectively
23 carry out an education program for such Indians re-
24 garding the health and safety hazards of such devel-
25 opment.

1 “(b) DEVELOPMENT OF HEALTH CARE PLANS.—

2 Upon the completion of the study under subsection (a),
3 the Secretary and the Service shall take into account the
4 results of such study and, in consultation with Indian
5 tribes and tribal organizations, develop a health care plan
6 to address the health problems that were the subject of
7 such study. The plans shall include—

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

10 “(2) preventive care and testing for Indians
11 who may be exposed to such health hazards, includ-
12 ing the monitoring of the health of individuals who
13 have or may have been exposed to excessive amounts
14 of radiation, or affected by other activities that have
15 had or could have a serious impact upon the health
16 of such individuals; and

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

21 “(c) SUBMISSION TO CONGRESS.—

22 “(1) GENERAL REPORT.—Not later than 18
23 months after the date of enactment of this Act, the
24 Secretary and the Service shall submit to Congress

1 a report concerning the study conducted under sub-
2 section (a).

3 “(2) HEALTH CARE PLAN REPORT.—Not later
4 than 1 year after the date on which the report under
5 paragraph (1) is submitted to Congress, the Sec-
6 retary and the Service shall submit to Congress the
7 health care plan prepared under subsection (b).
8 Such plan shall include recommended activities for
9 the implementation of the plan, as well as an evalua-
10 tion of any activities previously undertaken by the
11 Service to address the health problems involved.

12 “(d) TASK FORCE.—

13 “(1) ESTABLISHED.—There is hereby estab-
14 lished an Intergovernmental Task Force (referred to
15 in this section as the ‘task force’) that shall be com-
16 posed of the following individuals (or their des-
17 ignees):

18 “(A) The Secretary of Energy.

19 “(B) The Administrator of the Environ-
20 mental Protection Agency.

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

22 “(D) The Assistant Secretary for Occupa-
23 tional Safety and Health.

24 “(E) The Secretary of the Interior.

1 “(2) DUTIES.—The Task Force shall identify
2 existing and potential operations related to nuclear
3 resource development or other environmental haz-
4 ards that affect or may affect the health of Indians
5 on or near an Indian reservation or in an Indian
6 community, and enter into activities to correct exist-
7 ing health hazards and ensure that current and fu-
8 ture health problems resulting from nuclear resource
9 or other development activities are minimized or re-
10 duced.

11 “(3) ADMINISTRATIVE PROVISIONS.—The Sec-
12 retary shall serve as the chairperson of the Task
13 Force. The Task Force shall meet at least twice
14 each year. Each member of the Task Force shall
15 furnish necessary assistance to the Task Force.

16 “(e) PROVISION OF APPROPRIATE MEDICAL CARE.—
17 In the case of any Indian who—

18 “(1) as a result of employment in or near a
19 uranium mine or mill or near any other environ-
20 mental hazard, suffers from a work related illness or
21 condition;

22 “(2) is eligible to receive diagnosis and treat-
23 ment services from a Service facility; and

24 “(3) by reason of such Indian’s employment, is
25 entitled to medical care at the expense of such mine

1 or mill operator or entity responsible for the environ-
2 mental hazard;
3 the Service shall, at the request of such Indian, render
4 appropriate medical care to such Indian for such illness
5 or condition and may recover the costs of any medical care
6 so rendered to which such Indian is entitled at the expense
7 of such operator or entity from such operator or entity.
8 Nothing in this subsection shall affect the rights of such
9 Indian to recover damages other than such costs paid to
10 the Service from the employer for such illness or condition.

11 **“SEC. 216. ARIZONA AS A CONTRACT HEALTH SERVICE DE-**
12 **LIVERY AREA.**

13 “(a) IN GENERAL.—For fiscal years beginning with
14 the fiscal year ending September 30, 1983, and ending
15 with the fiscal year ending September 30, 2012, the State
16 of Arizona shall be designated as a contract health service
17 delivery area by the Service for the purpose of providing
18 contract health care services to members of federally rec-
19 ognized Indian Tribes of Arizona.

20 “(b) LIMITATION.—The Service shall not curtail any
21 health care services provided to Indians residing on Fed-
22 eral reservations in the State of Arizona if such curtail-
23 ment is due to the provision of contract services in such
24 State pursuant to the designation of such State as a con-

1 tract health service delivery area pursuant to subsection
2 (a).

3 **“SEC. 217. CALIFORNIA CONTRACT HEALTH SERVICES DEM-**
4 **ONSTRATION PROGRAM.**

5 “(a) IN GENERAL.—The Secretary may fund a pro-
6 gram that utilizes the California Rural Indian Health
7 Board as a contract care intermediary to improve the ac-
8 cessibility of health services to California Indians.

9 “(b) REIMBURSEMENT OF BOARD.—

10 “(1) AGREEMENT.—The Secretary shall enter
11 into an agreement with the California Rural Indian
12 Health Board to reimburse the Board for costs (in-
13 cluding reasonable administrative costs) incurred
14 pursuant to this section in providing medical treat-
15 ment under contract to California Indians described
16 in section 809(b) throughout the California contract
17 health services delivery area described in section 218
18 with respect to high-cost contract care cases.

19 “(2) ADMINISTRATION.—Not more than 5 per-
20 cent of the amounts provided to the Board under
21 this section for any fiscal year may be used for reim-
22 bursement for administrative expenses incurred by
23 the Board during such fiscal year.

24 “(3) LIMITATION.—No payment may be made
25 for treatment provided under this section to the ex-

1 tent that payment may be made for such treatment
2 under the Catastrophic Health Emergency Fund de-
3 scribed in section 202 or from amounts appropriated
4 or otherwise made available to the California con-
5 tract health service delivery area for a fiscal year.

6 “(c) ADVISORY BOARD.—There is hereby established
7 an advisory board that shall advise the California Rural
8 Indian Health Board in carrying out this section. The ad-
9 visory board shall be composed of representatives, selected
10 by the California Rural Indian Health Board, from not
11 less than 8 tribal health programs serving California Indi-
12 ans covered under this section, at least 50 percent of
13 whom are not affiliated with the California Rural Indian
14 Health Board.

15 **“SEC. 218. CALIFORNIA AS A CONTRACT HEALTH SERVICE**
16 **DELIVERY AREA.**

17 “The State of California, excluding the counties of
18 Alameda, Contra Costa, Los Angeles, Marin, Orange, Sac-
19 ramento, San Francisco, San Mateo, Santa Clara, Kern,
20 Merced, Monterey, Napa, San Benito, San Joaquin, San
21 Luis Obispo, Santa Cruz, Solano, Stanislaus, and Ventura
22 shall be designated as a contract health service delivery
23 area by the Service for the purpose of providing contract
24 health services to Indians in such State, except that any
25 of the counties described in this section may be included

1 in the contract health services delivery area if funding is
2 specifically provided by the Service for such services in
3 those counties.

4 **“SEC. 219. CONTRACT HEALTH SERVICES FOR THE TREN-**
5 **TON SERVICE AREA.**

6 “(a) IN GENERAL.—The Secretary, acting through
7 the Service, shall provide contract health services to mem-
8 bers of the Turtle Mountain Band of Chippewa Indians
9 that reside in the Trenton Service Area of Divide,
10 McKenzie, and Williams counties in the State of North
11 Dakota and the adjoining counties of Richland, Roosevelt,
12 and Sheridan in the State of Montana.

13 “(b) RULE OF CONSTRUCTION.—Nothing in this sec-
14 tion shall be construed as expanding the eligibility of mem-
15 bers of the Turtle Mountain Band of Chippewa Indians
16 for health services provided by the Service beyond the
17 scope of eligibility for such health services that applied on
18 May 1, 1986.

19 **“SEC. 220. PROGRAMS OPERATED BY INDIAN TRIBES AND**
20 **TRIBAL ORGANIZATIONS.**

21 “The Service shall provide funds for health care pro-
22 grams and facilities operated by Indian tribes and tribal
23 organizations under funding agreements with the Service
24 entered into under the Indian Self-Determination and
25 Education Assistance Act on the same basis as such funds

1 are provided to programs and facilities operated directly
2 by the Service.

3 **“SEC. 221. LICENSING.**

4 “Health care professionals employed by Indian Tribes
5 and tribal organizations to carry out agreements under the
6 Indian Self-Determination and Education Assistance Act,
7 shall, if licensed in any State, be exempt from the licensing
8 requirements of the State in which the agreement is per-
9 formed.

10 **“SEC. 222. AUTHORIZATION FOR EMERGENCY CONTRACT**
11 **HEALTH SERVICES.**

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

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

19 “(a) REQUIREMENT.—The Service shall respond to
20 a notification of a claim by a provider of a contract care
21 service with either an individual purchase order or a denial
22 of the claim within 5 working days after the receipt of
23 such notification.

24 “(b) FAILURE TO RESPOND.—If the Service fails to
25 respond to a notification of a claim in accordance with

1 subsection (a), the Service shall accept as valid the claim
2 submitted by the provider of a contract care service.

3 “(c) PAYMENT.—The Service shall pay a valid con-
4 tract care service claim within 30 days after the comple-
5 tion of the claim.

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

7 “(a) NO LIABILITY.—A patient who receives contract
8 health care services that are authorized by the Service
9 shall not be liable for the payment of any charges or costs
10 associated with the provision of such services.

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

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

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

22 “There are authorized to be appropriated such sums
23 as may be necessary for each fiscal year through fiscal
24 year 2012 to carry out this title.

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

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

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

“(2) ensure, whenever practicable, that such facility meets the construction standards of any nationally recognized accrediting body by not later than 1 year after the date on which the construction or renovation of such facility is completed.

“(b) CLOSURE OF FACILITIES.—

“(1) IN GENERAL.—Notwithstanding any provision of law other than this subsection, no Service hospital or outpatient health care facility or any inpatient service or special care facility operated by

1 the Service, may be closed if the Secretary has not
2 submitted to the Congress at least 1 year prior to
3 the date such proposed closure an evaluation of the
4 impact of such proposed closure which specifies, in
5 addition to other considerations—

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

9 “(B) the cost effectiveness of such closure;

10 “(C) the quality of health care to be pro-
11 vided to the population served by such hospital
12 or facility after such closure;

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

15 “(E) the views of the Indian tribes served
16 by such hospital or facility concerning such clo-
17 sure;

18 “(F) the level of utilization of such hos-
19 pital or facility by all eligible Indians; and

20 “(G) the distance between such hospital or
21 facility and the nearest operating Service hos-
22 pital.

23 “(2) TEMPORARY CLOSURE.—Paragraph (1)
24 shall not apply to any temporary closure of a facility

1 or of any portion of a facility if such closure is nec-
2 essary for medical, environmental, or safety reasons.

3 “(c) PRIORITY SYSTEM.—

4 “(1) ESTABLISHMENT.—The Secretary shall es-
5 tablish a health care facility priority system, that
6 shall—

7 “(A) be developed with Indian tribes and
8 tribal organizations through negotiated rule-
9 making under section 802;

10 “(B) give the needs of Indian tribes’ the
11 highest priority; and

12 “(C) at a minimum, include the lists re-
13 quired in paragraph (2)(B) and the method-
14 ology required in paragraph (2)(E);

15 except that the priority of any project established
16 under the construction priority system in effect on
17 the date of this Act shall not be affected by any
18 change in the construction priority system taking
19 place thereafter if the project was identified as one
20 of the top 10 priority inpatient projects or one of the
21 top 10 outpatient projects in the Indian Health
22 Service budget justification for fiscal year 2000, or
23 if the project had completed both Phase I and Phase
24 II of the construction priority system in effect on
25 the date of this Act.

1 “(2) REPORT.—The Secretary shall submit to
2 the President, for inclusion in each report required
3 to be transmitted to the Congress under section 801,
4 a report that includes—

5 “(A) a description of the health care facil-
6 ity priority system of the Service, as established
7 under paragraph (1);

8 “(B) health care facility lists, including—

9 “(i) the total health care facility plan-
10 ning, design, construction and renovation
11 needs for Indians;

12 “(ii) the 10 top-priority inpatient care
13 facilities;

14 “(iii) the 10 top-priority outpatient
15 care facilities;

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

19 “(v) any staff quarters associated
20 with such prioritized facilities;

21 “(C) the justification for the order of pri-
22 ority among facilities;

23 “(D) the projected cost of the projects in-
24 volved; and

1 “(E) the methodology adopted by the Serv-
2 ice in establishing priorities under its health
3 care facility priority system.

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

7 “(A) consult with, and obtain information
8 on all health care facilities needs from, Indian
9 tribes and tribal organizations including those
10 tribes or tribal organizations operating health
11 programs or facilities under any funding agree-
12 ment entered into with the Service under the
13 Indian Self-Determination and Education As-
14 sistance Act; and

15 “(B) review the total unmet needs of all
16 tribes and tribal organizations for health care
17 facilities (including staff quarters), including
18 needs for renovation and expansion of existing
19 facilities.

20 “(4) CRITERIA.—For purposes of this sub-
21 section, the Secretary shall, in evaluating the needs
22 of facilities operated under any funding agreement
23 entered into with the Service under the Indian Self-
24 Determination and Education Assistance Act, use
25 the same criteria that the Secretary uses in evalu-

1 ating the needs of facilities operated directly by the
2 Service.

3 “(5) EQUITABLE INTEGRATION.—The Secretary
4 shall ensure that the planning, design, construction,
5 and renovation needs of Service and non-Service fa-
6 cilities, operated under funding agreements in ac-
7 cordance with the Indian Self-Determination and
8 Education Assistance Act are fully and equitably in-
9 tegrated into the health care facility priority system.

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

11 “(1) REPORT.—Beginning in 2001, the Sec-
12 retary shall annually submit to the President, for in-
13 clusion in the report required to be transmitted to
14 Congress under section 801 of this Act, a report
15 which sets forth the needs of the Service and all In-
16 dian tribes and tribal organizations, including urban
17 Indian organizations, for inpatient, outpatient and
18 specialized care facilities, including the needs for
19 renovation and expansion of existing facilities .

20 “(2) CONSULTATION.—In preparing each report
21 required under paragraph (1) (other than the initial
22 report), the Secretary shall consult with Indian
23 tribes and tribal organizations including those tribes
24 or tribal organizations operating health programs or
25 facilities under any funding agreement entered into

1 with the Service under the Indian Self-Determina-
2 tion and Education Assistance Act, and with urban
3 Indian organizations.

4 “(3) CRITERIA.—For purposes of this sub-
5 section, the Secretary shall, in evaluating the needs
6 of facilities operated under any funding agreement
7 entered into with the Service under the Indian Self-
8 Determination and Education Assistance Act, use
9 the same criteria that the Secretary uses in evalu-
10 ating the needs of facilities operated directly by the
11 Service.

12 “(4) EQUITABLE INTEGRATION.—The Secretary
13 shall ensure that the planning, design, construction,
14 and renovation needs of facilities operated under
15 funding agreements, in accordance with the Indian
16 Self-Determination and Education Assistance Act,
17 are fully and equitably integrated into the develop-
18 ment of the health facility priority system.

19 “(5) ANNUAL NOMINATIONS.—Each year the
20 Secretary shall provide an opportunity for the nomi-
21 nation of planning, design, and construction projects
22 by the Service and all Indian tribes and tribal orga-
23 nizations for consideration under the health care fa-
24 cility priority system.

1 “(e) INCLUSION OF CERTAIN PROGRAMS.—All funds
2 appropriated under the Act of November 2, 1921 (25
3 U.S.C. 13), for the planning, design, construction, or ren-
4 ovation of health facilities for the benefit of an Indian
5 tribe or tribes shall be subject to the provisions of section
6 102 of the Indian Self-Determination and Education As-
7 sistance Act.

8 “(f) INNOVATIVE APPROACHES.—The Secretary shall
9 consult and cooperate with Indian tribes, tribal organiza-
10 tions and urban Indian organizations in developing inno-
11 vative approaches to address all or part of the total unmet
12 need for construction of health facilities, including those
13 provided for in other sections of this title and other ap-
14 proaches.

15 **“SEC. 302. SAFE WATER AND SANITARY WASTE DISPOSAL**
16 **FACILITIES.**

17 “(a) FINDINGS.—Congress finds and declares that—

18 “(1) the provision of safe water supply facilities
19 and sanitary sewage and solid waste disposal facili-
20 ties is primarily a health consideration and function;

21 “(2) Indian people suffer an inordinately high
22 incidence of disease, injury, and illness directly at-
23 tributable to the absence or inadequacy of such fa-
24 cilities;

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

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

9 “(5) it is in the interest of the United States,
10 and it is the policy of the United States, that all In-
11 dian communities and Indian homes, new and exist-
12 ing, be provided with safe and adequate water sup-
13 ply facilities and sanitary sewage waste disposal fa-
14 cilities as soon as possible.

15 “(b) PROVISION OF FACILITIES AND SERVICES.—

16 “(1) IN GENERAL.—In furtherance of the find-
17 ings and declarations made in subsection (a), Con-
18 gress reaffirms the primary responsibility and au-
19 thority of the Service to provide the necessary sani-
20 tation facilities and services as provided in section 7
21 of the Act of August 5, 1954 (42 U.S.C. 2004a).

22 “(2) ASSISTANCE.—The Secretary, acting
23 through the Service, is authorized to provide under
24 section 7 of the Act of August 5, 1954 (42 U.S.C.
25 2004a)—

1 “(A) financial and technical assistance to
2 Indian tribes, tribal organizations and Indian
3 communities in the establishment, training, and
4 equipping of utility organizations to operate
5 and maintain Indian sanitation facilities, in-
6 cluding the provision of existing plans, standard
7 details, and specifications available in the De-
8 partment, to be used at the option of the tribe
9 or tribal organization;

10 “(B) ongoing technical assistance and
11 training in the management of utility organiza-
12 tions which operate and maintain sanitation fa-
13 cilities; and

14 “(C) priority funding for the operation,
15 and maintenance assistance for, and emergency
16 repairs to, tribal sanitation facilities when nec-
17 essary to avoid an imminent health threat or to
18 protect the investment in sanitation facilities
19 and the investment in the health benefits
20 gained through the provision of sanitation fa-
21 cilities.

22 “(3) PROVISIONS RELATING TO FUNDING.—

23 Notwithstanding any other provision of law—

24 “(A) the Secretary of Housing and Urban
25 Development is authorized to transfer funds ap-

1 appropriated under the Native American Housing
2 Assistance and Self-Determination Act of 1996
3 to the Secretary of Health and Human Serv-
4 ices;

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

11 “(C) unless specifically authorized when
12 funds are appropriated, the Secretary of Health
13 and Human Services shall not use funds appro-
14 priated under section 7 of the Act of August 5,
15 1954 (42 U.S.C. 2004a) to provide sanitation
16 facilities to new homes constructed using funds
17 provided by the Department of Housing and
18 Urban Development;

19 “(D) the Secretary of Health and Human
20 Services is authorized to accept all Federal
21 funds that are available for the purpose of pro-
22 viding sanitation facilities and related services
23 and place those funds into funding agreements,
24 authorized under the Indian Self-Determination
25 and Education Assistance Act, between the Sec-

1 retary and Indian tribes and tribal organiza-
2 tions;

3 “(E) the Secretary may permit funds ap-
4 propriated under the authority of section 4 of
5 the Act of August 5, 1954 (42 U.S.C. 2004) to
6 be used to fund up to 100 percent of the
7 amount of a tribe’s loan obtained under any
8 Federal program for new projects to construct
9 eligible sanitation facilities to serve Indian
10 homes;

11 “(F) the Secretary may permit funds ap-
12 propriated under the authority of section 4 of
13 the Act of August 5, 1954 (42 U.S.C. 2004) to
14 be used to meet matching or cost participation
15 requirements under other Federal and non-Fed-
16 eral programs for new projects to construct eli-
17 gible sanitation facilities;

18 “(G) all Federal agencies are authorized to
19 transfer to the Secretary funds identified,
20 granted, loaned or appropriated and thereafter
21 the Department’s applicable policies, rules, reg-
22 ulations shall apply in the implementation of
23 such projects;

24 “(H) the Secretary of Health and Human
25 Services shall enter into inter-agency agree-

1 ments with the Bureau of Indian Affairs, the
2 Department of Housing and Urban Develop-
3 ment, the Department of Agriculture, the Envi-
4 ronmental Protection Agency and other appro-
5 priate Federal agencies, for the purpose of pro-
6 viding financial assistance for safe water supply
7 and sanitary sewage disposal facilities under
8 this Act; and

9 “(I) the Secretary of Health and Human
10 Services shall, by regulation developed through
11 rulemaking under section 802, establish stand-
12 ards applicable to the planning, design and con-
13 struction of water supply and sanitary sewage
14 and solid waste disposal facilities funded under
15 this Act.

16 “(c) 10-YEAR FUNDING PLAN.—The Secretary, act-
17 ing through the Service and in consultation with Indian
18 tribes and tribal organizations, shall develop and imple-
19 ment a 10-year funding plan to provide safe water supply
20 and sanitary sewage and solid waste disposal facilities
21 serving existing Indian homes and communities, and to
22 new and renovated Indian homes.

23 “(d) CAPABILITY OF TRIBE OR COMMUNITY.—The
24 financial and technical capability of an Indian tribe or
25 community to safely operate and maintain a sanitation fa-

1 cility shall not be a prerequisite to the provision or con-
2 struction of sanitation facilities by the Secretary.

3 “(e) FINANCIAL ASSISTANCE.—The Secretary may
4 provide financial assistance to Indian tribes, tribal organi-
5 zations and communities for the operation, management,
6 and maintenance of their sanitation facilities.

7 “(f) RESPONSIBILITY FOR FEES FOR OPERATION
8 AND MAINTENANCE.—The Indian family, community or
9 tribe involved shall have the primary responsibility to es-
10 tablish, collect, and use reasonable user fees, or otherwise
11 set aside funding, for the purpose of operating and main-
12 taining sanitation facilities. If a community facility is
13 threatened with imminent failure and there is a lack of
14 tribal capacity to maintain the integrity or the health ben-
15 efit of the facility, the Secretary may assist the Tribe in
16 the resolution of the problem on a short term basis
17 through cooperation with the emergency coordinator or by
18 providing operation and maintenance service.

19 “(g) ELIGIBILITY OF CERTAIN TRIBES OR ORGANI-
20 ZATIONS.—Programs administered by Indian tribes or
21 tribal organizations under the authority of the Indian Self-
22 Determination and Education Assistance Act shall be eli-
23 gible for—

24 “(1) any funds appropriated pursuant to this
25 section; and

1 “(2) any funds appropriated for the purpose of
2 providing water supply, sewage disposal, or solid
3 waste facilities;
4 on an equal basis with programs that are administered
5 directly by the Service.

6 “(h) REPORT.—

7 “(1) IN GENERAL.—The Secretary shall submit
8 to the President, for inclusion in each report re-
9 quired to be transmitted to the Congress under sec-
10 tion 801, a report which sets forth—

11 “(A) the current Indian sanitation facility
12 priority system of the Service;

13 “(B) the methodology for determining
14 sanitation deficiencies;

15 “(C) the level of initial and final sanitation
16 deficiency for each type sanitation facility for
17 each project of each Indian tribe or community;
18 and

19 “(D) the amount of funds necessary to re-
20 duce the identified sanitation deficiency levels of
21 all Indian tribes and communities to a level I
22 sanitation deficiency as described in paragraph
23 (4)(A).

24 “(2) CONSULTATION.—In preparing each report
25 required under paragraph (1), the Secretary shall

1 consult with Indian tribes and tribal organizations
2 (including those tribes or tribal organizations oper-
3 ating health care programs or facilities under any
4 funding agreements entered into with the Service
5 under the Indian Self-Determination and Education
6 Assistance Act) to determine the sanitation needs of
7 each tribe and in developing the criteria on which
8 the needs will be evaluated through a process of ne-
9 gotiated rulemaking.

10 “(3) METHODOLOGY.—The methodology used
11 by the Secretary in determining, preparing cost esti-
12 mates for and reporting sanitation deficiencies for
13 purposes of paragraph (1) shall be applied uniformly
14 to all Indian tribes and communities.

15 “(4) SANITATION DEFICIENCY LEVELS.—For
16 purposes of this subsection, the sanitation deficiency
17 levels for an individual or community sanitation fa-
18 cility serving Indian homes are as follows:

19 “(A) A level I deficiency is a sanitation fa-
20 cility serving and individual or community—

21 “(i) which complies with all applicable
22 water supply, pollution control and solid
23 waste disposal laws; and

1 “(ii) in which the deficiencies relate to
2 routine replacement, repair, or mainte-
3 nance needs.

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

6 “(i) which substantially or recently
7 complied with all applicable water supply,
8 pollution control and solid waste laws, in
9 which the deficiencies relate to small or
10 minor capital improvements needed to
11 bring the facility back into compliance;

12 “(ii) in which the deficiencies relate to
13 capital improvements that are necessary to
14 enlarge or improve the facilities in order to
15 meet the current needs for domestic sani-
16 tation facilities; or

17 “(iii) in which the deficiencies relate
18 to the lack of equipment or training by an
19 Indian Tribe or community to properly op-
20 erate and maintain the sanitation facilities.

21 “(C) A level III deficiency is an individual
22 or community facility with water or sewer serv-
23 ice in the home, piped services or a haul system
24 with holding tanks and interior plumbing, or
25 where major significant interruptions to water

1 supply or sewage disposal occur frequently, re-
2 quiring major capital improvements to correct
3 the deficiencies. There is no access to or no ap-
4 proved or permitted solid waste facility avail-
5 able.

6 “(D) A level IV deficiency is an individual
7 or community facility where there are no piped
8 water or sewer facilities in the home or the fa-
9 cility has become inoperable due to major com-
10 ponent failure or where only a washeteria or
11 central facility exists.

12 “(E) A level V deficiency is the absence of
13 a sanitation facility, where individual homes do
14 not have access to safe drinking water or ade-
15 quate wastewater disposal.

16 “(i) DEFINITIONS.—In this section:

17 “(1) FACILITY.—The terms ‘facility’ or ‘facili-
18 ties’ shall have the same meaning as the terms ‘sys-
19 tem’ or ‘systems’ unless the context requires other-
20 wise.

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

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

2 “(a) IN GENERAL.—The Secretary, acting through
3 the Service, may utilize the negotiating authority of the
4 Act of June 25, 1910 (25 U.S.C. 47), to give preference
5 to any Indian or any enterprise, partnership, corporation,
6 or other type of business organization owned and con-
7 trolled by an Indian or Indians including former or cur-
8 rently federally recognized Indian tribes in the State of
9 New York (hereinafter referred to as an ‘Indian firm’) in
10 the construction and renovation of Service facilities pursu-
11 ant to section 301 and in the construction of safe water
12 and sanitary waste disposal facilities pursuant to section
13 302. Such preference may be accorded by the Secretary
14 unless the Secretary finds, pursuant to rules and regula-
15 tions promulgated by the Secretary, that the project or
16 function to be contracted for will not be satisfactory or
17 such project or function cannot be properly completed or
18 maintained under the proposed contract. The Secretary,
19 in arriving at such finding, shall consider whether the In-
20 dian or Indian firm will be deficient with respect to—

21 “(1) ownership and control by Indians;

22 “(2) equipment;

23 “(3) bookkeeping and accounting procedures;

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

26 “(5) adequately trained personnel; or

1 “(6) other necessary components of contract
2 performance.

3 “(b) EXEMPTION FROM DAVIS-BACON.—For the
4 purpose of implementing the provisions of this title, con-
5 struction or renovation of facilities constructed or ren-
6 ovated in whole or in part by funds made available pursu-
7 ant to this title are exempt from the Act of March 3, 1931
8 (40 U.S.C. 276a—276a-5, known as the Davis-Bacon
9 Act). For all health facilities, staff quarters and sanitation
10 facilities, construction and renovation subcontractors shall
11 be paid wages at rates that are not less than the prevailing
12 wage rates for similar construction in the locality involved,
13 as determined by the Indian tribe, Tribes, or tribal organi-
14 zations served by such facilities.

15 **“SEC. 304. SOBOBA SANITATION FACILITIES.**

16 “Nothing in the Act of December 17, 1970 (84 Stat.
17 1465) shall be construed to preclude the Soboba Band of
18 Mission Indians and the Soboba Indian Reservation from
19 being provided with sanitation facilities and services under
20 the authority of section 7 of the Act of August 5, 1954
21 (68 Stat 674), as amended by the Act of July 31, 1959
22 (73 Stat. 267).

23 **“SEC. 305. EXPENDITURE OF NONSERVICE FUNDS FOR REN-**
24 **OVATION.**

25 “(a) PERMISSIBILITY.—

1 “(1) IN GENERAL.—Notwithstanding any other
2 provision of law, the Secretary is authorized to ac-
3 cept any major expansion, renovation or moderniza-
4 tion by any Indian tribe of any Service facility, or
5 of any other Indian health facility operated pursuant
6 to a funding agreement entered into under the In-
7 dian Self-Determination and Education Assistance
8 Act, including—

9 “(A) any plans or designs for such expan-
10 sion, renovation or modernization; and

11 “(B) any expansion, renovation or mod-
12 ernization for which funds appropriated under
13 any Federal law were lawfully expended;

14 but only if the requirements of subsection (b) are
15 met.

