

**Calendar No. 802**108<sup>TH</sup> CONGRESS  
2<sup>D</sup> SESSION**S. 556****[Report No. 108-411]**

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

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## IN THE SENATE OF THE UNITED STATES

MARCH 6, 2003

Mr. CAMPBELL (for himself, Mr. INOUE, Mr. MCCAIN, Mr. JOHNSON, Mrs. MURRAY, Mr. DASCHLE, Mr. BINGAMAN, Mr. DORGAN, Ms. MURKOWSKI, and Ms. CANTWELL) introduced the following bill; which was read twice and referred to the Committee on Indian Affairs

NOVEMBER 16, 2004

Reported by Mr. CAMPBELL, with an amendment

[Strike out all after the enacting clause and insert the part printed in *italic*]**A BILL**

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

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

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

2 (a) **SHORT TITLE.**—This Act may be cited as the  
3 “Indian Health Care Improvement Act Reauthorization of  
4 2003”.

5 (b) **TABLE OF CONTENTS.**—The table of contents for  
6 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. Qualified Indian health program.

**Subtitle B—Medicaid**

Sec. 211. State consultation with Indian health programs.

Sec. 212. FMAP for services provided by Indian health programs.

Sec. 213. 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.

**Subtitle D—Authorization of Appropriations**

Sec. 231. Authorization of appropriations.

**TITLE III—MISCELLANEOUS PROVISIONS**

Sec. 301. Repeals.

Sec. 302. Severability provisions.

Sec. 303. Effective date.

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’.**

12 **“(b) TABLE OF CONTENTS.—**The table of contents  
 13 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 Indi-  
 ans.

“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. 216A. North Dakota as a contract health service delivery area.
- “Sec. 216B. South Dakota 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  
 10 of dealings of the United States with Indian tribes,  
 11 and the United States’ resulting government to gov-  
 12 ernment and trust responsibility and obligations to  
 13 the American Indian people.

14 “(2) From the time of European occupation  
 15 and colonization through the 20th century, the poli-  
 16 cies and practices of the United States caused or  
 17 contributed to the severe health conditions of Indi-  
 18 ans.

19 “(3) Indian tribes have, through the cession of  
 20 over 400,000,000 acres of land to the United States  
 21 in exchange for promises, often reflected in treaties,  
 22 of health care secured a de facto contract that enti-

1       tles Indians to health care in perpetuity, based on  
2       the moral, legal, and historic obligation of the  
3       United States.

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

7               “(5) A major national goal of the United States  
8       is to provide the quantity and quality of health serv-  
9       ices which will permit the health status of Indians,  
10      regardless of where they live, to be raised to the  
11      highest possible level, a level that is not less than  
12      that of the general population, and to provide for the  
13      maximum participation of Indian tribes, tribal orga-  
14      nizations, and urban Indian organizations in the  
15      planning, delivery, and management of those serv-  
16      ices.

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

21              “(7) Despite such services, the unmet health  
22      needs of the American Indian people remain alarm-  
23      ingly severe, and even continue to increase, and the  
24      health status of the Indians is far below the health



1 status of the general population of the United  
2 States.

3 “(8) The disparity in health status that is to be  
4 addressed is formidable. In death rates for example,  
5 Indian people suffer a death rate for diabetes  
6 mellitus that is 249 percent higher than the death  
7 rate for all races in the United States; a pneumonia  
8 and influenza death rate that is 71 percent higher,  
9 a tuberculosis death rate that is 533 percent higher,  
10 and a death rate from alcoholism that is 627 percent  
11 higher.

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

13 “Congress hereby declares that it is the policy of the  
14 United States, in fulfillment of its special trust respon-  
15 sibilities and legal obligations to the American Indian peo-  
16 ple—

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

20 “(2) to raise the health status of Indians by the  
21 year 2010 to at least the levels set forth in the goals  
22 contained within the Healthy People 2010, or any  
23 successor standards thereto;

24 “(3) in order to raise the health status of In-  
25 dian people to at least the levels set forth in the

1 goals contained within the Healthy People 2010, or  
 2 any successor standards thereto, to permit Indian  
 3 tribes and tribal organizations to set their own  
 4 health care priorities and establish goals that reflect  
 5 their unmet needs;

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

12 “(5) to require meaningful, active consultation  
 13 with Indian tribes, Indian organizations, and urban  
 14 Indian organizations to implement this Act and the  
 15 national policy of Indian self-determination; and

16 “(6) that funds for health care programs and  
 17 facilities operated by tribes and tribal organizations  
 18 be provided in amounts that are not less than the  
 19 funds that are provided to programs and facilities  
 20 operated directly by the Service.

21 **“SEC. 4. DEFINITIONS.**

22 “In this Act:

23 “(1) ACCREDITED AND ACCESSIBLE.—The term  
 24 ‘accredited and accessible’, with respect to an entity,  
 25 means a community college or other appropriate en-

1       tity that is on or near a reservation and accredited  
2       by a national or regional organization with accred-  
3       iting authority.

4           “(2) AREA OFFICE.—The term ‘area office’  
5       means an administrative entity including a program  
6       office, within the Indian Health Service through  
7       which services and funds are provided to the service  
8       units within a defined geographic area.

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

12          “(4) CONTRACT HEALTH SERVICE.—The term  
13       ‘contract health service’ means a health service that  
14       is provided at the expense of the Service, Indian tribe,  
15       or tribal organization by a public or private medical  
16       provider or hospital, other than a service funded  
17       under the Indian Self-Determination and Education  
18       Assistance Act or under this Act.

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

22          “(6) FUND.—The terms ‘fund’ or ‘funding’  
23       mean the transfer of monies from the Department  
24       to any eligible entity or individual under this Act by  
25       any legal means, including funding agreements, con-

1       tracts, memoranda of understanding, Buy Indian  
2       Act contracts, or otherwise.

3           “(7) FUNDING AGREEMENT.—The term ‘fund-  
4       ing agreement’ means any agreement to transfer  
5       funds for the planning, conduct, and administration  
6       of programs, functions, services and activities to  
7       tribes and tribal organizations from the Secretary  
8       under the authority of the Indian Self-Determination  
9       and Education Assistance Act.

10          “(8) HEALTH PROFESSION.—The term ‘health  
11       profession’ means allopathic medicine, family medi-  
12       cine, internal medicine, pediatrics, geriatric medi-  
13       cine, obstetrics and gynecology, podiatric medicine,  
14       nursing, public health nursing, dentistry, psychiatry,  
15       osteopathy, optometry, pharmacy, psychology, public  
16       health, social work, marriage and family therapy,  
17       chiropractic medicine, environmental health and en-  
18       gineering, and allied health professions, or any other  
19       health profession.

20          “(9) HEALTH PROMOTION; DISEASE PREVEN-  
21       TION.—The terms ‘health promotion’ and ‘disease  
22       prevention’ shall have the meanings given such  
23       terms in paragraphs (1) and (2) of section 203(e).

24          “(10) INDIAN.—The term ‘Indian’ and ‘Indi-  
25       ans’ shall have meanings given such terms for pur-

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

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

6 “(12) INDIAN TRIBE.—The term ‘Indian tribe’  
7 shall have the meaning given such term in section  
8 4(e) of the Indian Self Determination and Education  
9 Assistance Act.

10 “(13) RESERVATION.—The term ‘reservation’  
11 means any federally recognized Indian tribe’s res-  
12 ervation, Pueblo or colony, including former reserva-  
13 tions in Oklahoma, Alaska Native Regions estab-  
14 lished pursuant to the Alaska Native Claims Settle-  
15 ment Act, and Indian allotments.

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

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

21 “(16) SERVICE AREA.—The term ‘service area’  
22 means the geographical area served by each area of-  
23 fice.

24 “(17) SERVICE UNIT.—The term ‘service unit’  
25 means—

1           “(A) an administrative entity within the  
2           Indian Health Service; or

3           “(B) a tribe or tribal organization oper-  
4           ating health care programs or facilities with  
5           funds from the Service under the Indian Self-  
6           Determination and Education Assistance Act,  
7           through which services are provided, directly or  
8           by contract, to the eligible Indian population  
9           within a defined geographic area.

10          “(18) TRADITIONAL HEALTH CARE PRAC-  
11          TICES.—The term ‘traditional health care practices’  
12          means the application by Native healing practi-  
13          tioners of the Native healing sciences (as opposed or  
14          in contradistinction to western healing sciences)  
15          which embodies the influences or forces of innate  
16          tribal discovery, history, description, explanation and  
17          knowledge of the states of wellness and illness and  
18          which calls upon these influences or forces, including  
19          physical, mental, and spiritual forces in the pro-  
20          motion, restoration, preservation and maintenance of  
21          health, well-being, and life’s harmony.

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

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

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

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

13           “(A) for purposes of title V and regardless  
14 of whether such individual lives on or near a  
15 reservation, is a member of a tribe, band or  
16 other organized group of Indians, including  
17 those tribes, bands or groups terminated since  
18 1940 and those tribes, bands or groups that are  
19 recognized by the States in which they reside,  
20 or who is a descendant in the first or second  
21 degree of any such member;

22           “(B) is an Eskimo or Aleut or other Alas-  
23 kan Native;

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

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

3           “(23) URBAN INDIAN ORGANIZATION.—The  
4           term ‘urban Indian organization’ means a nonprofit  
5           corporate body situated in an urban center, governed  
6           by an urban Indian controlled board of directors,  
7           and providing for the participation of all interested  
8           Indian groups and individuals, and which is capable  
9           of legally cooperating with other public and private  
10          entities for the purpose of performing the activities  
11          described in section 503(a).

12       **“TITLE I—INDIAN HEALTH,**  
13       **HUMAN RESOURCES AND DE-**  
14       **VELOPMENT**

15       **“SEC. 101. PURPOSE.**

16       “‘The purpose of this title is to increase, to the max-  
17       imum extent feasible, the number of Indians entering the  
18       health professions and providing health services, and to  
19       assure an optimum supply of health professionals to the  
20       Service, Indian tribes, tribal organizations, and urban In-  
21       dian organizations involved in the provision of health serv-  
22       ices to Indian people.

23       **“SEC. 102. GENERAL REQUIREMENTS.**

24       “(a) SERVICE AREA PRIORITIES.—Unless specifically  
25       provided otherwise, amounts appropriated for each fiscal



1 year to carry out each program authorized under this title  
2 shall be allocated by the Secretary to the area office of  
3 each service area using a formula—

4           “(1) to be developed in consultation with Indian  
5 tribes, tribal organizations and urban Indian organi-  
6 zations;

7           “(2) that takes into account the human re-  
8 source and development needs in each such service  
9 area; and

10           “(3) that weighs the allocation of amounts ap-  
11 propriated in favor of those service areas where the  
12 health status of Indians within the area, as meas-  
13 ured by life expectancy based upon the most recent  
14 data available, is significantly lower than the average  
15 health status for Indians in all service areas, except  
16 that amounts allocated to each such area using such  
17 a weighted allocation formula shall not be less than  
18 the amounts allocated to each such area in the pre-  
19 vious fiscal year.

20           “(b) CONSULTATION.—Each area office receiving  
21 funds under this title shall actively and continuously con-  
22 sult with representatives of Indian tribes, tribal organiza-  
23 tions, and urban Indian organizations to prioritize the uti-  
24 lization of funds provided under this title within the serv-  
25 ice area.

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

6       “(d) LIMITATION.—This section shall not apply with  
 7 respect to individual recipients of scholarships, loans or  
 8 other funds provided under this title (as this title existed  
 9 1 day prior to the date of enactment of this Act) until  
 10 such time as the individual completes the course of study  
 11 that is supported through the use of such funds.

12 **“SEC. 103. HEALTH PROFESSIONS RECRUITMENT PROGRAM**  
 13 **FOR INDIANS.**

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

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

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

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

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

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

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

13 ~~“(b) ADMINISTRATIVE PROVISIONS.—~~

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

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

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

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

12          “(e) DEFINITION.—For purposes of this section and  
13          sections 104 and 105, the terms ‘Indian’ and ‘Indians’  
14          shall, in addition to the definition provided for in section  
15          4, mean any individual who—

16               “(1) irrespective of whether such individual  
17               lives on or near a reservation, is a member of a  
18               tribe, band, or other organized group of Indians, in-  
19               cluding those tribes, bands, or groups terminated  
20               since 1940;

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

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

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

3   **“SEC. 104. HEALTH PROFESSIONS PREPARATORY SCHOL-**  
4           **ARSHIP PROGRAM FOR INDIANS.**

5           “(a) IN GENERAL.—The Secretary, acting through  
6 the Service, shall provide scholarships through the area  
7 offices to Indians who—

8           “(1) have successfully completed their high  
9 school education or high school equivalency; and

10           “(2) have demonstrated the capability to suc-  
11 cessfully complete courses of study in the health pro-  
12 fessions.

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

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

20           “(2) Pregraduate education of any recipient  
21 leading to a baccalaureate degree in an approved  
22 course of study preparatory to a field of study in a  
23 health profession, such scholarship not to exceed 4  
24 years (or the part-time equivalent thereof, as deter-  
25 mined by the area office pursuant to regulations

1 promulgated under this Act) except that an exten-  
 2 sion of up to 2 years may be approved by the Sec-  
 3 retary.

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

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

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

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

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

17 “(a) SCHOLARSHIPS.—

18 “(1) IN GENERAL.—In order to meet the needs  
 19 of Indians, Indian tribes, tribal organizations, and  
 20 urban Indian organizations for health professionals,  
 21 the Secretary, acting through the Service and in ac-  
 22 cordance with this section, shall provide scholarships  
 23 through the area offices to Indians who are enrolled  
 24 full or part time in accredited schools and pursuing  
 25 courses of study in the health professions. Such

1 scholarships shall be designated Indian Health  
 2 Scholarships and shall, except as provided in sub-  
 3 section (b), be made in accordance with section  
 4 338A of the Public Health Service Act (42 U.S.C.  
 5 2541).

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

11 “(b) ELIGIBILITY.—

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

16 “(2) SERVICE OBLIGATION.—

17 “(A) PUBLIC HEALTH SERVICE ACT.—The  
 18 active duty service obligation under a written  
 19 contract with the Secretary under section 338A  
 20 of the Public Health Service Act (42 U.S.C.  
 21 2541) that an Indian has entered into under  
 22 that section shall, if that individual is a recipi-  
 23 ent of an Indian Health Scholarship, be met in  
 24 full-time practice on an equivalent year for year  
 25 obligation, by service—

1                   “(i) in the Indian Health Service;

2                   “(ii) in a program conducted under a  
3                   funding agreement entered into under the  
4                   Indian Self-Determination and Education  
5                   Assistance Act;

6                   “(iii) in a program assisted under title  
7                   V; or

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

16                  “(B) DEFERRING ACTIVE SERVICE.—At  
17                  the request of any Indian who has entered into  
18                  a contract referred to in subparagraph (A) and  
19                  who receives a degree in medicine (including os-  
20                  teopathic or allopathic medicine), dentistry, op-  
21                  tometry, podiatry, or pharmacy, the Secretary  
22                  shall defer the active duty service obligation of  
23                  that individual under that contract, in order  
24                  that such individual may complete any intern-  
25                  ship, residency, or other advanced clinical train-



1           ing that is required for the practice of that  
2           health profession, for an appropriate period (in  
3           years, as determined by the Secretary), subject  
4           to the following conditions:

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

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

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

20                   “(C) NEW SCHOLARSHIP RECIPIENTS.—A  
21                   recipient of an Indian Health Scholarship that  
22                   is awarded after December 31, 2003, shall meet  
23                   the active duty service obligation under such  
24                   scholarship by providing service within the serv-  
25                   ice area from which the scholarship was award-

1 ed. In placing the recipient for active duty the  
2 area office shall give priority to the program  
3 that funded the recipient, except that in cases  
4 of special circumstances, a recipient may be  
5 placed in a different service area pursuant to an  
6 agreement between the areas or programs in-  
7 volved.

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

19 “(3) PART-TIME ENROLLMENT.—In the case of  
20 an Indian receiving a scholarship under this section  
21 who is enrolled part time in an approved course of  
22 study—

23 “(A) such scholarship shall be for a period  
24 of years not to exceed the part-time equivalent

1 of 4 years, as determined by the appropriate  
2 area office;

3 “(B) the period of obligated service de-  
4 scribed in paragraph (2)(A) shall be equal to  
5 the greater of—

6 “(i) the part-time equivalent of 1 year  
7 for each year for which the individual was  
8 provided a scholarship (as determined by  
9 the area office); or

10 “(ii) two years; and

11 “(C) the amount of the monthly stipend  
12 specified in section 338A(g)(1)(B) of the Public  
13 Health Service Act (42 U.S.C. 2541(g)(1)(B))  
14 shall be reduced pro rata (as determined by the  
15 Secretary) based on the number of hours such  
16 student is enrolled.

17 “(4) BREACH OF CONTRACT.—

18 “(A) IN GENERAL.—An Indian who has,  
19 on or after the date of the enactment of this  
20 paragraph, entered into a written contract with  
21 the area office pursuant to a scholarship under  
22 this section and who—

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

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

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

6 “(iii) voluntarily terminates the train-  
7 ing in such an educational institution for  
8 which he or she is provided a scholarship  
9 under such contract before the completion  
10 of such training; or

11 “(iv) fails to accept payment, or in-  
12 structs the educational institution in which  
13 he or she is enrolled not to accept pay-  
14 ment, in whole or in part, of a scholarship  
15 under such contract;

16 in lieu of any service obligation arising under  
17 such contract, shall be liable to the United  
18 States for the amount which has been paid to  
19 him or her, or on his or her behalf, under the  
20 contract.

21 “(B) FAILURE TO PERFORM SERVICE OB-  
22 LIGATION.—If for any reason not specified in  
23 subparagraph (A) an individual breaches his or  
24 her written contract by failing either to begin  
25 such individual’s service obligation under this

1 section or to complete such service obligation;  
2 the United States shall be entitled to recover  
3 from the individual an amount determined in  
4 accordance with the formula specified in sub-  
5 section (1) of section 110 in the manner pro-  
6 vided for in such subsection.

7 “(C) DEATH.—Upon the death of an indi-  
8 vidual who receives an Indian Health Scholar-  
9 ship, any obligation of that individual for serv-  
10 ice or payment that relates to that scholarship  
11 shall be canceled.

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

20 “(i) it is not possible for the recipient  
21 to meet that obligation or make that pay-  
22 ment;

23 “(ii) requiring that recipient to meet  
24 that obligation or make that payment

1 would result in extreme hardship to the re-  
 2 cipient; or

3 “(iii) the enforcement of the require-  
 4 ment to meet the obligation or make the  
 5 payment would be unconscionable.

6 “(E) HARDSHIP OR GOOD CAUSE.—Not-  
 7 withstanding any other provision of law, in any  
 8 ease of extreme hardship or for other good  
 9 cause shown, the Secretary may waive, in whole  
 10 or in part, the right of the United States to re-  
 11 cover funds made available under this section.

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

23 “(e) FUNDING FOR TRIBES FOR SCHOLARSHIP PRO-  
 24 GRAMS.—

25 “(1) PROVISION OF FUNDS.—

1           “(A) IN GENERAL.—The Secretary shall  
2           make funds available, through area offices, to  
3           Indian tribes and tribal organizations for the  
4           purpose of assisting such tribes and tribal orga-  
5           nizations in educating Indians to serve as  
6           health professionals in Indian communities.

7           “(B) LIMITATION.—The Secretary shall  
8           ensure that amounts available for grants under  
9           subparagraph (A) for any fiscal year shall not  
10          exceed an amount equal to 5 percent of the  
11          amount available for each fiscal year for Indian  
12          Health Scholarships under this section.

13          “(C) APPLICATION.—An application for  
14          funds under subparagraph (A) shall be in such  
15          form and contain such agreements, assurances  
16          and information as consistent with this section.

17          “(2) REQUIREMENTS.—

18                 “(A) IN GENERAL.—An Indian tribe or  
19                 tribal organization receiving funds under para-  
20                 graph (1) shall agree to provide scholarships to  
21                 Indians in accordance with the requirements of  
22                 this subsection.

23                 “(B) MATCHING REQUIREMENT.—With re-  
24                 spect to the costs of providing any scholarship  
25                 pursuant to subparagraph (A)—

1           “(i) 80 percent of the costs of the  
2           scholarship shall be paid from the funds  
3           provided under paragraph (1) to the In-  
4           dian tribe or tribal organization; and

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

7           “(3) ELIGIBILITY.—An Indian tribe or tribal  
8           organization shall provide scholarships under this  
9           subsection only to Indians who are enrolled or ac-  
10          cepted for enrollment in a course of study (approved  
11          by the Secretary) in one of the health professions  
12          described in this Act.

13          “(4) CONTRACTS.—In providing scholarships  
14          under paragraph (1), the Secretary and the Indian  
15          tribe or tribal organization shall enter into a written  
16          contract with each recipient of such scholarship.  
17          Such contract shall—

18                 “(A) obligate such recipient to provide  
19                 service in an Indian health program (as defined  
20                 in section 110(a)(2)(A)) in the same service  
21                 area where the Indian tribe or tribal organiza-  
22                 tion providing the scholarship is located; for—

23                         “(i) a number of years equal to the  
24                         number of years for which the scholarship  
25                         is provided (or the part-time equivalent



1           thereof, as determined by the Secretary),  
2           or for a period of 2 years, whichever period  
3           is greater; or

4           “(ii) such greater period of time as  
5           the recipient and the Indian tribe or tribal  
6           organization may agree;

7           “(B) provide that the scholarship—

8           “(i) may only be expended for—

9           “(I) tuition expenses, other rea-  
10           sonable educational expenses, and rea-  
11           sonable living expenses incurred in at-  
12           tendance at the educational institu-  
13           tion; and

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

1 the year for the purposes authorized  
2 in this clause; and

3 ~~“(ii) may not exceed, for any year of~~  
4 attendance which the scholarship is pro-  
5 vided, the total amount required for the  
6 year for the purposes authorized in clause  
7 (i);

8 ~~“(C) require the recipient of such scholar-~~  
9 ~~ship to maintain an acceptable level of academic~~  
10 ~~standing as determined by the educational insti-~~  
11 ~~tution in accordance with regulations issued~~  
12 ~~pursuant to this Act; and~~

13 ~~“(D) require the recipient of such scholar-~~  
14 ~~ship to meet the educational and licensure re-~~  
15 ~~quirements appropriate to the health profession~~  
16 ~~involved.~~

17 ~~“(5) BREACH OF CONTRACT.—~~

18 ~~“(A) IN GENERAL.—An individual who has~~  
19 ~~entered into a written contract with the Sec-~~  
20 ~~retary and an Indian tribe or tribal organiza-~~  
21 ~~tion under this subsection and who—~~

22 ~~“(i) fails to maintain an acceptable~~  
23 ~~level of academic standing in the education~~  
24 ~~institution in which he or she is enrolled~~  
25 ~~(such level determined by the educational~~

1 institution under regulations of the Sec-  
2 retary);

3 “(ii) is dismissed from such education  
4 for disciplinary reasons;

5 “(iii) voluntarily terminates the train-  
6 ing in such an educational institution for  
7 which he or she has been provided a schol-  
8 arship under such contract before the com-  
9 pletion of such training; or

10 “(iv) fails to accept payment, or in-  
11 structs the educational institution in which  
12 he or she is enrolled not to accept pay-  
13 ment, in whole or in part, of a scholarship  
14 under such contract, in lieu of any service  
15 obligation arising under such contract;

16 shall be liable to the United States for the Fed-  
17 eral share of the amount which has been paid  
18 to him or her, or on his or her behalf, under  
19 the contract.

20 “(B) FAILURE TO PERFORM SERVICE OB-  
21 LIGATION.—If for any reason not specified in  
22 subparagraph (A), an individual breaches his or  
23 her written contract by failing to either begin  
24 such individual’s service obligation required  
25 under such contract or to complete such service

1 obligation, the United States shall be entitled to  
2 recover from the individual an amount deter-  
3 mined in accordance with the formula specified  
4 in subsection (1) of section 110 in the manner  
5 provided for in such subsection.

6 “(C) INFORMATION.—The Secretary may  
7 carry out this subsection on the basis of infor-  
8 mation received from Indian tribes or tribal or-  
9 ganizations involved, or on the basis of informa-  
10 tion collected through such other means as the  
11 Secretary deems appropriate.

12 “(6) REQUIRED AGREEMENTS.—The recipient  
13 of a scholarship under paragraph (1) shall agree, in  
14 providing health care pursuant to the requirements  
15 of this subsection—

16 “(A) not to discriminate against an indi-  
17 vidual seeking care on the basis of the ability  
18 of the individual to pay for such care or on the  
19 basis that payment for such care will be made  
20 pursuant to the program established in title  
21 XVIII of the Social Security Act or pursuant to  
22 the programs established in title XIX of such  
23 Act; and

24 “(B) to accept assignment under section  
25 1842(b)(3)(B)(ii) of the Social Security Act for

1 all services for which payment may be made  
 2 under part B of title XVIII of such Act, and to  
 3 enter into an appropriate agreement with the  
 4 State agency that administers the State plan  
 5 for medical assistance under title XIX of such  
 6 Act to provide service to individuals entitled to  
 7 medical assistance under the plan.

8 “(7) PAYMENTS.—The Secretary, through the  
 9 area office, shall make payments under this sub-  
 10 section to an Indian tribe or tribal organization for  
 11 any fiscal year subsequent to the first fiscal year of  
 12 such payments unless the Secretary or area office de-  
 13 termines that, for the immediately preceding fiscal  
 14 year, the Indian tribe or tribal organization has not  
 15 complied with the requirements of this subsection.

16 **“SEC. 106. AMERICAN INDIANS INTO PSYCHOLOGY PRO-**  
 17 **GRAM.**

18 “(a) IN GENERAL.—Notwithstanding section 102,  
 19 the Secretary shall provide funds to at least 3 colleges and  
 20 universities for the purpose of developing and maintaining  
 21 American Indian psychology career recruitment programs  
 22 as a means of encouraging Indians to enter the mental  
 23 health field. These programs shall be located at various  
 24 colleges and universities throughout the country to maxi-  
 25 mize their availability to Indian students and new pro-

1 grams shall be established in different locations from time  
2 to time.

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

14       “(c) REQUIREMENTS.—

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

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

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

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

5           “(C) provides summer enrichment pro-  
6 grams to expose Indian students to the various  
7 fields of psychology through research, clinical,  
8 and experimental activities;

9           “(D) provides stipends to undergraduate  
10 and graduate students to pursue a career in  
11 psychology;

12           “(E) develops affiliation agreements with  
13 tribal community colleges, the Service, univer-  
14 sity affiliated programs, and other appropriate  
15 accredited and accessible entities to enhance the  
16 education of Indian students;

17           “(F) utilizes, to the maximum extent fea-  
18 sible, existing university tutoring, counseling  
19 and student support services; and

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

22           “(d) ACTIVE DUTY OBLIGATION.—The active duty  
23 service obligation prescribed under section 338C of the  
24 Public Health Service Act (42 U.S.C. 254m) shall be met  
25 by each graduate who receives a stipend described in sub-

1 section (c)(2)(C) that is funded under this section. Such  
 2 obligation shall be met by service—

3           “(1) in the Indian Health Service;

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

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

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

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

15           “(a) IN GENERAL.—Any individual who receives a  
 16 scholarship pursuant to section 105 shall be entitled to  
 17 employment in the Service, or may be employed by a pro-  
 18 gram of an Indian tribe, tribal organization, or urban In-  
 19 dian organization, or other agency of the Department as  
 20 may be appropriate and available, during any nonacademic  
 21 period of the year. Periods of employment pursuant to this  
 22 subsection shall not be counted in determining the fulfill-  
 23 ment of the service obligation incurred as a condition of  
 24 the scholarship.



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

8       “(c) HIGH SCHOOL PROGRAMS.—Any individual who  
9       is in a high school program authorized under section  
10      103(a) may be employed by the Service, or by a Indian  
11      tribe, tribal organization, or urban Indian organization,  
12      during any nonacademic period of the year. Any such em-  
13      ployment shall not exceed 120 days during any calendar  
14      year.

15      “(d) ADMINISTRATIVE PROVISIONS.—Any employ-  
16      ment pursuant to this section shall be made without re-  
17      gard to any competitive personnel system or agency per-  
18      sonnel limitation and to a position which will enable the  
19      individual so employed to receive practical experience in  
20      the health profession in which he or she is engaged in  
21      study. Any individual so employed shall receive payment  
22      for his or her services comparable to the salary he or she  
23      would receive if he or she were employed in the competitive  
24      system. Any individual so employed shall not be counted

1 against any employment ceiling affecting the Service or  
2 the Department.

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

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

17 **“SEC. 109. COMMUNITY HEALTH REPRESENTATIVE PRO-**  
18 **GRAM.**

19       “(a) *IN GENERAL.*—Under the authority of the Act  
20 of November 2, 1921 (25 U.S.C. 13) (commonly known  
21 as the Snyder Act), the Secretary shall maintain a Com-  
22 munity Health Representative Program under which the  
23 Service, Indian tribes and tribal organizations—

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

1           “(2) use such community health representatives  
2           in the provision of health care, health promotion,  
3           and disease prevention services to Indian commu-  
4           nities.

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

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

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

15                  “(A) combines education in the theory of  
16                  health care with supervised practical experience  
17                  in the provision of health care; and

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

24          “(3) maintain a system which identifies the  
25          needs of community health representatives for con-

1 continuing education in health care, health promotion,  
 2 and disease prevention and maintain programs that  
 3 meet the needs for such continuing education;

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

6 “(5) maintain a system under which the work  
 7 of community health representatives is reviewed and  
 8 evaluated; and

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

13 **“SEC. 110. INDIAN HEALTH SERVICE LOAN REPAYMENT**  
 14 **PROGRAM.**

15 “(a) ESTABLISHMENT.—

16 “(1) IN GENERAL.—The Secretary, acting  
 17 through the Service, shall establish a program to be  
 18 known as the Indian Health Service Loan Repay-  
 19 ment Program (referred to in this Act as the ‘Loan  
 20 Repayment Program’) in order to assure an ade-  
 21 quate supply of trained health professionals nec-  
 22 essary to maintain accreditation of, and provide  
 23 health care services to Indians through, Indian  
 24 health programs.