16 “(2) PRIORITY LIST.—The Secretary shall
17 maintain a separate priority list to address the need
18 for increased operating expenses, personnel or equip-
19 ment for such facilities described in paragraph (1).
20 The methodology for establishing priorities shall be
21 developed by negotiated rulemaking under section
22 802. The list of priority facilities will be revised an-
23 nually in consultation with Indian tribes and tribal
24 organizations.

1 “(3) REPORT.—The Secretary shall submit to
2 the President, for inclusion in each report required
3 to be transmitted to the Congress under section 801,
4 the priority list maintained pursuant to paragraph
5 (2).

6 “(b) REQUIREMENTS.—The requirements of this sub-
7 section are met with respect to any expansion, renovation
8 or modernization if—

9 “(1) the tribe or tribal organization—

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

12 “(B) applies to the Secretary to be placed
13 on a separate priority list to address the needs
14 of such new facilities for increased operating ex-
15 penses, personnel or equipment; and

16 “(2) the expansion renovation or
17 modernization—

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

20 “(B) is administered by the Indian tribe or
21 tribal organization in accordance with any ap-
22 plicable regulations prescribed by the Secretary
23 with respect to construction or renovation of
24 Service facilities.

1 “(c) RIGHT OF TRIBE IN CASE OF FAILURE OF FA-
2 CILITY TO BE USED AS A SERVICE FACILITY.—If any
3 Service facility which has been expanded, renovated or
4 modernized by an Indian tribe under this section ceases
5 to be used as a Service facility during the 20-year period
6 beginning on the date such expansion, renovation or mod-
7 ernization is completed, such Indian tribe shall be entitled
8 to recover from the United States an amount which bears
9 the same ratio to the value of such facility at the time
10 of such cessation as the value of such expansion, renova-
11 tion or modernization (less the total amount of any funds
12 provided specifically for such facility under any Federal
13 program that were expended for such expansion, renova-
14 tion or modernization) bore to the value of such facility
15 at the time of the completion of such expansion, renova-
16 tion or modernization.

17 **“SEC. 306. FUNDING FOR THE CONSTRUCTION, EXPANSION,**
18 **AND MODERNIZATION OF SMALL AMBULA-**
19 **TORY CARE FACILITIES.**

20 “(a) AVAILABILITY OF FUNDING.—

21 “(1) IN GENERAL.—The Secretary, acting
22 through the Service and in consultation with Indian
23 tribes and tribal organization, shall make funding
24 available to tribes and tribal organizations for the
25 construction, expansion, or modernization of facili-

1 ties for the provision of ambulatory care services to
2 eligible Indians (and noneligible persons as provided
3 for in subsections (b)(2) and (c)(1)(C)). Funding
4 under this section may cover up to 100 percent of
5 the costs of such construction, expansion, or mod-
6 ernization. For the purposes of this section, the term
7 ‘construction’ includes the replacement of an exist-
8 ing facility.

9 “(2) REQUIREMENT.—Funding under para-
10 graph (1) may only be made available to an Indian
11 tribe or tribal organization operating an Indian
12 health facility (other than a facility owned or con-
13 structed by the Service, including a facility originally
14 owned or constructed by the Service and transferred
15 to an Indian tribe or tribal organization) pursuant
16 to a funding agreement entered into under the In-
17 dian Self-Determination and Education Assistance
18 Act.

19 “(b) USE OF FUNDS.—

20 “(1) IN GENERAL.—Funds provided under this
21 section may be used only for the construction, ex-
22 pansion, or modernization (including the planning
23 and design of such construction, expansion, or mod-
24 ernization) of an ambulatory care facility—

25 “(A) located apart from a hospital;

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

3 “(C) which, upon completion of such con-
4 struction, expansion, or modernization will—

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

7 “(ii) provide annually not less than
8 500 patient visits by eligible Indians and
9 other users who are eligible for services in
10 such facility in accordance with section
11 807(b)(1)(B); and

12 “(iii) provide ambulatory care in a
13 service area (specified in the funding
14 agreement entered into under the Indian
15 Self-Determination and Education Assist-
16 ance Act) with a population of not less
17 than 1,500 eligible Indians and other users
18 who are eligible for services in such facility
19 in accordance with section 807(b)(1)(B).

20 “(2) LIMITATION.—Funding provided under
21 this section may be used only for the cost of that
22 portion of a construction, expansion or moderniza-
23 tion project that benefits the service population de-
24 scribed in clauses (ii) and (iii) of paragraph (1)(C).

25 The requirements of such clauses (ii) and (iii) shall

1 not apply to a tribe or tribal organization applying
2 for funding under this section whose principal office
3 for health care administration is located on an island
4 or where such office is not located on a road system
5 providing direct access to an inpatient hospital
6 where care is available to the service population.

7 “(c) APPLICATION AND PRIORITY.—

8 “(1) APPLICATION.—No funding may be made
9 available under this section unless an application for
10 such funding has been submitted to and approved by
11 the Secretary. An application or proposal for fund-
12 ing under this section shall be submitted in accord-
13 ance with applicable regulations and shall set forth
14 reasonable assurance by the applicant that, at all
15 times after the construction, expansion, or mod-
16 ernization of a facility carried out pursuant to fund-
17 ing received under this section—

18 “(A) adequate financial support will be
19 available for the provision of services at such
20 facility;

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

24 “(C) such facility will, as feasible without
25 diminishing the quality or quantity of services

1 provided to eligible Indians, serve noneligible
2 persons on a cost basis.

3 “(2) PRIORITY.—In awarding funds under this
4 section, the Secretary shall give priority to tribes
5 and tribal organizations that demonstrate—

6 “A) a need for increased ambulatory care
7 services; and

8 “(B) insufficient capacity to deliver such
9 services.

10 “(d) FAILURE TO USE FACILITY AS HEALTH FACIL-
11 ITY.—If any facility (or portion thereof) with respect to
12 which funds have been paid under this section, ceases,
13 within 5 years after completion of the construction, expan-
14 sion, or modernization carried out with such funds, to be
15 utilized for the purposes of providing health care services
16 to eligible Indians, all of the right, title, and interest in
17 and to such facility (or portion thereof) shall transfer to
18 the United States unless otherwise negotiated by the Serv-
19 ice and the Indian tribe or tribal organization.

20 “(e) NO INCLUSION IN TRIBAL SHARE.—Funding
21 provided to Indian tribes and tribal organizations under
22 this section shall be non-recurring and shall not be avail-
23 able for inclusion in any individual tribe’s tribal share for
24 an award under the Indian Self-Determination and Edu-

1 cation Assistance Act or for reallocation or redesign there-
2 under.

3 **“SEC. 307. INDIAN HEALTH CARE DELIVERY DEMONSTRA-**
4 **TION PROJECT.**

5 “(a) HEALTH CARE DELIVERY DEMONSTRATION
6 PROJECTS.—The Secretary, acting through the Service
7 and in consultation with Indian tribes and tribal organiza-
8 tions, may enter into funding agreements with, or make
9 grants or loan guarantees to, Indian tribes or tribal orga-
10 nizations for the purpose of carrying out a health care de-
11 livery demonstration project to test alternative means of
12 delivering health care and services through health facili-
13 ties, including hospice, traditional Indian health and child
14 care facilities, to Indians.

15 “(b) USE OF FUNDS.—The Secretary, in approving
16 projects pursuant to this section, may authorize funding
17 for the construction and renovation of hospitals, health
18 centers, health stations, and other facilities to deliver
19 health care services and is authorized to—

20 “(1) waive any leasing prohibition;

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

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

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

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

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

5 “(c) CRITERIA.—

6 “(1) IN GENERAL.—The Secretary shall develop
7 and publish regulations through rulemaking under
8 section 802 for the review and approval of applica-
9 tions submitted under this section. The Secretary
10 may enter into a contract, funding agreement or
11 award a grant under this section for projects which
12 meet the following criteria:

13 “(A) There is a need for a new facility or
14 program or the reorientation of an existing fa-
15 cility or program.

16 “(B) A significant number of Indians, in-
17 cluding those with low health status, will be
18 served by the project.

19 “(C) The project has the potential to ad-
20 dress the health needs of Indians in an innova-
21 tive manner.

22 “(D) The project has the potential to de-
23 liver services in an efficient and effective man-
24 ner.

25 “(E) The project is economically viable.

1 “(F) The Indian tribe or tribal organization has
2 the administrative and financial capability to admin-
3 ister the project.

4 “(G) The project is integrated with pro-
5 viders of related health and social services and
6 is coordinated with, and avoids duplication of,
7 existing services.

8 “(2) PEER REVIEW PANELS.—The Secretary
9 may provide for the establishment of peer review
10 panels, as necessary, to review and evaluate applica-
11 tions and to advise the Secretary regarding such ap-
12 plications using the criteria developed pursuant to
13 paragraph (1).

14 “(3) PRIORITY.—The Secretary shall give pri-
15 ority to applications for demonstration projects
16 under this section in each of the following service
17 units to the extent that such applications are filed
18 in a timely manner and otherwise meet the criteria
19 specified in paragraph (1):

20 “(A) Cass Lake, Minnesota.

21 “(B) Clinton, Oklahoma.

22 “(C) Harlem, Montana.

23 “(D) Mescalero, New Mexico.

24 “(E) Owyhee, Nevada.

25 “(F) Parker, Arizona.

1 “(G) Schurz, Nevada.

2 “(H) Winnebago, Nebraska.

3 “(I) Ft. Yuma, California

4 “(d) TECHNICAL ASSISTANCE.—The Secretary shall
5 provide such technical and other assistance as may be nec-
6 essary to enable applicants to comply with the provisions
7 of this section.

8 “(e) SERVICE TO INELIGIBLE PERSONS.—The au-
9 thority to provide services to persons otherwise ineligible
10 for the health care benefits of the Service and the author-
11 ity to extend hospital privileges in Service facilities to non-
12 Service health care practitioners as provided in section
13 807 may be included, subject to the terms of such section,
14 in any demonstration project approved pursuant to this
15 section.

16 “(f) EQUITABLE TREATMENT.—For purposes of sub-
17 section (c)(1)(A), the Secretary shall, in evaluating facili-
18 ties operated under any funding agreement entered into
19 with the Service under the Indian Self-Determination and
20 Education Assistance Act, use the same criteria that the
21 Secretary uses in evaluating facilities operated directly by
22 the Service.

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

1 non-Service facilities which are the subject of a funding
2 agreement for health services entered into with the Service
3 under the Indian Self-Determination and Education As-
4 sistance Act, are fully and equitably integrated into the
5 implementation of the health care delivery demonstration
6 projects under this section.

7 **“SEC. 308. LAND TRANSFER.**

8 “(a) GENERAL AUTHORITY FOR TRANSFERS.—Not-
9 withstanding any other provision of law, the Bureau of
10 Indian Affairs and all other agencies and departments of
11 the United States are authorized to transfer, at no cost,
12 land and improvements to the Service for the provision
13 of health care services. The Secretary is authorized to ac-
14 cept such land and improvements for such purposes.

15 “(b) CHEMAWA INDIAN SCHOOL.—The Bureau of In-
16 dian Affairs is authorized to transfer, at no cost, up to
17 5 acres of land at the Chemawa Indian School, Salem,
18 Oregon, to the Service for the provision of health care
19 services. The land authorized to be transferred by this sec-
20 tion is that land adjacent to land under the jurisdiction
21 of the Service and occupied by the Chemawa Indian
22 Health Center.

23 **“SEC. 309. LEASES.**

24 “(a) IN GENERAL.—Notwithstanding any other pro-
25 vision of law, the Secretary is authorized, in carrying out

1 the purposes of this Act, to enter into leases with Indian
2 tribes and tribal organizations for periods not in excess
3 of 20 years. Property leased by the Secretary from an In-
4 dian tribe or tribal organization may be reconstructed or
5 renovated by the Secretary pursuant to an agreement with
6 such Indian tribe or tribal organization.

7 “(b) FACILITIES FOR THE ADMINISTRATION AND DE-
8 LIVERY OF HEALTH SERVICES.—The Secretary may enter
9 into leases, contracts, and other legal agreements with In-
10 dian tribes or tribal organizations which hold—

11 “(1) title to;

12 “(2) a leasehold interest in; or

13 “(3) a beneficial interest in (where title is held
14 by the United States in trust for the benefit of a
15 tribe);

16 facilities used for the administration and delivery of health
17 services by the Service or by programs operated by Indian
18 tribes or tribal organizations to compensate such Indian
19 tribes or tribal organizations for costs associated with the
20 use of such facilities for such purposes, and such leases
21 shall be considered as operating leases for the purposes
22 of scoring under the Budget Enforcement Act, notwith-
23 standing any other provision of law. Such costs include
24 rent, depreciation based on the useful life of the building,
25 principal and interest paid or accrued, operation and

1 maintenance expenses, and other expenses determined by
2 regulation to be allowable pursuant to regulations under
3 section 105(l) of the Indian Self-Determination and Edu-
4 cation Assistance Act.

5 **“SEC. 310. LOANS, LOAN GUARANTEES AND LOAN REPAY-**
6 **MENT.**

7 “(a) HEALTH CARE FACILITIES LOAN FUND.—
8 There is established in the Treasury of the United States
9 a fund to be known as the ‘Health Care Facilities Loan
10 Fund’ (referred to in this Act as the ‘HCFLF’) to provide
11 to Indian Tribes and tribal organizations direct loans, or
12 guarantees for loans, for the construction of health care
13 facilities (including inpatient facilities, outpatient facili-
14 ties, associated staff quarters and specialized care facili-
15 ties such as behavioral health and elder care facilities).

16 “(b) STANDARDS AND PROCEDURES.—The Secretary
17 may promulgate regulations, developed through rule-
18 making as provided for in section 802, to establish stand-
19 ards and procedures for governing loans and loan guaran-
20 tees under this section, subject to the following conditions:

21 “(1) The principal amount of a loan or loan
22 guarantee may cover up to 100 percent of eligible
23 costs, including costs for the planning, design, fi-
24 nancing, site land development, construction, reha-
25 bilitation, renovation, conversion, improvements,

1 medical equipment and furnishings, other facility re-
2 lated costs and capital purchase (but excluding staff-
3 ing).

4 “(2) The cumulative total of the principal of di-
5 rect loans and loan guarantees, respectively, out-
6 standing at any one time shall not exceed such limi-
7 tations as may be specified in appropriation Acts.

8 “(3) In the discretion of the Secretary, the pro-
9 gram under this section may be administered by the
10 Service or the Health Resources and Services Ad-
11 ministration (which shall be specified by regulation).

12 “(4) The Secretary may make or guarantee a
13 loan with a term of the useful estimated life of the
14 facility, or 25 years, whichever is less.

15 “(5) The Secretary may allocate up to 100 per-
16 cent of the funds available for loans or loan guaran-
17 tees in any year for the purpose of planning and ap-
18 plying for a loan or loan guarantee.

19 “(6) The Secretary may accept an assignment
20 of the revenue of an Indian tribe or tribal organiza-
21 tion as security for any direct loan or loan guarantee
22 under this section.

23 “(7) In the planning and design of health facili-
24 ties under this section, users eligible under section

1 807(b) may be included in any projection of patient
2 population.

3 “(8) The Secretary shall not collect loan appli-
4 cation, processing or other similar fees from Indian
5 tribes or tribal organizations applying for direct
6 loans or loan guarantees under this section.

7 “(9) Service funds authorized under loans or
8 loan guarantees under this section may be used in
9 matching other Federal funds.

10 “(c) FUNDING.—

11 “(1) IN GENERAL.—The HCFLF shall consist
12 of—

13 “(A) such sums as may be initially appro-
14 priated to the HCFLF and as may be subse-
15 quently appropriated under paragraph (2);

16 “(B) such amounts as may be collected
17 from borrowers; and

18 “(C) all interest earned on amounts in the
19 HCFLF.

20 “(2) AUTHORIZATION OF APPROPRIATIONS.—

21 There is authorized to be appropriated such sums as
22 may be necessary to initiate the HCFLF. For each
23 fiscal year after the initial year in which funds are
24 appropriated to the HCFLF, there is authorized to
25 be appropriated an amount equal to the sum of the

1 amount collected by the HCFLF during the pre-
2 ceding fiscal year, and all accrued interest on such
3 amounts.

4 “(3) AVAILABILITY OF FUNDS.—Amounts ap-
5 propriated, collected or earned relative to the
6 HCFLF shall remain available until expended.

7 “(d) FUNDING AGREEMENTS.—Amounts in the
8 HCFLF and available pursuant to appropriation Acts may
9 be expended by the Secretary, acting through the Service,
10 to make loans under this section to an Indian tribe or trib-
11 al organization pursuant to a funding agreement entered
12 into under the Indian Self-Determination and Education
13 Assistance Act.

14 “(e) INVESTMENTS.—The Secretary of the Treasury
15 shall invest such amounts of the HCFLF as such Sec-
16 retary determines are not required to meet current with-
17 draws from the HCFLF. Such investments may be made
18 only in interest-bearing obligations of the United States.
19 For such purpose, such obligations may be acquired on
20 original issue at the issue price, or by purchase of out-
21 standing obligations at the market price. Any obligation
22 acquired by the fund may be sold by the Secretary of the
23 Treasury at the market price.

24 “(f) GRANTS.—The Secretary is authorized to estab-
25 lish a program to provide grants to Indian tribes and trib-

1 al organizations for the purpose of repaying all or part
2 of any loan obtained by an Indian tribe or tribal organiza-
3 tion for construction and renovation of health care facili-
4 ties (including inpatient facilities, outpatient facilities, as-
5 sociated staff quarters and specialized care facilities).
6 Loans eligible for such repayment grants shall include
7 loans that have been obtained under this section or other-
8 wise.

9 **“SEC. 311. TRIBAL LEASING.**

10 “Indian Tribes and tribal organizations providing
11 health care services pursuant to a funding agreement con-
12 tract entered into under the Indian Self-Determination
13 and Education Assistance Act may lease permanent struc-
14 tures for the purpose of providing such health care serv-
15 ices without obtaining advance approval in appropriation
16 Acts.

17 **“SEC. 312. INDIAN HEALTH SERVICE/TRIBAL FACILITIES**
18 **JOINT VENTURE PROGRAM.**

19 “(a) AUTHORITY.—

20 “(1) IN GENERAL.—The Secretary, acting
21 through the Service, shall make arrangements with
22 Indian tribes and tribal organizations to establish
23 joint venture demonstration projects under which an
24 Indian tribe or tribal organization shall expend trib-
25 al, private, or other available funds, for the acquisi-

1 tion or construction of a health facility for a min-
2 imum of 10 years, under a no-cost lease, in ex-
3 change for agreement by the Service to provide the
4 equipment, supplies, and staffing for the operation
5 and maintenance of such a health facility.

6 “(2) USE OF RESOURCES.—A tribe or tribal or-
7 ganization may utilize tribal funds, private sector, or
8 other available resources, including loan guarantees,
9 to fulfill its commitment under this subsection.

10 “(3) ELIGIBILITY OF CERTAIN ENTITIES.—A
11 tribe that has begun and substantially completed the
12 process of acquisition or construction of a health fa-
13 cility shall be eligible to establish a joint venture
14 project with the Service using such health facility.

15 “(b) REQUIREMENTS.—

16 “(1) IN GENERAL.—The Secretary shall enter
17 into an arrangement under subsection (a)(1) with an
18 Indian tribe or tribal organization only if—

19 “(A) the Secretary first determines that
20 the Indian tribe or tribal organization has the
21 administrative and financial capabilities nec-
22 essary to complete the timely acquisition or con-
23 struction of the health facility described in sub-
24 section (a)(1); and

1 “(B) the Indian tribe or tribal organization
2 meets the needs criteria that shall be developed
3 through the negotiated rulemaking process pro-
4 vided for under section 802.

5 “(2) CONTINUED OPERATION OF FACILITY.—
6 The Secretary shall negotiate an agreement with the
7 Indian tribe or tribal organization regarding the con-
8 tinued operation of a facility under this section at
9 the end of the initial 10 year no-cost lease period.

10 “(3) BREACH OR TERMINATION OF AGREE-
11 MENT.—An Indian tribe or tribal organization that
12 has entered into a written agreement with the Sec-
13 retary under this section, and that breaches or ter-
14 minates without cause such agreement, shall be lia-
15 ble to the United States for the amount that has
16 been paid to the tribe or tribal organization, or paid
17 to a third party on the tribe’s or tribal organiza-
18 tion’s behalf, under the agreement. The Secretary
19 has the right to recover tangible property (including
20 supplies), and equipment, less depreciation, and any
21 funds expended for operations and maintenance
22 under this section. The preceding sentence shall not
23 apply to any funds expended for the delivery of
24 health care services, or for personnel or staffing.

1 “(d) RECOVERY FOR NON-USE.—An Indian tribe or
2 tribal organization that has entered into a written agree-
3 ment with the Secretary under this section shall be enti-
4 tled to recover from the United States an amount that
5 is proportional to the value of such facility should at any
6 time within 10 years the Service ceases to use the facility
7 or otherwise breaches the agreement.

8 “(e) DEFINITION.—In this section, the terms ‘health
9 facility’ or ‘health facilities’ include staff quarters needed
10 to provide housing for the staff of the tribal health pro-
11 gram.

12 **“SEC. 313. LOCATION OF FACILITIES.**

13 “(a) PRIORITY.—The Bureau of Indian Affairs and
14 the Service shall, in all matters involving the reorganiza-
15 tion or development of Service facilities, or in the estab-
16 lishment of related employment projects to address unem-
17 ployment conditions in economically depressed areas, give
18 priority to locating such facilities and projects on Indian
19 lands if requested by the Indian owner and the Indian
20 tribe with jurisdiction over such lands or other lands
21 owned or leased by the Indian tribe or tribal organization
22 so long as priority is given to Indian land owned by an
23 Indian tribe or tribes.

24 “(b) DEFINITION.—In this section, the term ‘Indian
25 lands’ means—

1 “(1) all lands within the exterior boundaries of
2 any Indian reservation;

3 “(2) any lands title to which is held in trust by
4 the United States for the benefit of any Indian tribe
5 or individual Indian, or held by any Indian tribe or
6 individual Indian subject to restriction by the United
7 States against alienation and over which an Indian
8 tribe exercises governmental power; and

9 “(3) all lands in Alaska owned by any Alaska
10 Native village, or any village or regional corporation
11 under the Alaska Native Claims Settlement Act, or
12 any land allotted to any Alaska Native.

13 **“SEC. 314. MAINTENANCE AND IMPROVEMENT OF HEALTH**
14 **CARE FACILITIES.**

15 “(a) REPORT.—The Secretary shall submit to the
16 President, for inclusion in the report required to be trans-
17 mitted to Congress under section 801, a report that identi-
18 fies the backlog of maintenance and repair work required
19 at both Service and tribal facilities, including new facilities
20 expected to be in operation in the fiscal year after the year
21 for which the report is being prepared. The report shall
22 identify the need for renovation and expansion of existing
23 facilities to support the growth of health care programs.

24 “(b) MAINTENANCE OF NEWLY CONSTRUCTED
25 SPACE.—

1 “(1) IN GENERAL.—The Secretary may expend
2 maintenance and improvement funds to support the
3 maintenance of newly constructed space only if such
4 space falls within the approved supportable space al-
5 location for the Indian tribe or tribal organization.

6 “(2) DEFINITION.—For purposes of paragraph
7 (1), the term ‘supportable space allocation’ shall be
8 defined through the negotiated rulemaking process
9 provided for under section 802.

10 “(c) CONSTRUCTION OF REPLACEMENT FACILI-
11 TIES.—

12 “(1) IN GENERAL.—In addition to using main-
13 tenance and improvement funds for the maintenance
14 of facilities under subsection (b)(1), an Indian tribe
15 or tribal organization may use such funds for the
16 construction of a replacement facility if the costs of
17 the renovation of such facility would exceed a max-
18 imum renovation cost threshold.

19 “(2) DEFINITION.—For purposes of paragraph
20 (1), the term ‘maximum renovation cost threshold’
21 shall be defined through the negotiated rulemaking
22 process provided for under section 802.

23 **“SEC. 315. TRIBAL MANAGEMENT OF FEDERALLY-OWNED**
24 **QUARTERS.**

25 “(a) ESTABLISHMENT OF RENTAL RATES.—

1 “(1) IN GENERAL.—Notwithstanding any other
2 provision of law, an Indian tribe or tribal organiza-
3 tion which operates a hospital or other health facility
4 and the Federally-owned quarters associated there-
5 with, pursuant to a funding agreement under the In-
6 dian Self-Determination and Education Assistance
7 Act, may establish the rental rates charged to the
8 occupants of such quarters by providing notice to
9 the Secretary of its election to exercise such author-
10 ity.

11 “(2) OBJECTIVES.—In establishing rental rates
12 under paragraph (1), an Indian tribe or tribal orga-
13 nization shall attempt to achieve the following objec-
14 tives:

15 “(A) The rental rates should be based on
16 the reasonable value of the quarters to the oc-
17 cupants thereof.

18 “(B) The rental rates should generate suf-
19 ficient funds to prudently provide for the oper-
20 ation and maintenance of the quarters, and,
21 subject to the discretion of the Indian tribe or
22 tribal organization, to supply reserve funds for
23 capital repairs and replacement of the quarters.

24 “(3) ELIGIBILITY FOR QUARTERS IMPROVE-
25 MENT AND REPAIR.—Any quarters whose rental

1 rates are established by an Indian tribe or tribal or-
2 ganization under this subsection shall continue to be
3 eligible for quarters improvement and repair funds
4 to the same extent as other Federally-owned quar-
5 ters that are used to house personnel in Service-sup-
6 ported programs.

7 “(4) NOTICE OF CHANGE IN RATES.—An In-
8 dian tribe or tribal organization that exercises the
9 authority provided under this subsection shall pro-
10 vide occupants with not less than 60 days notice of
11 any change in rental rates.

12 “(b) COLLECTION OF RENTS.—

13 “(1) IN GENERAL.—Notwithstanding any other
14 provision of law, and subject to paragraph (2), an
15 Indian tribe or a tribal organization that operates
16 Federally-owned quarters pursuant to a funding
17 agreement under the Indian Self-Determination and
18 Education Assistance Act shall have the authority to
19 collect rents directly from Federal employees who oc-
20 cupy such quarters in accordance with the following:

21 “(A) The Indian tribe or tribal organiza-
22 tion shall notify the Secretary and the Federal
23 employees involved of its election to exercise its
24 authority to collect rents directly from such
25 Federal employees.

1 “(B) Upon the receipt of a notice described
2 in subparagraph (A), the Federal employees in-
3 volved shall pay rents for the occupancy of such
4 quarters directly to the Indian tribe or tribal
5 organization and the Secretary shall have no
6 further authority to collect rents from such em-
7 ployees through payroll deduction or otherwise.

8 “(C) Such rent payments shall be retained
9 by the Indian tribe or tribal organization and
10 shall not be made payable to or otherwise be
11 deposited with the United States.

12 “(D) Such rent payments shall be depos-
13 ited into a separate account which shall be used
14 by the Indian tribe or tribal organization for
15 the maintenance (including capital repairs and
16 replacement expenses) and operation of the
17 quarters and facilities as the Indian tribe or
18 tribal organization shall determine appropriate.

19 “(2) RETROCESSION.—If an Indian tribe or
20 tribal organization which has made an election under
21 paragraph (1) requests retrocession of its authority
22 to directly collect rents from Federal employees oc-
23 cupying Federally-owned quarters, such retrocession
24 shall become effective on the earlier of—

1 “(A) the first day of the month that begins
2 not less than 180 days after the Indian tribe or
3 tribal organization notifies the Secretary of its
4 desire to retrocede; or

5 “(B) such other date as may be mutually
6 agreed upon by the Secretary and the Indian
7 tribe or tribal organization.

8 “(c) **RATES.**—To the extent that an Indian tribe or
9 tribal organization, pursuant to authority granted in sub-
10 section (a), establishes rental rates for Federally-owned
11 quarters provided to a Federal employee in Alaska, such
12 rents may be based on the cost of comparable private rent-
13 al housing in the nearest established community with a
14 year-round population of 1,500 or more individuals.

15 **“SEC. 316. APPLICABILITY OF BUY AMERICAN REQUIRE-**
16 **MENT.**

17 “(a) **IN GENERAL.**—The Secretary shall ensure that
18 the requirements of the Buy American Act apply to all
19 procurements made with funds provided pursuant to the
20 authorization contained in section 318, except that Indian
21 tribes and tribal organizations shall be exempt from such
22 requirements.

23 “(b) **FALSE OR MISLEADING LABELING.**—If it has
24 been finally determined by a court or Federal agency that
25 any person intentionally affixed a label bearing a ‘Made

1 in America' inscription, or any inscription with the same
2 meaning, to any product sold in or shipped to the United
3 States that is not made in the United States, such person
4 shall be ineligible to receive any contract or subcontract
5 made with funds provided pursuant to the authorization
6 contained in section 318, pursuant to the debarment, sus-
7 pension, and ineligibility procedures described in sections
8 9.400 through 9.409 of title 48, Code of Federal Regula-
9 tions.

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

16 **“SEC. 317. OTHER FUNDING FOR FACILITIES.**

17 “Notwithstanding any other provision of law—

18 “(1) the Secretary may accept from any source,
19 including Federal and State agencies, funds that are
20 available for the construction of health care facilities
21 and use such funds to plan, design and construct
22 health care facilities for Indians and to place such
23 funds into funding agreements authorized under the
24 Indian Self-Determination and Education Assistance
25 Act (25 U.S.C. 450f et seq.) between the Secretary

1 and an Indian tribe or tribal organization, except
2 that the receipt of such funds shall not have an ef-
3 fect on the priorities established pursuant to section
4 301;

5 “(2) the Secretary may enter into interagency
6 agreements with other Federal or State agencies and
7 other entities and to accept funds from such Federal
8 or State agencies or other entities to provide for the
9 planning, design and construction of health care fa-
10 cilities to be administered by the Service or by In-
11 dian tribes or tribal organizations under the Indian
12 Self-Determination and Education Assistance Act in
13 order to carry out the purposes of this Act, together
14 with the purposes for which such funds are appro-
15 priated to such other Federal or State agency or for
16 which the funds were otherwise provided;

17 “(3) any Federal agency to which funds for the
18 construction of health care facilities are appropriated
19 is authorized to transfer such funds to the Secretary
20 for the construction of health care facilities to carry
21 out the purposes of this Act as well as the purposes
22 for which such funds are appropriated to such other
23 Federal agency; and

24 “(4) the Secretary, acting through the Service,
25 shall establish standards under regulations developed

1 through rulemaking under section 802, for the plan-
2 ning, design and construction of health care facilities
3 serving Indians under this Act.

4 **“SEC. 318. AUTHORIZATION OF APPROPRIATIONS.**

5 “There is authorized to be appropriated such sums
6 as may be necessary for each fiscal year through fiscal
7 year 2012 to carry out this title.

8 **“TITLE IV—ACCESS TO HEALTH**
9 **SERVICES**

10 **“SEC. 401. TREATMENT OF PAYMENTS UNDER MEDICARE**
11 **PROGRAM.**

12 “(a) IN GENERAL.—Any payments received by the
13 Service, by an Indian tribe or tribal organization pursuant
14 to a funding agreement under the Indian Self-Determina-
15 tion and Education Assistance Act, or by an urban Indian
16 organization pursuant to title V of this Act for services
17 provided to Indians eligible for benefits under title XVIII
18 of the Social Security Act shall not be considered in deter-
19 mining appropriations for health care and services to Indi-
20 ans.

21 “(b) EQUAL TREATMENT.—Nothing in this Act au-
22 thORIZES the Secretary to provide services to an Indian ben-
23 efiiciary with coverage under title XVIII of the Social Secu-
24 rity Act in preference to an Indian beneficiary without
25 such coverage.

1 “(c) SPECIAL FUND.—

2 “(1) USE OF FUNDS.—Notwithstanding any
3 other provision of this title or of title XVIII of the
4 Social Security Act, payments to which any facility
5 of the Service is entitled by reason of this section
6 shall be placed in a special fund to be held by the
7 Secretary and first used (to such extent or in such
8 amounts as are provided in appropriation Acts) for
9 the purpose of making any improvements in the pro-
10 grams of the Service which may be necessary to
11 achieve or maintain compliance with the applicable
12 conditions and requirements of this title and of title
13 XVIII of the Social Security Act. Any funds to be
14 reimbursed which are in excess of the amount nec-
15 essary to achieve or maintain such conditions and
16 requirements shall, subject to the consultation with
17 tribes being served by the service unit, be used for
18 reducing the health resource deficiencies of the In-
19 dian tribes.

20 “(2) NONAPPLICATION IN CASE OF ELECTION
21 FOR DIRECT BILLING.—Paragraph (1) shall not
22 apply upon the election of an Indian tribe or tribal
23 organization under section 405 to receive direct pay-
24 ments for services provided to Indians eligible for
25 benefits under title XVIII of the Social Security Act.

1 **“SEC. 402. TREATMENT OF PAYMENTS UNDER MEDICAID**
2 **PROGRAM.**

3 “(a) SPECIAL FUND.—

4 “(1) USE OF FUNDS.—Notwithstanding any
5 other provision of law, payments to which any facil-
6 ity of the Service (including a hospital, nursing facil-
7 ity, intermediate care facility for the mentally re-
8 tarded, or any other type of facility which provides
9 services for which payment is available under title
10 XIX of the Social Security Act) is entitled under a
11 State plan by reason of section 1911 of such Act
12 shall be placed in a special fund to be held by the
13 Secretary and first used (to such extent or in such
14 amounts as are provided in appropriation Acts) for
15 the purpose of making any improvements in the fa-
16 cilities of such Service which may be necessary to
17 achieve or maintain compliance with the applicable
18 conditions and requirements of such title. Any pay-
19 ments which are in excess of the amount necessary
20 to achieve or maintain such conditions and require-
21 ments shall, subject to the consultation with tribes
22 being served by the service unit, be used for reduc-
23 ing the health resource deficiencies of the Indian
24 tribes. In making payments from such fund, the Sec-
25 retary shall ensure that each service unit of the
26 Service receives 100 percent of the amounts to which

1 the facilities of the Service, for which such service
2 unit makes collections, are entitled by reason of sec-
3 tion 1911 of the Social Security Act.

4 “(2) NONAPPLICATION IN CASE OF ELECTION
5 FOR DIRECT BILLING.—Paragraph (1) shall not
6 apply upon the election of an Indian tribe or tribal
7 organization under section 405 to receive direct pay-
8 ments for services provided to Indians eligible for
9 medical assistance under title XIX of the Social Se-
10 curity Act.

11 “(b) PAYMENTS DISREGARDED FOR APPROPRIA-
12 TIONS.—Any payments received under section 1911 of the
13 Social Security Act for services provided to Indians eligible
14 for benefits under title XIX of the Social Security Act
15 shall not be considered in determining appropriations for
16 the provision of health care and services to Indians.

17 “(c) DIRECT BILLING.—For provisions relating to
18 the authority of certain Indian tribes and tribal organiza-
19 tions to elect to directly bill for, and receive payment for,
20 health care services provided by a hospital or clinic of such
21 tribes or tribal organizations and for which payment may
22 be made under this title, see section 405.

23 **“SEC. 403. REPORT.**

24 “(a) INCLUSION IN ANNUAL REPORT.—The Sec-
25 retary shall submit to the President, for inclusion in the

1 report required to be transmitted to the Congress under
2 section 801, an accounting on the amount and use of
3 funds made available to the Service pursuant to this title
4 as a result of reimbursements under titles XVIII and XIX
5 of the Social Security Act.

6 “(b) IDENTIFICATION OF SOURCE OF PAYMENTS.—
7 If an Indian tribe or tribal organization receives funding
8 from the Service under the Indian Self-Determination and
9 Education Assistance Act or an urban Indian organization
10 receives funding from the Service under Title V of this
11 Act and receives reimbursements or payments under title
12 XVIII, XIX, or XXI of the Social Security Act, such In-
13 dian tribe or tribal organization, or urban Indian organi-
14 zation, shall provide to the Service a list of each provider
15 enrollment number (or other identifier) under which it re-
16 ceives such reimbursements or payments.

17 **“SEC. 404. GRANTS TO AND FUNDING AGREEMENTS WITH**
18 **THE SERVICE, INDIAN TRIBES OR TRIBAL OR-**
19 **GANIZATIONS, AND URBAN INDIAN ORGANI-**
20 **ZATIONS.**

21 “(a) IN GENERAL.—The Secretary shall make grants
22 to or enter into funding agreements with Indian tribes and
23 tribal organizations to assist such organizations in estab-
24 lishing and administering programs on or near Federal In-

1 dian reservations and trust areas and in or near Alaska
2 Native villages to assist individual Indians to—

3 “(1) enroll under sections 1818, 1836, and
4 1837 of the Social Security Act;

5 “(2) pay premiums for health insurance cov-
6 erage; and

7 “(3) apply for medical assistance provided pur-
8 suant to titles XIX and XXI of the Social Security
9 Act.

10 “(b) CONDITIONS.—The Secretary shall place condi-
11 tions as deemed necessary to effect the purpose of this
12 section in any funding agreement or grant which the Sec-
13 retary makes with any Indian tribe or tribal organization
14 pursuant to this section. Such conditions shall include, but
15 are not limited to, requirements that the organization suc-
16 cessfully undertake to—

17 “(1) determine the population of Indians to be
18 served that are or could be recipients of benefits or
19 assistance under titles XVIII, XIX, and XXI of the
20 Social Security Act;

21 “(2) assist individual Indians in becoming fa-
22 miliar with and utilizing such benefits and assist-
23 ance;

1 “(3) provide transportation to such individual
2 Indians to the appropriate offices for enrollment or
3 applications for such benefits and assistance;

4 “(4) develop and implement—

5 “(A) a schedule of income levels to deter-
6 mine the extent of payments of premiums by
7 such organizations for health insurance cov-
8 erage of needy individuals; and

9 “(B) methods of improving the participa-
10 tion of Indians in receiving the benefits and as-
11 sistance provided under titles XVIII, XIX, and
12 XXI of the Social Security Act.

13 “(c) AGREEMENTS FOR RECEIPT AND PROCESSING
14 OF APPLICATIONS.—The Secretary may enter into an
15 agreement with an Indian tribe or tribal organization, or
16 an urban Indian organization, which provides for the re-
17 ceipt and processing of applications for medical assistance
18 under title XIX of the Social Security Act, child health
19 assistance under title XXI of such Act and benefits under
20 title XVIII of such Act by a Service facility or a health
21 care program administered by such Indian tribe or tribal
22 organization, or urban Indian organization, pursuant to
23 a funding agreement under the Indian Self-Determination
24 and Education Assistance Act or a grant or contract en-
25 tered into with an urban Indian organization under title

1 V of this Act. Notwithstanding any other provision of law,
2 such agreements shall provide for reimbursement of the
3 cost of outreach, education regarding eligibility and bene-
4 fits, and translation when such services are provided. The
5 reimbursement may be included in an encounter rate or
6 be made on a fee-for-service basis as appropriate for the
7 provider. When necessary to carry out the terms of this
8 section, the Secretary, acting through the Health Care Fi-
9 nancing Administration or the Service, may enter into
10 agreements with a State (or political subdivision thereof)
11 to facilitate cooperation between the State and the Service,
12 an Indian tribe or tribal organization, and an urban In-
13 dian organization.

14 “(d) GRANTS.—

15 “(1) IN GENERAL.—The Secretary shall make
16 grants or enter into contracts with urban Indian or-
17 ganizations to assist such organizations in estab-
18 lishing and administering programs to assist indi-
19 vidual urban Indians to—

20 “(A) enroll under sections 1818, 1836, and
21 1837 of the Social Security Act;

22 “(B) pay premiums on behalf of such indi-
23 viduals for coverage under title XVIII of such
24 Act; and

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

4 “(2) REQUIREMENTS.—The Secretary shall in-
5 clude in the grants or contracts made or entered
6 into under paragraph (1) requirements that are—

7 “(A) consistent with the conditions im-
8 posed by the Secretary under subsection (b);

9 “(B) appropriate to urban Indian organi-
10 zations and urban Indians; and

11 “(C) necessary to carry out the purposes of
12 this section.

13 **“SEC. 405. DIRECT BILLING AND REIMBURSEMENT OF**
14 **MEDICARE, MEDICAID, AND OTHER THIRD**
15 **PARTY PAYORS.**

16 “(a) DIRECT BILLING.—

17 “(1) IN GENERAL.—An Indian tribe or tribal
18 organization may directly bill for, and receive pay-
19 ment for, health care services provided by such tribe
20 or organization for which payment is made under
21 title XVIII of the Social Security Act, under a State
22 plan for medical assistance approved under title XIX
23 of such Act, under a State child health plan ap-
24 proved under title XXI of such Act, or from any
25 other third party payor.

1 “(2) APPLICATION OF 100 PERCENT FMAP.—

2 The third sentence of section 1905(b) of the Social
3 Security Act and section 2101(c) of such Act shall
4 apply for purposes of reimbursement under the med-
5 icaid or State children’s health insurance program
6 for health care services directly billed under the pro-
7 gram established under this section.

8 “(b) DIRECT REIMBURSEMENT.—

9 “(1) USE OF FUNDS.—Each Indian tribe or
10 tribal organization exercising the option described in
11 subsection (a) of this section shall be reimbursed di-
12 rectly under the medicare, medicaid, and State chil-
13 dren’s health insurance programs for services fur-
14 nished, without regard to the provisions of sections
15 1880(c) of the Social Security Act and section
16 402(a) of this Act, but all funds so reimbursed shall
17 first be used by the health program for the purpose
18 of making any improvements in the facility or health
19 programs that may be necessary to achieve or main-
20 tain compliance with the conditions and require-
21 ments applicable generally to such health services
22 under the medicare, medicaid, or State children’s
23 health insurance program. Any funds so reimbursed
24 which are in excess of the amount necessary to
25 achieve or maintain such conditions or requirements

1 shall be used to provide additional health services,
2 improvements in its health care facilities, or other-
3 wise to achieve the health objectives provided for
4 under section 3 of this Act.

5 “(2) AUDITS.—The amounts paid to the health
6 programs exercising the option described in sub-
7 section (a) shall be subject to all auditing require-
8 ments applicable to programs administered directly
9 by the Service and to facilities participating in the
10 medicare, medicaid, and State children’s health in-
11 surance programs.

12 “(3) NO PAYMENTS FROM SPECIAL FUNDS.—
13 Notwithstanding section 401(c) or section 402(a), no
14 payment may be made out of the special fund de-
15 scribed in section 401(c) or 402(a), for the benefit
16 of any health program exercising the option de-
17 scribed in subsection (a) of this section during the
18 period of such participation.

19 “(c) EXAMINATION AND IMPLEMENTATION OF
20 CHANGES.—The Secretary, acting through the Service,
21 and with the assistance of the Administrator of the Health
22 Care Financing Administration, shall examine on an ongo-
23 ing basis and implement any administrative changes that
24 may be necessary to facilitate direct billing and reimburse-
25 ment under the program established under this section,

1 including any agreements with States that may be nec-
2 essary to provide for direct billing under the medicaid or
3 State children's health insurance program.

4 “(d) WITHDRAWAL FROM PROGRAM.—A participant
5 in the program established under this section may with-
6 draw from participation in the same manner and under
7 the same conditions that an Indian tribe or tribal organi-
8 zation may retrocede a contracted program to the Sec-
9 retary under authority of the Indian Self-Determination
10 and Education Assistance Act. All cost accounting and
11 billing authority under the program established under this
12 section shall be returned to the Secretary upon the Sec-
13 retary's acceptance of the withdrawal of participation in
14 this program.

15 “(e) LIMITATION.—Notwithstanding this section, ab-
16 sent specific written authorization by the governing body
17 of an Indian tribe for the period of such authorization
18 (which may not be for a period of more than 1 year and
19 which may be revoked at any time upon written notice by
20 the governing body to the Service), neither the United
21 States through the Service, nor an Indian tribe or tribal
22 organization under a funding agreement pursuant to the
23 Indian Self-Determination and Education Assistance Act,
24 nor an urban Indian organization funded under title V,
25 shall have a right of recovery under this section if the in-

1 jury, illness, or disability for which health services were
2 provided is covered under a self-insurance plan funded by
3 an Indian tribe or tribal organization, or urban Indian or-
4 ganization. Where such tribal authorization is provided,
5 the Service may receive and expend such funds for the
6 provision of additional health services.

7 **“SEC. 406. REIMBURSEMENT FROM CERTAIN THIRD PAR-**
8 **TIES OF COSTS OF HEALTH SERVICES.**

9 “(a) **RIGHT OF RECOVERY.**—Except as provided in
10 subsection (g), the United States, an Indian tribe or tribal
11 organization shall have the right to recover the reasonable
12 charges billed or expenses incurred by the Secretary or
13 an Indian tribe or tribal organization in providing health
14 services, through the Service or an Indian tribe or tribal
15 organization to any individual to the same extent that
16 such individual, or any nongovernmental provider of such
17 services, would be eligible to receive reimbursement or in-
18 demnification for such charges or expenses if—

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

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

23 “(b) **URBAN INDIAN ORGANIZATIONS.**—Except as
24 provided in subsection (g), an urban Indian organization
25 shall have the right to recover the reasonable charges

1 billed or expenses incurred by the organization in pro-
2 viding health services to any individual to the same extent
3 that such individual, or any other nongovernmental pro-
4 vider of such services, would be eligible to receive reim-
5 bursement or indemnification for such charges or expenses
6 if such individual had been required to pay such charges
7 or expenses and did pay such charges or expenses.

8 “(c) LIMITATIONS ON RECOVERIES FROM STATES.—
9 Subsections (a) and (b) shall provide a right of recovery
10 against any State, only if the injury, illness, or disability
11 for which health services were provided is covered under—

12 “(1) workers’ compensation laws; or

13 “(2) a no-fault automobile accident insurance
14 plan or program.

15 “(d) NONAPPLICATION OF OTHER LAWS.—No law of
16 any State, or of any political subdivision of a State and
17 no provision of any contract entered into or renewed after
18 the date of enactment of the Indian Health Care Amend-
19 ments of 1988, shall prevent or hinder the right of recov-
20 ery of the United States or an Indian tribe or tribal orga-
21 nization under subsection (a), or an urban Indian organi-
22 zation under subsection (b).

23 “(e) NO EFFECT ON PRIVATE RIGHTS OF ACTION.—
24 No action taken by the United States or an Indian tribe
25 or tribal organization to enforce the right of recovery pro-

1 vided under subsection (a), or by an urban Indian organi-
2 zation to enforce the right of recovery provided under sub-
3 section (b), shall affect the right of any person to any
4 damages (other than damages for the cost of health serv-
5 ices provided by the Secretary through the Service).

6 “(f) METHODS OF ENFORCEMENT.—

7 “(1) IN GENERAL.—The United States or an
8 Indian tribe or tribal organization may enforce the
9 right of recovery provided under subsection (a), and
10 an urban Indian organization may enforce the right
11 of recovery provided under subsection (b), by—

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

14 “(i) by the individual for whom health
15 services were provided by the Secretary, an
16 Indian tribe or tribal organization, or
17 urban Indian organization; or

18 “(ii) by any representative or heirs of
19 such individual; or

20 “(B) instituting a civil action.

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

1 “(g) LIMITATION.—Notwithstanding this section, ab-
2 sent specific written authorization by the governing body
3 of an Indian tribe for the period of such authorization
4 (which may not be for a period of more than 1 year and
5 which may be revoked at any time upon written notice by
6 the governing body to the Service), neither the United
7 States through the Service, nor an Indian tribe or tribal
8 organization under a funding agreement pursuant to the
9 Indian Self-Determination and Education Assistance Act,
10 nor an urban Indian organization funded under title V,
11 shall have a right of recovery under this section if the in-
12 jury, illness, or disability for which health services were
13 provided is covered under a self-insurance plan funded by
14 an Indian tribe or tribal organization, or urban Indian or-
15 ganization. Where such tribal authorization is provided,
16 the Service may receive and expend such funds for the
17 provision of additional health services.

18 “(h) COSTS AND ATTORNEYS’ FEES.—In any action
19 brought to enforce the provisions of this section, a pre-
20 vailing plaintiff shall be awarded reasonable attorneys’
21 fees and costs of litigation.

22 “(i) RIGHT OF ACTION AGAINST INSURERS AND EM-
23 PLOYEE BENEFIT PLANS.—

24 “(1) IN GENERAL.—Where an insurance com-
25 pany or employee benefit plan fails or refuses to pay

1 the amount due under subsection (a) for services
2 provided to an individual who is a beneficiary, par-
3 ticipant, or insured of such company or plan, the
4 United States or an Indian tribe or tribal organiza-
5 tion shall have a right to assert and pursue all the
6 claims and remedies against such company or plan,
7 and against the fiduciaries of such company or plan,
8 that the individual could assert or pursue under ap-
9 plicable Federal, State or tribal law.

10 “(2) URBAN INDIAN ORGANIZATIONS.—Where
11 an insurance company or employee benefit plan fails
12 or refuses to pay the amounts due under subsection
13 (b) for health services provided to an individual who
14 is a beneficiary, participant, or insured of such com-
15 pany or plan, the urban Indian organization shall
16 have a right to assert and pursue all the claims and
17 remedies against such company or plan, and against
18 the fiduciaries of such company or plan, that the in-
19 dividual could assert or pursue under applicable
20 Federal or State law.

21 “(j) NONAPPLICATION OF CLAIMS FILING REQUIRE-
22 MENTS.—Notwithstanding any other provision in law, the
23 Service, an Indian tribe or tribal organization, or an urban
24 Indian organization shall have a right of recovery for any
25 otherwise reimbursable claim filed on a current HCFA-

1 1500 or UB-92 form, or the current NSF electronic for-
2 mat, or their successors. No health plan shall deny pay-
3 ment because a claim has not been submitted in a unique
4 format that differs from such forms.

5 **“SEC. 407. CREDITING OF REIMBURSEMENTS.**

6 “(a) RETENTION OF FUNDS.—Except as provided in
7 section 202(d), this title, and section 807, all reimburse-
8 ments received or recovered under the authority of this
9 Act, Public Law 87-693, or any other provision of law,
10 by reason of the provision of health services by the Service
11 or by an Indian tribe or tribal organization under a fund-
12 ing agreement pursuant to the Indian Self-Determination
13 and Education Assistance Act, or by an urban Indian or-
14 ganization funded under title V, shall be retained by the
15 Service or that tribe or tribal organization and shall be
16 available for the facilities, and to carry out the programs,
17 of the Service or that tribe or tribal organization to pro-
18 vide health care services to Indians.

19 “(b) NO OFFSET OF FUNDS.—The Service may not
20 offset or limit the amount of funds obligated to any service
21 unit or entity receiving funding from the Service because
22 of the receipt of reimbursements under subsection (a).

23 **“SEC. 408. PURCHASING HEALTH CARE COVERAGE.**

24 “An Indian tribe or tribal organization, and an urban
25 Indian organization may utilize funding from the Sec-

1 retary under this Act to purchase managed care coverage
 2 for Service beneficiaries (including insurance to limit the
 3 financial risks of managed care entities) from—

4 “(1) a tribally owned and operated managed
 5 care plan;

6 “(2) a State or locally-authorized or licensed
 7 managed care plan; or

8 “(3) a health insurance provider.

9 **“SEC. 409. INDIAN HEALTH SERVICE, DEPARTMENT OF VET-**
 10 **ERAN’S AFFAIRS, AND OTHER FEDERAL**
 11 **AGENCY HEALTH FACILITIES AND SERVICES**
 12 **SHARING.**

13 “(a) EXAMINATION OF FEASIBILITY OF ARRANGE-
 14 MENTS.—

15 “(1) IN GENERAL.—The Secretary shall exam-
 16 ine the feasibility of entering into arrangements or
 17 expanding existing arrangements for the sharing of
 18 medical facilities and services between the Service
 19 and the Veterans’ Administration, and other appro-
 20 priate Federal agencies, including those within the
 21 Department, and shall, in accordance with sub-
 22 section (b), prepare a report on the feasibility of
 23 such arrangements.

1 “(2) SUBMISSION OF REPORT.—Not later than
2 September 30, 2000, the Secretary shall submit the
3 report required under paragraph (1) to Congress.

4 “(3) CONSULTATION REQUIRED.—The Sec-
5 retary may not finalize any arrangement described
6 in paragraph (1) without first consulting with the
7 affected Indian tribes.

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

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

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

16 “(3) the priority access of any veteran to health
17 care services provided by the Veterans’ Administra-
18 tion;

19 “(4) the quality of health care services provided
20 to any veteran by the Veteran’s Administration;

21 “(5) the eligibility of any Indian to receive
22 health services through the Service; or

23 “(6) the eligibility of any Indian who is a vet-
24 eran to receive health services through the Veterans’
25 Administration provided, however, the Service or the

1 Indian tribe or tribal organization shall be reim-
2 bursed by the Veterans' Administration where serv-
3 ices are provided through the Service or Indian
4 tribes or tribal organizations to beneficiaries eligible
5 for services from the Veterans' Administration, not-
6 withstanding any other provision of law.

7 “(c) AGREEMENTS FOR PARITY IN SERVICES.—The
8 Service may enter into agreements with other Federal
9 agencies to assist in achieving parity in services for Indi-
10 ans. Nothing in this section may be construed as creating
11 any right of a veteran to obtain health services from the
12 Service.

13 **“SEC. 410. PAYOR OF LAST RESORT.**

14 “The Service, and programs operated by Indian
15 tribes or tribal organizations, or urban Indian organiza-
16 tions shall be the payor of last resort for services provided
17 to individuals eligible for services from the Service and
18 such programs, notwithstanding any Federal, State or
19 local law to the contrary, unless such law explicitly pro-
20 vides otherwise.

21 **“SEC. 411. RIGHT TO RECOVER FROM FEDERAL HEALTH**
22 **CARE PROGRAMS.**

23 “Notwithstanding any other provision of law, the
24 Service, Indian tribes or tribal organizations, and urban
25 Indian organizations (notwithstanding limitations on who

1 is eligible to receive services from such entities) shall be
2 entitled to receive payment or reimbursement for services
3 provided by such entities from any Federally funded
4 health care program, unless there is an explicit prohibition
5 on such payments in the applicable authorizing statute.

6 **“SEC. 412. TUBA CITY DEMONSTRATION PROJECT.**

7 “(a) IN GENERAL.—Notwithstanding any other pro-
8 vision of law, including the Anti-Deficiency Act, provided
9 the Indian tribes to be served approve, the Service in the
10 Tuba City Service Unit may—

11 “(1) enter into a demonstration project with the
12 State of Arizona under which the Service would pro-
13 vide certain specified medicaid services to individuals
14 dually eligible for services from the Service and for
15 medical assistance under title XIX of the Social Se-
16 curity Act in return for payment on a capitated
17 basis from the State of Arizona; and

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

20 “(b) EXTENSION OF PROJECT.—The demonstration
21 project authorized under subsection (a) may be extended
22 to other service units in Arizona, subject to the approval
23 of the Indian tribes to be served in such service units, the
24 Service, and the State of Arizona.

1 **“SEC. 413. ACCESS TO FEDERAL INSURANCE.**

2 “Notwithstanding the provisions of title 5, United
3 States Code, Executive Order, or administrative regula-
4 tion, an Indian tribe or tribal organization carrying out
5 programs under the Indian Self-Determination and Edu-
6 cation Assistance Act or an urban Indian organization car-
7 rying out programs under title V of this Act shall be enti-
8 tled to purchase coverage, rights and benefits for the em-
9 ployees of such Indian tribe or tribal organization, or
10 urban Indian organization, under chapter 89 of title 5,
11 United States Code, and chapter 87 of such title if nec-
12 essary employee deductions and agency contributions in
13 payment for the coverage, rights, and benefits for the pe-
14 riod of employment with such Indian tribe or tribal organi-
15 zation, or urban Indian organization, are currently depos-
16 ited in the applicable Employee’s Fund under such title.

17 **“SEC. 414. CONSULTATION AND RULEMAKING.**

18 “(a) CONSULTATION.—Prior to the adoption of any
19 policy or regulation by the Health Care Financing Admin-
20 istration, the Secretary shall require the Administrator of
21 that Administration to—

22 “(1) identify the impact such policy or regula-
23 tion may have on the Service, Indian tribes or tribal
24 organizations, and urban Indian organizations;

1 “(2) provide to the Service, Indian tribes or
2 tribal organizations, and urban Indian organizations
3 the information described in paragraph (1);

4 “(3) engage in consultation, consistent with the
5 requirements of Executive Order 13084 of May 14,
6 1998, with the Service, Indian tribes or tribal orga-
7 nizations, and urban Indian organizations prior to
8 enacting any such policy or regulation.

9 “(b) RULEMAKING.—The Administrator of the
10 Health Care Financing Administration shall participate in
11 the negotiated rulemaking provided for under title VIII
12 with regard to any regulations necessary to implement the
13 provisions of this title that relate to the Social Security
14 Act.

15 **“SEC. 415. LIMITATIONS ON CHARGES.**

16 ““No provider of health services that is eligible to re-
17 ceive payments or reimbursements under titles XVIII,
18 XIX, or XXI of the Social Security Act or from any Feder-
19 ally funded (whether in whole or part) health care pro-
20 gram may seek to recover payment for services—

21 “(1) that are covered under and furnished to an
22 individual eligible for the contract health services
23 program operated by the Service, by an Indian tribe
24 or tribal organization, or furnished to an urban In-
25 dian eligible for health services purchased by an

1 urban Indian organization, in an amount in excess
2 of the lowest amount paid by any other payor for
3 comparable services; or

4 “(2) for examinations or other diagnostic proce-
5 dures that are not medically necessary if such proce-
6 dures have already been performed by the referring
7 Indian health program and reported to the provider.