25 “(2) DEFINITIONS.—In this section:

1           “(A) INDIAN HEALTH PROGRAM.—The  
2 term ‘Indian health program’ means any health  
3 program or facility funded, in whole or part, by  
4 the Service for the benefit of Indians and ad-  
5 ministered—

6                   “(i) directly by the Service;

7                   “(ii) by any Indian tribe or tribal or  
8 Indian organization pursuant to a funding  
9 agreement under—

10                   “(I) the Indian Self-Determina-  
11 tion and Educational Assistance Act;  
12 or

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

17                   “(iii) by an urban Indian organization  
18 pursuant to title V.

19           “(B) STATE.—The term ‘State’ has the  
20 same meaning given such term in section  
21 331(i)(4) of the Public Health Service Act.

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

24                   “(1)(A) be enrolled—

1           “(i) in a course of study or program in an  
2           accredited institution, as determined by the  
3           Secretary, within any State and be scheduled to  
4           complete such course of study in the same year  
5           such individual applies to participate in such  
6           program; or

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

9           “(B) have—

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

11           “(ii) a license to practice a health profes-  
12           sion in a State;

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

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

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

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

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

25           “(e) FORMS.—

1           “(1) IN GENERAL.—In disseminating applica-  
2           tion forms and contract forms to individuals desiring  
3           to participate in the Loan Repayment Program, the  
4           Secretary shall include with such forms a fair sum-  
5           mary of the rights and liabilities of an individual  
6           whose application is approved (and whose contract is  
7           accepted) by the Secretary, including in the sum-  
8           mary a clear explanation of the damages to which  
9           the United States is entitled under subsection (4) in  
10          the case of the individual’s breach of the contract.  
11          The Secretary shall provide such individuals with  
12          sufficient information regarding the advantages and  
13          disadvantages of service as a commissioned officer in  
14          the Regular or Reserve Corps of the Public Health  
15          Service or a civilian employee of the Indian Health  
16          Service to enable the individual to make a decision  
17          on an informed basis.

18           “(2) FORMS TO BE UNDERSTANDABLE.—The  
19          application form, contract form, and all other infor-  
20          mation furnished by the Secretary under this section  
21          shall be written in a manner calculated to be under-  
22          stood by the average individual applying to partici-  
23          pate in the Loan Repayment Program.

24           “(3) AVAILABILITY.—The Secretary shall make  
25          such application forms, contract forms, and other in-

1 formation available to individuals desiring to partici-  
 2 pate in the Loan Repayment Program on a date suf-  
 3 ficiently early to ensure that such individuals have  
 4 adequate time to carefully review and evaluate such  
 5 forms and information.

6 “(d) PRIORITY.—

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

10 “(A) identify the positions in each Indian  
 11 health program for which there is a need or a  
 12 vacancy; and

13 “(B) rank those positions in order of pri-  
 14 ority.

15 “(2) PRIORITY IN APPROVAL.—Notwithstanding  
 16 the priority determined under paragraph (1), the  
 17 Secretary, in determining which applications under  
 18 the Loan Repayment Program to approve (and  
 19 which contracts to accept), shall—

20 “(A) give first priority to applications  
 21 made by individual Indians; and

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



1                   “(i) individuals recruited through the  
2                   efforts an Indian tribe, tribal organization,  
3                   or urban Indian organization; and

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

6                   “(e) CONTRACTS.—

7                   “(1) IN GENERAL.—An individual becomes a  
8                   participant in the Loan Repayment Program only  
9                   upon the Secretary and the individual entering into  
10                  a written contract described in subsection (f).

11                  “(2) NOTICE.—Not later than 21 days after  
12                  considering an individual for participation in the  
13                  Loan Repayment Program under paragraph (1), the  
14                  Secretary shall provide written notice to the indi-  
15                  vidual of—

16                  “(A) the Secretary’s approving of the indi-  
17                  vidual’s participation in the Loan Repayment  
18                  Program, including extensions resulting in an  
19                  aggregate period of obligated service in excess  
20                  of 4 years; or

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

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

1           “(1) an agreement under which—

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

4                           “(i) to pay loans on behalf of the indi-  
5                   vidual in accordance with the provisions of  
6                   this section; and

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

14                   “(B) subject to paragraph (3), the indi-  
15           vidual agrees—

16                           “(i) to accept loan payments on behalf  
17                   of the individual;

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

20                                   “(I) to maintain enrollment in a  
21                   course of study or training described  
22                   in subsection (b)(1)(A) until the indi-  
23                   vidual completes the course of study  
24                   or training; and

1                   “(H) while enrolled in such  
2                   course of study or training, to main-  
3                   tain an acceptable level of academic  
4                   standing (as determined under regula-  
5                   tions of the Secretary by the edu-  
6                   cational institution offering such  
7                   course of study or training);

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

16                  “(2) a provision permitting the Secretary to ex-  
17                  tend for such longer additional periods, as the indi-  
18                  vidual may agree to, the period of obligated service  
19                  agreed to by the individual under paragraph  
20                  (1)(B)(iii);

21                  “(3) a provision that any financial obligation of  
22                  the United States arising out of a contract entered  
23                  into under this section and any obligation of the in-  
24                  dividual which is conditioned thereon is contingent

1 upon funds being appropriated for loan repayments  
2 under this section;

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

6 “(5) such other statements of the rights and li-  
7 abilities of the Secretary and of the individual; not  
8 inconsistent with this section.

9 “(g) LOAN REPAYMENTS.—

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

19 “(A) tuition expenses;

20 “(B) all other reasonable educational ex-  
21 penses, including fees, books, and laboratory ex-  
22 penses, incurred by the individual; and

23 “(C) reasonable living expenses as deter-  
24 mined by the Secretary.

25 “(2) AMOUNT OF PAYMENT.—

1           “(A) IN GENERAL.—For each year of obli-  
2           gated service that an individual contracts to  
3           serve under subsection (f) the Secretary may  
4           pay up to \$25,000 (or an amount equal to the  
5           amount specified in section 338B(g)(2)(A) of  
6           the Public Health Service Act) on behalf of the  
7           individual for loans described in paragraph (1).  
8           In making a determination of the amount to  
9           pay for a year of such service by an individual,  
10          the Secretary shall consider the extent to which  
11          each such determination—

12                   “(i) affects the ability of the Secretary  
13                   to maximize the number of contracts that  
14                   can be provided under the Loan Repay-  
15                   ment Program from the amounts appro-  
16                   priated for such contracts;

17                   “(ii) provides an incentive to serve in  
18                   Indian health programs with the greatest  
19                   shortages of health professionals; and

20                   “(iii) provides an incentive with re-  
21                   spect to the health professional involved re-  
22                   maining in an Indian health program with  
23                   such a health professional shortage, and  
24                   continuing to provide primary health serv-  
25                   ices, after the completion of the period of

1           obligated service under the Loan Repay-  
2           ment Program.

3           “(B) TIME FOR PAYMENT.—Any arrange-  
4           ment made by the Secretary for the making of  
5           loan repayments in accordance with this sub-  
6           section shall provide that any repayments for a  
7           year of obligated service shall be made not later  
8           than the end of the fiscal year in which the in-  
9           dividual completes such year of service.

10          “(3) SCHEDULE FOR PAYMENTS.—The Sec-  
11          retary may enter into an agreement with the holder  
12          of any loan for which payments are made under the  
13          Loan Repayment Program to establish a schedule  
14          for the making of such payments.

15          “(h) COUNTING OF INDIVIDUALS.—Notwithstanding  
16          any other provision of law, individuals who have entered  
17          into written contracts with the Secretary under this sec-  
18          tion, while undergoing academic training, shall not be  
19          counted against any employment ceiling affecting the De-  
20          partment.

21          “(i) RECRUITING PROGRAMS.—The Secretary shall  
22          conduct recruiting programs for the Loan Repayment Pro-  
23          gram and other health professional programs of the Serv-  
24          ice at educational institutions training health professionals  
25          or specialists identified in subsection (a).

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

5       “(k) ASSIGNMENT OF INDIVIDUALS.—The Secretary,  
 6 in assigning individuals to serve in Indian health programs  
 7 pursuant to contracts entered into under this section,  
 8 shall—

9           “(1) ensure that the staffing needs of Indian  
 10 health programs administered by an Indian tribe or  
 11 tribal or health organization receive consideration on  
 12 an equal basis with programs that are administered  
 13 directly by the Service; and

14           “(2) give priority to assigning individuals to In-  
 15 dian health programs that have a need for health  
 16 professionals to provide health care services as a re-  
 17 sult of individuals having breached contracts entered  
 18 into under this section.

19       “(l) BREACH OF CONTRACT.—

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

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

1           “(i) fails to maintain an acceptable  
2           level of academic standing in the edu-  
3           cational institution in which he is enrolled  
4           (such level determined by the educational  
5           institution under regulations of the Sec-  
6           retary);

7           “(ii) voluntarily terminates such en-  
8           rollment; or

9           “(iii) is dismissed from such edu-  
10          cational institution before completion of  
11          such course of study; or

12          “(B) is enrolled in a graduate training pro-  
13          gram, and who fails to complete such training  
14          program, and does not receive a waiver from  
15          the Secretary under subsection (b)(1)(B)(ii);

16          shall be liable, in lieu of any service obligation aris-  
17          ing under such contract, to the United States for the  
18          amount which has been paid on such individual's be-  
19          half under the contract.

20          “(2) AMOUNT OF RECOVERY.—If, for any rea-  
21          son not specified in paragraph (1), an individual  
22          breaches his written contract under this section by  
23          failing either to begin, or complete, such individual's  
24          period of obligated service in accordance with sub-  
25          section (f), the United States shall be entitled to re-



1 cover from such individual an amount to be deter-  
 2 mined in accordance with the following formula:

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

4 in which—

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

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

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

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

20 Amounts not paid within such period shall be sub-  
 21 ject to collection through deductions in medicare  
 22 payments pursuant to section 1892 of the Social Se-  
 23 curity Act.

24 “(3) DAMAGES.—

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

8           “(B) DELINQUENCIES.—If damages de-  
9 scribed in subparagraph (A) are delinquent for  
10 3 months, the Secretary shall, for the purpose  
11 of recovering such damages—

12           “(i) utilize collection agencies con-  
13 tracted with by the Administrator of the  
14 General Services Administration; or

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

18           “(C) CONTRACTS FOR RECOVERY OF DAM-  
19 AGES.—Each contract for recovering damages  
20 pursuant to this subsection shall provide that  
21 the contractor will, not less than once each 6  
22 months, submit to the Secretary a status report  
23 on the success of the contractor in collecting  
24 such damages. Section 3718 of title 31, United

1           States Code, shall apply to any such contract to  
2           the extent not inconsistent with this subsection.

3           ~~“(m) CANCELLATION, WAIVER OR RELEASE.—~~

4           ~~“(1) CANCELLATION.—Any obligation of an in-~~  
5           ~~dividual under the Loan Repayment Program for~~  
6           ~~service or payment of damages shall be canceled~~  
7           ~~upon the death of the individual.~~

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

17          ~~“(3) WAIVER OF RIGHTS OF UNITED STATES.—~~  
18          ~~The Secretary may waive, in whole or in part, the~~  
19          ~~rights of the United States to recover amounts~~  
20          ~~under this section in any case of extreme hardship~~  
21          ~~or other good cause shown, as determined by the~~  
22          ~~Secretary.~~

23          ~~“(4) RELEASE.—Any obligation of an individual~~  
24          ~~under the Loan Repayment Program for payment of~~  
25          ~~damages may be released by a discharge in bank-~~

1       ruptey under title 11 of the United States Code only  
2       if such discharge is granted after the expiration of  
3       the 5-year period beginning on the first date that  
4       payment of such damages is required, and only if  
5       the bankruptcy court finds that nondischarge of the  
6       obligation would be unconscionable.

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

11             “(1) the health professional positions main-  
12             tained by the Service or by tribal or Indian organi-  
13             zations for which recruitment or retention is dif-  
14             ficult;

15             “(2) the number of Loan Repayment Program  
16             applications filed with respect to each type of health  
17             profession;

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

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

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

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

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

7           “(8) the measures the Secretary plans to take  
8 to fill the health professional positions maintained  
9 by the Service or by tribes, tribal organizations, or  
10 urban Indian organizations for which recruitment or  
11 retention is difficult.

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

14           “(a) ESTABLISHMENT.—Notwithstanding section  
15 102, there is established in the Treasury of the United  
16 States a fund to be known as the Indian Health Scholar-  
17 ship and Loan Repayment Recovery Fund (referred to in  
18 this section as the ‘LRRF’). The LRRF Fund shall con-  
19 sist of—

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

24           “(2) such funds as may be appropriated to the  
25 LRRF;

1           ~~“(3) such interest earned on amounts in the~~  
 2           ~~LRRF; and~~

3           ~~“(4) such additional amounts as may be col-~~  
 4           ~~lected; appropriated; or earned relative to the~~  
 5           ~~LRRF.~~

6           ~~Amounts appropriated to the LRRF shall remain available~~  
 7           ~~until expended.~~

8           ~~“(b) USE OF LRRF.—~~

9           ~~“(1) IN GENERAL.—Amounts in the LRRF~~  
 10           ~~may be expended by the Secretary, subject to section~~  
 11           ~~102, acting through the Service, to make payments~~  
 12           ~~to the Service or to an Indian tribe or tribal organi-~~  
 13           ~~zation administering a health care program pursuant~~  
 14           ~~to a funding agreement entered into under the In-~~  
 15           ~~Indian Self-Determination and Education Assistance~~  
 16           ~~Act—~~

17           ~~“(A) to which a scholarship recipient under~~  
 18           ~~section 105 or a loan repayment program par-~~  
 19           ~~ticipant under section 110 has been assigned to~~  
 20           ~~meet the obligated service requirements pursu-~~  
 21           ~~ant to sections; and~~

22           ~~“(B) that has a need for a health profes-~~  
 23           ~~sional to provide health care services as a result~~  
 24           ~~of such recipient or participant having breached~~

1 the contract entered into under section 105 or  
2 section 110.

3 ~~“(2) SCHOLARSHIPS AND RECRUITING.—An In-~~  
4 ~~Indian tribe or tribal organization receiving payments~~  
5 ~~pursuant to paragraph (1) may expend the payments~~  
6 ~~to provide scholarships or to recruit and employ, di-~~  
7 ~~rectly or by contract, health professionals to provide~~  
8 ~~health care services.~~

9 ~~“(e) INVESTING OF FUND.—~~

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

19 ~~“(2) SALE PRICE.—Any obligation acquired by~~  
20 ~~the LRRF may be sold by the Secretary of the~~  
21 ~~Treasury at the market price.~~

22 **“SEC. 112. RECRUITMENT ACTIVITIES.**

23 ~~“(a) REIMBURSEMENT OF EXPENSES.—The Sec-~~  
24 ~~retary may reimburse health professionals seeking posi-~~  
25 ~~tions in the Service, Indian tribes, tribal organizations, or~~

1 urban Indian organizations, including unpaid student vol-  
2 unteers and individuals considering entering into a con-  
3 tract under section 110, and their spouses, for actual and  
4 reasonable expenses incurred in traveling to and from  
5 their places of residence to an area in which they may  
6 be assigned for the purpose of evaluating such area with  
7 respect to such assignment.

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

12 **“SEC. 113. TRIBAL RECRUITMENT AND RETENTION PRO-**  
13 **GRAM.**

14       “(a) FUNDING OF PROJECTS.—The Secretary, acting  
15 through the Service, shall fund innovative projects for a  
16 period not to exceed 3 years to enable Indian tribes, tribal  
17 organizations, and urban Indian organizations to recruit,  
18 place, and retain health professionals to meet the staffing  
19 needs of Indian health programs (as defined in section  
20 110(a)(2)(A)).

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



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

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

9       “(b) **SERVICE OBLIGATION.**—

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

17           “(2) **FAILURE TO COMPLETE SERVICE.**—In the  
18 event that an individual fails to complete a period of  
19 obligated service under paragraph (1), the individual  
20 shall be liable to the United States for the period of  
21 service remaining. In such event, with respect to in-  
22 dividuals entering the project after the date of the  
23 enactment of this Act, the United States shall be en-  
24 titled to recover from such individual an amount to  
25 be determined in accordance with the formula speci-

1       fied in subsection (4) of section 110 in the manner  
2       provided for in such subsection.

3       “(e) OPPORTUNITY TO PARTICIPATE.—Health pro-  
4       fessionals from Indian tribes, tribal organizations, and  
5       urban Indian organizations under the authority of the In-  
6       dian Self-Determination and Education Assistance Act  
7       shall be given an equal opportunity to participate in the  
8       program under subsection (a).

9       **“SEC. 115. NURSING PROGRAMS; QUENTIN N. BURDICK**  
10                   **AMERICAN INDIANS INTO NURSING PRO-**  
11                   **GRAM.**

12       “(a) GRANTS.—Notwithstanding section 102, the  
13       Secretary, acting through the Service, shall provide funds  
14       to—

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

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

21               “(3) nurse midwife programs, and advance  
22       practice nurse programs, that are provided by any  
23       tribal college accredited nursing program, or in the  
24       absence of such, any other public or private institu-  
25       tion;

1 for the purpose of increasing the number of nurses, nurse  
2 midwives, and nurse practitioners who deliver health care  
3 services to Indians.

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

6 “(1) recruit individuals for programs which  
7 train individuals to be nurses, nurse midwives, or  
8 advanced practice nurses;

9 “(2) provide scholarships to Indian individuals  
10 enrolled in such programs that may be used to pay  
11 the tuition charged for such program and for other  
12 expenses incurred in connection with such program,  
13 including books, fees, room and board, and stipends  
14 for living expenses;

15 “(3) provide a program that encourages nurses,  
16 nurse midwives, and advanced practice nurses to  
17 provide, or continue to provide, health care services  
18 to Indians;

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

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

24 “(c) APPLICATIONS.—Each application for funds  
25 under subsection (a) shall include such information as the

1 Secretary may require to establish the connection between  
2 the program of the applicant and a health care facility  
3 that primarily serves Indians.

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

6 “(1) programs that provide a preference to In-  
7 dians;

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

10 “(3) programs that are interdisciplinary; and

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

15 “(e) QUENTIN N. BURDICK AMERICAN INDIANS INTO  
16 NURSING PROGRAM.—The Secretary shall ensure that a  
17 portion of the funds authorized under subsection (a) is  
18 made available to establish and maintain a program at the  
19 University of North Dakota to be known as the ‘Quentin  
20 N. Burdick American Indians Into Nursing Program’.  
21 Such program shall, to the maximum extent feasible, co-  
22 ordinate with the Quentin N. Burdick American Indians  
23 Into Psychology Program established under section 106(b)  
24 and the Quentin N. Burdick Indian Health Programs es-  
25 tablished under section 117(b).

1       “(f) SERVICE OBLIGATION.—The active duty service  
2 obligation prescribed under section 338C of the Public  
3 Health Service Act (42 U.S.C. 254m) shall be met by each  
4 individual who receives training or assistance described in  
5 paragraph (1) or (2) of subsection (b) that is funded  
6 under subsection (a). Such obligation shall be met by serv-  
7 ice—

8               “(1) in the Indian Health Service;

9               “(2) in a program conducted under a contract  
10 entered into under the Indian Self-Determination  
11 and Education Assistance Act;

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

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

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

20       “(a) IN GENERAL.—The Secretary, acting through  
21 the Service, shall require that appropriate employees of  
22 the Service who serve Indian tribes in each service area  
23 receive educational instruction in the history and culture  
24 of such tribes and their relationship to the Service.

1       “(b) REQUIREMENTS.—To the extent feasible, the  
2 educational instruction to be provided under subsection  
3 (a) shall—

4               “(1) be provided in consultation with the af-  
5 fected tribal governments, tribal organizations, and  
6 urban Indian organizations;

7               “(2) be provided through tribally-controlled  
8 community colleges (within the meaning of section  
9 2(4) of the Tribally Controlled Community College  
10 Assistance Act of 1978) and tribally controlled post-  
11 secondary vocational institutions (as defined in sec-  
12 tion 390(2) of the Tribally Controlled Vocational In-  
13 stitutions Support Act of 1990 (20 U.S.C.  
14 2397h(2)); and

15               “(3) include instruction in Native American  
16 studies.

17 **“SEC. 117. INMED PROGRAM.**

18       “(a) GRANTS.—The Secretary may provide grants to  
19 3 colleges and universities for the purpose of maintaining  
20 and expanding the Native American health careers recruit-  
21 ment program known as the ‘Indians into Medicine Pro-  
22 gram’ (referred to in this section as ‘INMED’) as a means  
23 of encouraging Indians to enter the health professions.

24       “(b) QUENTIN N. BURDICK INDIAN HEALTH PRO-  
25 GRAM.—The Secretary shall provide 1 of the grants under

1 subsection (a) to maintain the INMED program at the  
 2 University of North Dakota, to be known as the ‘Quentin  
 3 N. Burdick Indian Health Program’, unless the Secretary  
 4 makes a determination, based upon program reviews, that  
 5 the program is not meeting the purposes of this section.  
 6 Such program shall, to the maximum extent feasible, co-  
 7 ordinate with the Quentin N. Burdick American Indians  
 8 Into Psychology Program established under section 106(b)  
 9 and the Quentin N. Burdick American Indians Into Nurs-  
 10 ing Program established under section 115.

11 “(c) REQUIREMENTS.—

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

14 “(2) PROGRAM REQUIREMENTS.—Applicants  
 15 for grants provided under this section shall agree to  
 16 provide a program that—

17 “(A) provides outreach and recruitment for  
 18 health professions to Indian communities in-  
 19 cluding elementary, secondary and community  
 20 colleges located on Indian reservations which  
 21 will be served by the program;

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

1           “(C) provides summer preparatory pro-  
 2           grams for Indian students who need enrichment  
 3           in the subjects of math and science in order to  
 4           pursue training in the health professions;

5           “(D) provides tutoring, counseling and  
 6           support to students who are enrolled in a health  
 7           career program of study at the respective col-  
 8           lege or university; and

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

11 **“SEC. 118. HEALTH TRAINING PROGRAMS OF COMMUNITY**  
 12 **COLLEGES.**

13          “(a) ESTABLISHMENT GRANTS.—

14           “(1) IN GENERAL.—The Secretary, acting  
 15           through the Service, shall award grants to accredited  
 16           and accessible community colleges for the purpose of  
 17           assisting such colleges in the establishment of pro-  
 18           grams which provide education in a health profes-  
 19           sion leading to a degree or diploma in a health pro-  
 20           fession for individuals who desire to practice such  
 21           profession on an Indian reservation, in the Service,  
 22           or in a tribal health program.

23           “(2) AMOUNT.—The amount of any grant  
 24           awarded to a community college under paragraph  
 25           (1) for the first year in which such a grant is pro-



1 vided to the community college shall not exceed  
2 \$100,000.

3 “(b) CONTINUATION GRANTS.—

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

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

12 “(A) is accredited;

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

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

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

1           “(ii) stipulate certifications necessary  
2           to approve internship and field placement  
3           opportunities at health programs of the  
4           Service or at tribal health programs;

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

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

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

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

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

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

23          “(d) SPECIFIED COURSES OF STUDY.—Any program  
24          receiving assistance under this section that is conducted  
25          with respect to a health profession shall also offer courses

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

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

5           “(2) provides clinical services on an Indian res-  
6           ervation, at a Service facility, or at a tribal clinic.

7 Such courses of study may be offered in conjunction with  
8 the college or university with which the community college  
9 has entered into the agreement required under subsection  
10 (b)(2)(C).

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

14           “(f) DEFINITIONS.—In this section:

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

17                   “(A) a tribally controlled community col-  
18                   lege; or

19                   “(B) a junior or community college.

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

24           “(3) TRIBALLY CONTROLLED COLLEGE.—The  
25           term ‘tribally controlled college’ has the meaning

1 given the term ‘tribally controlled community college’  
 2 by section 2(4) of the Tribally Controlled Commu-  
 3 nity College Assistance Act of 1978.

4 **“SEC. 119. RETENTION BONUS.**

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

12 “(1) is assigned to, and serving in, a position  
 13 for which recruitment or retention of personnel is  
 14 difficult;

15 “(2) the Secretary determines is needed by the  
 16 Service, tribe, tribal organization, or urban organiza-  
 17 tion;

18 “(3) has—

19 “(A) completed 3 years of employment  
 20 with the Service, tribe, tribal organization, or  
 21 urban organization; or

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

24 “(i) any Federal scholarship program;

25 or

1                   “(ii) any Federal education loan re-  
2                   payment program; and

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

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

13                  “(c) FAILURE TO COMPLETE TERM OF SERVICE.—  
14                  Any health professional failing to complete the agreed  
15                  upon term of service, except where such failure is through  
16                  no fault of the individual, shall be obligated to refund to  
17                  the Government the full amount of the retention bonus  
18                  for the period covered by the agreement, plus interest as  
19                  determined by the Secretary in accordance with section  
20                  110(l)(2)(B).

21                  “(d) FUNDING AGREEMENT.—The Secretary may  
22                  pay a retention bonus to any health professional employed  
23                  by an organization providing health care services to Indi-  
24                  ans pursuant to a funding agreement under the Indian  
25                  Self-Determination and Education Assistance Act if such

1 health professional is serving in a position which the Sec-  
 2 retary determines is—

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

5           “(2) necessary for providing health care services  
 6 to Indians.

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

8           “(a) ESTABLISHMENT.—The Secretary, acting  
 9 through the Service, shall establish a program to enable  
 10 Indians who are licensed practical nurses, licensed voca-  
 11 tional nurses, and registered nurses who are working in  
 12 an Indian health program (as defined in section  
 13 110(a)(2)(A)); and have done so for a period of not less  
 14 than 1 year, to pursue advanced training.

15           “(b) REQUIREMENT.—The program established  
 16 under subsection (a) shall include a combination of edu-  
 17 cation and work study in an Indian health program (as  
 18 defined in section 110(a)(2)(A)) leading to an associate  
 19 or bachelor’s degree (in the case of a licensed practical  
 20 nurse or licensed vocational nurse) or a bachelor’s degree  
 21 (in the case of a registered nurse) or an advanced degree  
 22 in nursing and public health.

23           “(c) SERVICE OBLIGATION.—An individual who par-  
 24 ticipates in a program under subsection (a), where the  
 25 educational costs are paid by the Service, shall incur an

1 obligation to serve in an Indian health program for a pe-  
 2 riod of obligated service equal to the amount of time dur-  
 3 ing which the individual participates in such program. In  
 4 the event that the individual fails to complete such obli-  
 5 gated service, the United States shall be entitled to recover  
 6 from such individual an amount determined in accordance  
 7 with the formula specified in subsection (1) of section 110  
 8 in the manner provided for in such subsection.

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

10 **KA.**

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

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

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

22 “(3) provides for the establishment of tele-  
 23 conferencing capacity in health clinics located in or  
 24 near such villages for use by community health aides  
 25 or community health practitioners.

1       “(b) ACTIVITIES.—The Secretary, acting through the  
2 Community Health Aide Program under subsection (a),  
3 shall—

4           “(1) using trainers accredited by the Program,  
5 provide a high standard of training to community  
6 health aides and community health practitioners to  
7 ensure that such aides and practitioners provide  
8 quality health care, health promotion, and disease  
9 prevention services to the villages served by the Pro-  
10 gram;

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

13           “(A) combines education in the theory of  
14 health care with supervised practical experience  
15 in the provision of health care;

16           “(B) provides instruction and practical ex-  
17 perience in the provision of acute care, emer-  
18 gency care, health promotion, disease preven-  
19 tion, and the efficient and effective manage-  
20 ment of clinic pharmacies, supplies, equipment,  
21 and facilities; and

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

24          “(3) establish and maintain a Community  
25 Health Aide Certification Board to certify as com-



1 community health aides or community health practi-  
2 tioners individuals who have successfully completed  
3 the training described in paragraph (1) or who can  
4 demonstrate equivalent experience;

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

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

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

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

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

1 **“SEC. 123. HEALTH PROFESSIONAL CHRONIC SHORTAGE**  
2 **DEMONSTRATION PROJECT.**

3 “(a) PILOT PROGRAMS.—The Secretary may,  
4 through area offices, fund pilot programs for tribes and  
5 tribal organizations to address chronic shortages of health  
6 professionals.

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

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

12 “(2) improve the quality of health care for Indi-  
13 ans by assuring access to qualified health care pro-  
14 fessionals; and

15 “(3) provide academic and scholarly opportuni-  
16 ties for health professionals serving Indian people by  
17 identifying and utilizing all academic and scholarly  
18 resources of the region.

19 “(c) ADVISORY BOARD.—A pilot program established  
20 under subsection (a) shall incorporate a program advisory  
21 board that shall be composed of representatives from the  
22 tribes and communities in the service area that will be  
23 served by the program.

24 **“SEC. 124. SCHOLARSHIPS.**

25 “Scholarships and loan reimbursements provided to  
26 individuals pursuant to this title shall be treated as ‘quali-

1 fied scholarships' for purposes of section 117 of the Inter-  
 2 nal Revenue Code of 1986.