8 **“SEC. 416. LIMITATION ON SECRETARY’S WAIVER AUTHOR-**
9 **ITY.**

10 “Notwithstanding any other provision of law, the Sec-
11 retary may not waive the application of section
12 1902(a)(13)(D) of the Social Security Act to any State
13 plan under title XIX of the Social Security Act.

14 **“SEC. 417. WAIVER OF MEDICARE AND MEDICAID SANC-**
15 **TIONS.**

16 “Notwithstanding any other provision of law, the
17 Service or an Indian tribe or tribal organization or an
18 urban Indian organization operating a health program
19 under the Indian Self-Determination and Education As-
20 sistance Act shall be entitled to seek a waiver of sanctions
21 imposed under title XVIII, XIX, or XXI of the Social Se-
22 curity Act as if such entity were directly responsible for
23 administering the State health care program.

1 **“SEC. 418. MEANING OF ‘REMUNERATION’ FOR PURPOSES**
2 **OF SAFE HARBOR PROVISIONS; ANTITRUST**
3 **IMMUNITY.**

4 “(a) MEANING OF REMUNERATION.—Notwith-
5 standing any other provision of law, the term ‘remunera-
6 tion’ as used in sections 1128A and 1128B of the Social
7 Security Act shall not include any exchange of anything
8 of value between or among—

9 “(1) any Indian tribe or tribal organization or
10 an urban Indian organization that administers
11 health programs under the authority of the Indian
12 Self-Determination and Education Assistance Act;

13 “(2) any such Indian tribe or tribal organiza-
14 tion or urban Indian organization and the Service;

15 “(3) any such Indian tribe or tribal organiza-
16 tion or urban Indian organization and any patient
17 served or eligible for service under such programs,
18 including patients served or eligible for service pur-
19 suant to section 813 of this Act (as in effect on the
20 day before the date of enactment of the Indian
21 Health Care Improvement Act Reauthorization of
22 2000); or

23 “(4) any such Indian tribe or tribal organiza-
24 tion or urban Indian organization and any third
25 party required by contract, section 206 or 207 of
26 this Act (as so in effect), or other applicable law, to

1 pay or reimburse the reasonable health care costs in-
2 curred by the United States or any such Indian tribe
3 or tribal organization or urban Indian organization;
4 provided the exchange arises from or relates to such health
5 programs.

6 “(b) ANTITRUST IMMUNITY.—An Indian tribe or
7 tribal organization or an urban Indian organization that
8 administers health programs under the authority of the
9 Indian Self-Determination and Education Assistance Act
10 or title V shall be deemed to be an agency of the United
11 States and immune from liability under the Acts com-
12 monly known as the Sherman Act, the Clayton Act, the
13 Robinson-Patman Anti-Discrimination Act, the Federal
14 Trade Commission Act, and any other Federal, State, or
15 local antitrust laws, with regard to any transaction, agree-
16 ment, or conduct that relates to such programs.

17 **“SEC. 419. CO-INSURANCE, CO-PAYMENTS, DEDUCTIBLES**
18 **AND PREMIUMS.**

19 “(a) EXEMPTION FROM COST-SHARING REQUIRE-
20 MENTS.—Notwithstanding any other provision of Federal
21 or State law, no Indian who is eligible for services under
22 title XVIII, XIX, or XXI of the Social Security Act, or
23 under any other Federally funded health care programs,
24 may be charged a deductible, co-payment, or co-insurance
25 for any service provided by or through the Service, an In-

1 dian tribe or tribal organization or urban Indian organiza-
2 tion, nor may the payment or reimbursement due to the
3 Service or an Indian tribe or tribal organization or urban
4 Indian organization be reduced by the amount of the de-
5 ductible, co-payment, or co-insurance that would be due
6 from the Indian but for the operation of this section. For
7 the purposes of this section, the term ‘through’ shall in-
8 clude services provided directly, by referral, or under con-
9 tracts or other arrangements between the Service, an In-
10 dian tribe or tribal organization or an urban Indian orga-
11 nization and another health provider.

12 “(b) EXEMPTION FROM PREMIUMS.—

13 “(1) MEDICAID AND STATE CHILDREN’S
14 HEALTH INSURANCE PROGRAM.—Notwithstanding
15 any other provision of Federal or State law, no In-
16 dian who is otherwise eligible for medical assistance
17 under title XIX of the Social Security Act or child
18 health assistance under title XXI of such Act may
19 be charged a premium as a condition of receiving
20 such assistance under title XIX of XXI of such Act.

21 “(2) MEDICARE ENROLLMENT PREMIUM PEN-
22 ALTIES.—Notwithstanding section 1839(b) of the
23 Social Security Act or any other provision of Federal
24 or State law, no Indian who is eligible for benefits
25 under part B of title XVIII of the Social Security

1 Act, but for the payment of premiums, shall be
2 charged a penalty for enrolling in such part at a
3 time later than the Indian might otherwise have
4 been first eligible to do so. The preceding sentence
5 applies whether an Indian pays for premiums under
6 such part directly or such premiums are paid by an-
7 other person or entity, including a State, the Serv-
8 ice, an Indian Tribe or tribal organization, or an
9 urban Indian organization.

10 **“SEC. 420. INCLUSION OF INCOME AND RESOURCES FOR**
11 **PURPOSES OF MEDICALLY NEEDY MEDICAID**
12 **ELIGIBILITY.**

13 “For the purpose of determining the eligibility under
14 section 1902(a)(10)(A)(ii)(IV) of the Social Security Act
15 of an Indian for medical assistance under a State plan
16 under title XIX of such Act, the cost of providing services
17 to an Indian in a health program of the Service, an Indian
18 Tribe or tribal organization, or an urban Indian organiza-
19 tion shall be deemed to have been an expenditure for
20 health care by the Indian.

21 **“SEC. 421. ESTATE RECOVERY PROVISIONS.**

22 “Notwithstanding any other provision of Federal or
23 State law, the following property may not be included
24 when determining eligibility for services or implementing
25 estate recovery rights under title XVIII, XIX, or XXI of

1 the Social Security Act, or any other health care programs
2 funded in whole or part with Federal funds:

3 “(1) Income derived from rents, leases, or roy-
4 alties of property held in trust for individuals by the
5 Federal Government.

6 “(2) Income derived from rents, leases, roy-
7 ties, or natural resources (including timber and fish-
8 ing activities) resulting from the exercise of Feder-
9 ally protected rights, whether collected by an indi-
10 vidual or a tribal group and distributed to individ-
11 uals.

12 “(3) Property, including interests in real prop-
13 erty currently or formerly held in trust by the Fed-
14 eral Government which is protected under applicable
15 Federal, State or tribal law or custom from re-
16 course, including public domain allotments.

17 “(4) Property that has unique religious or cul-
18 tural significance or that supports subsistence or
19 traditional life style according to applicable tribal
20 law or custom.

21 **“SEC. 422. MEDICAL CHILD SUPPORT.**

22 “Notwithstanding any other provision of law, a par-
23 ent shall not be responsible for reimbursing the Federal
24 Government or a State for the cost of medical services pro-
25 vided to a child by or through the Service, an Indian tribe

1 or tribal organization or an urban Indian organization.
2 For the purposes of this subsection, the term ‘through’
3 includes services provided directly, by referral, or under
4 contracts or other arrangements between the Service, an
5 Indian Tribe or tribal organization or an urban Indian or-
6 ganization and another health provider.

7 **“SEC. 423. PROVISIONS RELATING TO MANAGED CARE.**

8 “(a) RECOVERY FROM MANAGED CARE PLANS.—
9 Notwithstanding any other provision in law, the Service,
10 an Indian Tribe or tribal organization or an urban Indian
11 organization shall have a right of recovery under section
12 408 from all private and public health plans or programs,
13 including the medicare, medicaid, and State children’s
14 health insurance programs under titles XVIII, XIX, and
15 XXI of the Social Security Act, for the reasonable costs
16 of delivering health services to Indians entitled to receive
17 services from the Service, an Indian Tribe or tribal organi-
18 zation or an urban Indian organization.

19 “(b) LIMITATION.—No provision of law or regulation,
20 or of any contract, may be relied upon or interpreted to
21 deny or reduce payments otherwise due under subsection
22 (a), except to the extent the Service, an Indian tribe or
23 tribal organization, or an urban Indian organization has
24 entered into an agreement with a managed care entity re-
25 garding services to be provided to Indians or rates to be

1 paid for such services, provided that such an agreement
2 may not be made a prerequisite for such payments to be
3 made.

4 “(c) PARITY.—Payments due under subsection (a)
5 from a managed care entity may not be paid at a rate
6 that is less than the rate paid to a ‘preferred provider’
7 by the entity or, in the event there is no such rate, the
8 usual and customary fee for equivalent services.

9 “(d) NO CLAIM REQUIREMENT.—A managed care
10 entity may not deny payment under subsection (a) because
11 an enrollee with the entity has not submitted a claim.

12 “(e) DIRECT BILLING.—Notwithstanding the pre-
13 ceding subsections of this section, the Service, an Indian
14 tribe or tribal organization, or an urban Indian organiza-
15 tion that provides a health service to an Indian entitled
16 to medical assistance under the State plan under title XIX
17 of the Social Security Act or enrolled in a child health
18 plan under title XXI of such Act shall have the right to
19 be paid directly by the State agency administering such
20 plans notwithstanding any agreements the State may have
21 entered into with managed care organizations or pro-
22 viders.

23 “(f) REQUIREMENT FOR MEDICAID MANAGED CARE
24 ENTITIES.—A managed care entity (as defined in section
25 1932(a)(1)(B) of the Social Security Act shall, as a condi-

1 tion of participation in the State plan under title XIX of
2 such Act, offer a contract to health programs administered
3 by the Service, an Indian tribe or tribal organization or
4 an urban Indian organization that provides health services
5 in the geographic area served by the managed care entity
6 and such contract (or other provider participation agree-
7 ment) shall contain terms and conditions of participation
8 and payment no more restrictive or onerous than those
9 provided for in this section.

10 “(g) PROHIBITION.—Notwithstanding any other pro-
11 vision of law or any waiver granted by the Secretary no
12 Indian may be assigned automatically or by default under
13 any managed care entity participating in a State plan
14 under title XIX or XXI of the Social Security Act unless
15 the Indian had the option of enrolling in a managed care
16 plan or health program administered by the Service, an
17 Indian tribe or tribal organization, or an urban Indian or-
18 ganization.

19 “(h) INDIAN MANAGED CARE PLANS.—Notwith-
20 standing any other provision of law, any State entering
21 into agreements with one or more managed care organiza-
22 tions to provide services under title XIX or XXI of the
23 Social Security Act shall enter into such an agreement
24 with the Service, an Indian tribe or tribal organization or
25 an urban Indian organization under which such an entity

1 may provide services to Indians who may be eligible or
2 required to enroll with a managed care organization
3 through enrollment in an Indian managed care organiza-
4 tion that provides services similar to those offered by other
5 managed care organizations in the State. The Secretary
6 and the State are hereby authorized to waive requirements
7 regarding discrimination, capitalization, and other matters
8 that might otherwise prevent an Indian managed care or-
9 ganization or health program from meeting Federal or
10 State standards applicable to such organizations, provided
11 such Indian managed care organization or health program
12 offers Indian enrollees services of an equivalent quality to
13 that required of other managed care organizations.

14 “(i) ADVERTISING.—A managed care organization
15 entering into a contract to provide services to Indians on
16 or near an Indian reservation shall provide a certificate
17 of coverage or similar type of document that is written
18 in the Indian language of the majority of the Indian popu-
19 lation residing on such reservation.

20 **“SEC. 424. NAVAJO NATION MEDICAID AGENCY.**

21 “(a) IN GENERAL.—Notwithstanding any other pro-
22 vision of law, the Secretary may treat the Navajo Nation
23 as a State under title XIX of the Social Security Act for
24 purposes of providing medical assistance to Indians living
25 within the boundaries of the Navajo Nation.

1 “(b) ASSIGNMENT AND PAYMENT.—Notwithstanding
2 any other provision of law, the Secretary may assign and
3 pay all expenditures related to the provision of services
4 to Indians living within the boundaries of the Navajo Na-
5 tion under title XIX of the Social Security Act (including
6 administrative expenditures) that are currently paid to or
7 would otherwise be paid to the States of Arizona, New
8 Mexico, and Utah, to an entity established by the Navajo
9 Nation and approved by the Secretary, which shall be de-
10 nominated the Navajo Nation Medicaid Agency.

11 “(c) AUTHORITY.—The Navajo Nation Medicaid
12 Agency shall serve Indians living within the boundaries of
13 the Navajo Nation and shall have the same authority and
14 perform the same functions as other State agency respon-
15 sible for the administration of the State plan under title
16 XIX of the Social Security Act.

17 “(d) TECHNICAL ASSISTANCE.—The Secretary may
18 directly assist the Navajo Nation in the development and
19 implementation of a Navajo Nation Medicaid Agency for
20 the administration, eligibility, payment, and delivery of
21 medical assistance under title XIX of the Social Security
22 Act (which shall, for purposes of reimbursement to such
23 Nation, include Western and traditional Navajo healing
24 services) within the Navajo Nation. Such assistance may

1 include providing funds for demonstration projects con-
2 ducted with such Nation.

3 “(e) FMAP.—Notwithstanding section 1905(b) of
4 the Social Security Act, the Federal medical assistance
5 percentage shall be 100 per cent with respect to amounts
6 the Navajo Nation Medicaid agency expends for medical
7 assistance and related administrative costs.

8 “(f) WAIVER AUTHORITY.—The Secretary shall have
9 the authority to waive applicable provisions of Title XIX
10 of the Social Security Act to establish, develop and imple-
11 ment the Navajo Nation Medicaid Agency.

12 “(g) SCHIP.—At the option of the Navajo Nation,
13 the Secretary may treat the Navajo Nation as a State for
14 purposes of title XXI of the Social Security Act under
15 terms equivalent to those described in the preceding sub-
16 sections of this section.

17 **“SEC. 425. INDIAN ADVISORY COMMITTEES.**

18 “(a) NATIONAL INDIAN TECHNICAL ADVISORY
19 GROUP.—The Administrator of the Health Care Financ-
20 ing Administration shall establish and fund the expenses
21 of a National Indian Technical Advisory Group which shall
22 have no fewer than 14 members, including at least 1 mem-
23 ber designated by the Indian tribes and tribal organiza-
24 tions in each service area, 1 urban Indian organization
25 representative, and 1 member representing the Service.

1 The scope of the activities of such group shall be estab-
2 lished under section 802 provided that such scope shall
3 include providing comment on and advice regarding the
4 programs funded under titles XVIII, XIX, and XXI of the
5 Social Security Act or regarding any other health care pro-
6 gram funded (in whole or part) by the Health Care Fi-
7 nancing Administration.

8 “(b) INDIAN MEDICAID ADVISORY COMMITTEES.—
9 The Administrator of the Health Care Financing Adminis-
10 tration shall establish and provide funding for a Indian
11 Medicaid Advisory Committee made up of designees of the
12 Service, Indian tribes and tribal organizations and urban
13 Indian organizations in each State in which the Service
14 directly operates a health program or in which there is
15 one or more Indian tribe or tribal organization or urban
16 Indian organization.

17 **“SEC. 426. AUTHORIZATION OF APPROPRIATIONS.**

18 There is authorized to be appropriated such sums as
19 may be necessary for each of fiscal years 2000 through
20 2012 to carry out this title.”.

1 **“TITLE V—HEALTH SERVICES**
2 **FOR URBAN INDIANS**

3 **“SEC. 501. PURPOSE.**

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

7 **“SEC. 502. CONTRACTS WITH, AND GRANTS TO, URBAN IN-**
8 **DIAN ORGANIZATIONS.**

9 “Under the authority of the Act of November 2, 1921
10 (25 U.S.C. 13)(commonly known as the Snyder Act), the
11 Secretary, through the Service, shall enter into contracts
12 with, or make grants to, urban Indian organizations to
13 assist such organizations in the establishment and admin-
14 istration, within urban centers, of programs which meet
15 the requirements set forth in this title. The Secretary,
16 through the Service, subject to section 506, shall include
17 such conditions as the Secretary considers necessary to ef-
18 fect the purpose of this title in any contract which the
19 Secretary enters into with, or in any grant the Secretary
20 makes to, any urban Indian organization pursuant to this
21 title.

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

24 “(a) **AUTHORITY.**—Under the authority of the Act of
25 November 2, 1921 (25 U.S.C. 13) (commonly known as

1 the Snyder Act), the Secretary, acting through the Serv-
2 ice, shall enter into contracts with, and make grants to,
3 urban Indian organizations for the provision of health care
4 and referral services for urban Indians. Any such contract
5 or grant shall include requirements that the urban Indian
6 organization successfully undertake to—

7 “(1) estimate the population of urban Indians
8 residing in the urban center or centers that the or-
9 ganization proposes to serve who are or could be re-
10 cipients of health care or referral services;

11 “(2) estimate the current health status of
12 urban Indians residing in such urban center or cen-
13 ters;

14 “(3) estimate the current health care needs of
15 urban Indians residing in such urban center or cen-
16 ters;

17 “(4) provide basic health education, including
18 health promotion and disease prevention education,
19 to urban Indians;

20 “(5) make recommendations to the Secretary
21 and Federal, State, local, and other resource agen-
22 cies on methods of improving health service pro-
23 grams to meet the needs of urban Indians; and

1 “(6) where necessary, provide, or enter into
2 contracts for the provision of, health care services
3 for urban Indians.

4 “(b) CRITERIA.—The Secretary, acting through the
5 Service, shall by regulation adopted pursuant to section
6 520 prescribe the criteria for selecting urban Indian orga-
7 nizations to enter into contracts or receive grants under
8 this section. Such criteria shall, among other factors,
9 include—

10 “(1) the extent of unmet health care needs of
11 urban Indians in the urban center or centers in-
12 volved;

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

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

18 “(4) the capability of an urban Indian organiza-
19 tion to perform the activities set forth in subsection
20 (a) and to enter into a contract with the Secretary
21 or to meet the requirements for receiving a grant
22 under this section;

23 “(5) the satisfactory performance and success-
24 ful completion by an urban Indian organization of
25 other contracts with the Secretary under this title;

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

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

8 “(c) HEALTH PROMOTION AND DISEASE PREVEN-
9 TION.—The Secretary, acting through the Service, shall
10 facilitate access to, or provide, health promotion and dis-
11 ease prevention services for urban Indians through grants
12 made to urban Indian organizations administering con-
13 tracts entered into pursuant to this section or receiving
14 grants under subsection (a).

15 “(d) IMMUNIZATION SERVICES.—

16 “(1) IN GENERAL.—The Secretary, acting
17 through the Service, shall facilitate access to, or pro-
18 vide, immunization services for urban Indians
19 through grants made to urban Indian organizations
20 administering contracts entered into, or receiving
21 grants, under this section.

22 “(3) DEFINITION.—In this section, the term
23 ‘immunization services’ means services to provide
24 without charge immunizations against vaccine-pre-
25 ventable diseases.

1 “(e) MENTAL HEALTH SERVICES.—

2 “(1) IN GENERAL.—The Secretary, acting
3 through the Service, shall facilitate access to, or pro-
4 vide, mental health services for urban Indians
5 through grants made to urban Indian organizations
6 administering contracts entered into, or receiving
7 grants, under this section.

8 “(2) ASSESSMENT.—A grant may not be made
9 under this subsection to an urban Indian organiza-
10 tion until that organization has prepared, and the
11 Service has approved, an assessment of the mental
12 health needs of the urban Indian population con-
13 cerned, the mental health services and other related
14 resources available to that population, the barriers
15 to obtaining those services and resources, and the
16 needs that are unmet by such services and resources.

17 “(3) USE OF FUNDS.—Grants may be made
18 under this subsection—

19 “(A) to prepare assessments required
20 under paragraph (2);

21 “(B) to provide outreach, educational, and
22 referral services to urban Indians regarding the
23 availability of direct behavioral health services,
24 to educate urban Indians about behavioral
25 health issues and services, and effect coordina-

1 tion with existing behavioral health providers in
2 order to improve services to urban Indians;

3 “(C) to provide outpatient behavioral
4 health services to urban Indians, including the
5 identification and assessment of illness, thera-
6 peutic treatments, case management, support
7 groups, family treatment, and other treatment;
8 and

9 “(D) to develop innovative behavioral
10 health service delivery models which incorporate
11 Indian cultural support systems and resources.

12 “(f) CHILD ABUSE.—

13 “(1) IN GENERAL.—The Secretary, acting
14 through the Service, shall facilitate access to, or pro-
15 vide, services for urban Indians through grants to
16 urban Indian organizations administering contracts
17 entered into pursuant to this section or receiving
18 grants under subsection (a) to prevent and treat
19 child abuse (including sexual abuse) among urban
20 Indians.

21 “(2) ASSESSMENT.—A grant may not be made
22 under this subsection to an urban Indian organiza-
23 tion until that organization has prepared, and the
24 Service has approved, an assessment that documents
25 the prevalence of child abuse in the urban Indian

1 population concerned and specifies the services and
2 programs (which may not duplicate existing services
3 and programs) for which the grant is requested.

4 “(3) USE OF FUNDS.—Grants may be made
5 under this subsection—

6 “(A) to prepare assessments required
7 under paragraph (2);

8 “(B) for the development of prevention,
9 training, and education programs for urban In-
10 dian populations, including child education, par-
11 ent education, provider training on identifica-
12 tion and intervention, education on reporting
13 requirements, prevention campaigns, and estab-
14 lishing service networks of all those involved in
15 Indian child protection; and

16 “(C) to provide direct outpatient treatment
17 services (including individual treatment, family
18 treatment, group therapy, and support groups)
19 to urban Indians who are child victims of abuse
20 (including sexual abuse) or adult survivors of
21 child sexual abuse, to the families of such child
22 victims, and to urban Indian perpetrators of
23 child abuse (including sexual abuse).

1 “(4) CONSIDERATIONS.—In making grants to
2 carry out this subsection, the Secretary shall take
3 into consideration—

4 “(A) the support for the urban Indian or-
5 ganization demonstrated by the child protection
6 authorities in the area, including committees or
7 other services funded under the Indian Child
8 Welfare Act of 1978 (25 U.S.C. 1901 et seq.),
9 if any;

10 “(B) the capability and expertise dem-
11 onstrated by the urban Indian organization to
12 address the complex problem of child sexual
13 abuse in the community; and

14 “(C) the assessment required under para-
15 graph (2).

16 “(g) MULTIPLE URBAN CENTERS.—The Secretary,
17 acting through the Service, may enter into a contract with,
18 or make grants to, an urban Indian organization that pro-
19 vides or arranges for the provision of health care services
20 (through satellite facilities, provider networks, or other-
21 wise) to urban Indians in more than one urban center.

22 **“SEC. 504. CONTRACTS AND GRANTS FOR THE DETERMINA-**
23 **TION OF UNMET HEALTH CARE NEEDS.**

24 “(a) AUTHORITY.—

1 “(1) IN GENERAL.—Under authority of the Act
2 of November 2, 1921 (25 U.S.C. 13) (commonly
3 known as the Snyder Act), the Secretary, acting
4 through the Service, may enter into contracts with,
5 or make grants to, urban Indian organizations situ-
6 ated in urban centers for which contracts have not
7 been entered into, or grants have not been made,
8 under section 503.

9 “(2) PURPOSE.—The purpose of a contract or
10 grant made under this section shall be the deter-
11 mination of the matters described in subsection
12 (b)(1) in order to assist the Secretary in assessing
13 the health status and health care needs of urban In-
14 dians in the urban center involved and determining
15 whether the Secretary should enter into a contract
16 or make a grant under section 503 with respect to
17 the urban Indian organization which the Secretary
18 has entered into a contract with, or made a grant
19 to, under this section.

20 “(b) REQUIREMENTS.—Any contract entered into, or
21 grant made, by the Secretary under this section shall in-
22 clude requirements that—

23 “(1) the urban Indian organization successfully
24 undertake to—

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

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

8 “(2) the urban Indian organization complete
9 performance of the contract, or carry out the re-
10 quirements of the grant, within 1 year after the date
11 on which the Secretary and such organization enter
12 into such contract, or within 1 year after such orga-
13 nization receives such grant, whichever is applicable.

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

17 **“SEC. 505. EVALUATIONS; RENEWALS.**

18 “(a) PROCEDURES.—The Secretary, acting through
19 the Service, shall develop procedures to evaluate compli-
20 ance with grant requirements under this title and compli-
21 ance with, and performance of contracts entered into by
22 urban Indian organizations under this title. Such proce-
23 dures shall include provisions for carrying out the require-
24 ments of this section.

1 “(b) COMPLIANCE WITH TERMS.—The Secretary,
2 acting through the Service, shall evaluate the compliance
3 of each urban Indian organization which has entered into
4 a contract or received a grant under section 503 with the
5 terms of such contract of grant. For purposes of an eval-
6 uation under this subsection, the Secretary, in deter-
7 mining the capacity of an urban Indian organization to
8 deliver quality patient care shall, at the option of the
9 organization—

10 “(1) conduct, through the Service, an annual
11 onsite evaluation of the organization; or

12 “(2) accept, in lieu of an onsite evaluation, evi-
13 dence of the organization’s provisional or full accred-
14 itation by a private independent entity recognized by
15 the Secretary for purposes of conducting quality re-
16 views of providers participating in the medicare pro-
17 gram under Title XVIII of the Social Security Act.

18 “(c) NONCOMPLIANCE.—

19 “(1) IN GENERAL.—If, as a result of the eval-
20 uations conducted under this section, the Secretary
21 determines that an urban Indian organization has
22 not complied with the requirements of a grant or
23 complied with or satisfactorily performed a contract
24 under section 503, the Secretary shall, prior to re-
25 newing such contract or grant, attempt to resolve

1 with such organization the areas of noncompliance
2 or unsatisfactory performance and modify such con-
3 tract or grant to prevent future occurrences of such
4 noncompliance or unsatisfactory performance.

5 “(2) NONRENEWAL.—If the Secretary deter-
6 mines, under an evaluation under this section, that
7 noncompliance or unsatisfactory performance cannot
8 be resolved and prevented in the future, the Sec-
9 retary shall not renew such contract or grant with
10 such organization and is authorized to enter into a
11 contract or make a grant under section 503 with an-
12 other urban Indian organization which is situated in
13 the same urban center as the urban Indian organiza-
14 tion whose contract or grant is not renewed under
15 this section.

16 “(d) DETERMINATION OF RENEWAL.—In deter-
17 mining whether to renew a contract or grant with an
18 urban Indian organization under section 503 which has
19 completed performance of a contract or grant under sec-
20 tion 504, the Secretary shall review the records of the
21 urban Indian organization, the reports submitted under
22 section 507, and, in the case of a renewal of a contract
23 or grant under section 503, shall consider the results of
24 the onsite evaluations or accreditation under subsection
25 (b).

1 **“SEC. 506. OTHER CONTRACT AND GRANT REQUIREMENTS.**

2 “(a) APPLICATION OF FEDERAL LAW.—Contracts
3 with urban Indian organizations entered into pursuant to
4 this title shall be in accordance with all Federal con-
5 tracting laws and regulations relating to procurement ex-
6 cept that, in the discretion of the Secretary, such contracts
7 may be negotiated without advertising and need not con-
8 form to the provisions of the Act of August 24, 1935 (40
9 U.S.C. 270a, et seq.).

10 “(b) PAYMENTS.—Payments under any contracts or
11 grants pursuant to this title shall, notwithstanding any
12 term or condition of such contract or grant—

13 “(1) be made in their entirety by the Secretary
14 to the urban Indian organization by not later than
15 the end of the first 30 days of the funding period
16 with respect to which the payments apply, unless the
17 Secretary determines through an evaluation under
18 section 505 that the organization is not capable of
19 administering such payments in their entirety; and

20 “(2) if unexpended by the urban Indian organi-
21 zation during the funding period with respect to
22 which the payments initially apply, be carried for-
23 ward for expenditure with respect to allowable or re-
24 imburseable costs incurred by the organization during
25 1 or more subsequent funding periods without addi-
26 tional justification or documentation by the organi-

1 zation as a condition of carrying forward the ex-
2 penditure of such funds.

3 “(c) REVISING OR AMENDING CONTRACT.—Notwith-
4 standing any provision of law to the contrary, the Sec-
5 retary may, at the request or consent of an urban Indian
6 organization, revise or amend any contract entered into
7 by the Secretary with such organization under this title
8 as necessary to carry out the purposes of this title.

9 “(d) FAIR AND UNIFORM PROVISION OF SERV-
10 ICES.—Contracts with, or grants to, urban Indian organi-
11 zations and regulations adopted pursuant to this title shall
12 include provisions to assure the fair and uniform provision
13 to urban Indians of services and assistance under such
14 contracts or grants by such organizations.

15 “(e) ELIGIBILITY OF URBAN INDIANS.—Urban Indi-
16 ans, as defined in section 4(f), shall be eligible for health
17 care or referral services provided pursuant to this title.

18 **“SEC. 507. REPORTS AND RECORDS.**

19 “(a) REPORT.—For each fiscal year during which an
20 urban Indian organization receives or expends funds pur-
21 suant to a contract entered into, or a grant received, pur-
22 suant to this title, such organization shall submit to the
23 Secretary, on a basis no more frequent than every 6
24 months, a report including—

1 “(1) in the case of a contract or grant under
2 section 503, information gathered pursuant to para-
3 graph (5) of subsection (a) of such section;

4 “(2) information on activities conducted by the
5 organization pursuant to the contract or grant;

6 “(3) an accounting of the amounts and pur-
7 poses for which Federal funds were expended; and

8 “(4) a minimum set of data, using uniformly
9 defined elements, that is specified by the Secretary,
10 after consultations consistent with section 514, with
11 urban Indian organizations.

12 “(b) AUDITS.—The reports and records of the urban
13 Indian organization with respect to a contract or grant
14 under this title shall be subject to audit by the Secretary
15 and the Comptroller General of the United States.

16 “(c) COST OF AUDIT.—The Secretary shall allow as
17 a cost of any contract or grant entered into or awarded
18 under section 502 or 503 the cost of an annual inde-
19 pendent financial audit conducted by—

20 “(1) a certified public accountant; or

21 “(2) a certified public accounting firm qualified
22 to conduct Federal compliance audits.

23 **“SEC. 508. LIMITATION ON CONTRACT AUTHORITY.**

24 “The authority of the Secretary to enter into con-
25 tracts or to award grants under this title shall be to the

1 extent, and in an amount, provided for in appropriation
2 Acts.

3 **“SEC. 509. FACILITIES.**

4 “(a) GRANTS.—The Secretary may make grants to
5 contractors or grant recipients under this title for the
6 lease, purchase, renovation, construction, or expansion of
7 facilities, including leased facilities, in order to assist such
8 contractors or grant recipients in complying with applica-
9 ble licensure or certification requirements.

10 “(b) LOANS OR LOAN GUARANTEES.—The Secretary,
11 acting through the Service or through the Health Re-
12 sources and Services Administration, may provide loans
13 to contractors or grant recipients under this title from the
14 Urban Indian Health Care Facilities Revolving Loan
15 Fund (referred to in this section as the ‘URLF’) described
16 in subsection (c), or guarantees for loans, for the construc-
17 tion, renovation, expansion, or purchase of health care fa-
18 cilities, subject to the following requirements:

19 “(1) The principal amount of a loan or loan
20 guarantee may cover 100 percent of the costs (other
21 than staffing) relating to the facility, including plan-
22 ning, design, financing, site land development, con-
23 struction, rehabilitation, renovation, conversion,
24 medical equipment, furnishings, and capital pur-
25 chase.

1 “(2) The total amount of the principal of loans
2 and loan guarantees, respectively, outstanding at
3 any one time shall not exceed such limitations as
4 may be specified in appropriations Acts.

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

8 “(4) An urban Indian organization may assign,
9 and the Secretary may accept assignment of, the
10 revenue of the organization as security for a loan or
11 loan guarantee under this subsection.

12 “(5) The Secretary shall not collect application,
13 processing, or similar fees from urban Indian organi-
14 zations applying for loans or loan guarantees under
15 this subsection.

16 “(c) URBAN INDIAN HEALTH CARE FACILITIES RE-
17 VOLVING LOAN FUND.—

18 “(1) ESTABLISHMENT.—There is established in
19 the Treasury of the United States a fund to be
20 known as the Urban Indian Health Care Facilities
21 Revolving Loan Fund. The URLF shall consist of—

22 “(A) such amounts as may be appropriated
23 to the URLF;

1 “(B) amounts received from urban Indian
2 organizations in repayment of loans made to
3 such organizations under paragraph (2); and

4 “(C) interest earned on amounts in the
5 URLF under paragraph (3).

6 “(2) USE OF URLF.—Amounts in the URLF
7 may be expended by the Secretary, acting through
8 the Service or the Health Resources and Services
9 Administration, to make loans available to urban In-
10 dian organizations receiving grants or contracts
11 under this title for the purposes, and subject to the
12 requirements, described in subsection (b). Amounts
13 appropriated to the URLF, amounts received from
14 urban Indian organizations in repayment of loans,
15 and interest on amounts in the URLF shall remain
16 available until expended.

17 “(3) INVESTMENTS.—The Secretary of the
18 Treasury shall invest such amounts of the URLF as
19 such Secretary determines are not required to meet
20 current withdrawals from the URLF. Such invest-
21 ments may be made only in interest-bearing obliga-
22 tions of the United States. For such purpose, such
23 obligations may be acquired on original issue at the
24 issue price, or by purchase of outstanding obliga-
25 tions at the market price. Any obligation acquired by

1 the URLF may be sold by the Secretary of the
2 Treasury at the market price.

3 **“SEC. 510. OFFICE OF URBAN INDIAN HEALTH.**

4 “There is hereby established within the Service an
5 Office of Urban Indian Health which shall be responsible
6 for—

7 “(1) carrying out the provisions of this title;

8 “(2) providing central oversight of the pro-
9 grams and services authorized under this title; and

10 “(3) providing technical assistance to urban In-
11 dian organizations.

12 **“SEC. 511. GRANTS FOR ALCOHOL AND SUBSTANCE ABUSE**
13 **RELATED SERVICES.**

14 “(a) GRANTS.—The Secretary may make grants for
15 the provision of health-related services in prevention of,
16 treatment of, rehabilitation of, or school and community-
17 based education in, alcohol and substance abuse in urban
18 centers to those urban Indian organizations with whom
19 the Secretary has entered into a contract under this title
20 or under section 201.

21 “(b) GOALS OF GRANT.—Each grant made pursuant
22 to subsection (a) shall set forth the goals to be accom-
23 plished pursuant to the grant. The goals shall be specific
24 to each grant as agreed to between the Secretary and the
25 grantee.

1 “(c) CRITERIA.—The Secretary shall establish cri-
2 teria for the grants made under subsection (a), including
3 criteria relating to the—

4 “(1) size of the urban Indian population;

5 “(2) capability of the organization to adequately
6 perform the activities required under the grant;

7 “(3) satisfactory performance standards for the
8 organization in meeting the goals set forth in such
9 grant, which standards shall be negotiated and
10 agreed to between the Secretary and the grantee on
11 a grant-by-grant basis; and

12 “(4) identification of need for services.

13 The Secretary shall develop a methodology for allocating
14 grants made pursuant to this section based on such cri-
15 teria.

16 “(d) TREATMENT OF FUNDS RECEIVED BY URBAN
17 INDIAN ORGANIZATIONS.—Any funds received by an
18 urban Indian organization under this Act for substance
19 abuse prevention, treatment, and rehabilitation shall be
20 subject to the criteria set forth in subsection (c).

21 **“SEC. 512. TREATMENT OF CERTAIN DEMONSTRATION**
22 **PROJECTS.**

23 “(a) OKLAHOMA CITY CLINIC.—

24 “(1) IN GENERAL.—Notwithstanding any other
25 provision of law, the Oklahoma City Clinic dem-

1 onstration project shall be treated as a service unit
2 in the allocation of resources and coordination of
3 care and shall not be subject to the provisions of the
4 Indian Self-Determination and Education Assistance
5 Act for the term of such projects. The Secretary
6 shall provide assistance to such projects in the devel-
7 opment of resources and equipment and facility
8 needs.

9 “(2) REPORT.—The Secretary shall submit to
10 the President, for inclusion in the report required to
11 be submitted to the Congress under section 801 for
12 fiscal year 1999, a report on the findings and con-
13 clusions derived from the demonstration project
14 specified in paragraph (1).

15 “(b) TULSA CLINIC.—Notwithstanding any other
16 provision of law, the Tulsa Clinic demonstration project
17 shall become a permanent program within the Service’s
18 direct care program and continue to be treated as a service
19 unit in the allocation of resources and coordination of
20 care, and shall continue to meet the requirements and
21 definitions of an urban Indian organization in this title,
22 and as such will not be subject to the provisions of the
23 Indian Self-Determination and Education Assistance Act.

1 **“SEC. 513. URBAN NIAAA TRANSFERRED PROGRAMS.**

2 “(a) GRANTS AND CONTRACTS.—The Secretary, act-
3 ing through the Office of Urban Indian Health of the
4 Service, shall make grants or enter into contracts, effective
5 not later than September 30, 2001, with urban Indian or-
6 ganizations for the administration of urban Indian alcohol
7 programs that were originally established under the Na-
8 tional Institute on Alcoholism and Alcohol Abuse (referred
9 to in this section to as ‘NIAAA’) and transferred to the
10 Service.

11 “(b) USE OF FUNDS.—Grants provided or contracts
12 entered into under this section shall be used to provide
13 support for the continuation of alcohol prevention and
14 treatment services for urban Indian populations and such
15 other objectives as are agreed upon between the Service
16 and a recipient of a grant or contract under this section.

17 “(c) ELIGIBILITY.—Urban Indian organizations that
18 operate Indian alcohol programs originally funded under
19 NIAAA and subsequently transferred to the Service are
20 eligible for grants or contracts under this section.

21 “(d) EVALUATION AND REPORT.—The Secretary
22 shall evaluate and report to the Congress on the activities
23 of programs funded under this section at least every 5
24 years.

1 **“SEC. 514. CONSULTATION WITH URBAN INDIAN ORGANIZA-**
2 **TIONS.**

3 “(a) IN GENERAL.—The Secretary shall ensure that
4 the Service, the Health Care Financing Administration,
5 and other operating divisions and staff divisions of the De-
6 partment consult, to the maximum extent practicable, with
7 urban Indian organizations (as defined in section 4) prior
8 to taking any action, or approving Federal financial assist-
9 ance for any action of a State, that may affect urban Indi-
10 ans or urban Indian organizations.

11 “(b) REQUIREMENT.—In subsection (a), the term
12 ‘consultation’ means the open and free exchange of infor-
13 mation and opinion among urban Indian organizations
14 and the operating and staff divisions of the Department
15 which leads to mutual understanding and comprehension
16 and which emphasizes trust, respect, and shared responsi-
17 bility.

18 **“SEC. 515. FEDERAL TORT CLAIMS ACT COVERAGE.**

19 “For purposes of section 224 of the Public Health
20 Service Act (42 U.S.C. 233), with respect to claims by
21 any person, initially filed on or after October 1, 1999,
22 whether or not such person is an Indian or Alaska Native
23 or is served on a fee basis or under other circumstances
24 as permitted by Federal law or regulations, for personal
25 injury (including death) resulting from the performance
26 prior to, including, or after October 1, 1999, of medical,

1 surgical, dental, or related functions, including the con-
2 duct of clinical studies or investigations, or for purposes
3 of section 2679 of title 28, United States Code, with re-
4 spect to claims by any such person, on or after October
5 1, 1999, for personal injury (including death) resulting
6 from the operation of an emergency motor vehicle, an
7 urban Indian organization that has entered into a contract
8 or received a grant pursuant to this title is deemed to be
9 part of the Public Health Service while carrying out any
10 such contract or grant and its employees (including those
11 acting on behalf of the organization as provided for in sec-
12 tion 2671 of title 28, United States Code, and including
13 an individual who provides health care services pursuant
14 to a personal services contract with an urban Indian orga-
15 nization for the provision of services in any facility owned,
16 operated, or constructed under the jurisdiction of the In-
17 dian Health Service) are deemed employees of the Service
18 while acting within the scope of their employment in car-
19 rying out the contract or grant, except that such employ-
20 ees shall be deemed to be acting within the scope of their
21 employment in carrying out the contract or grant when
22 they are required, by reason of their employment, to per-
23 form medical, surgical, dental or related functions at a fa-
24 cility other than a facility operated by the urban Indian
25 organization pursuant to such contract or grant, but only

1 if such employees are not compensated for the perform-
2 ance of such functions by a person or entity other than
3 the urban Indian organization.

4 **“SEC. 516. URBAN YOUTH TREATMENT CENTER DEM-**
5 **ONSTRATION.**

6 “(a) CONSTRUCTION AND OPERATION.—The Sec-
7 retary, acting through the Service, shall, through grants
8 or contracts, make payment for the construction and oper-
9 ation of at least 2 residential treatment centers in each
10 State described in subsection (b) to demonstrate the provi-
11 sion of alcohol and substance abuse treatment services to
12 urban Indian youth in a culturally competent residential
13 setting.

14 “(b) STATES.—A State described in this subsection
15 is a State in which—

16 “(1) there reside urban Indian youth with a
17 need for alcohol and substance abuse treatment serv-
18 ices in a residential setting; and

19 “(2) there is a significant shortage of culturally
20 competent residential treatment services for urban
21 Indian youth.

22 **“SEC. 517. USE OF FEDERAL GOVERNMENT FACILITIES AND**
23 **SOURCES OF SUPPLY.**

24 “(a) IN GENERAL.—The Secretary shall permit an
25 urban Indian organization that has entered into a contract

1 or received a grant pursuant to this title, in carrying out
2 such contract or grant, to use existing facilities and all
3 equipment therein or pertaining thereto and other per-
4 sonal property owned by the Federal Government within
5 the Secretary's jurisdiction under such terms and condi-
6 tions as may be agreed upon for their use and mainte-
7 nance.

8 “(b) DONATION OF PROPERTY.—Subject to sub-
9 section (d), the Secretary may donate to an urban Indian
10 organization that has entered into a contract or received
11 a grant pursuant to this title any personal or real property
12 determined to be excess to the needs of the Service or the
13 General Services Administration for purposes of carrying
14 out the contract or grant.

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

23 “(d) PRIORITY.—In the event that the Secretary re-
24 ceives a request for a specific item of personal or real
25 property described in subsections (b) or (c) from an urban

1 Indian organization and from an Indian tribe or tribal or-
2 ganization, the Secretary shall give priority to the request
3 for donation to the Indian tribe or tribal organization if
4 the Secretary receives the request from the Indian tribe
5 or tribal organization before the date on which the Sec-
6 retary transfers title to the property or, if earlier, the date
7 on which the Secretary transfers the property physically,
8 to the urban Indian organization.

9 “(e) RELATION TO FEDERAL SOURCES OF SUP-
10 PLY.—For purposes of section 201(a) of the Federal
11 Property and Administrative Services Act of 1949 (40
12 U.S.C. 481(a)) (relating to Federal sources of supply, in-
13 cluding lodging providers, airlines, and other transpor-
14 tation providers), an urban Indian organization that has
15 entered into a contract or received a grant pursuant to
16 this title shall be deemed an executive agency when car-
17 rying out such contract or grant, and the employees of
18 the urban Indian organization shall be eligible to have ac-
19 cess to such sources of supply on the same basis as em-
20 ployees of an executive agency have such access.

21 **“SEC. 518. GRANTS FOR DIABETES PREVENTION, TREAT-**
22 **MENT AND CONTROL.**

23 “(a) AUTHORITY.—The Secretary may make grants
24 to those urban Indian organizations that have entered into
25 a contract or have received a grant under this title for

1 the provision of services for the prevention, treatment, and
2 control of the complications resulting from, diabetes
3 among urban Indians.

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

8 “(c) CRITERIA.—The Secretary shall establish cri-
9 teria for the awarding of grants made under subsection
10 (a) relating to—

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

13 “(2) the need for the prevention of, treatment
14 of, and control of the complications resulting from
15 diabetes among the urban Indian population to be
16 served;

17 “(3) performance standards for the urban In-
18 dian organization in meeting the goals set forth in
19 such grant that are negotiated and agreed to by the
20 Secretary and the grantee;

21 “(4) the capability of the urban Indian organi-
22 zation to adequately perform the activities required
23 under the grant; and

24 “(5) the willingness of the urban Indian organi-
25 zation to collaborate with the registry, if any, estab-

1 lished by the Secretary under section 204(e) in the
2 area office of the Service in which the organization
3 is located.

4 “(d) APPLICATION OF CRITERIA.—Any funds re-
5 ceived by an urban Indian organization under this Act for
6 the prevention, treatment, and control of diabetes among
7 urban Indians shall be subject to the criteria developed
8 by the Secretary under subsection (c).

9 **“SEC. 519. COMMUNITY HEALTH REPRESENTATIVES.**

10 “The Secretary, acting through the Service, may
11 enter into contracts with, and make grants to, urban In-
12 dian organizations for the use of Indians trained as health
13 service providers through the Community Health Rep-
14 resentatives Program under section 107(b) in the provi-
15 sion of health care, health promotion, and disease preven-
16 tion services to urban Indians.

17 **“SEC. 520. REGULATIONS.**

18 “(a) EFFECT OF TITLE.—This title shall be effective
19 on the date of enactment of this Act regardless of whether
20 the Secretary has promulgated regulations implementing
21 this title.

22 “(b) PROMULGATION.—

23 “(1) IN GENERAL.—The Secretary may promul-
24 gate regulations to implement the provisions of this
25 title.

1 “(2) PUBLICATION.—Proposed regulations to
2 implement this title shall be published by the Sec-
3 retary in the Federal Register not later than 270
4 days after the date of enactment of this Act and
5 shall have a comment period of not less than 120
6 days.

7 “(3) EXPIRATION OF AUTHORITY.—The author-
8 ity to promulgate regulations under this title shall
9 expire on the date that is 18 months after the date
10 of enactment of this Act.

11 “(c) NEGOTIATED RULEMAKING COMMITTEE.—A ne-
12 gotiated rulemaking committee shall be established pursu-
13 ant to section 565 of title 5, United States Code, to carry
14 out this section and shall, in addition to Federal represent-
15 atives, have as the majority of its members representatives
16 of urban Indian organizations from each service area.

17 “(d) ADAPTION OF PROCEDURES.—The Secretary
18 shall adapt the negotiated rulemaking procedures to the
19 unique context of this Act.

20 **“SEC. 521. AUTHORIZATION OF APPROPRIATIONS.**

21 “There is authorized to be appropriated such sums
22 as may be necessary for each fiscal year through fiscal
23 year 2012 to carry out this title.

1 **“TITLE VI—ORGANIZATIONAL**
2 **IMPROVEMENTS**

3 **“SEC. 601. ESTABLISHMENT OF THE INDIAN HEALTH SERV-**
4 **ICE AS AN AGENCY OF THE PUBLIC HEALTH**
5 **SERVICE.**

6 “(a) ESTABLISHMENT.—

7 “(1) IN GENERAL.—In order to more effectively
8 and efficiently carry out the responsibilities, authori-
9 ties, and functions of the United States to provide
10 health care services to Indians and Indian tribes, as
11 are or may be hereafter provided by Federal statute
12 or treaties, there is established within the Public
13 Health Service of the Department the Indian Health
14 Service.

15 “(2) ASSISTANT SECRETARY OF INDIAN
16 HEALTH.—The Service shall be administered by an
17 Assistance Secretary of Indian Health, who shall be
18 appointed by the President, by and with the advice
19 and consent of the Senate. The Assistant Secretary
20 shall report to the Secretary. Effective with respect
21 to an individual appointed by the President, by and
22 with the advice and consent of the Senate, after
23 January 1, 1993, the term of service of the Assist-
24 ant Secretary shall be 4 years. An Assistant Sec-
25 retary may serve more than 1 term.

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

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

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

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

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

21 “(A) this Act;

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

24 “(C) the Act of August 5, 1954 (42 U.S.C.
25 2001, et seq.);

1 “(D) the Act of August 16, 1957 (42
2 U.S.C. 2005 et seq.); and

3 “(E) the Indian Self-Determination Act
4 (25 U.S.C. 450f, et seq.); and

5 “(4) all scholarship and loan functions carried
6 out under title I.

7 “(d) AUTHORITY.—

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

11 “(A) except to the extent provided for in
12 paragraph (2), to appoint and compensate em-
13 ployees for the Service in accordance with title
14 5, United States Code;

15 “(B) to enter into contracts for the pro-
16 curement of goods and services to carry out the
17 functions of the Service; and

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

20 “(2) PERSONNEL ACTIONS.—Notwithstanding
21 any other provision of law, the provisions of section
22 12 of the Act of June 18, 1934 (48 Stat. 986; 25
23 U.S.C. 472), shall apply to all personnel actions
24 taken with respect to new positions created within

1 the Service as a result of its establishment under
2 subsection (a).

3 **“SEC. 602. AUTOMATED MANAGEMENT INFORMATION SYS-**
4 **TEM.**

5 “(a) ESTABLISHMENT.—

6 “(1) IN GENERAL.—The Secretary, in consulta-
7 tion with tribes, tribal organizations, and urban In-
8 dian organizations, shall establish an automated
9 management information system for the Service.

10 “(2) REQUIREMENTS OF SYSTEM.—The infor-
11 mation system established under paragraph (1) shall
12 include—

13 “(A) a financial management system;

14 “(B) a patient care information system;

15 “(C) a privacy component that protects the
16 privacy of patient information;

17 “(D) a services-based cost accounting com-
18 ponent that provides estimates of the costs as-
19 sociated with the provision of specific medical
20 treatments or services in each area office of the
21 Service;

22 “(E) an interface mechanism for patient
23 billing and accounts receivable system; and

24 “(F) a training component.

1 “(b) PROVISION OF SYSTEMS TO TRIBES AND ORGA-
2 NIZATIONS.—The Secretary shall provide each Indian
3 tribe and tribal organization that provides health services
4 under a contract entered into with the Service under the
5 Indian Self-Determination Act automated management in-
6 formation systems which—

7 “(1) meet the management information needs
8 of such Indian tribe or tribal organization with re-
9 spect to the treatment by the Indian tribe or tribal
10 organization of patients of the Service; and

11 “(2) meet the management information needs
12 of the Service.

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

17 “(d) AUTHORITY TO ENHANCE INFORMATION TECH-
18 NOLOGY.—The Secretary, acting through the Assistant
19 Secretary, shall have the authority to enter into contracts,
20 agreements or joint ventures with other Federal agencies,
21 States, private and nonprofit organizations, for the pur-
22 pose of enhancing information technology in Indian health
23 programs and facilities.

1 **“SEC. 603. AUTHORIZATION OF APPROPRIATIONS.**

2 “There is authorized to be appropriated such sums
3 as may be necessary for each fiscal year through fiscal
4 year 2012 to carry out this title.

5 **“TITLE VII—BEHAVIORAL**
6 **HEALTH PROGRAMS**

7 **“SEC. 701. BEHAVIORAL HEALTH PREVENTION AND TREAT-**
8 **MENT SERVICES.**

9 “(a) **PURPOSES.**—It is the purpose of this section
10 to—

11 “(1) authorize and direct the Secretary, acting
12 through the Service, Indian tribes, tribal organiza-
13 tions, and urban Indian organizations to develop a
14 comprehensive behavioral health prevention and
15 treatment program which emphasizes collaboration
16 among alcohol and substance abuse, social services,
17 and mental health programs;

18 “(2) provide information, direction and guid-
19 ance relating to mental illness and dysfunction and
20 self-destructive behavior, including child abuse and
21 family violence, to those Federal, tribal, State and
22 local agencies responsible for programs in Indian
23 communities in areas of health care, education, so-
24 cial services, child and family welfare, alcohol and
25 substance abuse, law enforcement and judicial serv-
26 ices;

1 “(3) assist Indian tribes to identify services and
2 resources available to address mental illness and
3 dysfunctional and self-destructive behavior;

4 “(4) provide authority and opportunities for In-
5 dian tribes to develop and implement, and coordinate
6 with, community-based programs which include iden-
7 tification, prevention, education, referral, and treat-
8 ment services, including through multi-disciplinary
9 resource teams;

10 “(5) ensure that Indians, as citizens of the
11 United States and of the States in which they re-
12 side, have the same access to behavioral health serv-
13 ices to which all citizens have access; and

14 “(6) modify or supplement existing programs
15 and authorities in the areas identified in paragraph
16 (2).

17 “(b) BEHAVIORAL HEALTH PLANNING.—

18 “(1) AREA-WIDE PLANS.—The Secretary, acting
19 through the Service, Indian tribes, tribal organiza-
20 tions, and urban Indian organizations, shall encour-
21 age Indian tribes and tribal organizations to develop
22 tribal plans, encourage urban Indian organizations
23 to develop local plans, and encourage all such groups
24 to participate in developing area-wide plans for In-

1 dian Behavioral Health Services. The plans shall, to
2 the extent feasible, include—

3 “(A) an assessment of the scope of the
4 problem of alcohol or other substance abuse,
5 mental illness, dysfunctional and self-destructive
6 behavior, including suicide, child abuse and
7 family violence, among Indians, including—

8 “(i) the number of Indians served who
9 are directly or indirectly affected by such
10 illness or behavior; and

11 “(ii) an estimate of the financial and
12 human cost attributable to such illness or
13 behavior;

14 “(B) an assessment of the existing and ad-
15 ditional resources necessary for the prevention
16 and treatment of such illness and behavior, in-
17 cluding an assessment of the progress toward
18 achieving the availability of the full continuum
19 of care described in subsection (c); and

20 “(C) an estimate of the additional funding
21 needed by the Service, Indian tribes, tribal or-
22 ganizations and urban Indian organizations to
23 meet their responsibilities under the plans.

24 “(2) NATIONAL CLEARINGHOUSE.—The Sec-
25 retary shall establish a national clearinghouse of

1 plans and reports on the outcomes of such plans de-
2 veloped under this section by Indian tribes, tribal or-
3 ganizations and by areas relating to behavioral
4 health. The Secretary shall ensure access to such
5 plans and outcomes by any Indian tribe, tribal orga-
6 nization, urban Indian organization or the Service.

7 “(3) TECHNICAL ASSISTANCE.—The Secretary
8 shall provide technical assistance to Indian tribes,
9 tribal organizations, and urban Indian organizations
10 in preparation of plans under this section and in de-
11 veloping standards of care that may be utilized and
12 adopted locally.

13 “(c) CONTINUUM OF CARE.—The Secretary, acting
14 through the Service, Indian tribes and tribal organiza-
15 tions, shall provide, to the extent feasible and to the extent
16 that funding is available, for the implementation of pro-
17 grams including—

18 “(1) a comprehensive continuum of behavioral
19 health care that provides for—

20 “(A) community based prevention, inter-
21 vention, outpatient and behavioral health
22 aftercare;

23 “(B) detoxification (social and medical);

24 “(C) acute hospitalization;

1 “(D) intensive outpatient or day treat-
2 ment;

3 “(E) residential treatment;

4 “(F) transitional living for those needing a
5 temporary stable living environment that is sup-
6 portive of treatment or recovery goals;

7 “(G) emergency shelter;

8 “(H) intensive case management; and

9 “(I) traditional health care practices; and

10 “(2) behavioral health services for particular
11 populations, including—

12 “(A) for persons from birth through age
13 17, child behavioral health services, that
14 include—

15 “(i) pre-school and school age fetal al-
16 cohol disorder services, including assess-
17 ment and behavioral intervention);

18 “(ii) mental health or substance abuse
19 services (emotional, organic, alcohol, drug,
20 inhalant and tobacco);

21 “(iii) services for co-occurring dis-
22 orders (multiple diagnosis);

23 “(iv) prevention services that are fo-
24 cused on individuals ages 5 years through

1 10 years (alcohol, drug, inhalant and to-
2 bacco);

3 “(v) early intervention, treatment and
4 aftercare services that are focused on indi-
5 viduals ages 11 years through 17 years;

6 “(vi) healthy choices or life style serv-
7 ices (related to STD’s, domestic violence,
8 sexual abuse, suicide, teen pregnancy, obe-
9 sity, and other risk or safety issues);

10 “(vii) co-morbidity services;

11 “(B) for persons ages 18 years through 55
12 years, adult behavioral health services that
13 include—

14 “(i) early intervention, treatment and
15 aftercare services;

16 “(ii) mental health and substance
17 abuse services (emotional, alcohol, drug,
18 inhalant and tobacco);

19 “(iii) services for co-occurring dis-
20 orders (dual diagnosis) and co-morbidity;

21 “(iv) healthy choices and life style
22 services (related to parenting, partners, do-
23 mestic violence, sexual abuse, suicide, obe-
24 sity, and other risk related behavior);

1 “(v) female specific treatment services
2 for—

3 “(I) women at risk of giving
4 birth to a child with a fetal alcohol
5 disorder;

6 “(II) substance abuse requiring
7 gender specific services;

8 “(III) sexual assault and domes-
9 tic violence; and

10 “(IV) healthy choices and life
11 style (parenting, partners, obesity,
12 suicide and other related behavioral
13 risk); and

14 “(vi) male specific treatment services
15 for—

16 “(I) substance abuse requiring
17 gender specific services;

18 “(II) sexual assault and domestic
19 violence; and

20 “(III) healthy choices and life
21 style (parenting, partners, obesity,
22 suicide and other risk related behav-
23 ior);

24 “(C) family behavioral health services,
25 including—

1 “(i) early intervention, treatment and
2 aftercare for affected families;

3 “(ii) treatment for sexual assault and
4 domestic violence; and

5 “(iii) healthy choices and life style (re-
6 lated to parenting, partners, domestic vio-
7 lence and other abuse issues);

8 “(D) for persons age 56 years and older,
9 elder behavioral health services including—

10 “(i) early intervention, treatment and
11 aftercare services that include—

12 “(I) mental health and substance
13 abuse services (emotional, alcohol,
14 drug, inhalant and tobacco);

15 “(II) services for co-occurring
16 disorders (dual diagnosis) and co-mor-
17 bidity; and

18 “(III) healthy choices and life
19 style services (managing conditions re-
20 lated to aging);

21 “(ii) elder women specific services
22 that include—

23 “(I) treatment for substance
24 abuse requiring gender specific serv-
25 ices and

1 “(II) treatment for sexual as-
2 sault, domestic violence and neglect;

3 “(iii) elder men specific services that
4 include—

5 “(I) treatment for substance
6 abuse requiring gender specific serv-
7 ices; and

8 “(II) treatment for sexual as-
9 sault, domestic violence and neglect;
10 and

11 “(iv) services for dementia regardless
12 of cause.