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

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

5 “(1) remove a member of the National Health  
 6 Services Corps from a health program operated by  
 7 Indian Health Service or by a tribe or tribal organi-  
 8 zation under a funding agreement with the Service  
 9 under the Indian Self-Determination and Education  
 10 Assistance Act, or by urban Indian organizations; or

11 “(2) withdraw the funding used to support such  
 12 a member;

13 unless the Secretary, acting through the Service, tribes or  
 14 tribal organization, has ensured that the Indians receiving  
 15 services from such member will experience no reduction  
 16 in services.

17 “(b) DESIGNATION OF SERVICE AREAS AS HEALTH  
 18 PROFESSIONAL SHORTAGE AREAS.—All service areas  
 19 served by programs operated by the Service or by a tribe  
 20 or tribal organization under the Indian Self-Determination  
 21 and Education Assistance Act, or by an urban Indian or-  
 22 ganization, shall be designated under section 332 of the  
 23 Public Health Service Act (42 U.S.C. 254e) as Health  
 24 Professional Shortage Areas.

1       “(e) FULL TIME EQUIVALENT.—National Health  
2 Service Corps scholars that qualify for the commissioned  
3 corps in the Public Health Service shall be exempt from  
4 the full time equivalent limitations of the National Health  
5 Service Corps and the Service when such scholars serve  
6 as commissioned corps officers in a health program oper-  
7 ated by an Indian tribe or tribal organization under the  
8 Indian Self-Determination and Education Assistance Act  
9 or by an urban Indian organization.

10       **“SEC. 126. SUBSTANCE ABUSE COUNSELOR EDUCATION**  
11                                   **DEMONSTRATION PROJECT.**

12       “(a) DEMONSTRATION PROJECTS.—The Secretary,  
13 acting through the Service, may enter into contracts with,  
14 or make grants to, accredited tribally controlled commu-  
15 nity colleges, tribally controlled postsecondary vocational  
16 institutions, and eligible accredited and accessible commu-  
17 nity colleges to establish demonstration projects to develop  
18 educational curricula for substance abuse counseling.

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

24       “(c) TERM OF GRANT.—A contract entered into or  
25 a grant provided under this section shall be for a period

1 of 1 year. Such contract or grant may be renewed for an  
2 additional 1 year period upon the approval of the Sec-  
3 retary.

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

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

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

25 “(g) DEFINITIONS.—In this section:

1           “(1) **EDUCATIONAL CURRICULUM.**—The term  
2           ‘educational curriculum’ means 1 or more of the fol-  
3           lowing:

4                   “(A) Classroom education.

5                   “(B) Clinical work experience.

6                   “(C) Continuing education workshops.

7           “(2) **TRIBALLY CONTROLLED COMMUNITY COL-**  
8           **LEGE.**—The term ‘tribally controlled community col-  
9           lege’ has the meaning given such term in section  
10          2(a)(4) of the Tribally Controlled Community Col-  
11         lege Assistance Act of 1978 (25 U.S.C. 1801(a)(4)).

12          “(3) **TRIBALLY CONTROLLED POSTSECONDARY**  
13         **VOCATIONAL INSTITUTION.**—The term ‘tribally con-  
14         trolled postsecondary vocational institution’ has the  
15         meaning given such term in section 390(2) of the  
16         Tribally Controlled Vocational Institutions Support  
17         Act of 1990 (20 U.S.C. 2397h(2)).

18         **“SEC. 127. MENTAL HEALTH TRAINING AND COMMUNITY**  
19                 **EDUCATION.**

20                 “(a) **STUDY AND LIST.**—

21                   “(1) **IN GENERAL.**—The Secretary and the Sec-  
22             retary of the Interior in consultation with Indian  
23             tribes and tribal organizations shall conduct a study  
24             and compile a list of the types of staff positions  
25             specified in subsection (b) whose qualifications in-

1 elude or should include, training in the identifica-  
2 tion, prevention, education, referral or treatment of  
3 mental illness, dysfunctional or self-destructive be-  
4 havior.

5 “(2) POSITIONS.—The positions referred to in  
6 paragraph (1) are—

7 “(A) staff positions within the Bureau of  
8 Indian Affairs, including existing positions, in  
9 the fields of—

10 “(i) elementary and secondary edu-  
11 cation;

12 “(ii) social services, family and child  
13 welfare;

14 “(iii) law enforcement and judicial  
15 services; and

16 “(iv) alcohol and substance abuse;

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

18 “(C) staff positions similar to those speci-  
19 fied in subsection (b) and established and main-  
20 tained by Indian tribes, tribal organizations,  
21 and urban Indian organizations, including posi-  
22 tions established pursuant to funding agree-  
23 ments under the Indian Self-determination and  
24 Education Assistance Act, and this Act.

25 “(3) TRAINING CRITERIA.—

1           “(A) IN GENERAL.—The appropriate Sec-  
2           retary shall provide training criteria appropriate  
3           to each type of position specified in subsection  
4           (b)(1) and ensure that appropriate training has  
5           been or will be provided to any individual in any  
6           such position.

7           “(B) TRAINING.—With respect to any such  
8           individual in a position specified pursuant to  
9           subsection (b)(3), the respective Secretaries  
10          shall provide appropriate training or provide  
11          funds to an Indian tribe, tribal organization, or  
12          urban Indian organization for the training of  
13          appropriate individuals. In the case of a fund-  
14          ing agreement, the appropriate Secretary shall  
15          ensure that such training costs are included in  
16          the funding agreement, if necessary.

17          “(4) CULTURAL RELEVANCY.—Position specific  
18          training criteria shall be culturally relevant to Indi-  
19          ans and Indian tribes and shall ensure that appro-  
20          priate information regarding traditional health care  
21          practices is provided.

22          “(5) COMMUNITY EDUCATION.—

23                 “(A) DEVELOPMENT.—The Service shall  
24                 develop and implement, or on request of an In-  
25                 dian tribe or tribal organization, assist an In-



1           dian tribe or tribal organization, in developing  
2           and implementing a program of community  
3           education on mental illness.

4           “(B) TECHNICAL ASSISTANCE.—In ear-  
5           rying out this paragraph, the Service shall,  
6           upon the request of an Indian tribe or tribal or-  
7           ganization, provide technical assistance to the  
8           Indian tribe or tribal organization to obtain and  
9           develop community educational materials on the  
10          identification, prevention, referral and treat-  
11          ment of mental illness, dysfunctional and self-  
12          destructive behavior.

13          “(b) STAFFING.—

14           “(1) IN GENERAL.—Not later than 90 days  
15          after the date of enactment of the Act, the Director  
16          of the Service shall develop a plan under which the  
17          Service will increase the number of health care staff  
18          that are providing mental health services by at least  
19          500 positions within 5 years after such date of en-  
20          actment, with at least 200 of such positions devoted  
21          to child, adolescent, and family services. The alloca-  
22          tion of such positions shall be subject to the provi-  
23          sions of section 102(a).

24           “(2) IMPLEMENTATION.—The plan developed  
25          under paragraph (1) shall be implemented under the

1 Act of November 2, 1921 (25 U.S.C. 13) (commonly  
2 know as the ‘Snyder Act’).

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

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

7 **“TITLE II—HEALTH SERVICES**

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

9 “(a) IN GENERAL.—The Secretary may expend  
10 funds, directly or under the authority of the Indian Self-  
11 Determination and Education Assistance Act, that are ap-  
12 propriated under the authority of this section, for the pur-  
13 poses of—

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

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

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

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

23 “(5) augmenting the ability of the Service to  
24 meet the following health service responsibilities with

1 respect to those Indian tribes with the highest levels  
2 of health status and resource deficiencies:

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

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

10 “(C) dental care;

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

17 “(E) emergency medical services;

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

22 “(G) accident prevention programs;

23 “(H) home health care;

24 “(I) community health representatives;

25 “(J) maintenance and repair; and

1           “(K) traditional health care practices.

2           “(b) USE OF FUNDS.—

3           “(1) LIMITATION.—Any funds appropriated  
4 under the authority of this section shall not be used  
5 to offset or limit any other appropriations made to  
6 the Service under this Act, the Act of November 2,  
7 1921 (25 U.S.C. 13) (commonly known as the ‘Sny-  
8 der Act’), or any other provision of law.

9           “(2) ALLOCATION.—

10           “(A) IN GENERAL.—Funds appropriated  
11 under the authority of this section shall be allo-  
12 cated to service units or Indian tribes or tribal  
13 organizations. The funds allocated to each tribe,  
14 tribal organization, or service unit under this  
15 subparagraph shall be used to improve the  
16 health status and reduce the resource deficiency  
17 of each tribe served by such service unit, tribe  
18 or tribal organization. Such allocation shall  
19 weigh the amounts appropriated in favor of  
20 those service areas where the health status of  
21 Indians within the area, as measured by life ex-  
22 pectaney based upon the most recent data avail-  
23 able, is significantly lower than the average  
24 health status for Indians for all service areas,  
25 except that amounts allocated to each such area

1 using such a weighted allocation formula shall  
 2 not be less than the amounts allocated to each  
 3 such area in the previous fiscal year.

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

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

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

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

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

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

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

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

21          “(e) REPORT.—Not later than the date that is 3  
22          years after the date of enactment of this Act, the Sec-  
23          retary shall submit to the Congress the current health sta-  
24          tus and resource deficiency report of the Service for each

1 Indian tribe or service unit, including newly recognized or  
2 acknowledged tribes. Such report shall set out—

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

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

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

13 “(4) an estimate of—

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

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

23 “(C) the number of Indians using the  
24 Service resources made available to each service  
25 unit or Indian tribe or tribal organization; and;

1 to the extent available, information on the wait-  
 2 ing lists and number of Indians turned away for  
 3 services due to lack of resources.

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

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

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

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

19 “(a) ESTABLISHMENT.—

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

24 “(A) the amounts deposited under sub-  
 25 section (d); and



1           “(B) any amounts appropriated to the  
2           CHEF under this Act.

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

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

18          “(4) NOT SUBJECT TO CONTRACT OR GRANT.—  
19          No part of the CHEF or its administration shall be  
20          subject to contract or grant under any law, including  
21          the Indian Self-Determination and Education Assist-  
22          ance Act.

23          “(5) ADMINISTRATION.—Amounts provided  
24          from the CHEF shall be administered by the area  
25          offices based upon priorities determined by the In-

1       dian tribes and tribal organizations within each serv-  
2       ice area, including a consideration of the needs of  
3       Indian tribes and tribal organizations which are con-  
4       tract health service-dependent.

5       “(b) REQUIREMENTS.—The Secretary shall, through  
6 the negotiated rulemaking process under title VIII, pro-  
7 mulgate regulations consistent with the provisions of this  
8 section—

9               “(1) establish a definition of disasters and cata-  
10       strophic illnesses for which the cost of treatment  
11       provided under contract would qualify for payment  
12       from the CHEF;

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

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

21                   “(B) for any subsequent year, not less  
22       than the threshold cost of the previous year in-  
23       creased by the percentage increase in the med-  
24       ical care expenditure category of the consumer  
25       price index for all urban consumers (United

1 States city average) for the 12-month period  
2 ending with December of the previous year;

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

5 ~~“(A) service units, Indian tribes, or tribal~~  
6 ~~organizations, or facilities of the Service; or~~

7 ~~“(B) non-Service facilities or providers~~  
8 ~~whenever otherwise authorized by the Service;~~  
9 ~~in rendering treatment that exceeds threshold cost~~  
10 ~~described in paragraph (2);~~

11 ~~“(4) establish a procedure for payment from~~  
12 ~~the CHEF in cases in which the exigencies of the~~  
13 ~~medical circumstances warrant treatment prior to~~  
14 ~~the authorization of such treatment by the Service;~~  
15 ~~and~~

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

23 ~~“(e) LIMITATION.—Amounts appropriated to the~~  
24 ~~CHEF under this section shall not be used to offset or~~  
25 ~~limit appropriations made to the Service under the author-~~

1 ity of the Act of November 2, 1921 (25 U.S.C. 13) (com-  
 2 monly known as the Snyder Act) or any other law.

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

9 **“SEC. 203. HEALTH PROMOTION AND DISEASE PREVENTION**  
 10 **SERVICES.**

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

13 “(1) improve the health and well-being of Indi-  
 14 ans; and

15 “(2) reduce the expenses for health care of In-  
 16 dians.

17 “(b) PROVISION OF SERVICES.—The Secretary, act-  
 18 ing through the Service and through Indian tribes and  
 19 tribal organizations, shall provide health promotion and  
 20 disease prevention services to Indians so as to achieve the  
 21 health status objective set forth in section 3(b).

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

24 “(1) DISEASE PREVENTION.—The term ‘disease  
 25 prevention’ means the reduction, limitation, and pre-

1       vention of disease and its complications, and the re-  
 2       duction in the consequences of such diseases, includ-  
 3       ing—

4               “(A) controlling—

5                   “(i) diabetes;

6                   “(ii) high blood pressure;

7                   “(iii) infectious agents;

8                   “(iv) injuries;

9                   “(v) occupational hazards and disabil-

10                  ities;

11                  “(vi) sexually transmittable diseases;

12                  and

13                  “(vii) toxic agents; and

14               “(B) providing—

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

16                   “(ii) immunizations.

17               “(2) HEALTH PROMOTION.—The term ‘health  
 18       promotion’ means fostering social, economic, envi-  
 19       ronmental, and personal factors conducive to health,  
 20       including—

21               “(A) raising people’s awareness about

22                   health matters and enabling them to cope with

23                   health problems by increasing their knowledge

24                   and providing them with valid information;

1           “(B) encouraging adequate and appro-  
2           priate diet, exercise, and sleep;

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

5           “(D) making available suitable housing,  
6           safe water, and sanitary facilities;

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

9           “(F) promoting adequate opportunity for  
10          spiritual, religious, and traditional practices;  
11          and

12          “(G) adequate and appropriate programs  
13          including—

14                 “(i) abuse prevention (mental and  
15                 physical);

16                 “(ii) community health;

17                 “(iii) community safety;

18                 “(iv) consumer health education;

19                 “(v) diet and nutrition;

20                 “(vi) disease prevention (commu-  
21                 nicable, immunizations, HIV/AIDS);

22                 “(vii) environmental health;

23                 “(viii) exercise and physical fitness;

24                 “(ix) fetal alcohol disorders;

25                 “(x) first aid and CPR education;

- 1                   “(xi) human growth and development;
- 2                   “(xii) injury prevention and personal
- 3 safety;
- 4                   “(xiii) mental health (emotional; self-
- 5 worth);
- 6                   “(xiv) personal health and wellness
- 7 practices;
- 8                   “(xv) personal capacity building;
- 9                   “(xvi) prenatal, pregnancy, and infant
- 10 care;
- 11                   “(xvii) psychological well being;
- 12                   “(xiii) reproductive health (family
- 13 planning);
- 14                   “(xix) safe and adequate water;
- 15                   “(xx) safe housing;
- 16                   “(xxi) safe work environments;
- 17                   “(xxii) stress control;
- 18                   “(xxiii) substance abuse;
- 19                   “(xxiv) sanitary facilities;
- 20                   “(xxv) tobacco use cessation and re-
- 21 duction;
- 22                   “(xxvi) violence prevention; and
- 23                   “(xxvii) such other activities identified
- 24 by the Service, an Indian tribe or tribal or-

1                   ganization, to promote the achievement of  
2                   the objective described in section 3(b).

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

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

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

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

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

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

19                   **TROL.**

20           “(a) ~~DETERMINATION.~~—The Secretary, in consulta-  
21 tion with Indian tribes and tribal organizations, shall de-  
22 termine—

23                   “(1) by tribe, tribal organization, and service  
24                   unit of the Service, the prevalence of, and the types



1 of complications resulting from, diabetes among In-  
2 dians; and

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

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

16 “(c) CONTINUED FUNDING.—The Secretary shall  
17 continue to fund, through fiscal year 2015, each effective  
18 model diabetes project in existence on the date of the en-  
19 actment of this Act and such other diabetes programs op-  
20 erated by the Secretary or by Indian tribes and tribal or-  
21 ganizations and any additional programs added to meet  
22 existing diabetes needs. Indian tribes and tribal organiza-  
23 tions shall receive recurring funding for the diabetes pro-  
24 grams which they operate pursuant to this section. Model  
25 diabetes projects shall consult, on a regular basis, with

1 tribes and tribal organizations in their regions regarding  
2 diabetes needs and provide technical expertise as needed.

3 “(d) DIALYSIS PROGRAMS.—The Secretary shall pro-  
4 vide funding through the Service, Indian tribes and tribal  
5 organizations to establish dialysis programs, including  
6 funds to purchase dialysis equipment and provide nec-  
7 essary staffing.

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

10 “(1) in each area office of the Service, consult  
11 with Indian tribes and tribal organizations regarding  
12 programs for the prevention, treatment, and control  
13 of diabetes;

14 “(2) establish in each area office of the Service  
15 a registry of patients with diabetes to track the  
16 prevalence of diabetes and the complications from  
17 diabetes in that area; and

18 “(3) ensure that data collected in each area of-  
19 fice regarding diabetes and related complications  
20 among Indians is disseminated to tribes, tribal orga-  
21 nizations, and all other area offices.

22 **“SEC. 205. SHARED SERVICES.**

23 “(a) IN GENERAL.—The Secretary, acting through  
24 the Service and notwithstanding any other provision of  
25 law, is authorized to enter into funding agreements or

1 other arrangements with Indian tribes or tribal organiza-  
2 tions for the delivery of long-term care and similar services  
3 to Indians. Such projects shall provide for the sharing of  
4 staff or other services between a Service or tribal facility  
5 and a long-term care or other similar facility owned and  
6 operated (directly or through a funding agreement) by  
7 such Indian tribe or tribal organization.

8 “(b) REQUIREMENTS.—A funding agreement or  
9 other arrangement entered into pursuant to subsection  
10 (a)—

11 “(1) may, at the request of the Indian tribe or  
12 tribal organization, delegate to such tribe or tribal  
13 organization such powers of supervision and control  
14 over Service employees as the Secretary deems nec-  
15 essary to carry out the purposes of this section;

16 “(2) shall provide that expenses (including sala-  
17 ries) relating to services that are shared between the  
18 Service and the tribal facility be allocated propor-  
19 tionately between the Service and the tribe or tribal  
20 organization; and

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

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

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

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

10       “(a) FUNDING.—The Secretary shall make funding  
11 available for research to further the performance of the  
12 health service responsibilities of the Service, Indian tribes,  
13 and tribal organizations and shall coordinate the activities  
14 of other Agencies within the Department to address these  
15 research needs.

16       “(b) ALLOCATION.—Funding under subsection (a)  
17 shall be allocated equitably among the area offices. Each  
18 area office shall award such funds competitively within  
19 that area.

20       “(c) ELIGIBILITY FOR FUNDS.—Indian tribes and  
21 tribal organizations receiving funding from the Service  
22 under the authority of the Indian Self-Determination and  
23 Education Assistance Act shall be given an equal oppor-  
24 tunity to compete for, and receive, research funds under  
25 this section.

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

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

8 “The Secretary, through the Service or through In-  
9 dian tribes or tribal organizations, shall provide for the  
10 following screening:

11 “(1) Mammography (as defined in section  
12 1861(jj) of the Social Security Act) for Indian  
13 women at a frequency appropriate to such women  
14 under national standards, and under such terms and  
15 conditions as are consistent with standards estab-  
16 lished by the Secretary to assure the safety and ac-  
17 curacy of screening mammography under part B of  
18 title XVIII of the Social Security Act.

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

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

22 “The Secretary, acting through the Service, Indian  
23 tribes and tribal organizations shall provide funds for the  
24 following patient travel costs, including appropriate and  
25 necessary qualified escorts, associated with receiving

1 health care services provided (either through direct or con-  
2 tract care or through funding agreements entered into  
3 pursuant to the Indian Self-Determination and Education  
4 Assistance Act) under this Act:

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

8           “(2) Transportation by private vehicle, specially  
9 equipped vehicle and ambulance.

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

13 **“SEC. 209. EPIDEMIOLOGY CENTERS.**

14           “(a) ESTABLISHMENT.—

15           “(1) IN GENERAL.—In addition to those centers  
16 operating 1 day prior to the date of enactment of  
17 this Act, (including those centers for which funding  
18 is currently being provided through funding agree-  
19 ments under the Indian Self-Determination and  
20 Education Assistance Act), the Secretary shall, not  
21 later than 180 days after such date of enactment,  
22 establish and fund an epidemiology center in each  
23 service area which does not have such a center to  
24 carry out the functions described in paragraph (2).  
25 Any centers established under the preceding sen-

1 tence may be operated by Indian tribes or tribal or-  
2 ganizations pursuant to funding agreements under  
3 the Indian Self-Determination and Education Assist-  
4 ance Act, but funding under such agreements may  
5 not be divisible.

6 “(2) FUNCTIONS.—In consultation with and  
7 upon the request of Indian tribes, tribal organiza-  
8 tions and urban Indian organizations, each area epi-  
9 demiology center established under this subsection  
10 shall, with respect to such area shall—

11 “(A) collect data related to the health sta-  
12 tus objective described in section 3(b), and  
13 monitor the progress that the Service, Indian  
14 tribes, tribal organizations, and urban Indian  
15 organizations have made in meeting such health  
16 status objective;

17 “(B) evaluate existing delivery systems,  
18 data systems, and other systems that impact  
19 the improvement of Indian health;

20 “(C) assist Indian tribes, tribal organiza-  
21 tions, and urban Indian organizations in identi-  
22 fying their highest priority health status objec-  
23 tives and the services needed to achieve such  
24 objectives, based on epidemiological data;

1           “(D) make recommendations for the tar-  
2           geting of services needed by tribal, urban, and  
3           other Indian communities;

4           “(E) make recommendations to improve  
5           health care delivery systems for Indians and  
6           urban Indians;

7           “(F) provide requested technical assistance  
8           to Indian tribes and urban Indian organizations  
9           in the development of local health service prior-  
10          ities and incidence and prevalence rates of dis-  
11          ease and other illness in the community; and

12          “(G) provide disease surveillance and assist  
13          Indian tribes, tribal organizations, and urban  
14          Indian organizations to promote public health.

15          “(3) TECHNICAL ASSISTANCE.—The director of  
16          the Centers for Disease Control and Prevention shall  
17          provide technical assistance to the centers in ear-  
18          rying out the requirements of this subsection.

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



1 **“SEC. 210. COMPREHENSIVE SCHOOL HEALTH EDUCATION**  
2 **PROGRAMS.**

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

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

11 “(1) develop and implement health education  
12 curricula both for regular school programs and after  
13 school programs;

14 “(2) train teachers in comprehensive school  
15 health education curricula;

16 “(3) integrate school-based, community-based,  
17 and other public and private health promotion ef-  
18 forts;

19 “(4) encourage healthy, tobacco-free school en-  
20 vironments;

21 “(5) coordinate school-based health programs  
22 with existing services and programs available in the  
23 community;

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

26 “(7) develop mental health wellness programs;

1           “(8) develop chronic disease prevention pro-  
2           grams;

3           “(9) develop substance abuse prevention pro-  
4           grams;

5           “(10) develop injury prevention and safety edu-  
6           cation programs;

7           “(11) develop activities for the prevention and  
8           control of communicable diseases;

9           “(12) develop community and environmental  
10          health education programs that include traditional  
11          health care practitioners;

12          “(13) carry out violence prevention activities;  
13          and

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

16          “(e) TECHNICAL ASSISTANCE.—The Secretary shall,  
17          upon request, provide technical assistance to Indian tribes,  
18          tribal organizations and urban Indian organizations in the  
19          development of comprehensive health education plans; and  
20          the dissemination of comprehensive health education ma-  
21          terials and information on existing health programs and  
22          resources.

23          “(d) CRITERIA.—The Secretary, in consultation with  
24          Indian tribes, tribal organizations, and urban Indian orga-

1 nizations shall establish criteria for the review and ap-  
2 proval of applications for funding under this section.

3 “(e) COMPREHENSIVE SCHOOL HEALTH EDUCATION  
4 PROGRAM.—

5 “(1) DEVELOPMENT.—The Secretary of the In-  
6 terior, acting through the Bureau of Indian Affairs  
7 and in cooperation with the Secretary and affected  
8 Indian tribes and tribal organizations, shall develop  
9 a comprehensive school health education program for  
10 children from preschool through grade 12 for use in  
11 schools operated by the Bureau of Indian Affairs.

12 “(2) REQUIREMENTS.—The program developed  
13 under paragraph (1) shall include—

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

16 “(B) mental health wellness programs;

17 “(C) chronic disease prevention programs;

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

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

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

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

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

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

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

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

10       “(a) IN GENERAL.—The Secretary, acting through  
11       the Service, is authorized to provide funding to Indian  
12       tribes, tribal organizations, and urban Indian organiza-  
13       tions for innovative mental and physical disease prevention  
14       and health promotion and treatment programs for Indian  
15       and urban Indian preadolescent and adolescent youths.

16       “(b) USE OF FUNDS.—

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

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

24           “(B) develop and provide community train-  
25           ing and education.

1           “(2) LIMITATION.—Funds made available  
2 under this section may not be used to provide serv-  
3 ices described in section 707(e).

4           “(e) REQUIREMENTS.—The Secretary shall—

5           “(1) disseminate to Indian tribes, tribal organi-  
6 zations, and urban Indian organizations information  
7 regarding models for the delivery of comprehensive  
8 health care services to Indian and urban Indian ado-  
9 lescents;

10           “(2) encourage the implementation of such  
11 models; and

12           “(3) at the request of an Indian tribe, tribal or-  
13 ganization, or urban Indian organization, provide  
14 technical assistance in the implementation of such  
15 models.

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

20 **“SEC. 212. PREVENTION, CONTROL, AND ELIMINATION OF**  
21 **COMMUNICABLE AND INFECTIOUS DISEASES.**

22           “(a) IN GENERAL.—The Secretary, acting through  
23 the Service after consultation with Indian tribes, tribal or-  
24 ganizations, urban Indian organizations, and the Centers

1 for Disease Control and Prevention, may make funding  
2 available to Indian tribes and tribal organizations for—

3           “(1) projects for the prevention, control, and  
4           elimination of communicable and infectious diseases,  
5           including tuberculosis, hepatitis, HIV, respiratory  
6           syncytial virus, hanta virus, sexually transmitted dis-  
7           eases, and H. Pylori, which projects may include  
8           screening, testing and treatment for HCV and other  
9           infectious and communicable diseases;

10           “(2) public information and education programs  
11           for the prevention, control, and elimination of com-  
12           municable and infectious diseases;

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

18           “(4) a demonstration project that studies the  
19           seroprevalence of the Hepatitis C virus among a ran-  
20           dom sample of American Indian and Alaskan Native  
21           populations and identifies prevalence rates among a  
22           variety of tribes and geographic regions.

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

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

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

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

11 **“SEC. 213. AUTHORITY FOR PROVISION OF OTHER SERV-  
12 ICES.**

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

20           “(1) hospice care and assisted living;

21           “(2) long-term health care;

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

23           “(4) public health functions; and

24           “(5) traditional health care practices.

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

10       “(c) DEFINITIONS.—In this section:

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

14                       “(A) Homemaker/home health aide serv-  
 15 ices.

16                       “(B) Chore services.

17                       “(C) Personal care services.

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

21                       “(E) Training for family members.

22                       “(F) Adult day care.

23                       “(G) Such other home- and community-  
 24 based services as the Secretary or a tribe or  
 25 tribal organization may approve.



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

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

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

18          “The Secretary acting through the Service, Indian  
19          tribes, tribal organizations, and urban Indian organiza-  
20          tions shall provide funding to monitor and improve the  
21          quality of health care for Indian women of all ages  
22          through the planning and delivery of programs adminis-  
23          tered by the Service, in order to improve and enhance the  
24          treatment models of care for Indian women.

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

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

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

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

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

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

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

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

25 Upon the completion of the study under subsection (a);

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

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

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

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

19          “(c) SUBMISSION TO CONGRESS.—

20                 “(1) GENERAL REPORT.—Not later than 18  
21          months after the date of enactment of this Act, the  
22          Secretary and the Service shall submit to Congress  
23          a report concerning the study conducted under sub-  
24          section (a).

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

10          “(d) TASK FORCE.—

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

16           “(A) The Secretary of Energy.

17           “(B) The Administrator of the Environ-  
18 mental Protection Agency.

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

20           “(D) The Assistant Secretary for Occupa-  
21 tional Safety and Health.

22           “(E) The Secretary of the Interior.

23           “(2) DUTIES.—The Task Force shall identify  
24 existing and potential operations related to nuclear  
25 resource development or other environmental haz-

1 ards that affect or may affect the health of Indians  
 2 on or near an Indian reservation or in an Indian  
 3 community; and enter into activities to correct exist-  
 4 ing health hazards and ensure that current and fu-  
 5 ture health problems resulting from nuclear resource  
 6 or other development activities are minimized or re-  
 7 duced.

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

13 “(c) PROVISION OF APPROPRIATE MEDICAL CARE.—  
 14 In the case of any Indian who—

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

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

21 “(3) by reason of such Indian’s employment, is  
 22 entitled to medical care at the expense of such mine  
 23 or mill operator or entity responsible for the environ-  
 24 mental hazard;

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

9 **“SEC. 216. ARIZONA AS A CONTRACT HEALTH SERVICE DE-**  
 10 **LIVERY AREA.**

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

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

1 **“SEC. 216A. NORTH DAKOTA AS A CONTRACT HEALTH**  
2 **SERVICE DELIVERY AREA.**

3 “(a) IN GENERAL.—For fiscal years beginning with  
4 the fiscal year ending September 30, 2003, and ending  
5 with the fiscal year ending September 30, 2015, the State  
6 of North Dakota shall be designated as a contract health  
7 service delivery area by the Service for the purpose of pro-  
8 viding contract health care services to members of feder-  
9 ally recognized Indian tribes of North Dakota.

10 “(b) LIMITATION.—The Service shall not curtail any  
11 health care services provided to Indians residing on Fed-  
12 eral reservations in the State of North Dakota if such cur-  
13 tailment is due to the provision of contract services in such  
14 State pursuant to the designation of such State as a con-  
15 tract health service delivery area pursuant to subsection  
16 (a).