13 “(d) COMMUNITY BEHAVIORAL HEALTH PLAN.—

14 “(1) IN GENERAL.—The governing body of any
15 Indian tribe or tribal organization or urban Indian
16 organization may, at its discretion, adopt a resolu-
17 tion for the establishment of a community behavioral
18 health plan providing for the identification and co-
19 ordination of available resources and programs to
20 identify, prevent, or treat alcohol and other sub-
21 stance abuse, mental illness or dysfunctional and
22 self-destructive behavior, including child abuse and
23 family violence, among its members or its service
24 population. Such plan should include behavioral

1 health services, social services, intensive outpatient
2 services, and continuing after care.

3 “(2) TECHNICAL ASSISTANCE.—In furtherance
4 of a plan established pursuant to paragraph (1) and
5 at the request of a tribe, the appropriate agency,
6 service unit, or other officials of the Bureau of In-
7 dian Affairs and the Service shall cooperate with,
8 and provide technical assistance to, the Indian tribe
9 or tribal organization in the development of a plan
10 under paragraph (1). Upon the establishment of
11 such a plan and at the request of the Indian tribe
12 or tribal organization, such officials shall cooperate
13 with the Indian tribe or tribal organization in the
14 implementation of such plan.

15 “(3) FUNDING.—The Secretary, acting through
16 the Service, may make funding available to Indian
17 tribes and tribal organizations adopting a resolution
18 pursuant to paragraph (1) to obtain technical assist-
19 ance for the development of a community behavioral
20 health plan and to provide administrative support in
21 the implementation of such plan.

22 “(e) COORDINATED PLANNING.—The Secretary, act-
23 ing through the Service, Indian tribes, tribal organiza-
24 tions, and urban Indian organizations shall coordinate be-
25 havioral health planning, to the extent feasible, with other

1 Federal and State agencies, to ensure that comprehensive
2 behavioral health services are available to Indians without
3 regard to their place of residence.

4 “(f) FACILITIES ASSESSMENT.—Not later than 1
5 year after the date of enactment of this Act, the Secretary,
6 acting through the Service, shall make an assessment of
7 the need for inpatient mental health care among Indians
8 and the availability and cost of inpatient mental health
9 facilities which can meet such need. In making such as-
10 sessment, the Secretary shall consider the possible conver-
11 sion of existing, under-utilized service hospital beds into
12 psychiatric units to meet such need.

13 **“SEC. 702. MEMORANDUM OF AGREEMENT WITH THE DE-**
14 **PARTMENT OF THE INTERIOR.**

15 “(a) IN GENERAL.—Not later than 1 year after the
16 date of enactment of this Act, the Secretary and the Sec-
17 retary of the Interior shall develop and enter into a memo-
18 randum of agreement, or review and update any existing
19 memoranda of agreement as required under section 4205
20 of the Indian Alcohol and Substance Abuse Prevention
21 and Treatment Act of 1986 (25 U.S.C. 2411), and under
22 which the Secretaries address—

23 “(1) the scope and nature of mental illness and
24 dysfunctional and self-destructive behavior, including
25 child abuse and family violence, among Indians;

1 “(2) the existing Federal, tribal, State, local,
2 and private services, resources, and programs avail-
3 able to provide mental health services for Indians;

4 “(3) the unmet need for additional services, re-
5 sources, and programs necessary to meet the needs
6 identified pursuant to paragraph (1);

7 “(4)(A) the right of Indians, as citizens of the
8 United States and of the States in which they re-
9 side, to have access to mental health services to
10 which all citizens have access;

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

13 “(C) the actions necessary to protect the exer-
14 cise of such right;

15 “(5) the responsibilities of the Bureau of Indian
16 Affairs and the Service, including mental health
17 identification, prevention, education, referral, and
18 treatment services (including services through multi-
19 disciplinary resource teams), at the central, area,
20 and agency and service unit levels to address the
21 problems identified in paragraph (1);

22 “(6) a strategy for the comprehensive coordina-
23 tion of the mental health services provided by the
24 Bureau of Indian Affairs and the Service to meet

1 the needs identified pursuant to paragraph (1),
2 including—

3 “(A) the coordination of alcohol and sub-
4 stance abuse programs of the Service, the Bu-
5 reau of Indian Affairs, and the various Indian
6 tribes (developed under the Indian Alcohol and
7 Substance Abuse Prevention and Treatment
8 Act of 1986) with the mental health initiatives
9 pursuant to this Act, particularly with respect
10 to the referral and treatment of dually-diag-
11 nosed individuals requiring mental health and
12 substance abuse treatment; and

13 “(B) ensuring that Bureau of Indian Af-
14 fairs and Service programs and services (includ-
15 ing multidisciplinary resource teams) address-
16 ing child abuse and family violence are coordi-
17 nated with such non-Federal programs and
18 services;

19 “(7) direct appropriate officials of the Bureau
20 of Indian Affairs and the Service, particularly at the
21 agency and service unit levels, to cooperate fully
22 with tribal requests made pursuant to community
23 behavioral health plans adopted under section 701(c)
24 and section 4206 of the Indian Alcohol and Sub-

1 stance Abuse Prevention and Treatment Act of 1986
2 (25 U.S.C. 2412); and

3 “(8) provide for an annual review of such
4 agreement by the 2 Secretaries and a report which
5 shall be submitted to Congress and made available
6 to the Indian tribes.

7 “(b) SPECIFIC PROVISIONS.—The memorandum of
8 agreement updated or entered into pursuant to subsection
9 (a) shall include specific provisions pursuant to which the
10 Service shall assume responsibility for—

11 “(1) the determination of the scope of the prob-
12 lem of alcohol and substance abuse among Indian
13 people, including the number of Indians within the
14 jurisdiction of the Service who are directly or indi-
15 rectly affected by alcohol and substance abuse and
16 the financial and human cost;

17 “(2) an assessment of the existing and needed
18 resources necessary for the prevention of alcohol and
19 substance abuse and the treatment of Indians af-
20 fected by alcohol and substance abuse; and

21 “(3) an estimate of the funding necessary to
22 adequately support a program of prevention of alco-
23 hol and substance abuse and treatment of Indians
24 affected by alcohol and substance abuse.

1 “(c) CONSULTATION.—The Secretary and the Sec-
2 retary of the Interior shall, in developing the memo-
3 randum of agreement under subsection (a), consult with
4 and solicit the comments of—

5 “(1) Indian tribes and tribal organizations;

6 “(2) Indian individuals;

7 “(3) urban Indian organizations and other In-
8 dian organizations;

9 “(4) behavioral health service providers.

10 “(d) PUBLICATION.—The memorandum of agree-
11 ment under subsection (a) shall be published in the Fed-
12 eral Register. At the same time as the publication of such
13 agreement in the Federal Register, the Secretary shall
14 provide a copy of such memorandum to each Indian tribe,
15 tribal organization, and urban Indian organization.

16 **“SEC. 703. COMPREHENSIVE BEHAVIORAL HEALTH PRE-**
17 **VENTION AND TREATMENT PROGRAM.**

18 “(a) ESTABLISHMENT.—

19 “(1) IN GENERAL.—The Secretary, acting
20 through the Service, Indian tribes and tribal organi-
21 zations consistent with section 701, shall provide a
22 program of comprehensive behavioral health preven-
23 tion and treatment and aftercare, including tradi-
24 tional health care practices, which shall include—

1 “(A) prevention, through educational inter-
2 vention, in Indian communities;

3 “(B) acute detoxification or psychiatric
4 hospitalization and treatment (residential and
5 intensive outpatient);

6 “(C) community-based rehabilitation and
7 aftercare;

8 “(D) community education and involve-
9 ment, including extensive training of health
10 care, educational, and community-based per-
11 sonnel; and

12 “(E) specialized residential treatment pro-
13 grams for high risk populations including preg-
14 nant and post partum women and their chil-
15 dren.

16 “(2) TARGET POPULATIONS.—The target popu-
17 lation of the program under paragraph (1) shall be
18 members of Indian tribes. Efforts to train and edu-
19 cate key members of the Indian community shall
20 target employees of health, education, judicial, law
21 enforcement, legal, and social service programs.

22 “(b) CONTRACT HEALTH SERVICES.—

23 “(1) IN GENERAL.—The Secretary, acting
24 through the Service (with the consent of the Indian
25 tribe to be served), Indian tribes and tribal organiza-

1 tions, may enter into contracts with public or private
2 providers of behavioral health treatment services for
3 the purpose of carrying out the program required
4 under subsection (a).

5 “(2) PROVISION OF ASSISTANCE.—In carrying
6 out this subsection, the Secretary shall provide as-
7 sistance to Indian tribes and tribal organizations to
8 develop criteria for the certification of behavioral
9 health service providers and accreditation of service
10 facilities which meet minimum standards for such
11 services and facilities.

12 **“SEC. 704. MENTAL HEALTH TECHNICIAN PROGRAM.**

13 “(a) IN GENERAL.—Under the authority of the Act
14 of November 2, 1921 (25 U.S.C. 13) (commonly known
15 as the Snyder Act), the Secretary shall establish and
16 maintain a Mental Health Technician program within the
17 Service which—

18 “(1) provides for the training of Indians as
19 mental health technicians; and

20 “(2) employs such technicians in the provision
21 of community-based mental health care that includes
22 identification, prevention, education, referral, and
23 treatment services.

24 “(b) TRAINING.—In carrying out subsection (a)(1),
25 the Secretary shall provide high standard paraprofessional

1 training in mental health care necessary to provide quality
2 care to the Indian communities to be served. Such training
3 shall be based upon a curriculum developed or approved
4 by the Secretary which combines education in the theory
5 of mental health care with supervised practical experience
6 in the provision of such care.

7 “(c) SUPERVISION AND EVALUATION.—The Sec-
8 retary shall supervise and evaluate the mental health tech-
9 nicians in the training program under this section.

10 “(d) TRADITIONAL CARE.—The Secretary shall en-
11 sure that the program established pursuant to this section
12 involves the utilization and promotion of the traditional
13 Indian health care and treatment practices of the Indian
14 tribes to be served.

15 **“SEC. 705. LICENSING REQUIREMENT FOR MENTAL**
16 **HEALTH CARE WORKERS.**

17 “Subject to section 220, any person employed as a
18 psychologist, social worker, or marriage and family thera-
19 pist for the purpose of providing mental health care serv-
20 ices to Indians in a clinical setting under the authority
21 of this Act or through a funding agreement pursuant to
22 the Indian Self-Determination and Education Assistance
23 Act shall—

24 “(1) in the case of a person employed as a psy-
25 chologist to provide health care services, be licensed

1 as a clinical or counseling psychologist, or working
2 under the direct supervision of a clinical or coun-
3 seling psychologist;

4 “(2) in the case of a person employed as a so-
5 cial worker, be licensed as a social worker or work-
6 ing under the direct supervision of a licensed social
7 worker; or

8 “(3) in the case of a person employed as a mar-
9 riage and family therapist, be licensed as a marriage
10 and family therapist or working under the direct su-
11 pervision of a licensed marriage and family thera-
12 pist.

13 **“SEC. 706. INDIAN WOMEN TREATMENT PROGRAMS.**

14 “(a) FUNDING.—The Secretary, consistent with sec-
15 tion 701, shall make funding available to Indian tribes,
16 tribal organizations and urban Indian organization to de-
17 velop and implement a comprehensive behavioral health
18 program of prevention, intervention, treatment, and re-
19 lapse prevention services that specifically addresses the
20 spiritual, cultural, historical, social, and child care needs
21 of Indian women, regardless of age.

22 “(b) USE OF FUNDS.—Funding provided pursuant to
23 this section may be used to—

24 “(1) develop and provide community training,
25 education, and prevention programs for Indian

1 women relating to behavioral health issues, including
2 fetal alcohol disorders;

3 “(2) identify and provide psychological services,
4 counseling, advocacy, support, and relapse preven-
5 tion to Indian women and their families; and

6 “(3) develop prevention and intervention models
7 for Indian women which incorporate traditional
8 health care practices, cultural values, and commu-
9 nity 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) EARMARK OF CERTAIN FUNDS.—Twenty per-
15 cent of the amounts appropriated to carry out this section
16 shall be used to make grants to urban Indian organiza-
17 tions funded under title V.

18 **“SEC. 707. INDIAN YOUTH PROGRAM.**

19 “(a) DETOXIFICATION AND REHABILITATION.—The
20 Secretary shall, consistent with section 701, develop and
21 implement a program for acute detoxification and treat-
22 ment for Indian youth that includes behavioral health
23 services. The program shall include regional treatment
24 centers designed to include detoxification and rehabilita-
25 tion for both sexes on a referral basis and programs devel-

1 oped and implemented by Indian tribes or tribal organiza-
2 tions at the local level under the Indian Self-Determina-
3 tion and Education Assistance Act. Regional centers shall
4 be integrated with the intake and rehabilitation programs
5 based in the referring Indian community.

6 “(b) ALCOHOL AND SUBSTANCE ABUSE TREATMENT
7 CENTERS OR FACILITIES.—

8 “(1) ESTABLISHMENT.—

9 “(A) IN GENERAL.—The Secretary, acting
10 through the Service, Indian tribes, or tribal or-
11 ganizations, shall construct, renovate, or, as
12 necessary, purchase, and appropriately staff
13 and operate, at least 1 youth regional treatment
14 center or treatment network in each area under
15 the jurisdiction of an area office.

16 “(B) AREA OFFICE IN CALIFORNIA.—For
17 purposes of this subsection, the area office in
18 California shall be considered to be 2 area of-
19 fices, 1 office whose jurisdiction shall be consid-
20 ered 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 centers or facilities under this sub-
3 section, funding shall be made available pursuant to
4 the Act of November 2, 1921 (25 U.S.C. 13) (com-
5 monly known as the Snyder Act).

6 “(3) LOCATION.—A youth treatment center
7 constructed or purchased under this subsection shall
8 be constructed or purchased at a location within the
9 area described in paragraph (1) that is agreed upon
10 (by appropriate tribal resolution) by a majority of
11 the tribes to be served by such center.

12 “(4) SPECIFIC PROVISION OF FUNDS.—

13 “(A) IN GENERAL.—Notwithstanding any
14 other provision of this title, the Secretary may,
15 from amounts authorized to be appropriated for
16 the purposes of carrying out this section, make
17 funds available to—

18 “(i) the Tanana Chiefs Conference,
19 Incorporated, for the purpose of leasing,
20 constructing, renovating, operating and
21 maintaining a residential youth treatment
22 facility in Fairbanks, Alaska;

23 “(ii) the Southeast Alaska Regional
24 Health Corporation to staff and operate a
25 residential youth treatment facility without

1 regard to the proviso set forth in section
2 4(l) of the Indian Self-Determination and
3 Education Assistance Act (25 U.S.C.
4 450b(l));

5 “(iii) the Southern Indian Health
6 Council, for the purpose of staffing, oper-
7 ating, and maintaining a residential youth
8 treatment facility in San Diego County,
9 California; and

10 “(iv) the Navajo Nation, for the staff-
11 ing, operation, and maintenance of the
12 Four Corners Regional Adolescent Treat-
13 ment Center, a residential youth treatment
14 facility in New Mexico.

15 “(B) PROVISION OF SERVICES TO ELIGI-
16 BLE YOUTH.—Until additional residential youth
17 treatment facilities are established in Alaska
18 pursuant to this section, the facilities specified
19 in subparagraph (A) shall make every effort to
20 provide services to all eligible Indian youth re-
21 siding in such State.

22 “(c) INTERMEDIATE ADOLESCENT BEHAVIORAL
23 HEALTH SERVICES.—

24 “(1) IN GENERAL.—The Secretary, acting
25 through the Service, Indian Tribes and tribal organi-

1 zations, may provide intermediate behavioral health
2 services, which may incorporate traditional health
3 care practices, to Indian children and adolescents,
4 including—

5 “(A) pre-treatment assistance;

6 “(B) inpatient, outpatient, and after-care
7 services;

8 “(C) emergency care;

9 “(D) suicide prevention and crisis interven-
10 tion; and

11 “(E) prevention and treatment of mental
12 illness, and dysfunctional and self-destructive
13 behavior, including child abuse and family vio-
14 lence.

15 “(2) USE OF FUNDS.—Funds provided under
16 this subsection may be used—

17 “(A) to construct or renovate an existing
18 health facility to provide intermediate behav-
19 ioral health services;

20 “(B) to hire behavioral health profes-
21 sionals;

22 “(C) to staff, operate, and maintain an in-
23 termediate mental health facility, group home,
24 sober housing, transitional housing or similar
25 facilities, or youth shelter where intermediate

1 behavioral health services are being provided;
2 and

3 “(D) to make renovations and hire appro-
4 priate staff to convert existing hospital beds
5 into adolescent psychiatric units; and

6 “(E) intensive home and community based
7 services.

8 “(3) CRITERIA.—The Secretary shall, in con-
9 sultation with Indian tribes and tribal organizations,
10 establish criteria for the review and approval of ap-
11 plications or proposals for funding made available
12 pursuant to this subsection.

13 “(d) FEDERALLY OWNED STRUCTURES.—

14 “(1) IN GENERAL.—The Secretary, acting
15 through the Service, shall, in consultation with In-
16 dian tribes and tribal organizations—

17 “(A) identify and use, where appropriate,
18 federally owned structures suitable for local resi-
19 dential or regional behavioral health treatment
20 for Indian youth; and

21 “(B) establish guidelines, in consultation
22 with Indian tribes and tribal organizations, for
23 determining the suitability of any such Feder-
24 ally owned structure to be used for local resi-

1 dential or regional behavioral health treatment
2 for Indian youth.

3 “(2) TERMS AND CONDITIONS FOR USE OF
4 STRUCTURE.—Any structure described in paragraph
5 (1) may be used under such terms and conditions as
6 may be agreed upon by the Secretary and the agency
7 having responsibility for the structure and any In-
8 dian tribe or tribal organization operating the pro-
9 gram.

10 “(e) REHABILITATION AND AFTERCARE SERVICES.—

11 “(1) IN GENERAL.—The Secretary, an Indian
12 tribe or tribal organization, in cooperation with the
13 Secretary of the Interior, shall develop and imple-
14 ment within each service unit, community-based re-
15 habilitation and follow-up services for Indian youth
16 who have significant behavioral health problems, and
17 require long-term treatment, community reintegra-
18 tion, and monitoring to support the Indian youth
19 after their return to their home community.

20 “(2) ADMINISTRATION.—Services under para-
21 graph (1) shall be administered within each service
22 unit or tribal program by trained staff within the
23 community who can assist the Indian youth in con-
24 tinuing development of self-image, positive problem-
25 solving skills, and nonalcohol or substance abusing

1 behaviors. Such staff may include alcohol and sub-
2 stance abuse counselors, mental health professionals,
3 and other health professionals and paraprofessionals,
4 including community health representatives.

5 “(f) INCLUSION OF FAMILY IN YOUTH TREATMENT
6 PROGRAM.—In providing the treatment and other services
7 to Indian youth authorized by this section, the Secretary,
8 an Indian tribe or tribal organization shall provide for the
9 inclusion of family members of such youth in the treat-
10 ment programs or other services as may be appropriate.
11 Not less than 10 percent of the funds appropriated for
12 the purposes of carrying out subsection (e) shall be used
13 for outpatient care of adult family members related to the
14 treatment of an Indian youth under that subsection.

15 “(g) MULTIDRUG ABUSE PROGRAM.—The Secretary,
16 acting through the Service, Indian tribes, tribal organiza-
17 tions and urban Indian organizations, shall provide, con-
18 sistent with section 701, programs and services to prevent
19 and treat the abuse of multiple forms of substances, in-
20 cluding alcohol, drugs, inhalants, and tobacco, among In-
21 dian youth residing in Indian communities, on Indian res-
22 ervations, and in urban areas and provide appropriate
23 mental health services to address the incidence of mental
24 illness among such youth.

1 **“SEC. 708. INPATIENT AND COMMUNITY-BASED MENTAL**
2 **HEALTH FACILITIES DESIGN, CONSTRUCTION**
3 **AND STAFFING ASSESSMENT.**

4 “(a) IN GENERAL.—Not later than 1 year after the
5 date of enactment of this section, the Secretary, acting
6 through the Service, Indian tribes and tribal organiza-
7 tions, shall provide, in each area of the Service, not less
8 than 1 inpatient mental health care facility, or the equiva-
9 lent, for Indians with behavioral health problems.

10 “(b) TREATMENT OF CALIFORNIA.—For purposes of
11 this section, California shall be considered to be 2 areas
12 of the Service, 1 area whose location shall be considered
13 to encompass the northern area of the State of California
14 and 1 area whose jurisdiction shall be considered to en-
15 compass the remainder of the State of California.

16 “(c) CONVERSION OF CERTAIN HOSPITAL BEDS.—
17 The Secretary shall consider the possible conversion of ex-
18 isting, under-utilized Service hospital beds into psychiatric
19 units to meet needs under this section.

20 **“SEC. 709. TRAINING AND COMMUNITY EDUCATION.**

21 “(a) COMMUNITY EDUCATION.—

22 “(1) IN GENERAL.—The Secretary, in coopera-
23 tion with the Secretary of the Interior, shall develop
24 and implement, or provide funding to enable Indian
25 tribes and tribal organization to develop and imple-
26 ment, within each service unit or tribal program a

1 program of community education and involvement
2 which shall be designed to provide concise and timely
3 information to the community leadership of each
4 tribal community.

5 “(2) EDUCATION.—A program under paragraph
6 (1) shall include education concerning behavioral
7 health for political leaders, tribal judges, law en-
8 forcement personnel, members of tribal health and
9 education boards, and other critical members of each
10 tribal community.

11 “(3) TRAINING.—Community-based training
12 (oriented toward local capacity development) under a
13 program under paragraph (1) shall include tribal
14 community provider training (designed for adult
15 learners from the communities receiving services for
16 prevention, intervention, treatment and aftercare).

17 “(b) TRAINING.—The Secretary shall, either directly
18 or through Indian tribes or tribal organization, provide in-
19 struction in the area of behavioral health issues, including
20 instruction in crisis intervention and family relations in
21 the context of alcohol and substance abuse, child sexual
22 abuse, youth alcohol and substance abuse, and the causes
23 and effects of fetal alcohol disorders, to appropriate em-
24 ployees of the Bureau of Indian Affairs and the Service,
25 and to personnel in schools or programs operated under

1 any contract with the Bureau of Indian Affairs or the
2 Service, including supervisors of emergency shelters and
3 halfway houses described in section 4213 of the Indian
4 Alcohol and Substance Abuse Prevention and Treatment
5 Act of 1986 (25 U.S.C. 2433).

6 “(c) COMMUNITY-BASED TRAINING MODELS.—In
7 carrying out the education and training programs required
8 by this section, the Secretary, acting through the Service
9 and in consultation with Indian tribes, tribal organiza-
10 tions, Indian behavioral health experts, and Indian alcohol
11 and substance abuse prevention experts, shall develop and
12 provide community-based training models. Such models
13 shall address—

14 “(1) the elevated risk of alcohol and behavioral
15 health problems faced by 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 for preventing and treating behavioral
21 health problems.

22 **“SEC. 710. BEHAVIORAL HEALTH PROGRAM.**

23 “(a) PROGRAMS FOR INNOVATIVE SERVICES.—The
24 Secretary, acting through the Service, Indian Tribes or
25 tribal organizations, consistent with Section 701, may de-

1 velop, implement, and carry out programs to deliver inno-
2 vative community-based behavioral health services to Indi-
3 ans.

4 “(b) CRITERIA.—The Secretary may award funding
5 for a project under subsection (a) to an Indian tribe or
6 tribal organization and may consider the following criteria:

7 “(1) Whether the project will address signifi-
8 cant unmet behavioral health needs among Indians.

9 “(2) Whether the project will serve a significant
10 number of Indians.

11 “(3) Whether the project has the potential to
12 deliver services in an efficient and effective manner.

13 “(4) Whether the tribe or tribal organization
14 has the administrative and financial capability to ad-
15 minister the project.

16 “(5) Whether the project will deliver services in
17 a manner consistent with traditional health care.

18 “(6) Whether the project is coordinated with,
19 and avoids duplication of, existing services.

20 “(c) FUNDING AGREEMENTS.—For purposes of this
21 subsection, the Secretary shall, in evaluating applications
22 or proposals for funding for projects to be operated under
23 any funding agreement entered into with the Service
24 under the Indian Self-Determination Act and Education
25 Assistance Act, use the same criteria that the Secretary

1 uses in evaluating any other application or proposal for
2 such funding.

3 **“SEC. 711. FETAL ALCOHOL DISORDER FUNDING.**

4 “(a) ESTABLISHMENT OF PROGRAM.—

5 “(1) IN GENERAL.—The Secretary, consistent
6 with Section 701, acting through Indian tribes, trib-
7 al organizations, and urban Indian organizations,
8 shall establish and operate fetal alcohol disorders
9 programs as provided for in this section for the pur-
10 poses of meeting the health status objective specified
11 in section 3(b).

12 “(2) USE OF FUNDS.—Funding provided pursu-
13 ant to this section shall be used to—

14 “(A) develop and provide community and
15 in-school training, education, and prevention
16 programs relating to fetal alcohol disorders;

17 “(B) identify and provide behavioral health
18 treatment to high-risk women;

19 “(C) identify and provide appropriate edu-
20 cational and vocational support, counseling, ad-
21 vocacy, and information to fetal alcohol disorder
22 affected persons and their families or care-
23 takers;

1 “(D) develop and implement counseling
2 and support programs in schools for fetal alco-
3 hol disorder affected children;

4 “(E) develop prevention and intervention
5 models which incorporate traditional practi-
6 tioners, cultural and spiritual values and com-
7 munity involvement;

8 “(F) develop, print, and disseminate edu-
9 cation and prevention materials on fetal alcohol
10 disorders;

11 “(G) develop and implement, through the
12 tribal consultation process, culturally sensitive
13 assessment and diagnostic tools including
14 dysmorphology clinics and multidisciplinary
15 fetal alcohol disorder clinics for use in tribal
16 and urban Indian communities;

17 “(H) develop early childhood intervention
18 projects from birth on to mitigate the effects of
19 fetal alcohol disorders; and

20 “(I) develop and fund community-based
21 adult fetal alcohol disorder housing and support
22 services.

23 “(3) CRITERIA.—The Secretary shall establish
24 criteria for the review and approval of applications
25 for funding under this section.

1 “(b) PROVISION OF SERVICES.—The Secretary, act-
2 ing through the Service, Indian tribes, tribal organizations
3 and urban Indian organizations, shall—

4 “(1) develop and provide services for the pre-
5 vention, intervention, treatment, and aftercare for
6 those affected by fetal alcohol disorders in Indian
7 communities; and

8 “(2) provide supportive services, directly or
9 through an Indian tribe, tribal organization or urban
10 Indian organization, including services to meet the
11 special educational, vocational, school-to-work transi-
12 tion, and independent living needs of adolescent and
13 adult Indians with fetal alcohol disorders.

14 “(c) TASK FORCE.—

15 “(1) IN GENERAL.—The Secretary shall estab-
16 lish a task force to be known as the Fetal Alcohol
17 Disorders Task Force to advise the Secretary in car-
18 rying out subsection (b).

19 “(2) COMPOSITION.—The task force under
20 paragraph (1) shall be composed of representatives
21 from the National Institute on Drug Abuse, the Na-
22 tional Institute on Alcohol and Alcoholism, the Of-
23 fice of Substance Abuse Prevention, the National In-
24 stitute of Mental Health, the Service, the Office of
25 Minority Health of the Department of Health and

1 Human Services, the Administration for Native
2 Americans, the National Institute of Child Health
3 & Human Development, the Centers for Disease
4 Control and Prevention, the Bureau of Indian Af-
5 fairs, Indian tribes, tribal organizations, urban In-
6 dian communities, and Indian fetal alcohol disorders
7 experts.

8 “(d) APPLIED RESEARCH.—The Secretary, acting
9 through the Substance Abuse and Mental Health Services
10 Administration, shall make funding available to Indian
11 Tribes, tribal organizations and urban Indian organiza-
12 tions for applied research projects which propose to elevate
13 the understanding of methods to prevent, intervene, treat,
14 or provide rehabilitation and behavioral health aftercare
15 for Indians and urban Indians affected by fetal alcohol
16 disorders.