17 **“SEC. 216B. SOUTH DAKOTA AS A CONTRACT HEALTH SERV-**  
18 **ICE DELIVERY AREA.**

19 “(a) IN GENERAL.—For fiscal years beginning with  
20 the fiscal year ending September 30, 2003, and ending  
21 with the fiscal year ending September 30, 2015, the State  
22 of South Dakota shall be designated as a contract health  
23 service delivery area by the Service for the purpose of pro-  
24 viding contract health care services to members of feder-  
25 ally recognized Indian tribes of South Dakota.



1       “(b) LIMITATION.—The Service shall not curtail any  
 2 health care services provided to Indians residing on Fed-  
 3 eral reservations in the State of South Dakota if such cur-  
 4 tailment is due to the provision of contract services in such  
 5 State pursuant to the designation of such State as a con-  
 6 tract health service delivery area pursuant to subsection  
 7 (a).

8       **“SEC. 217. CALIFORNIA CONTRACT HEALTH SERVICES DEM-**  
 9                                   **ONSTRATION PROGRAM.**

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

14       “(b) REIMBURSEMENT OF BOARD.—

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

24               “(2) ADMINISTRATION.—Not more than 5 per-  
 25 cent of the amounts provided to the Board under

1 this section for any fiscal year may be used for reim-  
 2 bursement for administrative expenses incurred by  
 3 the Board during such fiscal year.

4 “(3) LIMITATION.—No payment may be made  
 5 for treatment provided under this section to the ex-  
 6 tent that payment may be made for such treatment  
 7 under the Catastrophic Health Emergency Fund de-  
 8 scribed in section 202 or from amounts appropriated  
 9 or otherwise made available to the California con-  
 10 tract health service delivery area for a fiscal year.

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

20 **“SEC. 218. CALIFORNIA AS A CONTRACT HEALTH SERVICE**  
 21 **DELIVERY AREA.**

22 “The State of California, excluding the counties of  
 23 Alameda, Contra Costa, Los Angeles, Marin, Orange, Sac-  
 24 ramento, San Francisco, San Mateo, Santa Clara, Kern,  
 25 Merced, Monterey, Napa, San Benito, San Joaquin, San

1 Luis Obispo, Santa Cruz, Solano, Stanislaus, and Ventura  
 2 shall be designated as a contract health service delivery  
 3 area by the Service for the purpose of providing contract  
 4 health services to Indians in such State, except that any  
 5 of the counties described in this section may be included  
 6 in the contract health services delivery area if funding is  
 7 specifically provided by the Service for such services in  
 8 those counties.

9 **“SEC. 219. CONTRACT HEALTH SERVICES FOR THE TREN-**  
 10 **TON SERVICE AREA.**

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

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

1 **“SEC. 220. PROGRAMS OPERATED BY INDIAN TRIBES AND**  
2 **TRIBAL ORGANIZATIONS.**

3 “The Service shall provide funds for health care pro-  
4 grams and facilities operated by Indian tribes and tribal  
5 organizations under funding agreements with the Service  
6 entered into under the Indian Self-Determination and  
7 Education Assistance Act on the same basis as such funds  
8 are provided to programs and facilities operated directly  
9 by the Service.

10 **“SEC. 221. LICENSING.**

11 “Health care professionals employed by Indian tribes  
12 and tribal organizations to carry out agreements under the  
13 Indian Self-Determination and Education Assistance Act,  
14 shall, if licensed in any State, be exempt from the licensing  
15 requirements of the State in which the agreement is per-  
16 formed.

17 **“SEC. 222. AUTHORIZATION FOR EMERGENCY CONTRACT**  
18 **HEALTH SERVICES.**

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

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

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

7 “(b) FAILURE TO RESPOND.—If the Service fails to  
8 respond to a notification of a claim in accordance with  
9 subsection (a), the Service shall accept as valid the claim  
10 submitted by the provider of a contract care service.

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

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

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

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

24 “(c) LIMITATION.—Following receipt of the notice  
25 provided under subsection (b), or, if a claim has been  
26 deemed accepted under section 223(b), the provider shall

1 have no further recourse against the patient who received  
 2 the services involved.

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

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

7 **“TITLE III—FACILITIES**

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

10 “(a) CONSULTATION.—Prior to the expenditure of, or  
 11 the making of any firm commitment to expend, any funds  
 12 appropriated for the planning, design, construction, or  
 13 renovation of facilities pursuant to the Act of November  
 14 2, 1921 (25 U.S.C. 13) (commonly known as the Snyder  
 15 Act), the Secretary, acting through the Service, shall—

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

22 “(2) ensure, whenever practicable, that such fa-  
 23 cility meets the construction standards of any na-  
 24 tionally recognized accrediting body by not later

1 than 1 year after the date on which the construction  
2 or renovation of such facility is completed.

3 “(b) CLOSURE OF FACILITIES.—

4 “(1) IN GENERAL.—Notwithstanding any provi-  
5 sion of law other than this subsection, no Service  
6 hospital or outpatient health care facility or any in-  
7 patient service or special care facility operated by  
8 the Service, may be closed if the Secretary has not  
9 submitted to the Congress at least 1 year prior to  
10 the date such proposed closure an evaluation of the  
11 impact of such proposed closure which specifies, in  
12 addition to other considerations—

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

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

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

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

22 “(E) the views of the Indian tribes served  
23 by such hospital or facility concerning such clo-  
24 sure;

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

3           “(G) the distance between such hospital or  
4           facility and the nearest operating Service hos-  
5           pital.

6           “(2) TEMPORARY CLOSURE.—Paragraph (1)  
7           shall not apply to any temporary closure of a facility  
8           or of any portion of a facility if such closure is nec-  
9           essary for medical, environmental, or safety reasons.

10          “(c) PRIORITY SYSTEM.—

11           “(1) ESTABLISHMENT.—The Secretary shall es-  
12           tablish a health care facility priority system; that  
13           shall—

14           “(A) be developed with Indian tribes and  
15           tribal organizations through negotiated rule-  
16           making under section 802;

17           “(B) give the needs of Indian tribes the  
18           highest priority; with additional priority being  
19           given to those service areas where the health  
20           status of Indians within the area, as measured  
21           by life expectancy based upon the most recent  
22           data available; is significantly lower than the  
23           average health status for Indians in all service  
24           areas; and



1           “(C) at a minimum, include the lists re-  
2           quired in paragraph (2)(B) and the method-  
3           ology required in paragraph (2)(E);  
4           except that the priority of any project established  
5           under the construction priority system in effect on  
6           the date of this Act shall not be affected by any  
7           change in the construction priority system taking  
8           place thereafter if the project was identified as one  
9           of the top 10 priority inpatient projects or one of  
10          the top 10 outpatient projects in the Indian Health  
11          Service budget justification for fiscal year 2003, or  
12          if the project had completed both Phase I and Phase  
13          II of the construction priority system in effect on the  
14          date of this Act.

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

19                   “(A) a description of the health care facil-  
20                   ity priority system of the Service, as established  
21                   under paragraph (1);

22                   “(B) health care facility lists, including—  
23                           “(i) the total health care facility plan-  
24                           ning, design, construction and renovation  
25                           needs for Indians;

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

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

5           “(iv) the 10 top-priority specialized  
6 care facilities (such as long-term care and  
7 alcohol and drug abuse treatment); and

8           “(v) any staff quarters associated  
9 with such prioritized facilities;

10          “(C) the justification for the order of pri-  
11 ority among facilities;

12          “(D) the projected cost of the projects in-  
13 volved; and

14          “(E) the methodology adopted by the Serv-  
15 ice in establishing priorities under its health  
16 care facility priority system.

17          “(3) CONSULTATION.—In preparing each report  
18 required under paragraph (2) (other than the initial  
19 report) the Secretary shall annually—

20               “(A) consult with, and obtain information  
21 on all health care facilities needs from, Indian  
22 tribes and tribal organizations including those  
23 tribes or tribal organizations operating health  
24 programs or facilities under any funding agree-  
25 ment entered into with the Service under the

1 Indian Self-Determination and Education As-  
2 sistance Act; and

3 “(B) review the total unmet needs of all  
4 tribes and tribal organizations for health care  
5 facilities (including staff quarters), including  
6 needs for renovation and expansion of existing  
7 facilities.

8 “(4) CRITERIA.—For purposes of this sub-  
9 section, the Secretary shall, in evaluating the needs  
10 of facilities operated under any funding agreement  
11 entered into with the Service under the Indian Self-  
12 Determination and Education Assistance Act, use  
13 the same criteria that the Secretary uses in evalu-  
14 ating the needs of facilities operated directly by the  
15 Service.

16 “(5) EQUITABLE INTEGRATION.—The Secretary  
17 shall ensure that the planning, design, construction,  
18 and renovation needs of Service and non-Service fa-  
19 cilities, operated under funding agreements in ac-  
20 cordance with the Indian Self-Determination and  
21 Education Assistance Act are fully and equitably in-  
22 tegrated into the health care facility priority system.

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

24 “(1) REPORT.—Beginning in 2004, the Sec-  
25 retary shall annually submit to the President, for in-

1 elusion in the report required to be transmitted to  
2 Congress under section 801 of this Act, a report  
3 which sets forth the needs of the Service and all In-  
4 dian tribes and tribal organizations, including urban  
5 Indian organizations, for inpatient, outpatient and  
6 specialized care facilities, including the needs for  
7 renovation and expansion of existing facilities.

8 “(2) CONSULTATION.—In preparing each report  
9 required under paragraph (1) (other than the initial  
10 report), the Secretary shall consult with Indian  
11 tribes and tribal organizations including those tribes  
12 or tribal organizations operating health programs or  
13 facilities under any funding agreement entered into  
14 with the Service under the Indian Self-Determina-  
15 tion and Education Assistance Act, and with urban  
16 Indian organizations.

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

1           “(4) **EQUITABLE INTEGRATION.**—The Secretary  
2 shall ensure that the planning, design, construction,  
3 and renovation needs of facilities operated under  
4 funding agreements, in accordance with the Indian  
5 Self-Determination and Education Assistance Act,  
6 are fully and equitably integrated into the develop-  
7 ment of the health facility priority system.

8           “(5) **ANNUAL NOMINATIONS.**—Each year the  
9 Secretary shall provide an opportunity for the nomi-  
10 nation of planning, design, and construction projects  
11 by the Service and all Indian tribes and tribal orga-  
12 nizations for consideration under the health care fa-  
13 cility priority system.

14           “(e) **INCLUSION OF CERTAIN PROGRAMS.**—All funds  
15 appropriated under the Act of November 2, 1921 (25  
16 U.S.C. 13), for the planning, design, construction, or ren-  
17 ovation of health facilities for the benefit of an Indian  
18 tribe or tribes shall be subject to the provisions of section  
19 102 of the Indian Self-Determination and Education As-  
20 sistance Act.

21           “(f) **INNOVATIVE APPROACHES.**—The Secretary shall  
22 consult and cooperate with Indian tribes, tribal organiza-  
23 tions and urban Indian organizations in developing inno-  
24 vative approaches to address all or part of the total unmet  
25 need for construction of health facilities, including those

1 provided for in other sections of this title and other ap-  
2 proaches.

3 **“SEC. 302. SAFE WATER AND SANITARY WASTE DISPOSAL**  
4 **FACILITIES.**

5 “(a) FINDINGS.—Congress finds and declares that—

6 “(1) the provision of safe water supply facilities  
7 and sanitary sewage and solid waste disposal facili-  
8 ties is primarily a health consideration and function;

9 “(2) Indian people suffer an inordinately high  
10 incidence of disease, injury, and illness directly at-  
11 tributable to the absence or inadequacy of such fa-  
12 cilities;

13 “(3) the long-term cost to the United States of  
14 treating and curing such disease, injury, and illness  
15 is substantially greater than the short-term cost of  
16 providing such facilities and other preventive health  
17 measures;

18 “(4) many Indian homes and communities still  
19 lack safe water supply facilities and sanitary sewage  
20 and solid waste disposal facilities; and

21 “(5) it is in the interest of the United States,  
22 and it is the policy of the United States, that all In-  
23 dian communities and Indian homes, new and exist-  
24 ing, be provided with safe and adequate water sup-

1 ply facilities and sanitary sewage waste disposal fa-  
2 cilities as soon as possible.

3 “(b) PROVISION OF FACILITIES AND SERVICES.—

4 “(1) IN GENERAL.—In furtherance of the find-  
5 ings and declarations made in subsection (a), Con-  
6 gress reaffirms the primary responsibility and au-  
7 thority of the Service to provide the necessary sani-  
8 tation facilities and services as provided in section 7  
9 of the Act of August 5, 1954 (42 U.S.C. 2004a).

10 “(2) ASSISTANCE.—The Secretary, acting  
11 through the Service, is authorized to provide under  
12 section 7 of the Act of August 5, 1954 (42 U.S.C.  
13 2004a)—

14 “(A) financial and technical assistance to  
15 Indian tribes, tribal organizations and Indian  
16 communities in the establishment, training, and  
17 equipping of utility organizations to operate  
18 and maintain Indian sanitation facilities, in-  
19 cluding the provision of existing plans, standard  
20 details, and specifications available in the De-  
21 partment, to be used at the option of the tribe  
22 or tribal organization;

23 “(B) ongoing technical assistance and  
24 training in the management of utility organiza-

1 tions which operate and maintain sanitation fa-  
2 cilities; and

3 “(C) priority funding for the operation,  
4 and maintenance assistance for, and emergency  
5 repairs to, tribal sanitation facilities when nec-  
6 essary to avoid an imminent health threat or to  
7 protect the investment in sanitation facilities  
8 and the investment in the health benefits  
9 gained through the provision of sanitation fa-  
10 cilities.

11 “(3) PROVISIONS RELATING TO FUNDING.—  
12 Notwithstanding any other provision of law—

13 “(A) the Secretary of Housing and Urban  
14 Development is authorized to transfer funds ap-  
15 propriated under the Native American Housing  
16 Assistance and Self-Determination Act of 1996  
17 to the Secretary of Health and Human Serv-  
18 ices;

19 “(B) the Secretary of Health and Human  
20 Services is authorized to accept and use such  
21 funds for the purpose of providing sanitation  
22 facilities and services for Indians under section  
23 7 of the Act of August 5, 1954 (42 U.S.C.  
24 2004a);



1           “(C) unless specifically authorized when  
2 funds are appropriated, the Secretary of Health  
3 and Human Services shall not use funds appro-  
4 priated under section 7 of the Act of August 5,  
5 1954 (42 U.S.C. 2004a) to provide sanitation  
6 facilities to new homes constructed using funds  
7 provided by the Department of Housing and  
8 Urban Development;

9           “(D) the Secretary of Health and Human  
10 Services is authorized to accept all Federal  
11 funds that are available for the purpose of pro-  
12 viding sanitation facilities and related services  
13 and place those funds into funding agreements,  
14 authorized under the Indian Self-Determination  
15 and Education Assistance Act, between the Sec-  
16 retary and Indian tribes and tribal organiza-  
17 tions;

18           “(E) the Secretary may permit funds ap-  
19 propriated under the authority of section 4 of  
20 the Act of August 5, 1954 (42 U.S.C. 2004) to  
21 be used to fund up to 100 percent of the  
22 amount of a tribe’s loan obtained under any  
23 Federal program for new projects to construct  
24 eligible sanitation facilities to serve Indian  
25 homes;

1           “(F) the Secretary may permit funds ap-  
2           propriated under the authority of section 4 of  
3           the Act of August 5, 1954 (42 U.S.C. 2004) to  
4           be used to meet matching or cost participation  
5           requirements under other Federal and non-Fed-  
6           eral programs for new projects to construct eli-  
7           gible sanitation facilities;

8           “(G) all Federal agencies are authorized to  
9           transfer to the Secretary funds identified,  
10          granted, loaned or appropriated and thereafter  
11          the Department’s applicable policies, rules, reg-  
12          ulations shall apply in the implementation of  
13          such projects;

14          “(H) the Secretary of Health and Human  
15          Services shall enter into inter-agency agree-  
16          ments with the Bureau of Indian Affairs, the  
17          Department of Housing and Urban Develop-  
18          ment, the Department of Agriculture, the Envi-  
19          ronmental Protection Agency and other appro-  
20          priate Federal agencies, for the purpose of pro-  
21          viding financial assistance for safe water supply  
22          and sanitary sewage disposal facilities under  
23          this Act; and

24          “(I) the Secretary of Health and Human  
25          Services shall, by regulation developed through

1 rulemaking under section 802, establish stand-  
2 ards applicable to the planning, design and con-  
3 struction of water supply and sanitary sewage  
4 and solid waste disposal facilities funded under  
5 this Act.

6 “(c) ~~10-YEAR FUNDING PLAN.~~—The Secretary, act-  
7 ing through the Service and in consultation with Indian  
8 tribes and tribal organizations, shall develop and imple-  
9 ment a ~~10-year~~ funding plan to provide safe water supply  
10 and sanitary sewage and solid waste disposal facilities  
11 serving existing Indian homes and communities, and to  
12 new and renovated Indian homes.

13 “(d) ~~CAPABILITY OF TRIBE OR COMMUNITY.~~—The  
14 financial and technical capability of an Indian tribe or  
15 community to safely operate and maintain a sanitation fa-  
16 cility shall not be a prerequisite to the provision or con-  
17 struction of sanitation facilities by the Secretary.

18 “(e) ~~FINANCIAL ASSISTANCE.~~—The Secretary may  
19 provide financial assistance to Indian tribes, tribal organi-  
20 zations and communities for the operation, management,  
21 and maintenance of their sanitation facilities.

22 “(f) ~~RESPONSIBILITY FOR FEES FOR OPERATION~~  
23 ~~AND MAINTENANCE.~~—The Indian family, community or  
24 tribe involved shall have the primary responsibility to es-  
25 tablish, collect, and use reasonable user fees, or otherwise

1 set aside funding, for the purpose of operating and main-  
2 taining sanitation facilities. If a community facility is  
3 threatened with imminent failure and there is a lack of  
4 tribal capacity to maintain the integrity or the health ben-  
5 efit of the facility, the Secretary may assist the tribe in  
6 the resolution of the problem on a short term basis  
7 through cooperation with the emergency coordinator or by  
8 providing operation and maintenance service.

9       “(g) ELIGIBILITY OF CERTAIN TRIBES OR ORGANI-  
10 ZATIONS.—Programs administered by Indian tribes or  
11 tribal organizations under the authority of the Indian Self-  
12 Determination and Education Assistance Act shall be eli-  
13 gible for—

14             “(1) any funds appropriated pursuant to this  
15 section; and

16             “(2) any funds appropriated for the purpose of  
17 providing water supply, sewage disposal, or solid  
18 waste facilities;

19 on an equal basis with programs that are administered  
20 directly by the Service.

21       “(h) REPORT.—

22             “(1) IN GENERAL.—The Secretary shall submit  
23 to the President, for inclusion in each report re-  
24 quired to be transmitted to the Congress under sec-  
25 tion 801, a report which sets forth—

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

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

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

9           “(D) the amount of funds necessary to re-  
10          duce the identified sanitation deficiency levels of  
11          all Indian tribes and communities to a level I  
12          sanitation deficiency as described in paragraph  
13          (4)(A).

14          “(2) CONSULTATION.—In preparing each report  
15          required under paragraph (1), the Secretary shall  
16          consult with Indian tribes and tribal organizations  
17          (including those tribes or tribal organizations oper-  
18          ating health care programs or facilities under any  
19          funding agreements entered into with the Service  
20          under the Indian Self-Determination and Education  
21          Assistance Act) to determine the sanitation needs of  
22          each tribe and in developing the criteria on which  
23          the needs will be evaluated through a process of ne-  
24          gotiated rulemaking.

1           “(3) METHODOLOGY.—The methodology used  
2           by the Secretary in determining, preparing cost esti-  
3           mates for and reporting sanitation deficiencies for  
4           purposes of paragraph (1) shall be applied uniformly  
5           to all Indian tribes and communities.

6           “(4) SANITATION DEFICIENCY LEVELS.—For  
7           purposes of this subsection, the sanitation deficiency  
8           levels for an individual or community sanitation fa-  
9           cility serving Indian homes are as follows:

10           “(A) A level I deficiency is a sanitation fa-  
11           cility serving an individual or community—

12           “(i) which complies with all applicable  
13           water supply, pollution control and solid  
14           waste disposal laws; and

15           “(ii) in which the deficiencies relate to  
16           routine replacement, repair, or mainte-  
17           nance needs.

18           “(B) A level II deficiency is a sanitation  
19           facility serving an individual or community—

20           “(i) which substantially or recently  
21           complied with all applicable water supply,  
22           pollution control and solid waste laws; in  
23           which the deficiencies relate to small or  
24           minor capital improvements needed to  
25           bring the facility back into compliance;

1           “(ii) in which the deficiencies relate to  
2           capital improvements that are necessary to  
3           enlarge or improve the facilities in order to  
4           meet the current needs for domestic sani-  
5           tation facilities; or

6           “(iii) in which the deficiencies relate  
7           to the lack of equipment or training by an  
8           Indian tribe or community to properly oper-  
9           ate and maintain the sanitation facilities.

10          “(C) A level III deficiency is an individual  
11          or community facility with water or sewer serv-  
12          ice in the home; piped services or a haul system  
13          with holding tanks and interior plumbing; or  
14          where major significant interruptions to water  
15          supply or sewage disposal occur frequently, re-  
16          quiring major capital improvements to correct  
17          the deficiencies. There is no access to or no ap-  
18          proved or permitted solid waste facility avail-  
19          able.

20          “(D) A level IV deficiency is an individual  
21          or community facility where there are no piped  
22          water or sewer facilities in the home or the fa-  
23          cility has become inoperable due to major com-  
24          ponent failure or where only a washeteria or  
25          central facility exists.

1           “(E) A level V deficiency is the absence of  
2           a sanitation facility, where individual homes do  
3           not have access to safe drinking water or ade-  
4           quate wastewater disposal.

5           “(i) DEFINITIONS.—In this section:

6           “(1) FACILITY.—The terms ‘facility’ or ‘facili-  
7           ties’ shall have the same meaning as the terms ‘sys-  
8           tem’ or ‘systems’ unless the context requires other-  
9           wise.

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

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

16          “(a) IN GENERAL.—The Secretary, acting through  
17          the Service, may utilize the negotiating authority of the  
18          Act of June 25, 1910 (25 U.S.C. 47), to give preference  
19          to any Indian or any enterprise, partnership, corporation,  
20          or other type of business organization owned and con-  
21          trolled by an Indian or Indians including former or cur-  
22          rently federally recognized Indian tribes in the State of  
23          New York (hereinafter referred to as an ‘Indian firm’) in  
24          the construction and renovation of Service facilities pursu-  
25          ant to section 301 and in the construction of safe water



1 and sanitary waste disposal facilities pursuant to section  
 2 302. Such preference may be accorded by the Secretary  
 3 unless the Secretary finds, pursuant to rules and regula-  
 4 tions promulgated by the Secretary, that the project or  
 5 function to be contracted for will not be satisfactory or  
 6 such project or function cannot be properly completed or  
 7 maintained under the proposed contract. The Secretary,  
 8 in arriving at such finding, shall consider whether the In-  
 9 dian or Indian firm will be deficient with respect to—

- 10           “(1) ownership and control by Indians;  
 11           “(2) equipment;  
 12           “(3) bookkeeping and accounting procedures;  
 13           “(4) substantive knowledge of the project or  
 14           function to be contracted for;  
 15           “(5) adequately trained personnel; or  
 16           “(6) other necessary components of contract  
 17           performance.

18           “(b) EXEMPTION FROM DAVIS-BACON.—For the  
 19 purpose of implementing the provisions of this title, con-  
 20 struction or renovation of facilities constructed or ren-  
 21 ovated in whole or in part by funds made available pursu-  
 22 ant to this title are exempt from the Act of March 3, 1931  
 23 (40 U.S.C. 276a—276a-5, known as the Davis-Bacon  
 24 Act). For all health facilities, staff quarters and sanitation  
 25 facilities, construction and renovation subcontractors shall

1 be paid wages at rates that are not less than the prevailing  
 2 wage rates for similar construction in the locality involved,  
 3 as determined by the Indian tribe, tribes, or tribal organi-  
 4 zations served by such facilities.

5 **“SEC. 304. SOBOBA SANITATION FACILITIES.**

6       “Nothing in the Act of December 17, 1970 (84 Stat.  
 7 1465) shall be construed to preclude the Soboba Band of  
 8 Mission Indians and the Soboba Indian Reservation from  
 9 being provided with sanitation facilities and services under  
 10 the authority of section 7 of the Act of August 5, 1954  
 11 (68 Stat. 674), as amended by the Act of July 31, 1959  
 12 (73 Stat. 267).

13 **“SEC. 305. EXPENDITURE OF NONSERVICE FUNDS FOR REN-**  
 14 **OVATION.**

15       “(a) PERMISSIBILITY.—

16           “(1) IN GENERAL.—Notwithstanding any other  
 17 provision of law, the Secretary is authorized to ac-  
 18 cept any major expansion, renovation or moderniza-  
 19 tion by any Indian tribe of any Service facility, or  
 20 of any other Indian health facility operated pursuant  
 21 to a funding agreement entered into under the In-  
 22 dian Self-Determination and Education Assistance  
 23 Act, including—

24           “(A) any plans or designs for such expan-  
 25 sion, renovation or modernization; and

1           “(B) any expansion, renovation or mod-  
2           ernization for which funds appropriated under  
3           any Federal law were lawfully expended;  
4           but only if the requirements of subsection (b) are  
5           met.

6           “(2) PRIORITY LIST.—The Secretary shall  
7           maintain a separate priority list to address the need  
8           for increased operating expenses, personnel or equip-  
9           ment for such facilities described in paragraph (1).  
10          The methodology for establishing priorities shall be  
11          developed by negotiated rulemaking under section  
12          802. The list of priority facilities will be revised an-  
13          nually in consultation with Indian tribes and tribal  
14          organizations.

15          “(3) REPORT.—The Secretary shall submit to  
16          the President, for inclusion in each report required  
17          to be transmitted to the Congress under section 801,  
18          the priority list maintained pursuant to paragraph  
19          (2).

20          “(b) REQUIREMENTS.—The requirements of this sub-  
21          section are met with respect to any expansion, renovation  
22          or modernization if—

23                  “(1) the tribe or tribal organization—

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

1           “(B) applies to the Secretary to be placed  
2           on a separate priority list to address the needs  
3           of such new facilities for increased operating ex-  
4           penses, personnel or equipment; and

5           “(2) the expansion renovation or moderniza-  
6           tion—

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

9           “(B) is administered by the Indian tribe or  
10          tribal organization in accordance with any ap-  
11          plicable regulations prescribed by the Secretary  
12          with respect to construction or renovation of  
13          Service facilities.

14          “(e) RIGHT OF TRIBE IN CASE OF FAILURE OF FA-  
15          CILITY TO BE USED AS A SERVICE FACILITY.—If any  
16          Service facility which has been expanded, renovated or  
17          modernized by an Indian tribe under this section ceases  
18          to be used as a Service facility during the 20-year period  
19          beginning on the date such expansion, renovation or mod-  
20          ernization is completed, such Indian tribe shall be entitled  
21          to recover from the United States an amount which bears  
22          the same ratio to the value of such facility at the time  
23          of such cessation as the value of such expansion, renova-  
24          tion or modernization (less the total amount of any funds  
25          provided specifically for such facility under any Federal

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

5 **“SEC. 306. FUNDING FOR THE CONSTRUCTION, EXPANSION,**  
6 **AND MODERNIZATION OF SMALL AMBULA-**  
7 **TORY CARE FACILITIES.**

8 **“(a) AVAILABILITY OF FUNDING.—**

9 **“(1) IN GENERAL.—**The Secretary, acting  
10 through the Service and in consultation with Indian  
11 tribes and tribal organization, shall make funding  
12 available to tribes and tribal organizations for the  
13 construction, expansion, or modernization of facili-  
14 ties for the provision of ambulatory care services to  
15 eligible Indians (and noneligible persons as provided  
16 for in subsections (b)(2) and (c)(1)(C)). Funding  
17 under this section may cover up to 100 percent of  
18 the costs of such construction, expansion, or mod-  
19 ernization. For the purposes of this section, the term  
20 ‘construction’ includes the replacement of an exist-  
21 ing facility.

22 **“(2) REQUIREMENT.—**Funding under para-  
23 graph (1) may only be made available to an Indian  
24 tribe or tribal organization operating an Indian  
25 health facility (other than a facility owned or con-

1        structured by the Service, including a facility originally  
2        owned or constructed by the Service and transferred  
3        to an Indian tribe or tribal organization) pursuant  
4        to a funding agreement entered into under the In-  
5        dian Self-Determination and Education Assistance  
6        Act.

7        “(b) USE OF FUNDS.—

8                “(1) IN GENERAL.—Funds provided under this  
9        section may be used only for the construction, ex-  
10       expansion, or modernization (including the planning  
11       and design of such construction, expansion, or mod-  
12       ernization) of an ambulatory care facility—

13                       “(A) located apart from a hospital;

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

16                       “(C) which, upon completion of such con-  
17       struction, expansion, or modernization will—

18                               “(i) have a total capacity appropriate  
19       to its projected service population;

20                               “(ii) provide annually not less than  
21       500 patient visits by eligible Indians and  
22       other users who are eligible for services in  
23       such facility in accordance with section  
24       807(b)(1)(B); and

1           “(iii) provide ambulatory care in a  
2           service area (specified in the funding  
3           agreement entered into under the Indian  
4           Self-Determination and Education Assist-  
5           ance Act) with a population of not less  
6           than 1,500 eligible Indians and other users  
7           who are eligible for services in such facility  
8           in accordance with section 807(b)(1)(B).