17 “(e) URBAN INDIAN ORGANIZATIONS.—The Sec-
18 retary shall ensure that 10 percent of the amounts appro-
19 priated to carry out this section shall be used to make
20 grants to urban Indian organizations funded under title
21 V.

22 **“SEC. 712. CHILD SEXUAL ABUSE AND PREVENTION TREAT-**
23 **MENT PROGRAMS.**

24 “(a) ESTABLISHMENT.—The Secretary and the Sec-
25 retary of the Interior, acting through the Service, Indian

1 tribes and tribal organizations, shall establish, consistent
2 with section 701, in each service area, programs involving
3 treatment for—

4 “(1) victims of child sexual abuse; and

5 “(2) perpetrators of child sexual abuse.

6 “(b) USE OF FUNDS.—Funds provided under this
7 section shall be used to—

8 “(1) develop and provide community education
9 and prevention programs related to child sexual
10 abuse;

11 “(2) identify and provide behavioral health
12 treatment to children who are victims of sexual
13 abuse and to their families who are affected by sex-
14 ual abuse;

15 “(3) develop prevention and intervention models
16 which incorporate traditional health care practi-
17 tioners, cultural and spiritual values, and community
18 involvement;

19 “(4) develop and implement, through the tribal
20 consultation process, culturally sensitive assessment
21 and diagnostic tools for use in tribal and urban In-
22 dian communities.

23 “(5) identify and provide behavioral health
24 treatment to perpetrators of child sexual abuse with
25 efforts being made to begin offender and behavioral

1 health treatment while the perpetrator is incarcerated
2 ated or at the earliest possible date if the perpe-
3 trator is not incarcerated, and to provide treatment
4 after release to the community until it is determined
5 that the perpetrator is not a threat to children.

6 **“SEC. 713. BEHAVIORAL MENTAL HEALTH RESEARCH.**

7 “(a) IN GENERAL.—The Secretary, acting through
8 the Service and in consultation with appropriate Federal
9 agencies, shall provide funding to Indian Tribes, tribal or-
10 ganizations and urban Indian organizations or, enter into
11 contracts with, or make grants to appropriate institutions,
12 for the conduct of research on the incidence and preva-
13 lence of behavioral health problems among Indians served
14 by the Service, Indian Tribes or tribal organizations and
15 among Indians in urban areas. Research priorities under
16 this section shall include—

17 “(1) the inter-relationship and inter-dependance
18 of behavioral health problems with alcoholism and
19 other substance abuse, suicide, homicides, other in-
20 juries, and the incidence of family violence; and

21 “(2) the development of models of prevention
22 techniques.

23 “(b) SPECIAL EMPHASIS.—The effect of the inter-re-
24 lationships and interdependencies referred to in subsection
25 (a)(1) on children, and the development of prevention

1 techniques under subsection (a)(2) applicable to children,
2 shall be emphasized.

3 **“SEC. 714. DEFINITIONS.**

4 “In this title:

5 “(1) ASSESSMENT.—The term ‘assessment’
6 means the systematic collection, analysis and dis-
7 semination of information on health status, health
8 needs and health problems.

9 “(2) ALCOHOL RELATED NEURODEVELOP-MEN-
10 TAL DISORDERS.—The term ‘alcohol related
11 neurodevelop-mental disorders’ or ‘ARND’ with re-
12 spect to an individual means the individual has a
13 history of maternal alcohol consumption during
14 pregnancy, central nervous system involvement such
15 as developmental delay, intellectual deficit, or
16 neurologic abnormalities, that behaviorally, there
17 may be problems with irritability, and failure to
18 thrive as infants, and that as children become older
19 there will likely be hyperactivity, attention deficit,
20 language dysfunction and perceptual and judgment
21 problems.

22 “(3) BEHAVIORAL HEALTH.—The term ‘behav-
23 ioral health’ means the blending of substances (alco-
24 hol, drugs, inhalants and tobacco) abuse and mental
25 health prevention and treatment, for the purpose of

1 providing comprehensive services. Such term in-
2 cludes the joint development of substance abuse and
3 mental health treatment planning and coordinated
4 case management using a multidisciplinary ap-
5 proach.

6 “(4) BEHAVIORAL HEALTH AFTERCARE.—

7 “(A) IN GENERAL.—The term ‘behavioral
8 health aftercare’ includes those activities and
9 resources used to support recovery following in-
10 patient, residential, intensive substance abuse
11 or mental health outpatient or outpatient treat-
12 ment, to help prevent or treat relapse, including
13 the development of an aftercare plan.

14 “(B) AFTERCARE PLAN.—Prior to the
15 time at which an individual is discharged from
16 a level of care, such as outpatient treatment, an
17 aftercare plan shall have been developed for the
18 individual. Such plan may use such resources as
19 community base therapeutic group care, transi-
20 tional living, a 12-step sponsor, a local 12-step
21 or other related support group, or other com-
22 munity based providers (such as mental health
23 professionals, traditional health care practi-
24 tioners, community health aides, community

1 health representatives, mental health techni-
2 cians, or ministers).

3 “(5) DUAL DIAGNOSIS.—The term ‘dual diag-
4 nosis’ means coexisting substance abuse and mental
5 illness conditions or diagnosis. In individual with a
6 dual diagnosis may be referred to as a mentally ill
7 chemical abuser.

8 “(6) FETAL ALCOHOL DISORDERS.—The term
9 ‘fetal alcohol disorders’ means fetal alcohol syn-
10 drome, partial fetal alcohol syndrome, or alcohol re-
11 lated neural developmental disorder.

12 “(7) FETAL ALCOHOL SYNDROME.—The term
13 ‘fetal alcohol syndrome’ or ‘FAS’ with respect to an
14 individual means a syndrome in which the individual
15 has a history of maternal alcohol consumption dur-
16 ing pregnancy, and with respect to which the fol-
17 lowing criteria should be met:

18 “(A) Central nervous system involvement
19 such as developmental delay, intellectual deficit,
20 microencephaly, or neurologic abnormalities.

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

1 “(C) Prenatal or postnatal growth delay.

2 “(8) PARTIAL FAS.—The term ‘partial FAS’
3 with respect to an individual means a history of ma-
4 ternal alcohol consumption during pregnancy having
5 most of the criteria of FAS, though not meeting a
6 minimum of at least 2 of the following: micro-oph-
7 thalmia, short palpebral fissures, poorly developed
8 philtrum, thin upper lip, flat nasal bridge, short
9 upturned nose.

10 “(9) REHABILITATION.—The term ‘rehabilita-
11 tion’ means to restore the ability or capacity to en-
12 gage in usual and customary life activities through
13 education and therapy.

14 “(10) SUBSTANCE ABUSE.—The term ‘sub-
15 stance abuse’ includes inhalant abuse.

16 **“SEC. 715. AUTHORIZATION OF APPROPRIATIONS.**

17 “‘There is authorized to be appropriated such sums
18 as may be necessary for each fiscal year through fiscal
19 year 2012 to carry out this title.

20 **“TITLE VIII—MISCELLANEOUS**

21 **“SEC. 801. REPORTS.**

22 “‘The President shall, at the time the budget is sub-
23 mitted under section 1105 of title 31, United States Code,
24 for each fiscal year transmit to the Congress a report
25 containing—

1 “(1) a report on the progress made in meeting
2 the objectives of this Act, including a review of pro-
3 grams established or assisted pursuant to this Act
4 and an assessment and recommendations of addi-
5 tional programs or additional assistance necessary
6 to, at a minimum, provide health services to Indians,
7 and ensure a health status for Indians, which are at
8 a parity with the health services available to and the
9 health status of, the general population, including
10 specific comparisons of appropriations provided and
11 those required for such parity;

12 “(2) a report on whether, and to what extent,
13 new national health care programs, benefits, initia-
14 tives, or financing systems have had an impact on
15 the purposes of this Act and any steps that the Sec-
16 retary may have taken to consult with Indian tribes
17 to address such impact, including a report on pro-
18 posed changes in the allocation of funding pursuant
19 to section 808;

20 “(3) a report on the use of health services by
21 Indians—

22 “(A) on a national and area or other rel-
23 evant geographical basis;

24 “(B) by gender and age;

1 “(C) by source of payment and type of
2 service;

3 “(D) comparing such rates of use with
4 rates of use among comparable non-Indian pop-
5 ulations; and

6 “(E) on the services provided under fund-
7 ing agreements pursuant to the Indian Self-De-
8 termination and Education Assistance Act;

9 “(4) a report of contractors concerning health
10 care educational loan repayments under section 110;

11 “(5) a general audit report on the health care
12 educational loan repayment program as required
13 under section 110(n);

14 “(6) a separate statement that specifies the
15 amount of funds requested to carry out the provi-
16 sions of section 201;

17 “(7) a report on infectious diseases as required
18 under section 212;

19 “(8) a report on environmental and nuclear
20 health hazards as required under section 214;

21 “(9) a report on the status of all health care fa-
22 cilities needs as required under sections 301(e)(2)
23 and 301(d);

1 “(10) a report on safe water and sanitary waste
2 disposal facilities as required under section
3 302(h)(1);

4 “(11) a report on the expenditure of non-service
5 funds for renovation as required under sections
6 305(a)(2) and 305(a)(3);

7 “(12) a report identifying the backlog of main-
8 tenance and repair required at Service and tribal fa-
9 cilities as required under section 314(a);

10 “(13) a report providing an accounting of reim-
11 bursement funds made available to the Secretary
12 under titles XVIII and XIX of the Social Security
13 Act as required under section 403(a);

14 “(14) a report on services sharing of the Serv-
15 ice, the Department of Veteran’s Affairs, and other
16 Federal agency health programs as required under
17 section 412(c)(2);

18 “(15) a report on the evaluation and renewal of
19 urban Indian programs as required under section
20 505;

21 “(16) a report on the findings and conclusions
22 derived from the demonstration project as required
23 under section 512(a)(2);

24 “(17) a report on the evaluation of programs as
25 required under section 513; and

1 “(18) a report on alcohol and substance abuse
2 as required under section 701(f).

3 **“SEC. 802. REGULATIONS.**

4 “(a) INITIATION OF RULEMAKING PROCEDURES.—

5 “(1) IN GENERAL.—Not later than 90 days
6 after the date of enactment of this Act, the Sec-
7 retary shall initiate procedures under subchapter III
8 of chapter 5 of title 5, United States Code, to nego-
9 tiate and promulgate such regulations or amend-
10 ments thereto that are necessary to carry out this
11 Act.

12 “(2) PUBLICATION.—Proposed regulations to
13 implement this Act shall be published in the Federal
14 Register by the Secretary not later than 270 days
15 after the date of enactment of this Act and shall
16 have not less than a 120 day comment period.

17 “(3) EXPIRATION OF AUTHORITY.—The author-
18 ity to promulgate regulations under this Act shall
19 expire 18 months from the date of enactment of this
20 Act.

21 “(b) RULEMAKING COMMITTEE.—A negotiated rule-
22 making committee established pursuant to section 565 of
23 Title 5, United States Code, to carry out this section shall
24 have as its members only representatives of the Federal
25 Government and representatives of Indian tribes, and trib-

1 al organizations, a majority of whom shall be nominated
2 by and be representatives of Indian tribes, tribal organiza-
3 tions, and urban Indian organizations from each service
4 area.

5 “(c) ADAPTION OF PROCEDURES.—The Secretary
6 shall adapt the negotiated rulemaking procedures to the
7 unique context of self-governance and the government-to-
8 government relationship between the United States and
9 Indian Tribes.

10 “(d) FAILURE TO PROMULGATE REGULATIONS.—
11 The lack of promulgated regulations shall not limit the
12 effect of this Act.

13 “(e) SUPREMACY OF PROVISIONS.—The provisions of
14 this Act shall supersede any conflicting provisions of law
15 (including any conflicting regulations) in effect on the day
16 before the date of enactment of the Indian Self-Deter-
17 mination Contract Reform Act of 1994, and the Secretary
18 is authorized to repeal any regulation that is inconsistent
19 with the provisions of this Act.

20 **“SEC. 803. PLAN OF IMPLEMENTATION.**

21 “Not later than 240 days after the date of enactment
22 of this Act, the Secretary, in consultation with Indian
23 tribes, tribal organizations, and urban Indian organiza-
24 tions, shall prepare and submit to Congress a plan that
25 shall explain the manner and schedule (including a sched-

1 rule of appropriate requests), by title and section, by which
2 the Secretary will implement the provisions of this Act.

3 **“SEC. 804. AVAILABILITY OF FUNDS.**

4 “Amounts appropriated under this Act shall remain
5 available until expended.

6 **“SEC. 805. LIMITATION ON USE OF FUNDS APPROPRIATED
7 TO THE INDIAN HEALTH SERVICE.**

8 “Any limitation on the use of funds contained in an
9 Act providing appropriations for the Department for a pe-
10 riod with respect to the performance of abortions shall
11 apply for that period with respect to the performance of
12 abortions using funds contained in an Act providing ap-
13 propriations for the Service.

14 **“SEC. 806. ELIGIBILITY OF CALIFORNIA INDIANS.**

15 “(a) ELIGIBILITY.—

16 “(1) IN GENERAL.—Until such time as any
17 subsequent law may otherwise provide, the following
18 California Indians shall be eligible for health services
19 provided by the Service:

20 “(1) Any member of a Federally recog-
21 nized Indian tribe.

22 “(2) Any descendant of an Indian who was
23 residing in California on June 1, 1852, but only
24 if such descendant—

1 “(A) is a member of the Indian com-
2 munity served by a local program of the
3 Service; and

4 “(B) is regarded as an Indian by the
5 community in which such descendant lives.

6 “(3) Any Indian who holds trust interests
7 in public domain, national forest, or Indian res-
8 ervation allotments in California.

9 “(4) Any Indian in California who is listed
10 on the plans for distribution of the assets of
11 California rancherias and reservations under
12 the Act of August 18, 1958 (72 Stat. 619), and
13 any descendant of such an Indian.

14 “(b) RULE OF CONSTRUCTION.—Nothing in this sec-
15 tion may be construed as expanding the eligibility of Cali-
16 fornia Indians for health services provided by the Service
17 beyond the scope of eligibility for such health services that
18 applied on May 1, 1986.

19 **“SEC. 807. HEALTH SERVICES FOR INELIGIBLE PERSONS.**

20 “(a) INELIGIBLE PERSONS.—

21 “(1) IN GENERAL.—Any individual who—

22 “(A) has not attained 19 years of age;

23 “(B) is the natural or adopted child, step-
24 child, foster-child, legal ward, or orphan of an
25 eligible Indian; and

1 “(C) is not otherwise eligible for the health
2 services provided by the Service,
3 shall be eligible for all health services provided by
4 the Service on the same basis and subject to the
5 same rules that apply to eligible Indians until such
6 individual attains 19 years of age. The existing and
7 potential health needs of all such individuals shall be
8 taken into consideration by the Service in deter-
9 mining the need for, or the allocation of, the health
10 resources of the Service. If such an individual has
11 been determined to be legally incompetent prior to
12 attaining 19 years of age, such individual shall re-
13 main eligible for such services until one year after
14 the date such disability has been removed.

15 “(2) SPOUSES.—Any spouse of an eligible In-
16 dian who is not an Indian, or who is of Indian de-
17 scendant but not otherwise eligible for the health serv-
18 ices provided by the Service, shall be eligible for
19 such health services if all of such spouses or spouses
20 who are married to members of the Indian tribe
21 being served are made eligible, as a class, by an ap-
22 propriate resolution of the governing body of the In-
23 dian tribe or tribal organization providing such serv-
24 ices. The health needs of persons made eligible
25 under this paragraph shall not be taken into consid-

1 eration by the Service in determining the need for,
2 or allocation of, its health resources.

3 “(b) PROGRAMS AND SERVICES.—

4 “(1) PROGRAMS.—

5 “(A) IN GENERAL.—The Secretary may
6 provide health services under this subsection
7 through health programs operated directly by
8 the Service to individuals who reside within the
9 service area of a service unit and who are not
10 eligible for such health services under any other
11 subsection of this section or under any other
12 provision of law if—

13 “(i) the Indian tribe (or, in the case
14 of a multi-tribal service area, all the Indian
15 tribes) served by such service unit requests
16 such provision of health services to such
17 individuals; and

18 “(ii) the Secretary and the Indian
19 tribe or tribes have jointly determined
20 that—

21 “(I) the provision of such health
22 services will not result in a denial or
23 diminution of health services to eligi-
24 ble Indians; and

1 “(II) there is no reasonable alter-
2 native health program or services,
3 within or without the service area of
4 such service unit, available to meet
5 the health needs of such individuals.

6 “(B) FUNDING AGREEMENTS.—In the case
7 of health programs operated under a funding
8 agreement entered into under the Indian Self-
9 Determination and Educational Assistance Act,
10 the governing body of the Indian tribe or tribal
11 organization providing health services under
12 such funding agreement is authorized to deter-
13 mine whether health services should be provided
14 under such funding agreement to individuals
15 who are not eligible for such health services
16 under any other subsection of this section or
17 under any other provision of law. In making
18 such determinations, the governing body of the
19 Indian tribe or tribal organization shall take
20 into account the considerations described in
21 subparagraph (A)(ii).

22 “(2) LIABILITY FOR PAYMENT.—

23 “(A) IN GENERAL.—Persons receiving
24 health services provided by the Service by rea-
25 son of this subsection shall be liable for pay-

1 ment of such health services under a schedule
2 of charges prescribed by the Secretary which, in
3 the judgment of the Secretary, results in reim-
4 bursement in an amount not less than the ac-
5 tual cost of providing the health services. Not-
6 withstanding section 1880(c) of the Social Se-
7 curity Act, section 402(a) of this Act, or any
8 other provision of law, amounts collected under
9 this subsection, including medicare or medicaid
10 reimbursements under titles XVIII and XIX of
11 the Social Security Act, shall be credited to the
12 account of the program providing the service
13 and shall be used solely for the provision of
14 health services within that program. Amounts
15 collected under this subsection shall be available
16 for expenditure within such program for not to
17 exceed 1 fiscal year after the fiscal year in
18 which collected.

19 “(B) SERVICES FOR INDIGENT PERSONS.—
20 Health services may be provided by the Sec-
21 retary through the Service under this sub-
22 section to an indigent person who would not be
23 eligible for such health services but for the pro-
24 visions of paragraph (1) only if an agreement
25 has been entered into with a State or local gov-

1 ernment under which the State or local govern-
2 ment agrees to reimburse the Service for the
3 expenses incurred by the Service in providing
4 such health services to such indigent person.

5 “(3) SERVICE AREAS.—

6 “(A) SERVICE TO ONLY ONE TRIBE.—In
7 the case of a service area which serves only one
8 Indian tribe, the authority of the Secretary to
9 provide health services under paragraph (1)(A)
10 shall terminate at the end of the fiscal year suc-
11 ceeding the fiscal year in which the governing
12 body of the Indian tribe revokes its concurrence
13 to the provision of such health services.

14 “(B) MULTI-TRIBAL AREAS.—In the case
15 of a multi-tribal service area, the authority of
16 the Secretary to provide health services under
17 paragraph (1)(A) shall terminate at the end of
18 the fiscal year succeeding the fiscal year in
19 which at least 51 percent of the number of In-
20 dian tribes in the service area revoke their con-
21 currence to the provision of such health serv-
22 ices.

23 “(c) PURPOSE FOR PROVIDING SERVICES.—The
24 Service may provide health services under this subsection
25 to individuals who are not eligible for health services pro-

1 vided by the Service under any other subsection of this
2 section or under any other provision of law in order to—

3 “(1) achieve stability in a medical emergency;

4 “(2) prevent the spread of a communicable dis-
5 ease or otherwise deal with a public health hazard;

6 “(3) provide care to non-Indian women preg-
7 nant with an eligible Indian’s child for the duration
8 of the pregnancy through post partum; or

9 “(4) provide care to immediate family members
10 of an eligible person if such care is directly related
11 to the treatment of the eligible person.

12 “(d) HOSPITAL PRIVILEGES.—Hospital privileges in
13 health facilities operated and maintained by the Service
14 or operated under a contract entered into under the Indian
15 Self-Determination Education Assistance Act may be ex-
16 tended to non-Service health care practitioners who pro-
17 vide services to persons described in subsection (a) or (b).
18 Such non-Service health care practitioners may be re-
19 garded as employees of the Federal Government for pur-
20 poses of section 1346(b) and chapter 171 of title 28,
21 United States Code (relating to Federal tort claims) only
22 with respect to acts or omissions which occur in the course
23 of providing services to eligible persons as a part of the
24 conditions under which such hospital privileges are ex-
25 tended.

1 “(e) DEFINITION.—In this section, the term ‘eligible
2 Indian’ means any Indian who is eligible for health serv-
3 ices provided by the Service without regard to the provi-
4 sions of this section.

5 **“SEC. 808. REALLOCATION OF BASE RESOURCES.**

6 “(a) REQUIREMENT OF REPORT.—Notwithstanding
7 any other provision of law, any allocation of Service funds
8 for a fiscal year that reduces by 5 percent or more from
9 the previous fiscal year the funding for any recurring pro-
10 gram, project, or activity of a service unit may be imple-
11 mented only after the Secretary has submitted to the
12 President, for inclusion in the report required to be trans-
13 mitted to the Congress under section 801, a report on the
14 proposed change in allocation of funding, including the
15 reasons for the change and its likely effects.

16 “(b) NONAPPLICATION OF SECTION.—Subsection (a)
17 shall not apply if the total amount appropriated to the
18 Service for a fiscal year is less than the amount appro-
19 priated to the Service for previous fiscal year.

20 **“SEC. 809. RESULTS OF DEMONSTRATION PROJECTS.**

21 “The Secretary shall provide for the dissemination to
22 Indian tribes of the findings and results of demonstration
23 projects conducted under this Act.

1 **“SEC. 810. PROVISION OF SERVICES IN MONTANA.**

2 “(a) IN GENERAL.—The Secretary, acting through
3 the Service, shall provide services and benefits for Indians
4 in Montana in a manner consistent with the decision of
5 the United States Court of Appeals for the Ninth Circuit
6 in McNabb for McNabb v. Bowen, 829 F.2d 787 (9th Cr.
7 1987).

8 “(b) RULE OF CONSTRUCTION.—The provisions of
9 subsection (a) shall not be construed to be an expression
10 of the sense of the Congress on the application of the deci-
11 sion described in subsection (a) with respect to the provi-
12 sion of services or benefits for Indians living in any State
13 other than Montana.

14 **“SEC. 811. MORATORIUM.**

15 “During the period of the moratorium imposed by
16 Public Law 100–446 on implementation of the final rule
17 published in the Federal Register on September 16, 1987,
18 by the Health Resources and Services Administration, re-
19 lating to eligibility for the health care services of the Serv-
20 ice, the Service shall provide services pursuant to the cri-
21 teria for eligibility for such services that were in effect
22 on September 15, 1987, subject to the provisions of sec-
23 tions 806 and 807 until such time as new criteria gov-
24 erning eligibility for services are developed in accordance
25 with section 802.

1 **“SEC. 812. TRIBAL EMPLOYMENT.**

2 “For purposes of section 2(2) of the Act of July 5,
3 1935 (49 Stat. 450, Chapter 372), an Indian tribe or trib-
4 al organization carrying out a funding agreement under
5 the Self-Determination and Education Assistance Act
6 shall not be considered an employer.

7 **“SEC. 813. PRIME VENDOR.**

8 “For purposes of section 4 of Public Law 102–585
9 (38 U.S.C. 812) Indian tribes and tribal organizations
10 carrying out a grant, cooperative agreement, or funding
11 agreement under the Indian Self-Determination and Edu-
12 cation Assistance Act (25 U.S.C. 450 et seq.) shall be
13 deemed to be an executive agency and part of the Service
14 in the and, as such, may act as an ordering agent of the
15 Service and the employees of the tribe or tribal organiza-
16 tion may order supplies on behalf thereof on the same
17 basis as employees of the Service.

18 **“SEC. 814. NATIONAL BI-PARTISAN COMMISSION ON INDIAN**
19 **HEALTH CARE ENTITLEMENT.**

20 “(a) ESTABLISHMENT.—There is hereby established
21 the National Bi-Partisan Indian Health Care Entitlement
22 Commission (referred to in this Act as the ‘Commission’).

23 “(b) MEMBERSHIP.—The Commission shall be com-
24 posed of 25 members, to be appointed as follows:

25 “(1) Ten members of Congress, of which—

1 “(A) three members shall be from the
2 House of Representatives and shall be ap-
3 pointed by the majority leader;

4 “(B) three members shall be from the
5 House of Representatives and shall be ap-
6 pointed by the minority leader;

7 “(C) two members shall be from the Sen-
8 ate and shall be appointed by the majority lead-
9 er; and

10 “(D) two members shall be from the Sen-
11 ate and shall be appointed by the minority lead-
12 er;

13 who shall each be members of the committees of
14 Congress that consider legislation affecting the pro-
15 vision of health care to Indians and who shall elect
16 the chairperson and vice-chairperson of the Commis-
17 sion.

18 “(2) Twelve individuals to be appointed by the
19 members of the Commission appointed under para-
20 graph (1), of which at least 1 shall be from each
21 service area as currently designated by the Director
22 of the Service, to be chosen from among 3 nominees
23 from each such area as selected by the Indian tribes
24 within the area, with due regard being given to the
25 experience and expertise of the nominees in the pro-

1 vision of health care to Indians and with due regard
2 being given to a reasonable representation on the
3 Commission of members who are familiar with var-
4 ious health care delivery modes and who represent
5 tribes of various size populations.

6 “(3) Three individuals shall be appointed by the
7 Director of the Service from among individual who
8 are knowledgeable about the provision of health care
9 to Indians, at least 1 of whom shall be appointed
10 from among 3 nominees from each program that is
11 funded in whole or in part by the Service primarily
12 or exclusively for the benefit of urban Indians.

13 All those persons appointed under paragraphs (2) and (3)
14 shall be members of Federally recognized Indian Tribes.

15 “(c) TERMS.—

16 “(1) IN GENERAL.—Members of the Commis-
17 sion shall serve for the life of the Commission.

18 “(2) APPOINTMENT OF MEMBERS.—Members of
19 the Commission shall be appointed under subsection
20 (b)(1) not later than 90 days after the date of enact-
21 ment of this Act, and the remaining members of the
22 Commission shall be appointed not later than 60
23 days after the date on which the members are ap-
24 pointed under such subsection.

1 “(3) VACANCY.—A vacancy in the membership
2 of the Commission shall be filled in the manner in
3 which the original appointment was made.

4 “(d) DUTIES OF THE COMMISSION.—The Commis-
5 sion shall carry out the following duties and functions:

6 “(1) Review and analyze the recommendations
7 of the report of the study committee established
8 under paragraph (3) to the Commission.

9 “(2) Make recommendations to Congress for
10 providing health services for Indian persons as an
11 entitlement, giving due regard to the effects of such
12 a programs on existing health care delivery systems
13 for Indian persons and the effect of such programs
14 on the sovereign status of Indian Tribes;

15 “(3) Establish a study committee to be com-
16 posed of those members of the Commission ap-
17 pointed by the Director of the Service and at least
18 4 additional members of Congress from among the
19 members of the Commission which shall—

20 “(A) to the extent necessary to carry out
21 its duties, collect and compile data necessary to
22 understand the extent of Indian needs with re-
23 gard to the provision of health services, regard-
24 less of the location of Indians, including holding
25 hearings and soliciting the views of Indians, In-

1 dian tribes, tribal organizations and urban In-
2 dian organizations, and which may include au-
3 thorizing and funding feasibility studies of var-
4 ious models for providing and funding health
5 services for all Indian beneficiaries including
6 those who live outside of a reservation, tempo-
7 rarily or permanently;

8 “(B) make recommendations to the Com-
9 mission for legislation that will provide for the
10 delivery of health services for Indians as an en-
11 titlement, which shall, at a minimum, address
12 issues of eligibility, benefits to be provided, in-
13 cluding recommendations regarding from whom
14 such health services are to be provide,d and the
15 cost, including mechanisms for funding of the
16 health services to be provided;

17 “(C) determine the effect of the enactment
18 of such recommendations on the existing system
19 of the delivery of health services for Indians;

20 “(D) determine the effect of a health serv-
21 ices entitlement program for Indian persons on
22 the sovereign status of Indian tribes;

23 “(E) not later than 12 months after the
24 appointment of all members of the Commission,
25 make a written report of its findings and rec-

1 ommendations to the Commission, which report
2 shall include a statement of the minority and
3 majority position of the committee and which
4 shall be disseminated, at a minimum, to each
5 Federally recognized Indian tribe, tribal organi-
6 zation and urban Indian organization for com-
7 ment to the Commission; and

8 “(F) report regularly to the full Commis-
9 sion regarding the findings and recommenda-
10 tions developed by the committee in the course
11 of carrying out its duties under this section.