9           “(2) LIMITATION.—Funding provided under  
10          this section may be used only for the cost of that  
11          portion of a construction, expansion or moderniza-  
12          tion project that benefits the service population de-  
13          scribed in clauses (ii) and (iii) of paragraph (1)(C).  
14          The requirements of such clauses (ii) and (iii) shall  
15          not apply to a tribe or tribal organization applying  
16          for funding under this section whose principal office  
17          for health care administration is located on an island  
18          or where such office is not located on a road system  
19          providing direct access to an inpatient hospital  
20          where care is available to the service population.

21          “(c) APPLICATION AND PRIORITY.—

22                 “(1) APPLICATION.—No funding may be made  
23                 available under this section unless an application for  
24                 such funding has been submitted to and approved by  
25                 the Secretary. An application or proposal for fund-

1 ing under this section shall be submitted in accord-  
 2 ance with applicable regulations and shall set forth  
 3 reasonable assurance by the applicant that, at all  
 4 times after the construction, expansion, or mod-  
 5 ernization of a facility carried out pursuant to fund-  
 6 ing received under this section—

7 “(A) adequate financial support will be  
 8 available for the provision of services at such  
 9 facility;

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

13 “(C) such facility will, as feasible without  
 14 diminishing the quality or quantity of services  
 15 provided to eligible Indians, serve noneligible  
 16 persons on a cost basis.

17 “(2) PRIORITY.—In awarding funds under this  
 18 section, the Secretary shall give priority to tribes  
 19 and tribal organizations that demonstrate—

20 “(A) a need for increased ambulatory care  
 21 services; and

22 “(B) insufficient capacity to deliver such  
 23 services.

24 “(d) FAILURE TO USE FACILITY AS HEALTH FACIL-  
 25 ITY.—If any facility (or portion thereof) with respect to



1 which funds have been paid under this section, ceases,  
2 within 5 years after completion of the construction, expan-  
3 sion, or modernization carried out with such funds, to be  
4 utilized for the purposes of providing health care services  
5 to eligible Indians, all of the right, title, and interest in  
6 and to such facility (or portion thereof) shall transfer to  
7 the United States unless otherwise negotiated by the Serv-  
8 ice and the Indian tribe or tribal organization.

9       “(e) NO INCLUSION IN TRIBAL SHARE.—Funding  
10 provided to Indian tribes and tribal organizations under  
11 this section shall be non-recurring and shall not be avail-  
12 able for inclusion in any individual tribe’s tribal share for  
13 an award under the Indian Self-Determination and Edu-  
14 cation Assistance Act or for reallocation or redesign there-  
15 under.

16 **“SEC. 307. INDIAN HEALTH CARE DELIVERY DEMONSTRATION PROJECT.**  
17

18       “(a) HEALTH CARE DELIVERY DEMONSTRATION  
19 PROJECTS.—The Secretary, acting through the Service  
20 and in consultation with Indian tribes and tribal organiza-  
21 tions, may enter into funding agreements with, or make  
22 grants or loan guarantees to, Indian tribes or tribal orga-  
23 nizations for the purpose of carrying out a health care de-  
24 livery demonstration project to test alternative means of  
25 delivering health care and services through health facili-

1 ties, including hospice, traditional Indian health and child  
2 care facilities, to Indians.

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

8               “(1) waive any leasing prohibition;

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

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

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

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

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

18       “(c) CRITERIA.—

19              “(1) IN GENERAL.—The Secretary shall develop  
20 and publish regulations through rulemaking under  
21 section 802 for the review and approval of applica-  
22 tions submitted under this section. The Secretary  
23 may enter into a contract, funding agreement or  
24 award a grant under this section for projects which  
25 meet the following criteria:

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

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

7           “(C) The project has the potential to ad-  
8 dress the health needs of Indians in an innova-  
9 tive manner.

10           “(D) The project has the potential to de-  
11 liver services in an efficient and effective man-  
12 ner.

13           “(E) The project is economically viable.

14           “(F) The Indian tribe or tribal organiza-  
15 tion has the administrative and financial capa-  
16 bility to administer the project.

17           “(G) The project is integrated with pro-  
18 viders of related health and social services and  
19 is coordinated with, and avoids duplication of,  
20 existing services.

21           “(2) PEER REVIEW PANELS.—The Secretary  
22 may provide for the establishment of peer review  
23 panels, as necessary, to review and evaluate applica-  
24 tions and to advise the Secretary regarding such ap-

1        plications using the criteria developed pursuant to  
2        paragraph (1).

3            ~~“(3) PRIORITY.—The Secretary shall give pri-~~  
4        ~~ority to applications for demonstration projects~~  
5        ~~under this section in each of the following service~~  
6        ~~units to the extent that such applications are filed~~  
7        ~~in a timely manner and otherwise meet the criteria~~  
8        ~~specified in paragraph (1):~~

9            ~~“(A) Cass Lake, Minnesota.~~

10          ~~“(B) Clinton, Oklahoma.~~

11          ~~“(C) Harlem, Montana.~~

12          ~~“(D) Mescalero, New Mexico.~~

13          ~~“(E) Owyhee, Nevada.~~

14          ~~“(F) Parker, Arizona.~~

15          ~~“(G) Schurz, Nevada.~~

16          ~~“(H) Winnebago, Nebraska.~~

17          ~~“(I) Ft. Yuma, California.~~

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

22          ~~“(e) SERVICE TO INELIGIBLE PERSONS.—The au-~~  
23        ~~thority to provide services to persons otherwise ineligible~~  
24        ~~for the health care benefits of the Service and the author-~~  
25        ~~ity to extend hospital privileges in Service facilities to non-~~

1 Service health care practitioners as provided in section  
2 807 may be included, subject to the terms of such section,  
3 in any demonstration project approved pursuant to this  
4 section.

5 “(f) **EQUITABLE TREATMENT.**—For purposes of sub-  
6 section (e)(1)(A), the Secretary shall, in evaluating facili-  
7 ties operated under any funding agreement entered into  
8 with the Service under the Indian Self-Determination and  
9 Education Assistance Act, use the same criteria that the  
10 Secretary uses in evaluating facilities operated directly by  
11 the Service.

12 “(g) **EQUITABLE INTEGRATION OF FACILITIES.**—  
13 The Secretary shall ensure that the planning, design, con-  
14 struction, renovation and expansion needs of Service and  
15 non-Service facilities which are the subject of a funding  
16 agreement for health services entered into with the Service  
17 under the Indian Self-Determination and Education As-  
18 sistance Act, are fully and equitably integrated into the  
19 implementation of the health care delivery demonstration  
20 projects under this section.

21 **“SEC. 308. LAND TRANSFER.**

22 “(a) **GENERAL AUTHORITY FOR TRANSFERS.**—Not-  
23 withstanding any other provision of law, the Bureau of  
24 Indian Affairs and all other agencies and departments of  
25 the United States are authorized to transfer, at no cost,

1 land and improvements to the Service for the provision  
 2 of health care services. The Secretary is authorized to ac-  
 3 cept such land and improvements for such purposes.

4       “(b) CHEMAWA INDIAN SCHOOL.—The Bureau of In-  
 5 dian Affairs is authorized to transfer, at no cost, up to  
 6 5 acres of land at the Chemawa Indian School, Salem,  
 7 Oregon, to the Service for the provision of health care  
 8 services. The land authorized to be transferred by this sec-  
 9 tion is that land adjacent to land under the jurisdiction  
 10 of the Service and occupied by the Chemawa Indian  
 11 Health Center.

12 **“SEC. 309. LEASES.**

13       “(a) IN GENERAL.—Notwithstanding any other pro-  
 14 vision of law, the Secretary is authorized, in carrying out  
 15 the purposes of this Act, to enter into leases with Indian  
 16 tribes and tribal organizations for periods not in excess  
 17 of 20 years. Property leased by the Secretary from an In-  
 18 dian tribe or tribal organization may be reconstructed or  
 19 renovated by the Secretary pursuant to an agreement with  
 20 such Indian tribe or tribal organization.

21       “(b) FACILITIES FOR THE ADMINISTRATION AND DE-  
 22 LIVERY OF HEALTH SERVICES.—The Secretary may enter  
 23 into leases, contracts, and other legal agreements with In-  
 24 dian tribes or tribal organizations which hold—

25               “(1) title to;

1           “(2) a leasehold interest in; or

2           “(3) a beneficial interest in (where title is held  
3       by the United States in trust for the benefit of a  
4       tribe);

5 facilities used for the administration and delivery of health  
6 services by the Service or by programs operated by Indian  
7 tribes or tribal organizations to compensate such Indian  
8 tribes or tribal organizations for costs associated with the  
9 use of such facilities for such purposes, and such leases  
10 shall be considered as operating leases for the purposes  
11 of scoring under the Budget Enforcement Act, notwith-  
12 standing any other provision of law. Such costs include  
13 rent, depreciation based on the useful life of the building,  
14 principal and interest paid or accrued, operation and  
15 maintenance expenses, and other expenses determined by  
16 regulation to be allowable pursuant to regulations under  
17 section 105(1) of the Indian Self-Determination and Edu-  
18 cation Assistance Act.

19 **“SEC. 310. LOANS, LOAN GUARANTEES AND LOAN REPAY-**  
20 **MENT.**

21       “(a) **HEALTH CARE FACILITIES LOAN FUND.**—  
22 There is established in the Treasury of the United States  
23 a fund to be known as the ‘Health Care Facilities Loan  
24 Fund’ (referred to in this Act as the ‘HCFLF’) to provide  
25 to Indian tribes and tribal organizations direct loans, or

1 guarantees for loans, for the construction of health care  
2 facilities (including inpatient facilities, outpatient facili-  
3 ties, associated staff quarters and specialized care facili-  
4 ties such as behavioral health and elder care facilities):

5       “(b) STANDARDS AND PROCEDURES.—The Secretary  
6 may promulgate regulations, developed through rule-  
7 making as provided for in section 802, to establish stand-  
8 ards and procedures for governing loans and loan guaran-  
9 tees under this section, subject to the following conditions:

10           “(1) The principal amount of a loan or loan  
11 guarantee may cover up to 100 percent of eligible  
12 costs, including costs for the planning, design, fi-  
13 nancing, site land development, construction, reha-  
14 bilitation, renovation, conversion, improvements,  
15 medical equipment and furnishings, other facility re-  
16 lated costs and capital purchase (but excluding staff-  
17 ing):

18           “(2) The cumulative total of the principal of di-  
19 rect loans and loan guarantees, respectively, out-  
20 standing at any one time shall not exceed such limi-  
21 tations as may be specified in appropriation Acts.

22           “(3) In the discretion of the Secretary, the pro-  
23 gram under this section may be administered by the  
24 Service or the Health Resources and Services Ad-  
25 ministration (which shall be specified by regulation):



1           “(4) The Secretary may make or guarantee a  
2           loan with a term of the useful estimated life of the  
3           facility, or 25 years, whichever is less.

4           “(5) The Secretary may allocate up to 100 per-  
5           cent of the funds available for loans or loan guaran-  
6           tees in any year for the purpose of planning and ap-  
7           plying for a loan or loan guarantee.

8           “(6) The Secretary may accept an assignment  
9           of the revenue of an Indian tribe or tribal organiza-  
10          tion as security for any direct loan or loan guarantee  
11          under this section.

12          “(7) In the planning and design of health facili-  
13          ties under this section, users eligible under section  
14          807(b) may be included in any projection of patient  
15          population.

16          “(8) The Secretary shall not collect loan appli-  
17          cation, processing or other similar fees from Indian  
18          tribes or tribal organizations applying for direct  
19          loans or loan guarantees under this section.

20          “(9) Service funds authorized under loans or  
21          loan guarantees under this section may be used in  
22          matching other Federal funds.

23          “(e) FUNDING.—

24                 “(1) IN GENERAL.—The HCFLF shall consist  
25                 of—

1           “(A) such sums as may be initially appro-  
 2           priated to the HCFLF and as may be subse-  
 3           quently appropriated under paragraph (2);

4           “(B) such amounts as may be collected  
 5           from borrowers; and

6           “(C) all interest earned on amounts in the  
 7           HCFLF.

8           “(2) AUTHORIZATION OF APPROPRIATIONS.—

9           There is authorized to be appropriated such sums as  
 10          may be necessary to initiate the HCFLF. For each  
 11          fiscal year after the initial year in which funds are  
 12          appropriated to the HCFLF, there is authorized to  
 13          be appropriated an amount equal to the sum of the  
 14          amount collected by the HCFLF during the pre-  
 15          ceding fiscal year, and all accrued interest on such  
 16          amounts.

17          “(3) AVAILABILITY OF FUNDS.—Amounts ap-  
 18          propriated, collected or earned relative to the  
 19          HCFLF shall remain available until expended.

20          “(d) FUNDING AGREEMENTS.—Amounts in the  
 21          HCFLF and available pursuant to appropriation Acts may  
 22          be expended by the Secretary, acting through the Service,  
 23          to make loans under this section to an Indian tribe or trib-  
 24          al organization pursuant to a funding agreement entered

1 into under the Indian Self-Determination and Education  
2 Assistance Act.

3       “(e) INVESTMENTS.—The Secretary of the Treasury  
4 shall invest such amounts of the HCFLF as such Sec-  
5 retary determines are not required to meet current with-  
6 draws from the HCFLF. Such investments may be made  
7 only in interest-bearing obligations of the United States.  
8 For such purpose, such obligations may be acquired on  
9 original issue at the issue price, or by purchase of out-  
10 standing obligations at the market price. Any obligation  
11 acquired by the fund may be sold by the Secretary of the  
12 Treasury at the market price.

13       “(f) GRANTS.—The Secretary is authorized to estab-  
14 lish a program to provide grants to Indian tribes and trib-  
15 al organizations for the purpose of repaying all or part  
16 of any loan obtained by an Indian tribe or tribal organiza-  
17 tion for construction and renovation of health care facili-  
18 ties (including inpatient facilities, outpatient facilities, as-  
19 sociated staff quarters and specialized care facilities).  
20 Loans eligible for such repayment grants shall include  
21 loans that have been obtained under this section or other-  
22 wise.

23 **“SEC. 311. TRIBAL LEASING.**

24       “Indian tribes and tribal organizations providing  
25 health care services pursuant to a funding agreement con-

1 tract entered into under the Indian Self-Determination  
 2 and Education Assistance Act may lease permanent struc-  
 3 tures for the purpose of providing such health care serv-  
 4 ices without obtaining advance approval in appropriation  
 5 Acts.

6 **“SEC. 312. INDIAN HEALTH SERVICE/TRIBAL FACILITIES**  
 7 **JOINT VENTURE PROGRAM.**

8 “(a) AUTHORITY.—

9 “(1) IN GENERAL.—The Secretary, acting  
 10 through the Service, shall make arrangements with  
 11 Indian tribes and tribal organizations to establish  
 12 joint venture demonstration projects under which an  
 13 Indian tribe or tribal organization shall expend trib-  
 14 al, private, or other available funds, for the acquisi-  
 15 tion or construction of a health facility for a min-  
 16 imum of 10 years, under a no-cost lease, in ex-  
 17 change for agreement by the Service to provide the  
 18 equipment, supplies, and staffing for the operation  
 19 and maintenance of such a health facility.

20 “(2) USE OF RESOURCES.—A tribe or tribal or-  
 21 ganization may utilize tribal funds, private sector, or  
 22 other available resources, including loan guarantees,  
 23 to fulfill its commitment under this subsection.

24 “(3) ELIGIBILITY OF CERTAIN ENTITIES.—A  
 25 tribe that has begun and substantially completed the

1 process of acquisition or construction of a health fa-  
2 cility shall be eligible to establish a joint venture  
3 project with the Service using such health facility.

4 “(b) REQUIREMENTS.—

5 “(1) IN GENERAL.—The Secretary shall enter  
6 into an arrangement under subsection (a)(1) with an  
7 Indian tribe or tribal organization only if—

8 “(A) the Secretary first determines that  
9 the Indian tribe or tribal organization has the  
10 administrative and financial capabilities nec-  
11 essary to complete the timely acquisition or con-  
12 struction of the health facility described in sub-  
13 section (a)(1); and

14 “(B) the Indian tribe or tribal organization  
15 meets the needs criteria that shall be developed  
16 through the negotiated rulemaking process pro-  
17 vided for under section 802.

18 “(2) CONTINUED OPERATION OF FACILITY.—

19 The Secretary shall negotiate an agreement with the  
20 Indian tribe or tribal organization regarding the con-  
21 tinued operation of a facility under this section at  
22 the end of the initial 10 year no-cost lease period.

23 “(3) BREACH OR TERMINATION OF AGREE-  
24 MENT.—An Indian tribe or tribal organization that

25 has entered into a written agreement with the Sec-

1       retary under this section, and that breaches or ter-  
2       minates without cause such agreement, shall be lia-  
3       ble to the United States for the amount that has  
4       been paid to the tribe or tribal organization, or paid  
5       to a third party on the tribe's or tribal organiza-  
6       tion's behalf, under the agreement. The Secretary  
7       has the right to recover tangible property (including  
8       supplies), and equipment, less depreciation, and any  
9       funds expended for operations and maintenance  
10      under this section. The preceding sentence shall not  
11      apply to any funds expended for the delivery of  
12      health care services, or for personnel or staffing.

13      “(d) RECOVERY FOR NON-USE.—An Indian tribe or  
14      tribal organization that has entered into a written agree-  
15      ment with the Secretary under this section shall be enti-  
16      tled to recover from the United States an amount that  
17      is proportional to the value of such facility should at any  
18      time within 10 years the Service ceases to use the facility  
19      or otherwise breaches the agreement.

20      “(e) DEFINITION.—In this section, the terms ‘health  
21      facility’ or ‘health facilities’ include staff quarters needed  
22      to provide housing for the staff of the tribal health pro-  
23      gram.

1 **“SEC. 313. LOCATION OF FACILITIES.**

2       “(a) PRIORITY.—The Bureau of Indian Affairs and  
3 the Service shall, in all matters involving the reorganiza-  
4 tion or development of Service facilities, or in the estab-  
5 lishment of related employment projects to address unem-  
6 ployment conditions in economically depressed areas, give  
7 priority to locating such facilities and projects on Indian  
8 lands if requested by the Indian owner and the Indian  
9 tribe with jurisdiction over such lands or other lands  
10 owned or leased by the Indian tribe or tribal organization  
11 so long as priority is given to Indian land owned by an  
12 Indian tribe or tribes.

13       “(b) DEFINITION.—In this section, the term ‘Indian  
14 lands’ means—

15               “(1) all lands within the exterior boundaries of  
16 any Indian reservation;

17               “(2) any lands title to which is held in trust by  
18 the United States for the benefit of any Indian tribe  
19 or individual Indian, or held by any Indian tribe or  
20 individual Indian subject to restriction by the United  
21 States against alienation and over which an Indian  
22 tribe exercises governmental power; and

23               “(3) all lands in Alaska owned by any Alaska  
24 Native village, or any village or regional corporation  
25 under the Alaska Native Claims Settlement Act, or  
26 any land allotted to any Alaska Native.

1 **“SEC. 314. MAINTENANCE AND IMPROVEMENT OF HEALTH**  
 2 **CARE FACILITIES.**

3 “(a) REPORT.—The Secretary shall submit to the  
 4 President, for inclusion in the report required to be trans-  
 5 mitted to Congress under section 801, a report that identi-  
 6 fies the backlog of maintenance and repair work required  
 7 at both Service and tribal facilities, including new facilities  
 8 expected to be in operation in the fiscal year after the year  
 9 for which the report is being prepared. The report shall  
 10 identify the need for renovation and expansion of existing  
 11 facilities to support the growth of health care programs.

12 “(b) MAINTENANCE OF NEWLY CONSTRUCTED  
 13 SPACE.—

14 “(1) IN GENERAL.—The Secretary may expend  
 15 maintenance and improvement funds to support the  
 16 maintenance of newly constructed space only if such  
 17 space falls within the approved supportable space al-  
 18 location for the Indian tribe or tribal organization.

19 “(2) DEFINITION.—For purposes of paragraph  
 20 (1), the term ‘supportable space allocation’ shall be  
 21 defined through the negotiated rulemaking process  
 22 provided for under section 802.

23 “(c) CONSTRUCTION OF REPLACEMENT FACILI-  
 24 TIES.—

25 “(1) IN GENERAL.—In addition to using main-  
 26 tenance and improvement funds for the maintenance



1 of facilities under subsection (b)(1), an Indian tribe  
2 or tribal organization may use such funds for the con-  
3 struction of a replacement facility if the costs of the  
4 renovation of such facility would exceed a maximum  
5 renovation cost threshold.

6 “(2) DEFINITION.—For purposes of paragraph  
7 (1), the term ‘maximum renovation cost threshold’  
8 shall be defined through the negotiated rulemaking  
9 process provided for under section 802.

10 **“SEC. 315. TRIBAL MANAGEMENT OF FEDERALLY-OWNED**  
11 **QUARTERS.**

12 “(a) ESTABLISHMENT OF RENTAL RATES.—

13 “(1) IN GENERAL.—Notwithstanding any other  
14 provision of law, an Indian tribe or tribal organiza-  
15 tion which operates a hospital or other health facility  
16 and the federally-owned quarters associated there-  
17 with, pursuant to a funding agreement under the In-  
18 dian Self-Determination and Education Assistance  
19 Act, may establish the rental rates charged to the  
20 occupants of such quarters by providing notice to  
21 the Secretary of its election to exercise such author-  
22 ity.

23 “(2) OBJECTIVES.—In establishing rental rates  
24 under paragraph (1), an Indian tribe or tribal orga-

1 nization shall attempt to achieve the following objec-  
2 tives:

3 “(A) The rental rates should be based on  
4 the reasonable value of the quarters to the oc-  
5 cupants thereof.

6 “(B) The rental rates should generate suf-  
7 ficient funds to prudently provide for the oper-  
8 ation and maintenance of the quarters, and,  
9 subject to the discretion of the Indian tribe or  
10 tribal organization, to supply reserve funds for  
11 capital repairs and replacement of the quarters.

12 “(3) ELIGIBILITY FOR QUARTERS IMPROVE-  
13 MENT AND REPAIR.—Any quarters whose rental  
14 rates are established by an Indian tribe or tribal or-  
15 ganization under this subsection shall continue to be  
16 eligible for quarters improvement and repair funds  
17 to the same extent as other federally-owned quarters  
18 that are used to house personnel in Service-sup-  
19 ported programs.

20 “(4) NOTICE OF CHANGE IN RATES.—An In-  
21 dian tribe or tribal organization that exercises the  
22 authority provided under this subsection shall pro-  
23 vide occupants with not less than 60 days notice of  
24 any change in rental rates.

25 “(b) COLLECTION OF RENTS.—

1           “(1) IN GENERAL.—Notwithstanding any other  
2 provision of law, and subject to paragraph (2), an  
3 Indian tribe or a tribal organization that operates  
4 federally-owned quarters pursuant to a funding  
5 agreement under the Indian Self-Determination and  
6 Education Assistance Act shall have the authority to  
7 collect rents directly from Federal employees who oc-  
8 cupy such quarters in accordance with the following:

9           “(A) The Indian tribe or tribal organiza-  
10 tion shall notify the Secretary and the Federal  
11 employees involved of its election to exercise its  
12 authority to collect rents directly from such  
13 Federal employees.

14           “(B) Upon the receipt of a notice described  
15 in subparagraph (A), the Federal employees in-  
16 volved shall pay rents for the occupancy of such  
17 quarters directly to the Indian tribe or tribal  
18 organization and the Secretary shall have no  
19 further authority to collect rents from such em-  
20 ployees through payroll deduction or otherwise.

21           “(C) Such rent payments shall be retained  
22 by the Indian tribe or tribal organization and  
23 shall not be made payable to or otherwise be  
24 deposited with the United States.

1           “(D) Such rent payments shall be depos-  
2           ited into a separate account which shall be used  
3           by the Indian tribe or tribal organization for  
4           the maintenance (including capital repairs and  
5           replacement expenses) and operation of the  
6           quarters and facilities as the Indian tribe or  
7           tribal organization shall determine appropriate.

8           “(2) RETROCESSION.—If an Indian tribe or  
9           tribal organization which has made an election under  
10          paragraph (1) requests retrocession of its authority  
11          to directly collect rents from Federal employees oc-  
12          cupying federally-owned quarters, such retrocession  
13          shall become effective on the earlier of—

14                 “(A) the first day of the month that begins  
15                 not less than 180 days after the Indian tribe or  
16                 tribal organization notifies the Secretary of its  
17                 desire to retrocede; or

18                 “(B) such other date as may be mutually  
19                 agreed upon by the Secretary and the Indian  
20                 tribe or tribal organization.

21          “(e) RATES.—To the extent that an Indian tribe or  
22          tribal organization, pursuant to authority granted in sub-  
23          section (a), establishes rental rates for federally-owned  
24          quarters provided to a Federal employee in Alaska, such  
25          rents may be based on the cost of comparable private rent-

1 al housing in the nearest established community with a  
2 year-round population of 1,500 or more individuals.

3 **“SEC. 316. APPLICABILITY OF BUY AMERICAN REQUIRE-**  
4 **MENT.**

5 “(a) IN GENERAL.—The Secretary shall ensure that  
6 the requirements of the Buy American Act apply to all  
7 procurements made with funds provided pursuant to the  
8 authorization contained in section 318, except that Indian  
9 tribes and tribal organizations shall be exempt from such  
10 requirements.

11 “(b) FALSE OR MISLEADING LABELING.—If it has  
12 been finally determined by a court or Federal agency that  
13 any person intentionally affixed a label bearing a ‘Made  
14 in America’ inscription, or any inscription with the same  
15 meaning, to any product sold in or shipped to the United  
16 States that is not made in the United States, such person  
17 shall be ineligible to receive any contract or subcontract  
18 made with funds provided pursuant to the authorization  
19 contained in section 318, pursuant to the debarment, sus-  
20 pension, and ineligibility procedures described in sections  
21 9.400 through 9.409 of title 48, Code of Federal Regula-  
22 tions.

23 “(c) DEFINITION.—In this section, the term ‘Buy  
24 American Act’ means title III of the Act entitled ‘An Act  
25 making appropriations for the Treasury and Post Office

1 Departments for the fiscal year ending June 30, 1934,  
2 and for other purposes', approved March 3, 1933 (41  
3 U.S.C. 10a et seq.).

4 **"SEC. 317. OTHER FUNDING FOR FACILITIES.**

5 "Notwithstanding any other provision of law—

6 "(1) the Secretary may accept from any source,  
7 including Federal and State agencies, funds that are  
8 available for the construction of health care facilities  
9 and use such funds to plan, design and construct  
10 health care facilities for Indians and to place such  
11 funds into funding agreements authorized under the  
12 Indian Self-Determination and Education Assistance  
13 Act (25 U.S.C. 450f et seq.) between the Secretary  
14 and an Indian tribe or tribal organization, except  
15 that the receipt of such funds shall not have an ef-  
16 fect on the priorities established pursuant to section  
17 301;

18 "(2) the Secretary may enter into interagency  
19 agreements with other Federal or State agencies and  
20 other entities and to accept funds from such Federal  
21 or State agencies or other entities to provide for the  
22 planning, design and construction of health care fa-  
23 cilities to be administered by the Service or by In-  
24 dian tribes or tribal organizations under the Indian  
25 Self-Determination and Education Assistance Act in

1 order to carry out the purposes of this Act, together  
2 with the purposes for which such funds are appro-  
3 priated to such other Federal or State agency or for  
4 which the funds were otherwise provided;

5 “(3) any Federal agency to which funds for the  
6 construction of health care facilities are appropriated  
7 is authorized to transfer such funds to the Secretary  
8 for the construction of health care facilities to carry  
9 out the purposes of this Act as well as the purposes  
10 for which such funds are appropriated to such other  
11 Federal agency; and

12 “(4) the Secretary, acting through the Service,  
13 shall establish standards under regulations developed  
14 through rulemaking under section 802, for the plan-  
15 ning, design and construction of health care facilities  
16 serving Indians under this Act.

17 **“SEC. 318. AUTHORIZATION OF APPROPRIATIONS.**

18 “There is authorized to be appropriated such sums  
19 as may be necessary for each fiscal year through fiscal  
20 year 2015 to carry out this title.

1   **“TITLE IV—ACCESS TO HEALTH**  
2                                   **SERVICES**

3   **“SEC. 401. TREATMENT OF PAYMENTS UNDER MEDICARE**  
4                                   **PROGRAM.**

5           “(a) IN GENERAL.—Any payments received by the  
6 Service, by an Indian tribe or tribal organization pursuant  
7 to a funding agreement under the Indian Self-Determina-  
8 tion and Education Assistance Act, or by an urban Indian  
9 organization pursuant to title V of this Act for services  
10 provided to Indians eligible for benefits under title XVIII  
11 of the Social Security Act shall not be considered in deter-  
12 mining appropriations for health care and services to Indi-  
13 ans.

14           “(b) EQUAL TREATMENT.—Nothing in this Act au-  
15 thorizes the Secretary to provide services to an Indian ben-  
16 efiary with coverage under title XVIII of the Social Secu-  
17 rity Act in preference to an Indian beneficiary without  
18 such coverage.

19           “(c) SPECIAL FUND.—

20                   “(1) USE OF FUNDS.—Notwithstanding any  
21 other provision of this title or of title XVIII of the  
22 Social Security Act, payments to which any facility  
23 of the Service is entitled by reason of this section  
24 shall be placed in a special fund to be held by the  
25 Secretary and first used (to such extent or in such



1 amounts as are provided in appropriation Acts) for  
 2 the purpose of making any improvements in the pro-  
 3 grams of the Service which may be necessary to  
 4 achieve or maintain compliance with the applicable  
 5 conditions and requirements of this title and of title  
 6 XVIII of the Social Security Act. Any funds to be  
 7 reimbursed which are in excess of the amount nec-  
 8 essary to achieve or maintain such conditions and  
 9 requirements shall, subject to the consultation with  
 10 tribes being served by the service unit, be used for  
 11 reducing the health resource deficiencies of the In-  
 12 dian tribes.

13 “(2) NONAPPLICATION IN CASE OF ELECTION  
 14 FOR DIRECT BILLING.—Paragraph (1) shall not  
 15 apply upon the election of an Indian tribe or tribal  
 16 organization under section 405 to receive direct pay-  
 17 ments for services provided to Indians eligible for  
 18 benefits under title XVIII of the Social Security Act.

19 **“SEC. 402. TREATMENT OF PAYMENTS UNDER MEDICAID**  
 20 **PROGRAM.**

21 “(a) SPECIAL FUND.—

22 “(1) USE OF FUNDS.—Notwithstanding any  
 23 other provision of law, payments to which any facil-  
 24 ity of the Service (including a hospital, nursing facil-  
 25 ity, intermediate care facility for the mentally re-

1       tarded, or any other type of facility which provides  
2       services for which payment is available under title  
3       ~~XIX~~ of the Social Security Act) is entitled under a  
4       State plan by reason of section 1911 of such Act  
5       shall be placed in a special fund to be held by the  
6       Secretary and first used (to such extent or in such  
7       amounts as are provided in appropriation Acts) for  
8       the purpose of making any improvements in the fa-  
9       cilities of such Service which may be necessary to  
10      achieve or maintain compliance with the applicable  
11      conditions and requirements of such title. Any pay-  
12      ments which are in excess of the amount necessary  
13      to achieve or maintain such conditions and require-  
14      ments shall, subject to the consultation with tribes  
15      being served by the service unit, be used for reduc-  
16      ing the health resource deficiencies of the Indian  
17      tribes. In making payments from such fund, the Sec-  
18      retary shall ensure that each service unit of the  
19      Service receives 100 percent of the amounts to which  
20      the facilities of the Service, for which such service  
21      unit makes collections, are entitled by reason of sec-  
22      tion 1911 of the Social Security Act.

23           “(2) NONAPPLICATION IN CASE OF ELECTION  
24      FOR DIRECT BILLING.—Paragraph (1) shall not  
25      apply upon the election of an Indian tribe or tribal

1 organization under section 405 to receive direct pay-  
2 ments for services provided to Indians eligible for  
3 medical assistance under title XIX of the Social Secu-  
4 rity Act.

5 “(b) PAYMENTS DISREGARDED FOR APPROPRIA-  
6 TIONS.—Any payments received under section 1911 of the  
7 Social Security Act for services provided to Indians eligible  
8 for benefits under title XIX of the Social Security Act  
9 shall not be considered in determining appropriations for  
10 the provision of health care and services to Indians.

11 “(c) DIRECT BILLING.—For provisions relating to  
12 the authority of certain Indian tribes and tribal organiza-  
13 tions to elect to directly bill for, and receive payment for,  
14 health care services provided by a hospital or clinic of such  
15 tribes or tribal organizations and for which payment may  
16 be made under this title, see section 405.

17 **“SEC. 403. REPORT.**

18 “(a) INCLUSION IN ANNUAL REPORT.—The Sec-  
19 retary shall submit to the President, for inclusion in the  
20 report required to be transmitted to the Congress under  
21 section 801, an accounting on the amount and use of  
22 funds made available to the Service pursuant to this title  
23 as a result of reimbursements under titles XVIII and XIX  
24 of the Social Security Act.

1       “(b) IDENTIFICATION OF SOURCE OF PAYMENTS.—

2 If an Indian tribe or tribal organization receives funding  
3 from the Service under the Indian Self-Determination and  
4 Education Assistance Act or an urban Indian organization  
5 receives funding from the Service under title V of this Act  
6 and receives reimbursements or payments under title  
7 XVIII, XIX, or XXI of the Social Security Act, such In-  
8 dian tribe or tribal organization, or urban Indian organi-  
9 zation, shall provide to the Service a list of each provider  
10 enrollment number (or other identifier) under which it re-  
11 ceives such reimbursements or payments.

12 **“SEC. 404. GRANTS TO AND FUNDING AGREEMENTS WITH**  
13                   **THE SERVICE, INDIAN TRIBES OR TRIBAL OR-**  
14                   **GANIZATIONS, AND URBAN INDIAN ORGANI-**  
15                   **ZATIONS.**

16       “(a) IN GENERAL.—The Secretary shall make grants  
17 to or enter into funding agreements with Indian tribes and  
18 tribal organizations to assist such organizations in estab-  
19 lishing and administering programs on or near Federal In-  
20 dian reservations and trust areas and in or near Alaska  
21 Native villages to assist individual Indians to—

22                   “(1) enroll under sections 1818, 1836, and  
23                   1837 of the Social Security Act;

24                   “(2) pay premiums for health insurance cov-  
25                   erage; and

1           “(3) apply for medical assistance provided pur-  
2           suant to titles XIX and XXI of the Social Security  
3           Act.

4           “(b) CONDITIONS.—The Secretary shall place condi-  
5           tions as deemed necessary to effect the purpose of this  
6           section in any funding agreement or grant which the Sec-  
7           retary makes with any Indian tribe or tribal organization  
8           pursuant to this section. Such conditions shall include, but  
9           are not limited to, requirements that the organization suc-  
10          cessfully undertake to—

11           “(1) determine the population of Indians to be  
12           served that are or could be recipients of benefits or  
13           assistance under titles XVIII, XIX, and XXI of the  
14           Social Security Act;

15           “(2) assist individual Indians in becoming fa-  
16           miliar with and utilizing such benefits and assist-  
17           ance;

18           “(3) provide transportation to such individual  
19           Indians to the appropriate offices for enrollment or  
20           applications for such benefits and assistance;

21           “(4) develop and implement—

22           “(A) a schedule of income levels to deter-  
23           mine the extent of payments of premiums by  
24           such organizations for health insurance cov-  
25           erage of needy individuals; and

1           “(B) methods of improving the participa-  
2           tion of Indians in receiving the benefits and as-  
3           sistance provided under titles XVIII, XIX, and  
4           XXI of the Social Security Act.

5           “(e) AGREEMENTS FOR RECEIPT AND PROCESSING  
6 OF APPLICATIONS.—The Secretary may enter into an  
7 agreement with an Indian tribe or tribal organization, or  
8 an urban Indian organization, which provides for the re-  
9 ceipt and processing of applications for medical assistance  
10 under title XIX of the Social Security Act, child health  
11 assistance under title XXI of such Act and benefits under  
12 title XVIII of such Act by a Service facility or a health  
13 care program administered by such Indian tribe or tribal  
14 organization, or urban Indian organization, pursuant to  
15 a funding agreement under the Indian Self-Determination  
16 and Education Assistance Act or a grant or contract en-  
17 tered into with an urban Indian organization under title  
18 V of this Act. Notwithstanding any other provision of law,  
19 such agreements shall provide for reimbursement of the  
20 cost of outreach, education regarding eligibility and bene-  
21 fits, and translation when such services are provided. The  
22 reimbursement may be included in an encounter rate or  
23 be made on a fee-for-service basis as appropriate for the  
24 provider. When necessary to carry out the terms of this  
25 section, the Secretary, acting through the Health Care Fi-

1 nancing Administration or the Service, may enter into  
 2 agreements with a State (or political subdivision thereof)  
 3 to facilitate cooperation between the State and the Service,  
 4 an Indian tribe or tribal organization, and an urban In-  
 5 dian organization.

6 “(d) GRANTS.—

7 “(1) IN GENERAL.—The Secretary shall make  
 8 grants or enter into contracts with urban Indian or-  
 9 ganizations to assist such organizations in estab-  
 10 lishing and administering programs to assist indi-  
 11 vidual urban Indians to—

12 “(A) enroll under sections 1818, 1836, and  
 13 1837 of the Social Security Act;

14 “(B) pay premiums on behalf of such indi-  
 15 viduals for coverage under title XVIII of such  
 16 Act; and

17 “(C) apply for medical assistance provided  
 18 under title XIX of such Act and for child health  
 19 assistance under title XXI of such Act.

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

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

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

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

5 **“SEC. 405. DIRECT BILLING AND REIMBURSEMENT OF**  
6 **MEDICARE, MEDICAID, AND OTHER THIRD**  
7 **PARTY PAYORS.**

8           “(a) ESTABLISHMENT OF DIRECT BILLING PRO-  
9 GRAM.—

10           “(1) IN GENERAL.—The Secretary shall estab-  
11           lish a program under which Indian tribes, tribal or-  
12           ganizations, and Alaska Native health organizations  
13           that contract or compact for the operation of a hos-  
14           pital or clinic of the Service under the Indian Self-  
15           Determination and Education Assistance Act may  
16           elect to directly bill for, and receive payment for,  
17           health care services provided by such hospital or  
18           clinic for which payment is made under the medicare  
19           program established under title XVIII of the Social  
20           Security Act (42 U.S.C. 1395 et seq.); under the  
21           medicaid program established under title XIX of the  
22           Social Security Act (42 U.S.C. 1396 et seq.); or  
23           from any other third party payor.

24           “(2) APPLICATION OF 100 PERCENT FMAP.—

25           The third sentence of section 1905(b) of the Social



1 Security Act (42 U.S.C. 1396d(b)) shall apply for  
2 purposes of reimbursement under title XIX of the So-  
3 cial Security Act for health care services directly  
4 billed under the program established under this sec-  
5 tion.

6 “(b) DIRECT REIMBURSEMENT.—

7 “(1) USE OF FUNDS.—Each hospital or clinic  
8 participating in the program described in subsection  
9 (a) of this section shall be reimbursed directly under  
10 titles XVIII and XIX of the Social Security Act for  
11 services furnished, without regard to the provisions  
12 of section 1880(e) of the Social Security Act (42  
13 U.S.C. 1395qq(e)) and sections 402(a) and  
14 807(b)(2)(A), but all funds so reimbursed shall first  
15 be used by the hospital or clinic for the purpose of  
16 making any improvements in the hospital or clinic  
17 that may be necessary to achieve or maintain com-  
18 pliance with the conditions and requirements appli-  
19 cable generally to facilities of such type under title  
20 XVIII or XIX of the Social Security Act. Any funds  
21 so reimbursed which are in excess of the amount  
22 necessary to achieve or maintain such conditions  
23 shall be used—

24 “(A) solely for improving the health re-  
25 sources deficiency level of the Indian tribe; and

1           “(B) in accordance with the regulations of  
2           the Service applicable to funds provided by the  
3           Service under any contract entered into under  
4           the Indian Self-Determination Act (25 U.S.C.  
5           450f et seq.).

6           “(2) AUDITS.—The amounts paid to the hos-  
7           pitals and clinics participating in the program estab-  
8           lished under this section shall be subject to all audit-  
9           ing requirements applicable to programs adminis-  
10          tered directly by the Service and to facilities partici-  
11          pating in the medicare and medicaid programs  
12          under titles XVIII and XIX of the Social Security  
13          Act.

14          “(3) SECRETARIAL OVERSIGHT.—The Secretary  
15          shall monitor the performance of hospitals and clin-  
16          ics participating in the program established under  
17          this section, and shall require such hospitals and  
18          clinics to submit reports on the program to the Sec-  
19          retary on an annual basis.

20          “(4) NO PAYMENTS FROM SPECIAL FUNDS.—  
21          Notwithstanding section 1880(e) of the Social Secu-  
22          rity Act (42 U.S.C. 1395qq(e)) or section 402(a), no  
23          payment may be made out of the special funds de-  
24          scribed in such sections for the benefit of any hos-  
25          pital or clinic during the period that the hospital or

1 clinic participates in the program established under  
2 this section.

3 “(c) REQUIREMENTS FOR PARTICIPATION.—

4 “(1) APPLICATION.—Except as provided in  
5 paragraph (2)(B), in order to be eligible for partici-  
6 pation in the program established under this section,  
7 an Indian tribe, tribal organization, or Alaska Na-  
8 tive health organization shall submit an application  
9 to the Secretary that establishes to the satisfaction  
10 of the Secretary that—

11 “(A) the Indian tribe, tribal organization,  
12 or Alaska Native health organization contracts  
13 or compacts for the operation of a facility of the  
14 Service;

15 “(B) the facility is eligible to participate in  
16 the medicare or medicaid programs under sec-  
17 tion 1880 or 1911 of the Social Security Act  
18 (42 U.S.C. 1395qq; 1396j);

19 “(C) the facility meets the requirements  
20 that apply to programs operated directly by the  
21 Service; and

22 “(D) the facility—

23 “(i) is accredited by an accrediting  
24 body as eligible for reimbursement under  
25 the medicare or medicaid programs; or

1                   “(ii) has submitted a plan, which has  
2                   been approved by the Secretary, for achiev-  
3                   ing such accreditation.

4                   “(2) APPROVAL.—

5                   “(A) IN GENERAL.—The Secretary shall  
6                   review and approve a qualified application not  
7                   later than 90 days after the date the applica-  
8                   tion is submitted to the Secretary unless the  
9                   Secretary determines that any of the criteria set  
10                  forth in paragraph (1) are not met.

11                  “(B) GRANDFATHER OF DEMONSTRATION  
12                  PROGRAM PARTICIPANTS.—Any participant in  
13                  the demonstration program authorized under  
14                  this section as in effect on the day before the  
15                  date of enactment of the Alaska Native and  
16                  American Indian Direct Reimbursement Act of  
17                  2000 shall be deemed approved for participa-  
18                  tion in the program established under this sec-  
19                  tion and shall not be required to submit an ap-  
20                  plication in order to participate in the program.

21                  “(C) DURATION.—An approval by the Sec-  
22                  retary of a qualified application under subpara-  
23                  graph (A), or a deemed approval of a dem-  
24                  onstration program under subparagraph (B),  
25                  shall continue in effect as long as the approved

1 applicant or the deemed approved demonstration  
2 program meets the requirements of this section.

3 “(d) EXAMINATION AND IMPLEMENTATION OF  
4 CHANGES.—

5 “(1) IN GENERAL.—The Secretary, acting  
6 through the Service, and with the assistance of the  
7 Administrator of the Health Care Financing Admin-  
8 istration, shall examine on an ongoing basis and im-  
9 plement—

10 “(A) any administrative changes that may  
11 be necessary to facilitate direct billing and re-  
12 imbursement under the program established  
13 under this section, including any agreements  
14 with States that may be necessary to provide  
15 for direct billing under title XIX of the Social  
16 Security Act; and

17 “(B) any changes that may be necessary to  
18 enable participants in the program established  
19 under this section to provide to the Service  
20 medical records information on patients served  
21 under the program that is consistent with the  
22 medical records information system of the Serv-  
23 ice.

24 “(2) ACCOUNTING INFORMATION.—The ac-  
25 counting information that a participant in the pro-

1       gram established under this section shall be required  
 2       to report shall be the same as the information re-  
 3       quired to be reported by participants in the dem-  
 4       onstration program authorized under this section as  
 5       in effect on the day before the date of enactment of  
 6       the Alaska Native and American Indian Direct Re-  
 7       imbursement Act of 2000. The Secretary may from  
 8       time to time, after consultation with the program  
 9       participants, change the accounting information sub-  
 10      mission requirements.

11      “(e) WITHDRAWAL FROM PROGRAM.—A participant  
 12      in the program established under this section may with-  
 13      draw from participation in the same manner and under  
 14      the same conditions that a tribe or tribal organization may  
 15      retrocede a contracted program to the Secretary under au-  
 16      thority of the Indian Self-Determination Act (25 U.S.C.  
 17      450 et seq.). All cost accounting and billing authority  
 18      under the program established under this section shall be  
 19      returned to the Secretary upon the Secretary’s acceptance  
 20      of the withdrawal of participation in this program.

21      **“SEC. 406. REIMBURSEMENT FROM CERTAIN THIRD PAR-**  
 22                                      **TIES OF COSTS OF HEALTH SERVICES.**

23      “(a) RIGHT OF RECOVERY.—Except as provided in  
 24      subsection (g), the United States, an Indian tribe or tribal  
 25      organization shall have the right to recover the reasonable

1 charges billed or expenses incurred by the Secretary or  
2 an Indian tribe or tribal organization in providing health  
3 services, through the Service or an Indian tribe or tribal  
4 organization to any individual to the same extent that  
5 such individual, or any nongovernmental provider of such  
6 services, would be eligible to receive reimbursement or in-  
7 demnification for such charges or expenses if—

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

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

12           “(b) URBAN INDIAN ORGANIZATIONS.—Except as  
13           provided in subsection (g), an urban Indian organization  
14           shall have the right to recover the reasonable charges  
15           billed or expenses incurred by the organization in pro-  
16           viding health services to any individual to the same extent  
17           that such individual, or any other nongovernmental pro-  
18           vider of such services, would be eligible to receive reim-  
19           bursement or indemnification for such charges or expenses  
20           if such individual had been required to pay such charges  
21           or expenses and did pay such charges or expenses.

22           “(c) LIMITATIONS ON RECOVERIES FROM STATES.—  
23           Subsections (a) and (b) shall provide a right of recovery  
24           against any State, only if the injury, illness, or disability  
25           for which health services were provided is covered under—

1           “(1) workers’ compensation laws; or

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

4           “(d) NONAPPLICATION OF OTHER LAWS.—No law of  
5 any State, or of any political subdivision of a State and  
6 no provision of any contract entered into or renewed after  
7 the date of enactment of the Indian Health Care Amend-  
8 ments of 1988, shall prevent or hinder the right of recov-  
9 ery of the United States or an Indian tribe or tribal orga-  
10 nization under subsection (a); or an urban Indian organi-  
11 zation under subsection (b).

12          “(e) NO EFFECT ON PRIVATE RIGHTS OF ACTION.—  
13 No action taken by the United States or an Indian tribe  
14 or tribal organization to enforce the right of recovery pro-  
15 vided under subsection (a); or by an urban Indian organi-  
16 zation to enforce the right of recovery provided under sub-  
17 section (b); shall affect the right of any person to any  
18 damages (other than damages for the cost of health serv-  
19 ices provided by the Secretary through the Service).

20          “(f) METHODS OF ENFORCEMENT.—

21           “(1) IN GENERAL.—The United States or an  
22 Indian tribe or tribal organization may enforce the  
23 right of recovery provided under subsection (a); and  
24 an urban Indian organization may enforce the right  
25 of recovery provided under subsection (b), by—



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

3                   “(i) by the individual for whom health  
4           services were provided by the Secretary, an  
5           Indian tribe or tribal organization, or  
6           urban Indian organization; or

7                   “(ii) by any representative or heirs of  
8           such individual; or

9           “(B) instituting a civil action.

10           “(2) NOTICE.—All reasonable efforts shall be  
11           made to provide notice of an action instituted in ac-  
12           cordance with paragraph (1)(B) to the individual to  
13           whom health services were provided, either before or  
14           during the pendency of such action.

15           “(g) 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       “(h) COSTS AND ATTORNEYS’ FEES.—In any action  
8 brought to enforce the provisions of this section, a pre-  
9 vailing plaintiff shall be awarded reasonable attorneys’  
10 fees and costs of litigation.

11       “(i) RIGHT OF ACTION AGAINST INSURERS AND EM-  
12 PLOYEE BENEFIT PLANS.—

13               “(1) IN GENERAL.—Where an insurance com-  
14 pany or employee benefit plan fails or refuses to pay  
15 the amount due under subsection (a) for services  
16 provided to an individual who is a beneficiary, par-  
17 ticipant, or insured of such company or plan, the  
18 United States or an Indian tribe or tribal organiza-  
19 tion shall have a right to assert and pursue all the  
20 claims and remedies against such company or plan,  
21 and against the fiduciaries of such company or plan,  
22 that the individual could assert or pursue under ap-  
23 plicable Federal, State or tribal law.

24               “(2) URBAN INDIAN ORGANIZATIONS.—Where  
25 an insurance company or employee benefit plan fails

1 or refuses to pay the amounts due under subsection  
2 (b) for health services provided to an individual who  
3 is a beneficiary, participant, or insured of such com-  
4 pany or plan, the urban Indian organization shall  
5 have a right to assert and pursue all the claims and  
6 remedies against such company or plan, and against  
7 the fiduciaries of such company or plan, that the in-  
8 dividual could assert or pursue under applicable  
9 Federal or State law.

10 “(j) **NONAPPLICATION OF CLAIMS FILING REQUIRE-**  
11 **MENTS.**—Notwithstanding any other provision in law, the  
12 Service, an Indian tribe or tribal organization, or an urban  
13 Indian organization shall have a right of recovery for any  
14 otherwise reimbursable claim filed on a current HCFA-  
15 1500 or UB-92 form, or the current NSF electronic for-  
16 mat, or their successors. No health plan shall deny pay-  
17 ment because a claim has not been submitted in a unique  
18 format that differs from such forms.

19 **“SEC. 407. CREDITING OF REIMBURSEMENTS.**

20 “(a) **RETENTION OF FUNDS.**—Except as provided in  
21 section 202(d), this title, and section 807, all reimburse-  
22 ments received or recovered under the authority of this  
23 Act, Public Law 87-693, or any other provision of law,  
24 by reason of the provision of health services by the Service  
25 or by an Indian tribe or tribal organization under a fund-

1 ing agreement pursuant to the Indian Self-Determination  
 2 and Education Assistance Act, or by an urban Indian or-  
 3 ganization funded under title V, shall be retained by the  
 4 Service or that tribe or tribal organization and shall be  
 5 available for the facilities, and to carry out the programs,  
 6 of the Service or that tribe or tribal organization to pro-  
 7 vide health care services to Indians.

8       “(b) NO OFFSET OF FUNDS.—The Service may not  
 9 offset or limit the amount of funds obligated to any service  
 10 unit or entity receiving funding from the Service because  
 11 of the receipt of reimbursements under subsection (a).

12 **“SEC. 408. PURCHASING HEALTH CARE COVERAGE.**

13       “An Indian tribe or tribal organization, and an urban  
 14 Indian organization may utilize funding from the Sec-  
 15 retary under this Act to purchase managed care coverage  
 16 for Service beneficiaries (including insurance to limit the  
 17 financial risks of managed care entities) from—

18               “(1) a tribally owned and operated managed  
 19 care plan;

20               “(2) a State or locally-authorized or licensed  
 21 managed care plan; or

22               “(3) a health insurance provider.

1 **“SEC. 409. INDIAN HEALTH SERVICE, DEPARTMENT OF VET-**  
2 **ERAN’S AFFAIRS, AND OTHER FEDERAL**  
3 **AGENCY HEALTH FACILITIES AND SERVICES**  
4 **SHARING.**

5 **“(a) EXAMINATION OF FEASIBILITY OF ARRANGE-**  
6 **MENTS.—**

7 **“(1) IN GENERAL.—**The Secretary shall exam-  
8 ine the feasibility of entering into arrangements or  
9 expanding existing arrangements for the sharing of  
10 medical facilities and services between the Service  
11 and the Veterans’ Administration, and other appro-  
12 priate Federal agencies, including those within the  
13 Department, and shall, in accordance with sub-  
14 section (b), prepare a report on the feasibility of  
15 such arrangements.

16 **“(2) SUBMISSION OF REPORT.—**Not later than  
17 September 30, 2003, the Secretary shall submit the  
18 report required under paragraph (1) to Congress.

19 **“(3) CONSULTATION REQUIRED.—**The Sec-  
20 retary may not finalize any arrangement described  
21 in paragraph (1) without first consulting with the  
22 affected Indian tribes.

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

1           “(1) the priority access of any Indian to health  
2           care services provided through the Service;

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

5           “(3) the priority access of any veteran to health  
6           care services provided by the Veterans’ Administra-  
7           tion;

8           “(4) the quality of health care services provided  
9           to any veteran by the Veteran’s Administration;

10          “(5) the eligibility of any Indian to receive  
11          health services through the Service; or

12          “(6) the eligibility of any Indian who is a vet-  
13          eran to receive health services through the Veterans’  
14          Administration provided, however, the Service or the  
15          Indian tribe or tribal organization shall be reim-  
16          bursed by the Veterans’ Administration where serv-  
17          ices are provided through the Service or Indian  
18          tribes or tribal organizations to beneficiaries eligible  
19          for services from the Veterans’ Administration, not-  
20          withstanding any other provision of law.

21          “(c) AGREEMENTS FOR PARITY IN SERVICES.—The  
22          Service may enter into agreements with other Federal  
23          agencies to assist in achieving parity in services for Indi-  
24          ans. Nothing in this section may be construed as creating

1 any right of a veteran to obtain health services from the  
2 Service.

3 **“SEC. 410. PAYOR OF LAST RESORT.**

4 “The Service, and programs operated by Indian  
5 tribes or tribal organizations, or urban Indian organiza-  
6 tions shall be the payor of last resort for services provided  
7 to individuals eligible for services from the Service and  
8 such programs, notwithstanding any Federal, State or  
9 local law to the contrary, unless such law explicitly pro-  
10 vides otherwise.

11 **“SEC. 411. RIGHT TO RECOVER FROM FEDERAL HEALTH  
12 CARE PROGRAMS.**

13 “Notwithstanding any other provision of law, the  
14 Service, Indian tribes or tribal organizations, and urban  
15 Indian organizations (notwithstanding limitations on who  
16 is eligible to receive services from such entities) shall be  
17 entitled to receive payment or reimbursement for services  
18 provided by such entities from any federally funded health  
19 care program, unless there is an explicit prohibition on  
20 such payments in the applicable authorizing statute.

21 **“SEC. 412. TUBA CITY DEMONSTRATION PROJECT.**

22 “(a) IN GENERAL.—Notwithstanding any other pro-  
23 vision of law, including the Anti-Deficiency Act, provided  
24 the Indian tribes to be served approve, the Service in the  
25 Tuba City Service Unit may—

1           “(1) enter into a demonstration project with the  
 2           State of Arizona under which the Service would pro-  
 3           vide certain specified medicaid services to individuals  
 4           dually eligible for services from the Service and for  
 5           medical assistance under title XIX of the Social Se-  
 6           curity Act in return for payment on a capitated  
 7           basis from the State of Arizona; and

8           “(2) purchase insurance to limit the financial  
 9           risks under the project.

10          “(b) EXTENSION OF PROJECT.—The demonstration  
 11         project authorized under subsection (a) may be extended  
 12         to other service units in Arizona, subject to the approval  
 13         of the Indian tribes to be served in such service units, the  
 14         Service, and the State of Arizona.

15         **“SEC. 413. ACCESS TO FEDERAL INSURANCE.**

16         “Notwithstanding the provisions of title 5, United  
 17         States Code, Executive Order, or administrative regula-  
 18         tion, an Indian tribe or tribal organization carrying out  
 19         programs under the Indian Self-Determination and Edu-  
 20         cation Assistance Act or an urban Indian organization ear-  
 21         rying out programs under title V of this Act shall be enti-  
 22         tled to purchase coverage, rights and benefits for the em-  
 23         ployees of such Indian tribe or tribal organization, or  
 24         urban Indian organization, under chapter 89 of title 5,  
 25         United States Code, and chapter 87 of such title if nec-



1 essary employee deductions and agency contributions in  
 2 payment for the coverage, rights, and benefits for the pe-  
 3 riod of employment with such Indian tribe or tribal organi-  
 4 zation, or urban Indian organization, are currently depos-  
 5 ited in the applicable Employee's Fund under such title.

6 **“SEC. 414. CONSULTATION AND RULEMAKING.**

7       “(a) CONSULTATION.—Prior to the adoption of any  
 8 policy or regulation by the Health Care Financing Admin-  
 9 istration, the Secretary shall require the Administrator of  
 10 that Administration to—

11               “(1) identify the impact such policy or regula-  
 12 tion may have on the Service, Indian tribes or tribal  
 13 organizations, and urban Indian organizations;

14               “(2) provide to the Service, Indian tribes or  
 15 tribal organizations, and urban Indian organizations  
 16 the information described in paragraph (1);

17               “(3) engage in consultation, consistent with the  
 18 requirements of Executive Order 13084 of May 14,  
 19 1998, with the Service, Indian tribes or tribal orga-  
 20 nizations, and urban Indian organizations prior to  
 21 enacting any such policy or regulation.

22       “(b) RULEMAKING.—The Administrator of the  
 23 Health Care Financing Administration shall participate in  
 24 the negotiated rulemaking provided for under title VIII  
 25 with regard to any regulations necessary to implement the

1 provisions of this title that relate to the Social Security  
2 Act.

3 **“SEC. 415. LIMITATIONS ON CHARGES.**

4 “No provider of health services that is eligible to re-  
5 ceive payments or reimbursements under titles XVIII,  
6 XIX, or XXI of the Social Security Act or from any feder-  
7 ally funded (whether in whole or part) health care pro-  
8 gram may seek to recover payment for services—

9 “(1) that are covered under and furnished to an  
10 individual eligible for the contract health services  
11 program operated by the Service, by an Indian tribe  
12 or tribal organization, or furnished to an urban In-  
13 dian eligible for health services purchased by an  
14 urban Indian organization, in an amount in excess  
15 of the lowest amount paid by any other payor for  
16 comparable services; or

17 “(2) for examinations or other diagnostic proce-  
18 dures that are not medically necessary if such proce-  
19 dures have already been performed by the referring  
20 Indian health program and reported to the provider.

21 **“SEC. 416. LIMITATION ON SECRETARY’S WAIVER AUTHOR-  
22 ITY.**

23 “Notwithstanding any other provision of law, the Sec-  
24 retary may not waive the application of section

1 1902(a)(13)(D) of the Social Security Act to any State  
 2 plan under title XIX of the Social Security Act.