12 “(4) Not later than 18 months after the date
13 of appointment of all members of the Commission,
14 submit a written report to Congress containing a
15 recommendation of policies and legislation to imple-
16 ment a policy that would establish a health care sys-
17 tem for Indians based on the delivery of health serv-
18 ices as an entitlement, together with a determination
19 of the implications of such an entitlement system on
20 existing health care delivery systems for Indians and
21 on the sovereign status of Indian tribes.

22 “(e) ADMINISTRATIVE PROVISIONS.—

23 “(1) COMPENSATION AND EXPENSES.—

24 “(A) CONGRESSIONAL MEMBERS.—Each
25 member of the Commission appointed under

1 subsection (b)(1) shall receive no additional
2 pay, allowances, or benefits by reason of their
3 service on the Commission and shall receive
4 travel expenses and per diem in lieu of subsist-
5 ence in accordance with sections 5702 and 5703
6 of title 5, United States Code.

7 “(B) OTHER MEMBERS.—The members of
8 the Commission appointed under paragraphs
9 (2) and (3) of subsection (b), while serving on
10 the business of the Commission (including trav-
11 el time) shall be entitled to receive compensa-
12 tion at the per diem equivalent of the rate pro-
13 vided for level IV of the Executive Schedule
14 under section 5315 of title 5, United States
15 Code, and while so serving away from home and
16 the member’s regular place of business, be al-
17 lowed travel expenses, as authorized by the
18 chairperson of the Commission. For purposes of
19 pay (other than pay of members of the Commis-
20 sion) and employment benefits, rights, and
21 privileges, all personnel of the Commission shall
22 be treated as if they were employees of the
23 United States Senate.

24 “(2) MEETINGS AND QUORUM.—

1 “(A) MEETINGS.—The Commission shall
2 meet at the call of the chairperson.

3 “(B) QUORUM.—A quorum of the Commis-
4 sion shall consist of not less than 15 members,
5 of which not less than 6 of such members shall
6 be appointees under subsection (b)(1) and not
7 less than 9 of such members shall be Indians.

8 “(3) DIRECTOR AND STAFF.—

9 “(A) EXECUTIVE DIRECTOR.—The mem-
10 bers of the Commission shall appoint an execu-
11 tive director of the Commission. The executive
12 director shall be paid the rate of basic pay
13 equal to that for level V of the Executive Sched-
14 ule.

15 “(B) STAFF.—With the approval of the
16 Commission, the executive director may appoint
17 such personnel as the executive director deems
18 appropriate.

19 “(C) APPLICABILITY OF CIVIL SERVICE
20 LAWS.—The staff of the Commission shall be
21 appointed without regard to the provisions of
22 title 5, United States Code, governing appoint-
23 ments in the competitive service, and shall be
24 paid without regard to the provisions of chapter
25 51 and subchapter III of chapter 53 of such

1 title (relating to classification and General
2 Schedule pay rates).

3 “(D) EXPERTS AND CONSULTANTS.—With
4 the approval of the Commission, the executive
5 director may procure temporary and intermit-
6 tent services under section 3109(b) of title 5,
7 United States Code.

8 “(E) FACILITIES.—The Administrator of
9 the General Services Administration shall locate
10 suitable office space for the operation of the
11 Commission. The facilities shall serve as the
12 headquarters of the Commission and shall in-
13 clude all necessary equipment and incidentals
14 required for the proper functioning of the Com-
15 mission.

16 “(f) POWERS.—

17 “(1) HEARINGS AND OTHER ACTIVITIES.—For
18 the purpose of carrying out its duties, the Commis-
19 sion may hold such hearings and undertake such
20 other activities as the Commission determines to be
21 necessary to carry out its duties, except that at least
22 6 regional hearings shall be held in different areas
23 of the United States in which large numbers of Indi-
24 ans are present. Such hearings shall be held to so-
25 licit the views of Indians regarding the delivery of

1 health care services to them. To constitute a hearing
2 under this paragraph, at least 5 members of the
3 Commission, including at least 1 member of Con-
4 gress, must be present. Hearings held by the study
5 committee established under this section may be
6 counted towards the number of regional hearings re-
7 quired by this paragraph.

8 “(2) STUDIES BY GAO.—Upon request of the
9 Commission, the Comptroller General shall conduct
10 such studies or investigations as the Commission de-
11 termines to be necessary to carry out its duties.

12 “(3) COST ESTIMATES.—

13 “(A) IN GENERAL.—The Director of the
14 Congressional Budget Office or the Chief Actu-
15 ary of the Health Care Financing Administra-
16 tion, or both, shall provide to the Commission,
17 upon the request of the Commission, such cost
18 estimates as the Commission determines to be
19 necessary to carry out its duties.

20 “(B) REIMBURSEMENTS.—The Commis-
21 sion shall reimburse the Director of the Con-
22 gressional Budget Office for expenses relating
23 to the employment in the office of the Director
24 of such additional staff as may be necessary for

1 the Director to comply with requests by the
2 Commission under subparagraph (A).

3 “(4) DETAIL OF FEDERAL EMPLOYEES.—Upon
4 the request of the Commission, the head of any fed-
5 eral Agency is authorized to detail, without reim-
6 bursement, any of the personnel of such agency to
7 the Commission to assist the Commission in car-
8 rying out its duties. Any such detail shall not inter-
9 rupt or otherwise affect the civil service status or
10 privileges of the federal employee.

11 “(5) TECHNICAL ASSISTANCE.—Upon the re-
12 quest of the Commission, the head of a Federal
13 Agency shall provide such technical assistance to the
14 Commission as the Commission determines to be
15 necessary to carry out its duties.

16 “(6) USE OF MAILS.—The Commission may use
17 the United States mails in the same manner and
18 under the same conditions as Federal Agencies and
19 shall, for purposes of the frank, be considered a
20 commission of Congress as described in section 3215
21 of title 39, United States Code.

22 “(7) OBTAINING INFORMATION.—The Commis-
23 sion may secure directly from the any Federal Agen-
24 cy information necessary to enable it to carry out its
25 duties, if the information may be disclosed under

1 section 552 of title 4, United States Code. Upon re-
2 quest of the chairperson of the Commission, the
3 head of such agency shall furnish such information
4 to the Commission.

5 “(8) SUPPORT SERVICES.—Upon the request of
6 the Commission, the Administrator of General Serv-
7 ices shall provide to the Commission on a reimburs-
8 able basis such administrative support services as
9 the Commission may request.

10 “(9) PRINTING.—For purposes of costs relating
11 to printing and binding, including the cost of per-
12 sonnel detailed from the Government Printing Of-
13 fice, the Commission shall be deemed to be a com-
14 mittee of the Congress.

15 “(g) AUTHORIZATION OF APPROPRIATIONS.—There
16 is authorized to be appropriated \$4,000,000 to carry out
17 this section. The amount appropriated under this sub-
18 section shall not be deducted from or affect any other ap-
19 propriation for health care for Indian persons.

20 **“SEC. 815. APPROPRIATIONS; AVAILABILITY.**

21 “Any new spending authority (described in subsection
22 (c)(2)(A) or (B) of section 401 of the Congressional Budg-
23 et Act of 1974) which is provided under this Act shall
24 be effective for any fiscal year only to such extent or in
25 such amounts as are provided in appropriation Acts.

1 **“SEC. 816. AUTHORIZATION OF APPROPRIATIONS.**

2 “There is authorized to be appropriated such sums
3 as may be necessary for each fiscal year through fiscal
4 year 2012 to carry out this title.”.

5 **TITLE II—CONFORMING AMEND-**
6 **MENTS TO THE SOCIAL SECU-**
7 **RITY ACT**

8 **Subtitle A—Medicare**

9 **SEC. 201. LIMITATIONS ON CHARGES.**

10 Section 1866(a)(1) of the Social Security Act (42
11 U.S.C. 1395cc(a)(1)) is amended—

12 (1) in subparagraph (R), by adding a semicolon
13 at the end;

14 (2) in subparagraph (S), by striking the period
15 and inserting “; and”; and

16 (3) by adding at the end the following:

17 “(T) in the case of hospitals and critical access
18 hospitals which provide inpatient hospital services
19 for which payment may be made under this title, to
20 accept as payment in full for services that are cov-
21 ered under and furnished to an individual eligible for
22 the contract health services program operated by the
23 Indian Health Service, by an Indian tribe or tribal
24 organization, or furnished to an urban Indian eligi-
25 ble for health services purchased by an urban Indian
26 organization (as those terms are defined in section

1 4 of the Indian Health Care Improvement Act), in
2 accordance with such admission practices and such
3 payment methodology and amounts as are prescribed
4 under regulations issued by the Secretary.”.

5 **SEC. 202. INDIAN HEALTH PROGRAMS.**

6 Section 1880 of the Social Security Act (42 U.S.C.
7 1395qq) is amended to read as follows:

8 “INDIAN HEALTH PROGRAMS

9 “SEC. 1880. (a) ELIGIBILITY FOR PAYMENTS.—The
10 Indian Health Service (referred to in this section as the
11 ‘Service’) and an Indian tribe or tribal organization, or
12 an urban Indian organization (as those terms are defined
13 in section 4 of the Indian Health Care Improvement Act),
14 shall be eligible for payments under this title, notwith-
15 standing sections 1814(c) and 1835(d), if and for so long
16 as the Service, Indian tribe or tribal organization, or
17 urban Indian organization meets the conditions and re-
18 quirements for such payments which are applicable gen-
19 erally to the service or provider type for which the Service,
20 Indian tribe or tribal organization, or urban Indian orga-
21 nization seeks payment under this title and for services
22 and provider types provided by a qualified Indian health
23 program under section 1880A.

24 “(b) PERIOD FOR BILLING.—Notwithstanding sub-
25 section (a), if the Service, an Indian tribe or tribal organi-
26 zation, or urban Indian organization, does not meet all

1 of the conditions and requirements of this title which are
2 applicable generally to the service or provider type for
3 which payment is sought, but submits to the Secretary
4 within 6 months after the date on which such reimburse-
5 ment is first sought an acceptable plan for achieving com-
6 pliance with such conditions and requirements, the Serv-
7 ice, an Indian tribe or tribal organization, or urban Indian
8 organization shall be deemed to meet such conditions and
9 requirements (and to be eligible for reimbursement under
10 this title), without regard to the extent of actual compli-
11 ance with such conditions and requirements during the
12 first 12 months after the month in which such plan is sub-
13 mitted.

14 “(c) DIRECT BILLING.—For provisions relating to
15 the authority of certain Indian tribes and tribal organiza-
16 tions to elect to directly bill for, and receive payment for,
17 health care services provided by a hospital or clinic of such
18 tribes or tribal organizations and for which payment may
19 be made under this title, see section 405 of the Indian
20 Health Care Improvement Act.

21 “(d) COMMUNITY HEALTH AIDES.—The Service or
22 an Indian Tribe or tribal organization providing a service
23 otherwise eligible for payment under this section through
24 the use of a community health aide or practitioner cer-
25 tified under the provisions of section 121 of the Indian

1 Health Care Improvement Act shall be paid for such serv-
2 ices on the same basis that such services are reimbursed
3 under State plans approved under title XIX.

4 “(e) TREATMENT OF CERTAIN PROGRAMS.—Not-
5 withstanding any other provision of law, a health program
6 operated by the Service or an Indian tribe or tribal organi-
7 zation, which collaborates with a hospital operated by the
8 Service or an Indian tribe or tribal organization, shall, at
9 the option of the Indian tribe or tribal organization, be
10 paid for services for which it would otherwise be eligible
11 for under this as if the health program were an outpatient
12 department of the hospital. In situations where the health
13 program is on a separate campus from the hospital, billing
14 as an outpatient department of the hospital shall not sub-
15 ject such a health program to the requirements of section
16 1867.

17 “(f) PAYMENT FOR CERTAIN NURSING SERVICES.—
18 The Service or an Indian tribe or tribal organization pro-
19 viding visiting nurse services in a home health agency
20 shortage area shall be paid for such services on the same
21 basis that such services are reimbursed under this title
22 for other primary care providers.

23 “(g) ALTERNATIVE METHODS OF REIMBURSE-
24 MENT.—Notwithstanding any other provision of law, the
25 Secretary may identify and implement alternative methods

1 of reimbursing Indian health programs for services reim-
 2 bursable under this title that are provided to Indians, so
 3 long as such methods—

4 “(1) allow an Indian tribe or tribal organization
 5 or urban Indian organization to opt to receive reim-
 6 bursement under reimbursement methodologies ap-
 7 plicable to other providers of similar services; and

8 “(2) provide that the amount of reimbursement
 9 resulting under any such methodology shall not be
 10 less than 100 percent of the reasonable cost of the
 11 service to which the methodology applies under sec-
 12 tion 1861(v).”.

13 **SEC. 203. QUALIFIED INDIAN HEALTH PROGRAM.**

14 Title XVIII of the Social Security Act (42 U.S.C.
 15 1395 et seq.) is amended by inserting after section 1880
 16 the following:

17 “QUALIFIED INDIAN HEALTH PROGRAM

18 “SEC. 1880A. (a) DEFINITION OF QUALIFIED IN-
 19 DIAN HEALTH PROGRAM.—In this section:

20 “(1) IN GENERAL.—The term ‘qualified Indian
 21 health program’ means a health program operated
 22 by—

23 “(A) the Indian Health Service;

24 “(B) an Indian tribe or tribal organization
 25 or an urban Indian organization (as those
 26 terms are defined in section 4 of the Indian

1 Health Care Improvement Act) and which is
2 funded in whole or part by the Indian Health
3 Service under the Indian Self Determination
4 and Education Assistance Act; and

5 “(C) an urban Indian organization (as so
6 defined) and which is funded in whole or in
7 part under title V of the Indian Health Care
8 Improvement Act.

9 “(2) INCLUDED PROGRAMS AND ENTITIES.—

10 Such term may include 1 or more hospital, nursing
11 home, home health program, clinic, ambulance serv-
12 ice or other health program that provides a service
13 for which payments may be made under this title
14 and which is covered in the cost report submitted
15 under this title or title XIX for the qualified Indian
16 health program.

17 “(b) ELIGIBILITY FOR PAYMENTS.—A qualified In-
18 dian health program shall be eligible for payments under
19 this title, notwithstanding sections 1814(c) and 1835(d),
20 if and for so long as the program meets all the conditions
21 and requirements set forth in this section.

22 “(c) DETERMINATION OF PAYMENTS.—

23 “(1) IN GENERAL.—Notwithstanding any other
24 provision in the law, a qualified Indian health pro-
25 gram shall be entitled to receive payment based on

1 an all-inclusive rate which shall be calculated to pro-
2 vide full cost recovery for the cost of furnishing serv-
3 ices provided under this section.

4 “(2) DEFINITION OF FULL COST RECOVERY.—

5 “(A) IN GENERAL.—Subject to subpara-
6 graph (B), in this section, the term ‘full cost re-
7 covery’ means the sum of—

8 “(i) the direct costs, which are reason-
9 able, adequate and related to the cost of
10 furnishing such services, taking into ac-
11 count the unique nature, location, and
12 service population of the qualified Indian
13 health program, and which shall include di-
14 rect program, administrative, and overhead
15 costs, without regard to the customary or
16 other charge or any fee schedule that
17 would otherwise be applicable; and

18 “(ii) indirect costs which, in the case
19 of a qualified Indian health program—

20 “(I) for which an indirect cost
21 rate (as that term is defined in sec-
22 tion 4(g) of the Indian Self-Deter-
23 mination and Education Assistance
24 Act) has been established, shall be not

1 less than an amount determined on
2 the basis of the indirect cost rate; or
3 “(II) for which no such rate has
4 been established, shall be not less
5 than the administrative costs specifi-
6 cally associated with the delivery of
7 the services being provided.

8 “(B) LIMITATION.—Notwithstanding any
9 other provision of law, the amount determined
10 to be payable as full cost recovery may not be
11 reduced for co-insurance, co-payments, or
12 deductibles when the service was provided to an
13 Indian entitled under Federal law to receive the
14 service from the Indian Health Service, an In-
15 dian tribe or tribal organization, or an urban
16 Indian organization or because of any limita-
17 tions on payment provided for in any managed
18 care plan.

19 “(3) OUTSTATIONING COSTS.—In addition to
20 full cost recovery, a qualified Indian health program
21 shall be entitled to reasonable outstationing costs,
22 which shall include all administrative costs associ-
23 ated with outreach and acceptance of eligibility ap-
24 plications for any Federal or State health program

1 including the programs established under this title,
2 title XIX, and XXI.

3 “(4) DETERMINATION OF ALL-INCLUSIVE EN-
4 COUNTER OR PER DIEM AMOUNT.—

5 “(A) IN GENERAL.—Costs identified for
6 services addressed in a cost report submitted by
7 a qualified Indian health program shall be used
8 to determine an all-inclusive encounter or per
9 diem payment amount for such services.

10 “(B) NO SINGLE REPORT REQUIRE-
11 MENT.—Not all health programs provided or
12 administered by the Indian Health Service, an
13 Indian tribe or tribal organization, or an urban
14 Indian organization need be combined into a
15 single cost report.

16 “(C) PAYMENT FOR ITEMS NOT COVERED
17 BY A COST REPORT.—A full cost recovery pay-
18 ment for services not covered by a cost report
19 shall be made on a fee-for-service, encounter, or
20 per diem basis.

21 “(5) OPTIONAL DETERMINATION.—The full
22 cost recovery rate provided for in paragraphs (1)
23 through (3) may be determined, at the election of
24 the qualified Indian health program, by the Health
25 Care Financing Administration or by the State

1 agency responsible for administering the State plan
2 under title XIX and shall be valid for reimburse-
3 ments made under this title, title XIX, and title
4 XXI. The costs described in paragraph (2)(A) shall
5 be calculated under whatever methodology yields the
6 greatest aggregate payment for the cost reporting
7 period, provided that such methodology shall be ad-
8 justed to include adjustments to such payment to
9 take into account for those qualified Indian health
10 programs that include hospitals—

11 “(A) a significant decrease in discharges;

12 “(B) costs for graduate medical education
13 programs;

14 “(C) additional payment as a dispropor-
15 tionate share hospital with a payment adjust-
16 ment factor of 10; and

17 “(D) payment for outlier cases.

18 “(6) ELECTION OF PAYMENT.—A qualified In-
19 dian health program may elect to receive payment
20 for services provided under this section—

21 “(A) on the full cost recovery basis pro-
22 vided in paragraphs (1) through (5);

23 “(B) on the basis of the inpatient or out-
24 patient encounter rates established for Indian

1 Health Service facilities and published annually
2 in the Federal Register;

3 “(C) on the same basis as other providers
4 are reimbursed under this title, provided that
5 the amounts determined under paragraph
6 (c)(2)(B) shall be added to any such amount;

7 “(D) on the basis of any other rate or
8 methodology applicable to the Indian Health
9 Service or an Indian Tribe or tribal organiza-
10 tion; or

11 “(E) on the basis of any rate or method-
12 ology negotiated with the agency responsible for
13 making payment.

14 “(d) ELECTION OF REIMBURSEMENT FOR OTHER
15 SERVICES.—

16 “(1) IN GENERAL.—A qualified Indian health
17 program may elect to be reimbursed for any service
18 the Indian Health Service, an Indian tribe or tribal
19 organization or an urban Indian organization may
20 be reimbursed for under section 1880 and section
21 1911.

22 “(2) OPTION TO INCLUDE ADDITIONAL SERV-
23 ICES.—An election under paragraph (1) may in-
24 clude, at the election of the qualified Indian health
25 program—

1 “(A) any service when furnished by an em-
2 ployee of the qualified Indian health program
3 who is licensed or certified to perform such a
4 service to the same extent that such service
5 would be reimbursable if performed by a physi-
6 cian and any service or supplies furnished as in-
7 cident to a physician’s service as would other-
8 wise be covered if furnished by a physician or
9 as an incident to a physician’s service;

10 “(B) screening, diagnostic, and therapeutic
11 outpatient services including part-time or inter-
12 mittent screening, diagnostic, and therapeutic
13 skilled nursing care and related medical sup-
14 plies (other than drugs and biologicals), fur-
15 nished by an employee of the qualified Indian
16 health program who is licensed or certified to
17 perform such a service for an individual in the
18 individual’s home or in a community health set-
19 ting under a written plan of treatment estab-
20 lished and periodically reviewed by a physician,
21 when furnished to an individual as an out-
22 patient of a qualified Indian health program;

23 “(C) preventive primary health services as
24 described under sections 329, 330, and 340 of
25 the Public Health Service Act, when provided

1 by an employee of the qualified Indian health
 2 program who is licensed or certified to perform
 3 such a service, regardless of the location in
 4 which the service is provided;

5 “(D) with respect to services for children,
 6 all services specified as part of the State plan
 7 under title XIX, the State child health plan
 8 under title XXI, and early and periodic screen-
 9 ing, diagnostic, and treatment services as de-
 10 scribed in section 1905(r);

11 “(E) influenza and pneumococcal immuni-
 12 zations;

13 “(F) other immunizations for prevention of
 14 communicable diseases when targeted; and

15 “(G) the cost of transportation for pro-
 16 viders or patients necessary to facilitate access
 17 for patients.”.

18 **Subtitle B—Medicaid**

19 **SEC. 211. PAYMENTS TO FEDERALLY-QUALIFIED HEALTH** 20 **CENTERS.**

21 Section 1902(a)(13) of the Social Security Act (42
 22 U.S.C. 1396a(a)(13)) is amended—

23 (1) in subparagraph (B), by striking “and” at
 24 the end;

1 (2) in subparagraph (C), by adding “and” at
2 the end; and

3 (3) by adding at the end the following:

4 “(D)(i) for payment for services described
5 in section 1905(a)(2)(C) under the plan fur-
6 nished by an Indian tribe or tribal organization
7 or an urban Indian organization (as defined in
8 section 4 of the Indian Health Care Improve-
9 ment Act) of 100 percent of costs which are
10 reasonable and related to the cost of furnishing
11 such services or based on other tests of reason-
12 ableness as the Secretary prescribes in regula-
13 tions under section 1833(a)(3), or, in the case
14 of services to which those regulations do not
15 apply, the same methodology used under section
16 1833(a)(3), and

17 “(ii) in the case of such services furnished
18 pursuant to a contract between a Federally-
19 qualified health center and a medicaid managed
20 care organization under section 1903(m), for
21 payment to the Federally-qualified health center
22 at least quarterly by the State of a supple-
23 mental payment equal to the amount (if any) by
24 which the amount determined under clause (i)

1 exceeds the amount of the payments provided
2 under such contract.”.

3 **SEC. 212. STATE CONSULTATION WITH INDIAN HEALTH**
4 **PROGRAMS.**

5 Section 1902(a) of the Social Security Act (42 U.S.C.
6 1396a(a)) is amended—

- 7 (1) in paragraph (65), by striking the period;
8 and
9 (2) by inserting after (65), the following:

10 “(66) if the Indian Health Service operates or
11 funds health programs in the State or if there are
12 Indian tribes or tribal organizations or urban Indian
13 organizations (as those terms are defined in Section
14 4 of the Indian Health Care Improvement Act)
15 present in the State, provide for meaningful con-
16 sultation with such entities prior to the submission
17 of, and as a precondition of approval of, any pro-
18 posed amendment, waiver, demonstration project, or
19 other request that would have the effect of changing
20 any aspect of the State’s administration of the State
21 plan under this title, so long as—

22 “(A) the term ‘meaningful consultation’ is
23 defined through the negotiated rulemaking
24 process provided for under section 802 of the
25 Indian Health Care Improvement Act; and

1 “(B) such consultation is carried out in
2 collaboration with the Indian Medicaid Advisory
3 Committee established under section 415(a)(3)
4 of that Act.”.

5 **SEC. 213. FMAP FOR SERVICES PROVIDED BY INDIAN**
6 **HEALTH PROGRAMS.**

7 The third sentence of Section 1905(b) of the Social
8 Security Act (42 U.S.C. 1396d(b)) is amended to read as
9 follows:

10 “Notwithstanding the first sentence of this section, the
11 Federal medical assistance percentage shall be 100 per
12 cent with respect to amounts expended as medical assist-
13 ance for services which are received through the Indian
14 Health Service, an Indian tribe or tribal organization, or
15 an urban Indian organization (as defined in section 4 of
16 the Indian Health Care Improvement Act) under section
17 1911, whether directly, by referral, or under contracts or
18 other arrangements between the Indian Health Service,
19 Indian tribe or tribal organization, or urban Indian orga-
20 nization and another health provider.”.

21 **SEC. 214. INDIAN HEALTH SERVICE PROGRAMS.**

22 Section 1911 of the Social Security Act (42 U.S.C.
23 1396j) is amended to read as follows:

24 “INDIAN HEALTH SERVICE PROGRAMS

25 “SEC. 1911. (a) IN GENERAL.—The Indian Health
26 Service and an Indian tribe or tribal organization or an

1 urban Indian organization (as those terms are defined in
2 section 4 of the Indian Health Care Improvement Act),
3 shall be eligible for reimbursement for medical assistance
4 provided under a State plan if and for so long as such
5 Service, Indian tribe or tribal organization, or urban In-
6 dian organization provides services or provider types of a
7 type otherwise covered under the State plan and meets
8 the conditions and requirements which are applicable gen-
9 erally to the service for which it seeks reimbursement
10 under this title and for services provided by a qualified
11 Indian health program under section 1880A.

12 “(b) PERIOD FOR BILLING.—Notwithstanding sub-
13 section (a), if the Indian Health Service, an Indian tribe
14 or tribal organization, or an urban Indian organization
15 which provides services of a type otherwise covered under
16 the State plan does not meet all of the conditions and re-
17 quirements of this title which are applicable generally to
18 such services submits to the Secretary within 6 months
19 after the date on which such reimbursement is first sought
20 an acceptable plan for achieving compliance with such con-
21 ditions and requirements, the Service, an Indian tribe or
22 tribal organization, or urban Indian organization shall be
23 deemed to meet such conditions and requirements (and to
24 be eligible for reimbursement under this title), without re-
25 gard to the extent of actual compliance with such condi-

1 tions and requirements during the first 12 months after
2 the month in which such plan is submitted.

3 “(c) AUTHORITY TO ENTER INTO AGREEMENTS.—

4 The Secretary may enter into agreements with the State
5 agency for the purpose of reimbursing such agency for
6 health care and services provided by the Indian Health
7 Service, Indian tribes or tribal organizations and urban
8 Indian organizations, directly, through referral, or under
9 contracts or other arrangements between the Indian
10 Health Service, an Indian tribe or tribal organization, or
11 an urban Indian organization and another health care pro-
12 vider to Indians who are eligible for medical assistance
13 under the State plan.

14 **Subtitle C—State Children’s Health**
15 **Insurance Program**

16 **SEC. 221. ENHANCED FMAP FOR STATE CHILDREN’S**
17 **HEALTH INSURANCE PROGRAM.**

18 (a) IN GENERAL.—Section 2105(b) of the Social Se-
19 curity Act (42 U.S.C. 1397ee(b)) is amended—

20 (1) by striking “For purposes” and inserting
21 the following:

22 “(1) IN GENERAL.—Subject to paragraph (2),
23 for purposes”; and

24 (2) by adding at the end the following:

1 nization (as such terms are defined in section 4 of the
2 Indian Health Care Improvement Act) for such entities
3 to provide child health assistance to Indians who reside
4 in a service area on or near an Indian reservation. Such
5 agreements may provide for funding under a block grant
6 or such other mechanism as is agreed upon by the Sec-
7 retary and the Indian Health Service, Indian tribe or trib-
8 al organization, or urban Indian organization. Such agree-
9 ments may not be made contingent on the approval of the
10 State in which the Indians to be served reside.

11 “(b) TRANSFER OF FUNDS.—Notwithstanding any
12 other provision of law, a State may transfer funds to
13 which it is, or would otherwise be, entitled to under this
14 title to the Indian Health Service, an Indian tribe or tribal
15 organization or an urban Indian organization—

16 “(1) to be administered by such entity to
17 achieve the purposes and objectives of this title
18 under an agreement between the State and the enti-
19 ty; or

20 “(2) under an agreement entered into under
21 subsection (a) between the entity and the Sec-
22 retary.”.

1 **Subtitle D—Authorization of**
2 **Appropriations**

3 **SEC. 231. AUTHORIZATION OF APPROPRIATIONS.**

4 There is authorized to be appropriated such sums as
5 may be necessary for each of fiscal years 2000 through
6 2012 to carry out this title and the amendments by this
7 title.

8 **TITLE III—MISCELLANEOUS**
9 **PROVISIONS**

10 **SEC. 301. REPEALS.**

11 The following are repealed:

12 (1) Section 506 of Public Law 101–630 (25
13 U.S.C. 1653 note) is repealed.

14 (2) Section 712 of the Indian Health Care
15 Amendments of 1988 is repealed.

16 **SEC. 302. SEVERABILITY PROVISIONS.**

17 If any provision of this Act, any amendment made
18 by the Act, or the application of such provision or amend-
19 ment to any person or circumstances is held to be invalid,
20 the remainder of this Act, the remaining amendments
21 made by this Act, and the application of such provisions
22 to persons or circumstances other than those to which it
23 is held invalid, shall not be affected thereby.

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