3 **“SEC. 417. WAIVER OF MEDICARE AND MEDICAID SANC-**  
 4 **TIONS.**

5 “Notwithstanding any other provision of law, the  
 6 Service or an Indian tribe or tribal organization or an  
 7 urban Indian organization operating a health program  
 8 under the Indian Self-Determination and Education As-  
 9 sistance Act shall be entitled to seek a waiver of sanctions  
 10 imposed under title XVIII, XIX, or XXI of the Social Se-  
 11 curity Act as if such entity were directly responsible for  
 12 administering the State health care program.

13 **“SEC. 418. MEANING OF ‘REMUNERATION’ FOR PURPOSES**  
 14 **OF SAFE HARBOR PROVISIONS; ANTITRUST**  
 15 **IMMUNITY.**

16 “(a) MEANING OF REMUNERATION.—Notwith-  
 17 standing any other provision of law, the term ‘remunera-  
 18 tion’ as used in sections 1128A and 1128B of the Social  
 19 Security Act shall not include any exchange of anything  
 20 of value between or among—

21 “(1) any Indian tribe or tribal organization or  
 22 an urban Indian organization that administers  
 23 health programs under the authority of the Indian  
 24 Self-Determination and Education Assistance Act;

1           “(2) any such Indian tribe or tribal organiza-  
2           tion or urban Indian organization and the Service;

3           “(3) any such Indian tribe or tribal organiza-  
4           tion or urban Indian organization and any patient  
5           served or eligible for service under such programs,  
6           including patients served or eligible for service pur-  
7           suant to section 813 of this Act (as in effect on the  
8           day before the date of enactment of the Indian  
9           Health Care Improvement Act Reauthorization of  
10          2003); or

11          “(4) any such Indian tribe or tribal organiza-  
12          tion or urban Indian organization and any third  
13          party required by contract, section 206 or 207 of  
14          this Act (as so in effect), or other applicable law, to  
15          pay or reimburse the reasonable health care costs in-  
16          curred by the United States or any such Indian tribe  
17          or tribal organization or urban Indian organization;  
18          provided the exchange arises from or relates to such health  
19          programs.

20          “(b) ANTITRUST IMMUNITY.—An Indian tribe or  
21          tribal organization or an urban Indian organization that  
22          administers health programs under the authority of the  
23          Indian Self-Determination and Education Assistance Act  
24          or title V shall be deemed to be an agency of the United  
25          States and immune from liability under the Acts com-

1 monly known as the Sherman Act, the Clayton Act, the  
2 Robinson-Patman Anti-Discrimination Act, the Federal  
3 Trade Commission Act, and any other Federal, State, or  
4 local antitrust laws, with regard to any transaction, agree-  
5 ment, or conduct that relates to such programs.

6 **“SEC. 419. CO-INSURANCE, CO-PAYMENTS, DEDUCTIBLES**  
7 **AND PREMIUMS.**

8 “(a) EXEMPTION FROM COST-SHARING REQUIRE-  
9 MENTS.—Notwithstanding any other provision of Federal  
10 or State law, no Indian who is eligible for services under  
11 title XVIII, XIX, or XXI of the Social Security Act, or  
12 under any other Federally funded health care programs,  
13 may be charged a deductible, co-payment, or co-insurance  
14 for any service provided by or through the Service, an In-  
15 dian tribe or tribal organization or urban Indian organiza-  
16 tion, nor may the payment or reimbursement due to the  
17 Service or an Indian tribe or tribal organization or urban  
18 Indian organization be reduced by the amount of the de-  
19 ductible, co-payment, or co-insurance that would be due  
20 from the Indian but for the operation of this section. For  
21 the purposes of this section, the term ‘through’ shall in-  
22 clude services provided directly, by referral, or under con-  
23 tracts or other arrangements between the Service, an In-  
24 dian tribe or tribal organization or an urban Indian orga-  
25 nization and another health provider.

1 “(b) EXEMPTION FROM PREMIUMS.—

2 “(1) MEDICAID AND STATE CHILDREN’S  
3 HEALTH INSURANCE PROGRAM.—Notwithstanding  
4 any other provision of Federal or State law, no In-  
5 dian who is otherwise eligible for medical assistance  
6 under title XIX of the Social Security Act or child  
7 health assistance under title XXI of such Act may  
8 be charged a premium as a condition of receiving  
9 such assistance under title XIX or XXI of such Act.

10 “(2) MEDICARE ENROLLMENT PREMIUM PEN-  
11 ALTIES.—Notwithstanding section 1839(b) of the  
12 Social Security Act or any other provision of Federal  
13 or State law, no Indian who is eligible for benefits  
14 under part B of title XVIII of the Social Security  
15 Act, but for the payment of premiums, shall be  
16 charged a penalty for enrolling in such part at a  
17 time later than the Indian might otherwise have  
18 been first eligible to do so. The preceding sentence  
19 applies whether an Indian pays for premiums under  
20 such part directly or such premiums are paid by an-  
21 other person or entity, including a State, the Serv-  
22 ice, an Indian tribe or tribal organization, or an  
23 urban Indian organization.

1 **“SEC. 420. INCLUSION OF INCOME AND RESOURCES FOR**  
2 **PURPOSES OF MEDICALLY NEEDY MEDICAID**  
3 **ELIGIBILITY.**

4 “For the purpose of determining the eligibility under  
5 section 1902(a)(10)(A)(ii)(IV) of the Social Security Act  
6 of an Indian for medical assistance under a State plan  
7 under title XIX of such Act, the cost of providing services  
8 to an Indian in a health program of the Service, an Indian  
9 tribe or tribal organization, or an urban Indian organiza-  
10 tion shall be deemed to have been an expenditure for  
11 health care by the Indian.

12 **“SEC. 421. ESTATE RECOVERY PROVISIONS.**

13 “Notwithstanding any other provision of Federal or  
14 State law, the following property may not be included  
15 when determining eligibility for services or implementing  
16 estate recovery rights under title XVIII, XIX, or XXI of  
17 the Social Security Act, or any other health care programs  
18 funded in whole or part with Federal funds:

19 “(1) Income derived from rents, leases, or roy-  
20 alties of property held in trust for individuals by the  
21 Federal Government.

22 “(2) Income derived from rents, leases, roy-  
23 alties, or natural resources (including timber and fish-  
24 ing activities) resulting from the exercise of federally  
25 protected rights, whether collected by an individual  
26 or a tribal group and distributed to individuals.

1           “(3) Property, including interests in real prop-  
 2           erty currently or formerly held in trust by the Fed-  
 3           eral Government which is protected under applicable  
 4           Federal, State or tribal law or custom from re-  
 5           course, including public domain allotments.

6           “(4) Property that has unique religious or cul-  
 7           tural significance or that supports subsistence or  
 8           traditional life style according to applicable tribal  
 9           law or custom.

10 **“SEC. 422. MEDICAL CHILD SUPPORT.**

11           “Notwithstanding any other provision of law, a par-  
 12           ent shall not be responsible for reimbursing the Federal  
 13           Government or a State for the cost of medical services pro-  
 14           vided to a child by or through the Service, an Indian tribe  
 15           or tribal organization or an urban Indian organization.  
 16           For the purposes of this subsection, the term ‘through’  
 17           includes services provided directly, by referral, or under  
 18           contracts or other arrangements between the Service, an  
 19           Indian tribe or tribal organization or an urban Indian or-  
 20           ganization and another health provider.

21 **“SEC. 423. PROVISIONS RELATING TO MANAGED CARE.**

22           “(a) RECOVERY FROM MANAGED CARE PLANS.—  
 23           Notwithstanding any other provision in law, the Service,  
 24           an Indian tribe or tribal organization or an urban Indian  
 25           organization shall have a right of recovery under section



1 408 from all private and public health plans or programs,  
2 including the medicare, medicaid, and State children's  
3 health insurance programs under titles XVIII, XIX, and  
4 XXI of the Social Security Act, for the reasonable costs  
5 of delivering health services to Indians entitled to receive  
6 services from the Service, an Indian tribe or tribal organi-  
7 zation or an urban Indian organization.

8       “(b) LIMITATION.—No provision of law or regulation,  
9 or of any contract, may be relied upon or interpreted to  
10 deny or reduce payments otherwise due under subsection  
11 (a), except to the extent the Service, an Indian tribe or  
12 tribal organization, or an urban Indian organization has  
13 entered into an agreement with a managed care entity re-  
14 garding services to be provided to Indians or rates to be  
15 paid for such services, provided that such an agreement  
16 may not be made a prerequisite for such payments to be  
17 made.

18       “(c) PARITY.—Payments due under subsection (a)  
19 from a managed care entity may not be paid at a rate  
20 that is less than the rate paid to a ‘preferred provider’  
21 by the entity or, in the event there is no such rate, the  
22 usual and customary fee for equivalent services.

23       “(d) NO CLAIM REQUIREMENT.—A managed care  
24 entity may not deny payment under subsection (a) because  
25 an enrollee with the entity has not submitted a claim.

1       “(e) DIRECT BILLING.—Notwithstanding the pre-  
2 eeding subsections of this section, the Service, an Indian  
3 tribe or tribal organization, or an urban Indian organiza-  
4 tion that provides a health service to an Indian entitled  
5 to medical assistance under the State plan under title XIX  
6 of the Social Security Act or enrolled in a child health  
7 plan under title XXI of such Act shall have the right to  
8 be paid directly by the State agency administering such  
9 plans notwithstanding any agreements the State may have  
10 entered into with managed care organizations or pro-  
11 viders.

12       “(f) REQUIREMENT FOR MEDICAID MANAGED CARE  
13 ENTITIES.—A managed care entity (as defined in section  
14 1932(a)(1)(B) of the Social Security Act shall, as a condi-  
15 tion of participation in the State plan under title XIX of  
16 such Act, offer a contract to health programs administered  
17 by the Service, an Indian tribe or tribal organization or  
18 an urban Indian organization that provides health services  
19 in the geographic area served by the managed care entity  
20 and such contract (or other provider participation agree-  
21 ment) shall contain terms and conditions of participation  
22 and payment no more restrictive or onerous than those  
23 provided for in this section.

24       “(g) PROHIBITION.—Notwithstanding any other pro-  
25 vision of law or any waiver granted by the Secretary no

1 Indian may be assigned automatically or by default under  
2 any managed care entity participating in a State plan  
3 under title XIX or XXI of the Social Security Act unless  
4 the Indian had the option of enrolling in a managed care  
5 plan or health program administered by the Service, an  
6 Indian tribe or tribal organization, or an urban Indian or-  
7 ganization.

8       “(h) INDIAN MANAGED CARE PLANS.—Notwith-  
9 standing any other provision of law, any State entering  
10 into agreements with one or more managed care organiza-  
11 tions to provide services under title XIX or XXI of the  
12 Social Security Act shall enter into such an agreement  
13 with the Service, an Indian tribe or tribal organization or  
14 an urban Indian organization under which such an entity  
15 may provide services to Indians who may be eligible or  
16 required to enroll with a managed care organization  
17 through enrollment in an Indian managed care organiza-  
18 tion that provides services similar to those offered by other  
19 managed care organizations in the State. The Secretary  
20 and the State are hereby authorized to waive requirements  
21 regarding discrimination, capitalization, and other matters  
22 that might otherwise prevent an Indian managed care or-  
23 ganization or health program from meeting Federal or  
24 State standards applicable to such organizations, provided  
25 such Indian managed care organization or health program

1 offers Indian enrollees services of an equivalent quality to  
2 that required of other managed care organizations.

3 “(i) **ADVERTISING.**—A managed care organization  
4 entering into a contract to provide services to Indians on  
5 or near an Indian reservation shall provide a certificate  
6 of coverage or similar type of document that is written  
7 in the Indian language of the majority of the Indian popu-  
8 lation residing on such reservation.

9 **“SEC. 424. NAVAJO NATION MEDICAID AGENCY.**

10 “(a) **IN GENERAL.**—Notwithstanding any other pro-  
11 vision of law, the Secretary may treat the Navajo Nation  
12 as a State under title XIX of the Social Security Act for  
13 purposes of providing medical assistance to Indians living  
14 within the boundaries of the Navajo Nation.

15 “(b) **ASSIGNMENT AND PAYMENT.**—Notwithstanding  
16 any other provision of law, the Secretary may assign and  
17 pay all expenditures related to the provision of services  
18 to Indians living within the boundaries of the Navajo Na-  
19 tion under title XIX of the Social Security Act (including  
20 administrative expenditures) that are currently paid to or  
21 would otherwise be paid to the States of Arizona, New  
22 Mexico, and Utah, to an entity established by the Navajo  
23 Nation and approved by the Secretary, which shall be de-  
24 nominated the Navajo Nation Medicaid Agency.

1       “(e) **AUTHORITY.**—The Navajo Nation Medicaid  
2 Agency shall serve Indians living within the boundaries of  
3 the Navajo Nation and shall have the same authority and  
4 perform the same functions as other State agency respon-  
5 sible for the administration of the State plan under title  
6 **XIX** of the Social Security Act.

7       “(d) **TECHNICAL ASSISTANCE.**—The Secretary may  
8 directly assist the Navajo Nation in the development and  
9 implementation of a Navajo Nation Medicaid Agency for  
10 the administration, eligibility, payment, and delivery of  
11 medical assistance under title **XIX** of the Social Security  
12 Act (which shall, for purposes of reimbursement to such  
13 Nation, include Western and traditional Navajo healing  
14 services) within the Navajo Nation. Such assistance may  
15 include providing funds for demonstration projects con-  
16 ducted with such Nation.

17       “(e) **FMAP.**—Notwithstanding section 1905(b) of  
18 the Social Security Act, the Federal medical assistance  
19 percentage shall be 100 per cent with respect to amounts  
20 the Navajo Nation Medicaid agency expends for medical  
21 assistance and related administrative costs.

22       “(f) **WAIVER AUTHORITY.**—The Secretary shall have  
23 the authority to waive applicable provisions of title **XIX**  
24 of the Social Security Act to establish, develop and imple-  
25 ment the Navajo Nation Medicaid Agency.

1       “(g) SCHIP.—At the option of the Navajo Nation,  
 2 the Secretary may treat the Navajo Nation as a State for  
 3 purposes of title ~~XXI~~ of the Social Security Act under  
 4 terms equivalent to those described in the preceding sub-  
 5 sections of this section.

6       **“SEC. 425. INDIAN ADVISORY COMMITTEES.**

7       “(a) NATIONAL INDIAN TECHNICAL ADVISORY  
 8 GROUP.—The Administrator of the Health Care Financ-  
 9 ing Administration shall establish and fund the expenses  
 10 of a National Indian Technical Advisory Group which shall  
 11 have no fewer than 14 members, including at least 1 mem-  
 12 ber designated by the Indian tribes and tribal organiza-  
 13 tions in each service area, 1 urban Indian organization  
 14 representative, and 1 member representing the Service.  
 15 The scope of the activities of such group shall be estab-  
 16 lished under section 802 provided that such scope shall  
 17 include providing comment on and advice regarding the  
 18 programs funded under titles ~~XVIII~~, ~~XIX~~, and ~~XXI~~ of the  
 19 Social Security Act or regarding any other health care pro-  
 20 gram funded (in whole or part) by the Health Care Fi-  
 21 nancing Administration.

22       “(b) INDIAN MEDICAID ADVISORY COMMITTEES.—  
 23 The Administrator of the Health Care Financing Adminis-  
 24 tration shall establish and provide funding for a Indian  
 25 Medicaid Advisory Committee made up of designees of the

1 Service, Indian tribes and tribal organizations and urban  
2 Indian organizations in each State in which the Service  
3 directly operates a health program or in which there is  
4 one or more Indian tribe or tribal organization or urban  
5 Indian organization.

6 **“SEC. 426. AUTHORIZATION OF APPROPRIATIONS.**

7       There is authorized to be appropriated such sums as  
8 may be necessary for each of fiscal years 2004 through  
9 2015 to carry out this title.”.

10       **“TITLE V—HEALTH SERVICES**  
11               **FOR URBAN INDIANS**

12 **“SEC. 501. PURPOSE.**

13       “The purpose of this title is to establish programs  
14 in urban centers to make health services more accessible  
15 and available to urban Indians.

16 **“SEC. 502. CONTRACTS WITH, AND GRANTS TO, URBAN IN-**  
17               **DIAN ORGANIZATIONS.**

18       “Under the authority of the Act of November 2, 1921  
19 (25 U.S.C. 13) (commonly known as the Snyder Act), the  
20 Secretary, through the Service, shall enter into contracts  
21 with, or make grants to, urban Indian organizations to  
22 assist such organizations in the establishment and admin-  
23 istration, within urban centers, of programs which meet  
24 the requirements set forth in this title. The Secretary,  
25 through the Service, subject to section 506, shall include

1 such conditions as the Secretary considers necessary to ef-  
2 feet the purpose of this title in any contract which the  
3 Secretary enters into with, or in any grant the Secretary  
4 makes to, any urban Indian organization pursuant to this  
5 title.

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

8 “(a) **AUTHORITY.**—Under the authority of the Act of  
9 November 2, 1921 (25 U.S.C. 13) (commonly known as  
10 the Snyder Act), the Secretary, acting through the Serv-  
11 ice, shall enter into contracts with, and make grants to,  
12 urban Indian organizations for the provision of health care  
13 and referral services for urban Indians. Any such contract  
14 or grant shall include requirements that the urban Indian  
15 organization successfully undertake to—

16 “(1) estimate the population of urban Indians  
17 residing in the urban center or centers that the or-  
18 ganization proposes to serve who are or could be re-  
19 cipients of health care or referral services;

20 “(2) estimate the current health status of  
21 urban Indians residing in such urban center or cen-  
22 ters;

23 “(3) estimate the current health care needs of  
24 urban Indians residing in such urban center or cen-  
25 ters;



1           “(4) provide basic health education, including  
2 health promotion and disease prevention education,  
3 to urban Indians;

4           “(5) make recommendations to the Secretary  
5 and Federal, State, local, and other resource agen-  
6 cies on methods of improving health service pro-  
7 grams to meet the needs of urban Indians; and

8           “(6) where necessary, provide, or enter into  
9 contracts for the provision of, health care services  
10 for urban Indians.

11       “(b) CRITERIA.—The Secretary, acting through the  
12 Service, shall by regulation adopted pursuant to section  
13 520 prescribe the criteria for selecting urban Indian orga-  
14 nizations to enter into contracts or receive grants under  
15 this section. Such criteria shall, among other factors, in-  
16 clude—

17           “(1) the extent of unmet health care needs of  
18 urban Indians in the urban center or centers in-  
19 volved;

20           “(2) the size of the urban Indian population in  
21 the urban center or centers involved;

22           “(3) the extent, if any, to which the activities  
23 set forth in subsection (a) would duplicate any  
24 project funded under this title;

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

6           “(5) the satisfactory performance and success-  
 7           ful completion by an urban Indian organization of  
 8           other contracts with the Secretary under this title;

9           “(6) the appropriateness and likely effectiveness  
 10          of conducting the activities set forth in subsection  
 11          (a) in an urban center or centers; and

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

16          “(c) HEALTH PROMOTION AND DISEASE PREVEN-  
 17          TION.—The Secretary, acting through the Service, shall  
 18          facilitate access to, or provide, health promotion and dis-  
 19          ease prevention services for urban Indians through grants  
 20          made to urban Indian organizations administering con-  
 21          tracts entered into pursuant to this section or receiving  
 22          grants under subsection (a).

23          “(d) IMMUNIZATION SERVICES.—

24                 “(1) IN GENERAL.—The Secretary, acting  
 25                 through the Service, shall facilitate access to, or pro-

1       vide, immunization services for urban Indians  
2       through grants made to urban Indian organizations  
3       administering contracts entered into, or receiving  
4       grants, under this section.

5           “(2) DEFINITION.—In this section, the term  
6       ‘immunization services’ means services to provide  
7       without charge immunizations against vaccine-pre-  
8       ventable diseases.

9       “(c) MENTAL HEALTH SERVICES.—

10           “(1) IN GENERAL.—The Secretary, acting  
11       through the Service, shall facilitate access to, or pro-  
12       vide, mental health services for urban Indians  
13       through grants made to urban Indian organizations  
14       administering contracts entered into, or receiving  
15       grants, under this section.

16           “(2) ASSESSMENT.—A grant may not be made  
17       under this subsection to an urban Indian organiza-  
18       tion until that organization has prepared, and the  
19       Service has approved, an assessment of the mental  
20       health needs of the urban Indian population con-  
21       cerned, the mental health services and other related  
22       resources available to that population, the barriers  
23       to obtaining those services and resources, and the  
24       needs that are unmet by such services and resources.

1           ~~“(3) USE OF FUNDS.—~~Grants may be made  
2 under this subsection—

3           ~~“(A) to prepare assessments required~~  
4 under paragraph (2);

5           ~~“(B) to provide outreach, educational, and~~  
6 referral services to urban Indians regarding the  
7 availability of direct behavioral health services;  
8 to educate urban Indians about behavioral  
9 health issues and services, and effect coordina-  
10 tion with existing behavioral health providers in  
11 order to improve services to urban Indians;

12           ~~“(C) to provide outpatient behavioral~~  
13 health services to urban Indians, including the  
14 identification and assessment of illness, thera-  
15 peutic treatments, case management, support  
16 groups, family treatment, and other treatment;  
17 and

18           ~~“(D) to develop innovative behavioral~~  
19 health service delivery models which incorporate  
20 Indian cultural support systems and resources.

21           ~~“(f) CHILD ABUSE.—~~

22           ~~“(1) IN GENERAL.—~~The Secretary, acting  
23 through the Service, shall facilitate access to, or pro-  
24 vide, services for urban Indians through grants to  
25 urban Indian organizations administering contracts

1 entered into pursuant to this section or receiving  
2 grants under subsection (a) to prevent and treat  
3 child abuse (including sexual abuse) among urban  
4 Indians.

5 “(2) ASSESSMENT.—A grant may not be made  
6 under this subsection to an urban Indian organiza-  
7 tion until that organization has prepared, and the  
8 Service has approved, an assessment that documents  
9 the prevalence of child abuse in the urban Indian  
10 population concerned and specifies the services and  
11 programs (which may not duplicate existing services  
12 and programs) for which the grant is requested.

13 “(3) USE OF FUNDS.—Grants may be made  
14 under this subsection—

15 “(A) to prepare assessments required  
16 under paragraph (2);

17 “(B) for the development of prevention,  
18 training, and education programs for urban In-  
19 dian populations, including child education, par-  
20 ent education, provider training on identifica-  
21 tion and intervention, education on reporting  
22 requirements, prevention campaigns, and estab-  
23 lishing service networks of all those involved in  
24 Indian child protection; and

1           “(C) to provide direct outpatient treatment  
2 services (including individual treatment, family  
3 treatment, group therapy, and support groups)  
4 to urban Indians who are child victims of abuse  
5 (including sexual abuse) or adult survivors of  
6 child sexual abuse, to the families of such child  
7 victims, and to urban Indian perpetrators of  
8 child abuse (including sexual abuse).

9           “(4) CONSIDERATIONS.—In making grants to  
10 carry out this subsection, the Secretary shall take  
11 into consideration—

12           “(A) the support for the urban Indian or-  
13 ganization demonstrated by the child protection  
14 authorities in the area, including committees or  
15 other services funded under the Indian Child  
16 Welfare Act of 1978 (25 U.S.C. 1901 et seq.);  
17 if any;

18           “(B) the capability and expertise dem-  
19 onstrated by the urban Indian organization to  
20 address the complex problem of child sexual  
21 abuse in the community; and

22           “(C) the assessment required under para-  
23 graph (2).

24           “(g) MULTIPLE URBAN CENTERS.—The Secretary,  
25 acting through the Service, may enter into a contract with,

1 or make grants to, an urban Indian organization that pro-  
2 vides or arranges for the provision of health care services  
3 (through satellite facilities, provider networks, or other-  
4 wise) to urban Indians in more than one urban center.

5 **“SEC. 504. CONTRACTS AND GRANTS FOR THE DETERMINA-  
6 TION OF UNMET HEALTH CARE NEEDS.**

7 **“(a) AUTHORITY.—**

8 **“(1) IN GENERAL.—**Under authority of the Act  
9 of November 2, 1921 (25 U.S.C. 13) (commonly  
10 known as the Snyder Act), the Secretary, acting  
11 through the Service, may enter into contracts with,  
12 or make grants to, urban Indian organizations situ-  
13 ated in urban centers for which contracts have not  
14 been entered into, or grants have not been made,  
15 under section 503.

16 **“(2) PURPOSE.—**The purpose of a contract or  
17 grant made under this section shall be the deter-  
18 mination of the matters described in subsection  
19 (b)(1) in order to assist the Secretary in assessing  
20 the health status and health care needs of urban In-  
21 dians in the urban center involved and determining  
22 whether the Secretary should enter into a contract  
23 or make a grant under section 503 with respect to  
24 the urban Indian organization which the Secretary

1 has entered into a contract with, or made a grant  
2 to, under this section.

3 “(b) REQUIREMENTS.—Any contract entered into, or  
4 grant made, by the Secretary under this section shall in-  
5 clude requirements that—

6 “(1) the urban Indian organization successfully  
7 undertake to—

8 “(A) document the health care status and  
9 unmet health care needs of urban Indians in  
10 the urban center involved; and

11 “(B) with respect to urban Indians in the  
12 urban center involved, determine the matters  
13 described in paragraphs (2), (3), (4), and (7) of  
14 section 503(b); and

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

21 “(c) LIMITATION ON RENEWAL.—The Secretary may  
22 not renew any contract entered into, or grant made, under  
23 this section.



1 **“SEC. 505. EVALUATIONS; RENEWALS.**

2       “(a) PROCEDURES.—The Secretary, acting through  
3 the Service, shall develop procedures to evaluate compli-  
4 ance with grant requirements under this title and compli-  
5 ance with, and performance of contracts entered into by  
6 urban Indian organizations under this title. Such proce-  
7 dures shall include provisions for carrying out the require-  
8 ments of this section.

9       “(b) COMPLIANCE WITH TERMS.—The Secretary,  
10 acting through the Service, shall evaluate the compliance  
11 of each urban Indian organization which has entered into  
12 a contract or received a grant under section 503 with the  
13 terms of such contract or grant. For purposes of an eval-  
14 uation under this subsection, the Secretary, in deter-  
15 mining the capacity of an urban Indian organization to  
16 deliver quality patient care shall, at the option of the orga-  
17 nization—

18               “(1) conduct, through the Service, an annual  
19 onsite evaluation of the organization; or

20               “(2) accept, in lieu of an onsite evaluation, evi-  
21 dence of the organization’s provisional or full accred-  
22 itation by a private independent entity recognized by  
23 the Secretary for purposes of conducting quality re-  
24 views of providers participating in the medicare pro-  
25 gram under Title XVIII of the Social Security Act.

26       “(c) NONCOMPLIANCE.—

1           “(1) IN GENERAL.—If, as a result of the eval-  
2           uations conducted under this section, the Secretary  
3           determines that an urban Indian organization has  
4           not complied with the requirements of a grant or  
5           complied with or satisfactorily performed a contract  
6           under section 503, the Secretary shall, prior to re-  
7           newing such contract or grant, attempt to resolve  
8           with such organization the areas of noncompliance  
9           or unsatisfactory performance and modify such con-  
10          tract or grant to prevent future occurrences of such  
11          noncompliance or unsatisfactory performance.

12           “(2) NONRENEWAL.—If the Secretary deter-  
13          mines, under an evaluation under this section, that  
14          noncompliance or unsatisfactory performance cannot  
15          be resolved and prevented in the future, the Sec-  
16          retary shall not renew such contract or grant with  
17          such organization and is authorized to enter into a  
18          contract or make a grant under section 503 with an-  
19          other urban Indian organization which is situated in  
20          the same urban center as the urban Indian organiza-  
21          tion whose contract or grant is not renewed under  
22          this section.

23           “(d) DETERMINATION OF RENEWAL.—In deter-  
24          mining whether to renew a contract or grant with an  
25          urban Indian organization under section 503 which has

1 completed performance of a contract or grant under sec-  
2 tion 504, the Secretary shall review the records of the  
3 urban Indian organization, the reports submitted under  
4 section 507, and, in the case of a renewal of a contract  
5 or grant under section 503, shall consider the results of  
6 the onsite evaluations or accreditation under subsection  
7 (b).

8 **“SEC. 506. OTHER CONTRACT AND GRANT REQUIREMENTS.**

9       “(a) APPLICATION OF FEDERAL LAW.—Contracts  
10 with urban Indian organizations entered into pursuant to  
11 this title shall be in accordance with all Federal con-  
12 tracting laws and regulations relating to procurement ex-  
13 cept that, in the discretion of the Secretary, such contracts  
14 may be negotiated without advertising and need not con-  
15 form to the provisions of the Act of August 24, 1935 (40  
16 U.S.C. 270a, et seq.).

17       “(b) PAYMENTS.—Payments under any contracts or  
18 grants pursuant to this title shall, notwithstanding any  
19 term or condition of such contract or grant—

20               “(1) be made in their entirety by the Secretary  
21 to the urban Indian organization by not later than  
22 the end of the first 30 days of the funding period  
23 with respect to which the payments apply, unless the  
24 Secretary determines through an evaluation under

1 section 505 that the organization is not capable of  
2 administering such payments in their entirety; and

3 “(2) if unexpended by the urban Indian organi-  
4 zation during the funding period with respect to  
5 which the payments initially apply, be carried for-  
6 ward for expenditure with respect to allowable or re-  
7 imburseable costs incurred by the organization during  
8 1 or more subsequent funding periods without addi-  
9 tional justification or documentation by the organi-  
10 zation as a condition of carrying forward the ex-  
11 penditure of such funds.

12 “(c) REVISING OR AMENDING CONTRACT.—Notwith-  
13 standing any provision of law to the contrary, the Sec-  
14 retary may, at the request or consent of an urban Indian  
15 organization, revise or amend any contract entered into  
16 by the Secretary with such organization under this title  
17 as necessary to carry out the purposes of this title.

18 “(d) FAIR AND UNIFORM PROVISION OF SERV-  
19 ICES.—Contracts with, or grants to, urban Indian organi-  
20 zations and regulations adopted pursuant to this title shall  
21 include provisions to assure the fair and uniform provision  
22 to urban Indians of services and assistance under such  
23 contracts or grants by such organizations.

1       “(e) ELIGIBILITY OF URBAN INDIANS.—Urban Indi-  
2 ans, as defined in section 4(f), shall be eligible for health  
3 care or referral services provided pursuant to this title.

4       **“SEC. 507. REPORTS AND RECORDS.**

5       “(a) REPORT.—For each fiscal year during which an  
6 urban Indian organization receives or expends funds pur-  
7 suant to a contract entered into, or a grant received, pur-  
8 suant to this title, such organization shall submit to the  
9 Secretary, on a basis no more frequent than every 6  
10 months, a report including—

11               “(1) in the case of a contract or grant under  
12 section 503, information gathered pursuant to para-  
13 graph (5) of subsection (a) of such section;

14               “(2) information on activities conducted by the  
15 organization pursuant to the contract or grant;

16               “(3) an accounting of the amounts and pur-  
17 poses for which Federal funds were expended; and

18               “(4) a minimum set of data, using uniformly  
19 defined elements, that is specified by the Secretary,  
20 after consultations consistent with section 514, with  
21 urban Indian organizations.

22       “(b) AUDITS.—The reports and records of the urban  
23 Indian organization with respect to a contract or grant  
24 under this title shall be subject to audit by the Secretary  
25 and the Comptroller General of the United States.

1       “(e) **COST OF AUDIT.**—The Secretary shall allow as  
 2 a cost of any contract or grant entered into or awarded  
 3 under section 502 or 503 the cost of an annual inde-  
 4 pendent financial audit conducted by—

5               “(1) a certified public accountant; or

6               “(2) a certified public accounting firm qualified  
 7 to conduct Federal compliance audits.

8 **“SEC. 508. LIMITATION ON CONTRACT AUTHORITY.**

9       “The authority of the Secretary to enter into con-  
 10 tracts or to award grants under this title shall be to the  
 11 extent, and in an amount, provided for in appropriation  
 12 Acts.

13 **“SEC. 509. FACILITIES.**

14       “(a) **GRANTS.**—The Secretary may make grants to  
 15 contractors or grant recipients under this title for the  
 16 lease, purchase, renovation, construction, or expansion of  
 17 facilities, including leased facilities, in order to assist such  
 18 contractors or grant recipients in complying with applica-  
 19 ble licensure or certification requirements.

20       “(b) **LOANS OR LOAN GUARANTEES.**—The Secretary,  
 21 acting through the Service or through the Health Re-  
 22 sources and Services Administration, may provide loans  
 23 to contractors or grant recipients under this title from the  
 24 Urban Indian Health Care Facilities Revolving Loan  
 25 Fund (referred to in this section as the ‘URLF’) described

1 in subsection (c), or guarantees for loans, for the construc-  
2 tion, renovation, expansion, or purchase of health care fa-  
3 cilities, subject to the following requirements:

4           “(1) The principal amount of a loan or loan  
5 guarantee may cover 100 percent of the costs (other  
6 than staffing) relating to the facility, including plan-  
7 ning, design, financing, site land development, con-  
8 struction, rehabilitation, renovation, conversion,  
9 medical equipment, furnishings, and capital pur-  
10 chase.

11           “(2) The total amount of the principal of loans  
12 and loan guarantees, respectively, outstanding at  
13 any one time shall not exceed such limitations as  
14 may be specified in appropriations Acts.

15           “(3) The loan or loan guarantee may have a  
16 term of the shorter of the estimated useful life of the  
17 facility, or 25 years.

18           “(4) An urban Indian organization may assign,  
19 and the Secretary may accept assignment of, the  
20 revenue of the organization as security for a loan or  
21 loan guarantee under this subsection.

22           “(5) The Secretary shall not collect application,  
23 processing, or similar fees from urban Indian organi-  
24 zations applying for loans or loan guarantees under  
25 this subsection.

1       “(c) URBAN INDIAN HEALTH CARE FACILITIES RE-  
2 VOLVING LOAN FUND.—

3           “(1) ESTABLISHMENT.—There is established in  
4 the Treasury of the United States a fund to be  
5 known as the Urban Indian Health Care Facilities  
6 Revolving Loan Fund. The URLF shall consist of—

7           “(A) such amounts as may be appropriated  
8 to the URLF;

9           “(B) amounts received from urban Indian  
10 organizations in repayment of loans made to  
11 such organizations under paragraph (2); and

12           “(C) interest earned on amounts in the  
13 URLF under paragraph (3).

14       “(2) USE OF URLF.—Amounts in the URLF  
15 may be expended by the Secretary, acting through  
16 the Service or the Health Resources and Services  
17 Administration, to make loans available to urban In-  
18 dian organizations receiving grants or contracts  
19 under this title for the purposes, and subject to the  
20 requirements, described in subsection (b). Amounts  
21 appropriated to the URLF, amounts received from  
22 urban Indian organizations in repayment of loans,  
23 and interest on amounts in the URLF shall remain  
24 available until expended.



1           “(3) INVESTMENTS.—The Secretary of the  
2 Treasury shall invest such amounts of the URLF as  
3 such Secretary determines are not required to meet  
4 current withdrawals from the URLF. Such invest-  
5 ments may be made only in interest-bearing obliga-  
6 tions of the United States. For such purpose, such  
7 obligations may be acquired on original issue at the  
8 issue price, or by purchase of outstanding obliga-  
9 tions at the market price. Any obligation acquired by  
10 the URLF may be sold by the Secretary of the  
11 Treasury at the market price.

12 **“SEC. 510. OFFICE OF URBAN INDIAN HEALTH.**

13           “There is hereby established within the Service an  
14 Office of Urban Indian Health which shall be responsible  
15 for—

16           “(1) carrying out the provisions of this title;

17           “(2) providing central oversight of the pro-  
18 grams and services authorized under this title; and

19           “(3) providing technical assistance to urban In-  
20 dian organizations.

21 **“SEC. 511. GRANTS FOR ALCOHOL AND SUBSTANCE ABUSE**  
22 **RELATED SERVICES.**

23           “(a) GRANTS.—The Secretary may make grants for  
24 the provision of health-related services in prevention of,  
25 treatment of, rehabilitation of, or school and community-

1 based education in, alcohol and substance abuse in urban  
2 centers to those urban Indian organizations with whom  
3 the Secretary has entered into a contract under this title  
4 or under section 201.

5       “(b) GOALS OF GRANT.—Each grant made pursuant  
6 to subsection (a) shall set forth the goals to be accom-  
7 plished pursuant to the grant. The goals shall be specific  
8 to each grant as agreed to between the Secretary and the  
9 grantee.

10       “(c) CRITERIA.—The Secretary shall establish cri-  
11 teria for the grants made under subsection (a), including  
12 criteria relating to the—

13               “(1) size of the urban Indian population;

14               “(2) capability of the organization to adequately  
15 perform the activities required under the grant;

16               “(3) satisfactory performance standards for the  
17 organization in meeting the goals set forth in such  
18 grant, which standards shall be negotiated and  
19 agreed to between the Secretary and the grantee on  
20 a grant-by-grant basis; and

21               “(4) identification of need for services.

22 The Secretary shall develop a methodology for allocating  
23 grants made pursuant to this section based on such cri-  
24 teria.

1       “(d) TREATMENT OF FUNDS RECEIVED BY URBAN  
2 INDIAN ORGANIZATIONS.—Any funds received by an  
3 urban Indian organization under this Act for substance  
4 abuse prevention, treatment, and rehabilitation shall be  
5 subject to the criteria set forth in subsection (c).

6       **“SEC. 512. TREATMENT OF CERTAIN DEMONSTRATION**  
7                               **PROJECTS.**

8       “(a) TULSA AND OKLAHOMA CITY CLINICS.—Not-  
9 withstanding any other provision of law, the Tulsa and  
10 Oklahoma City Clinic demonstration projects shall become  
11 permanent programs within the Service’s direct care pro-  
12 gram and continue to be treated as service units in the  
13 allocation of resources and coordination of care, and shall  
14 continue to meet the requirements and definitions of an  
15 urban Indian organization in this title, and as such will  
16 not be subject to the provisions of the Indian Self-Deter-  
17 mination and Education Assistance Act.

18       “(b) REPORT.—The Secretary shall submit to the  
19 President, for inclusion in the report required to be sub-  
20 mitted to the Congress under section 801 for fiscal year  
21 1999, a report on the findings and conclusions derived  
22 from the demonstration projects specified in subsection  
23 (a).

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, 2004, 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 ear-  
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 ear-  
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 2015 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 au-  
10          thority—

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 the

1 Service as a result of its establishment under sub-  
 2 section (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 2015 to carry out this title.

5 **“TITLE VII—BEHAVIORAL**  
6 **HEALTH PROGRAMS**

7 **“SEC. 701. BEHAVIORAL HEALTH PREVENTION AND TREAT-**  
8 **MENT SERVICES.**

9 “(a) **PURPOSES.**—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;

9           “(I) traditional health care practices; and

10          “(J) diagnostic services, including the utili-  
11          zation of neurological assessment technology;  
12          and

13          “(2) behavioral health services for particular  
14          populations, including—

15               “(A) for persons from birth through age  
16               17, child behavioral health services, that in-  
17               clude—

18                       “(i) pre-school and school age fetal al-  
19                       cohol disorder services, including assess-  
20                       ment and behavioral intervention);

21                       “(ii) mental health or substance abuse  
22                       services (emotional, organic, alcohol, drug,  
23                       inhalant and tobacco);

24                       “(iii) services for co-occurring dis-  
25                       orders (multiple diagnosis);

1           “(iv) prevention services that are fo-  
2           cused on individuals ages 5 years through  
3           10 years (alcohol, drug, inhalant and to-  
4           bacco);

5           “(v) early intervention, treatment and  
6           aftercare services that are focused on indi-  
7           viduals ages 11 years through 17 years;

8           “(vi) healthy choices or life style serv-  
9           ices (related to STD’s, domestic violence,  
10          sexual abuse, suicide, teen pregnancy, obe-  
11          sity, and other risk or safety issues);

12          “(vii) co-morbidity services;

13          “(B) for persons ages 18 years through 55  
14          years, adult behavioral health services that in-  
15          clude—

16               “(i) early intervention, treatment and  
17               aftercare services;

18               “(ii) mental health and substance  
19               abuse services (emotional, alcohol, drug,  
20               inhalant and tobacco);

21               “(iii) services for co-occurring dis-  
22               orders (dual diagnosis) and co-morbidity;

23               “(iv) healthy choices and life style  
24               services (related to parenting, partners, do-

1           mestic violence, sexual abuse, suicide, obe-  
2           sity, and other risk related behavior);

3           “(v) female specific treatment services  
4           for—

5                   “(I) women at risk of giving  
6                   birth to a child with a fetal alcohol  
7                   disorder;

8                   “(II) substance abuse requiring  
9                   gender specific services;

10                   “(III) sexual assault and domes-  
11                   tic violence; and

12                   “(IV) healthy choices and life  
13                   style (parenting, partners, obesity,  
14                   suicide and other related behavioral  
15                   risk); and

16           “(vi) male specific treatment services  
17           for—

18                   “(I) substance abuse requiring  
19                   gender specific services;

20                   “(II) sexual assault and domestic  
21                   violence; and

22                   “(III) healthy choices and life  
23                   style (parenting, partners, obesity, sui-  
24                   cide and other risk related behavior);



- 1           “(C) family behavioral health services, in-
- 2           cluding—
- 3           “(i) early intervention, treatment and
- 4           aftercare for affected families;
- 5           “(ii) treatment for sexual assault and
- 6           domestic violence; and
- 7           “(iii) healthy choices and life style (re-
- 8           lated to parenting, partners, domestic vio-
- 9           lence and other abuse issues);
- 10          “(D) for persons age 56 years and older,
- 11          elder behavioral health services including—
- 12          “(i) early intervention, treatment and
- 13          aftercare services that include—
- 14                  “(I) mental health and substance
- 15                  abuse services (emotional, alcohol,
- 16                  drug, inhalant and tobacco);
- 17                  “(II) services for co-occurring
- 18                  disorders (dual diagnosis) and co-mor-
- 19                  bidity; and
- 20                  “(III) healthy choices and life
- 21                  style services (managing conditions re-
- 22                  lated to aging);
- 23          “(ii) elder women specific services
- 24          that include—

1                   “(I) treatment for substance  
2                   abuse requiring gender specific serv-  
3                   ices and

4                   “(II) treatment for sexual as-  
5                   sault, domestic violence and neglect;

6                   “(iii) elder men specific services that  
7                   include—

8                   “(I) treatment for substance  
9                   abuse requiring gender specific serv-  
10                  ices; and

11                  “(II) treatment for sexual as-  
12                  sault, domestic violence and neglect;  
13                  and

14                  “(iv) services for dementia regardless  
15                  of cause.

16                  “(d) COMMUNITY BEHAVIORAL HEALTH PLAN.—

17                  “(1) IN GENERAL.—The governing body of any  
18                  Indian tribe or tribal organization or urban Indian  
19                  organization may, at its discretion, adopt a resolu-  
20                  tion for the establishment of a community behavioral  
21                  health plan providing for the identification and co-  
22                  ordination of available resources and programs to  
23                  identify, prevent, or treat alcohol and other sub-  
24                  stance abuse, mental illness or dysfunctional and  
25                  self-destructive behavior, including child abuse and

1 family violence, among its members or its service  
2 population. Such plan should include behavioral  
3 health services, social services, intensive outpatient  
4 services, and continuing after care.

5 “(2) TECHNICAL ASSISTANCE.—In furtherance  
6 of a plan established pursuant to paragraph (1) and  
7 at the request of a tribe, the appropriate agency,  
8 service unit, or other officials of the Bureau of In-  
9 dian Affairs and the Service shall cooperate with,  
10 and provide technical assistance to, the Indian tribe  
11 or tribal organization in the development of a plan  
12 under paragraph (1). Upon the establishment of  
13 such a plan and at the request of the Indian tribe  
14 or tribal organization, such officials shall cooperate  
15 with the Indian tribe or tribal organization in the  
16 implementation of such plan.

17 “(3) FUNDING.—The Secretary, acting through  
18 the Service, may make funding available to Indian  
19 tribes and tribal organizations adopting a resolution  
20 pursuant to paragraph (1) to obtain technical assist-  
21 ance for the development of a community behavioral  
22 health plan and to provide administrative support in  
23 the implementation of such plan.

24 “(e) COORDINATED PLANNING.—The Secretary, act-  
25 ing through the Service, Indian tribes, tribal organiza-

1 tions, and urban Indian organizations shall coordinate be-  
2 havioral health planning, to the extent feasible, with other  
3 Federal and State agencies, to ensure that comprehensive  
4 behavioral health services are available to Indians without  
5 regard to their place of residence.

6 “(f) **FACILITIES ASSESSMENT.**—Not later than 1  
7 year after the date of enactment of this Act, the Secretary,  
8 acting through the Service, shall make an assessment of  
9 the need for inpatient mental health care among Indians  
10 and the availability and cost of inpatient mental health  
11 facilities which can meet such need. In making such as-  
12 sessment, the Secretary shall consider the possible conver-  
13 sion of existing, under-utilized service hospital beds into  
14 psychiatric units to meet such need.

15 **“SEC. 702. MEMORANDUM OF AGREEMENT WITH THE DE-**  
16 **PARTMENT OF THE INTERIOR.**

17 “(a) **IN GENERAL.**—Not later than 1 year after the  
18 date of enactment of this Act, the Secretary and the Sec-  
19 retary of the Interior shall develop and enter into a memo-  
20 randum of agreement, or review and update any existing  
21 memoranda of agreement as required under section 4205  
22 of the Indian Alcohol and Substance Abuse Prevention  
23 and Treatment Act of 1986 (25 U.S.C. 2411), and under  
24 which the Secretaries address—

1           ~~“(1) the scope and nature of mental illness and~~  
2           ~~dysfunctional and self-destructive behavior, including~~  
3           ~~child abuse and family violence, among Indians;~~

4           ~~“(2) the existing Federal, tribal, State, local,~~  
5           ~~and private services, resources, and programs avail-~~  
6           ~~able to provide mental health services for Indians;~~

7           ~~“(3) the unmet need for additional services, re-~~  
8           ~~sources, and programs necessary to meet the needs~~  
9           ~~identified pursuant to paragraph (1);~~

10           ~~“(4)(A) the right of Indians, as citizens of the~~  
11           ~~United States and of the States in which they re-~~  
12           ~~side, to have access to mental health services to~~  
13           ~~which all citizens have access;~~

14           ~~“(B) the right of Indians to participate in, and~~  
15           ~~receive the benefit of, such services; and~~

16           ~~“(C) the actions necessary to protect the exer-~~  
17           ~~cise of such right;~~

18           ~~“(5) the responsibilities of the Bureau of Indian~~  
19           ~~Affairs and the Service, including mental health~~  
20           ~~identification, prevention, education, referral, and~~  
21           ~~treatment services (including services through multi-~~  
22           ~~disciplinary resource teams), at the central, area,~~  
23           ~~and agency and service unit levels to address the~~  
24           ~~problems identified in paragraph (1);~~

1           “(6) a strategy for the comprehensive coordina-  
2           tion of the mental health services provided by the  
3           Bureau of Indian Affairs and the Service to meet  
4           the needs identified pursuant to paragraph (1), in-  
5           cluding—

6                   “(A) the coordination of alcohol and sub-  
7                   stance abuse programs of the Service, the Bu-  
8                   reau of Indian Affairs, and the various Indian  
9                   tribes (developed under the Indian Alcohol and  
10                  Substance Abuse Prevention and Treatment  
11                  Act of 1986) with the mental health initiatives  
12                  pursuant to this Act, particularly with respect  
13                  to the referral and treatment of dually-diag-  
14                  nosed individuals requiring mental health and  
15                  substance abuse treatment; and

16                  “(B) ensuring that Bureau of Indian Af-  
17                  fairs and Service programs and services (includ-  
18                  ing multidisciplinary resource teams) address-  
19                  ing child abuse and family violence are coordi-  
20                  nated with such non-Federal programs and  
21                  services;

22                  “(7) direct appropriate officials of the Bureau  
23                  of Indian Affairs and the Service, particularly at the  
24                  agency and service unit levels, to cooperate fully with  
25                  tribal requests made pursuant to community behav-

1       ioral health plans adopted under section 701(e) and  
2       section 4206 of the Indian Alcohol and Substance  
3       Abuse Prevention and Treatment Act of 1986 (25  
4       U.S.C. 2412); and

5               “(8) provide for an annual review of such  
6       agreement by the 2 Secretaries and a report which  
7       shall be submitted to Congress and made available  
8       to the Indian tribes.

9       “(b) SPECIFIC PROVISIONS.—The memorandum of  
10      agreement updated or entered into pursuant to subsection  
11      (a) shall include specific provisions pursuant to which the  
12      Service shall assume responsibility for—

13               “(1) the determination of the scope of the prob-  
14      lem of alcohol and substance abuse among Indian  
15      people, including the number of Indians within the  
16      jurisdiction of the Service who are directly or indi-  
17      rectly affected by alcohol and substance abuse and  
18      the financial and human cost;

19               “(2) an assessment of the existing and needed  
20      resources necessary for the prevention of alcohol and  
21      substance abuse and the treatment of Indians af-  
22      fected by alcohol and substance abuse; and

23               “(3) an estimate of the funding necessary to  
24      adequately support a program of prevention of alco-

1       hol and substance abuse and treatment of Indians  
2       affected by alcohol and substance abuse.

3       “(e) CONSULTATION.—The Secretary and the Sec-  
4       retary of the Interior shall, in developing the memo-  
5       randum of agreement under subsection (a), consult with  
6       and solicit the comments of—

7               “(1) Indian tribes and tribal organizations;

8               “(2) Indian individuals;

9               “(3) urban Indian organizations and other In-  
10       dian organizations;

11              “(4) behavioral health service providers.

12       “(d) PUBLICATION.—The memorandum of agree-  
13       ment under subsection (a) shall be published in the Fed-  
14       eral Register. At the same time as the publication of such  
15       agreement in the Federal Register, the Secretary shall  
16       provide a copy of such memorandum to each Indian tribe,  
17       tribal organization, and urban Indian organization.

18       **“SEC. 703. COMPREHENSIVE BEHAVIORAL HEALTH PRE-**  
19                                   **VENTION AND TREATMENT PROGRAM.**

20       “(a) ESTABLISHMENT.—

21              “(1) IN GENERAL.—The Secretary, acting  
22       through the Service, Indian tribes and tribal organi-  
23       zations consistent with section 701, shall provide a  
24       program of comprehensive behavioral health preven-  
25       tion and treatment and aftercare, including systems



1 of care and traditional health care practices, which  
2 shall include—

3 “(A) prevention, through educational inter-  
4 vention, in Indian communities;

5 “(B) acute detoxification or psychiatric  
6 hospitalization and treatment (residential and  
7 intensive outpatient);

8 “(C) community-based rehabilitation and  
9 aftercare;

10 “(D) community education and involve-  
11 ment, including extensive training of health  
12 care, educational, and community-based per-  
13 sonnel;

14 “(E) specialized residential treatment pro-  
15 grams for high risk populations including preg-  
16 nant and post partum women and their chil-  
17 dren;

18 “(F) diagnostic services utilizing, when ap-  
19 propriate, neuropsychiatric assessments which  
20 include the use of the most advanced technology  
21 available; and

22 “(G) a telepsychiatry program that uses  
23 experts in the field of pediatric psychiatry, and  
24 that incorporates assessment, diagnosis and

1 treatment for children, including those children  
2 with concurrent neurological disorders.

3 ~~“(2) TARGET POPULATIONS.—~~The target popu-  
4 lation of the program under paragraph (1) shall be  
5 members of Indian tribes. Efforts to train and edu-  
6 cate key members of the Indian community shall  
7 target employees of health, education, judicial, law  
8 enforcement, legal, and social service programs.

9 ~~“(b) CONTRACT HEALTH SERVICES.—~~

10 ~~“(1) IN GENERAL.—~~The Secretary, acting  
11 through the Service (with the consent of the Indian  
12 tribe to be served), Indian tribes and tribal organiza-  
13 tions, may enter into contracts with public or private  
14 providers of behavioral health treatment services for  
15 the purpose of carrying out the program required  
16 under subsection (a).

17 ~~“(2) PROVISION OF ASSISTANCE.—~~In carrying  
18 out this subsection, the Secretary shall provide as-  
19 sistance to Indian tribes and tribal organizations to  
20 develop criteria for the certification of behavioral  
21 health service providers and accreditation of service  
22 facilities which meet minimum standards for such  
23 services and facilities.

1 **“SEC. 704. MENTAL HEALTH TECHNICIAN PROGRAM.**

2       “(a) IN GENERAL.—Under the authority of the Act  
3 of November 2, 1921 (25 U.S.C. 13) (commonly known  
4 as the Snyder Act), the Secretary shall establish and  
5 maintain a Mental Health Technician program within the  
6 Service which—

7           “(1) provides for the training of Indians as  
8 mental health technicians; and

9           “(2) employs such technicians in the provision  
10 of community-based mental health care that includes  
11 identification, prevention, education, referral, and  
12 treatment services.

13       “(b) TRAINING.—In carrying out subsection (a)(1),  
14 the Secretary shall provide high standard paraprofessional  
15 training in mental health care necessary to provide quality  
16 care to the Indian communities to be served. Such training  
17 shall be based upon a curriculum developed or approved  
18 by the Secretary which combines education in the theory  
19 of mental health care with supervised practical experience  
20 in the provision of such care.

21       “(c) SUPERVISION AND EVALUATION.—The Sec-  
22 retary shall supervise and evaluate the mental health tech-  
23 nicians in the training program under this section.

24       “(d) TRADITIONAL CARE.—The Secretary shall en-  
25 sure that the program established pursuant to this section  
26 involves the utilization and promotion of the traditional

1 Indian health care and treatment practices of the Indian  
2 tribes to be served.

3 **“SEC. 705. LICENSING REQUIREMENT FOR MENTAL**  
4 **HEALTH CARE WORKERS.**

5 “Subject to section 220, any person employed as a  
6 psychologist, social worker, or marriage and family thera-  
7 pist for the purpose of providing mental health care serv-  
8 ices to Indians in a clinical setting under the authority  
9 of this Act or through a funding agreement pursuant to  
10 the Indian Self-Determination and Education Assistance  
11 Act shall—

12 “(1) in the case of a person employed as a psy-  
13 chologist to provide health care services, be licensed  
14 as a clinical or counseling psychologist, or working  
15 under the direct supervision of a clinical or coun-  
16 seling psychologist;

17 “(2) in the case of a person employed as a so-  
18 cial worker, be licensed as a social worker or work-  
19 ing under the direct supervision of a licensed social  
20 worker; or

21 “(3) in the case of a person employed as a mar-  
22 riage and family therapist, be licensed as a marriage  
23 and family therapist or working under the direct su-  
24 pervision of a licensed marriage and family thera-  
25 pist.

1 **“SEC. 706. INDIAN WOMEN TREATMENT PROGRAMS.**

2       “(a) FUNDING.—The Secretary, consistent with sec-  
3 tion 701, shall make funding available to Indian tribes,  
4 tribal organizations and urban Indian organization to de-  
5 velop and implement a comprehensive behavioral health  
6 program of prevention, intervention, treatment, and re-  
7 lapse prevention services that specifically addresses the  
8 spiritual, cultural, historical, social, and child care needs  
9 of Indian women, regardless of age.

10       “(b) USE OF FUNDS.—Funding provided pursuant to  
11 this section may be used to—

12               “(1) develop and provide community training,  
13 education, and prevention programs for Indian  
14 women relating to behavioral health issues, including  
15 fetal alcohol disorders;

16               “(2) identify and provide psychological services,  
17 counseling, advocacy, support, and relapse preven-  
18 tion to Indian women and their families; and

19               “(3) develop prevention and intervention models  
20 for Indian women which incorporate traditional  
21 health care practices, cultural values, and commu-  
22 nity and family involvement.

23       “(c) CRITERIA.—The Secretary, in consultation with  
24 Indian tribes and tribal organizations, shall establish cri-  
25 teria for the review and approval of applications and pro-  
26 posals for funding under this section.

1       “(d) **EARMARK OF CERTAIN FUNDS.**—Twenty per-  
 2 cent of the amounts appropriated to carry out this section  
 3 shall be used to make grants to urban Indian organiza-  
 4 tions funded under title V.

5       **“SEC. 707. INDIAN YOUTH PROGRAM.**

6       “(a) **DETOXIFICATION AND REHABILITATION.**—The  
 7 Secretary shall, consistent with section 701, develop and  
 8 implement a program for acute detoxification and treat-  
 9 ment for Indian youth that includes behavioral health  
 10 services. The program shall include regional treatment  
 11 centers designed to include detoxification and rehabilita-  
 12 tion for both sexes on a referral basis and programs devel-  
 13 oped and implemented by Indian tribes or tribal organiza-  
 14 tions at the local level under the Indian Self-Determina-  
 15 tion and Education Assistance Act. Regional centers shall  
 16 be integrated with the intake and rehabilitation programs  
 17 based in the referring Indian community.

18       “(b) **ALCOHOL AND SUBSTANCE ABUSE TREATMENT**  
 19 **CENTERS OR FACILITIES.**—

20               “(1) **ESTABLISHMENT.**—

21                       “(A) **IN GENERAL.**—The Secretary, acting  
 22 through the Service, Indian tribes, or tribal or-  
 23 ganizations, shall construct, renovate, or, as  
 24 necessary, purchase, and appropriately staff  
 25 and operate, at least 1 youth regional treatment

1 center or treatment network in each area under  
2 the jurisdiction of an area office.

3 “(B) AREA OFFICE IN CALIFORNIA.—For  
4 purposes of this subsection, the area office in  
5 California shall be considered to be 2 area of-  
6 fices, 1 office whose jurisdiction shall be consid-  
7 ered to encompass the northern area of the  
8 State of California, and 1 office whose jurisdic-  
9 tion shall be considered to encompass the re-  
10 mainder of the State of California for the pur-  
11 pose of implementing California treatment net-  
12 works.

13 “(2) FUNDING.—For the purpose of staffing  
14 and operating centers or facilities under this sub-  
15 section, funding shall be made available pursuant to  
16 the Act of November 2, 1921 (25 U.S.C. 13) (com-  
17 monly known as the Snyder Act).

18 “(3) LOCATION.—A youth treatment center  
19 constructed or purchased under this subsection shall  
20 be constructed or purchased at a location within the  
21 area described in paragraph (1) that is agreed upon  
22 (by appropriate tribal resolution) by a majority of  
23 the tribes to be served by such center.

24 “(4) SPECIFIC PROVISION OF FUNDS.—

1           “(A) IN GENERAL.—Notwithstanding any  
2 other provision of this title, the Secretary may,  
3 from amounts authorized to be appropriated for  
4 the purposes of carrying out this section, make  
5 funds available to—

6           “(i) the Tanana Chiefs Conference,  
7 Incorporated, for the purpose of leasing,  
8 constructing, renovating, operating and  
9 maintaining a residential youth treatment  
10 facility in Fairbanks, Alaska;

11           “(ii) the Southeast Alaska Regional  
12 Health Corporation to staff and operate a  
13 residential youth treatment facility without  
14 regard to the proviso set forth in section  
15 4(l) of the Indian Self-Determination and  
16 Education Assistance Act (25 U.S.C.  
17 450b(l));

18           “(iii) the Southern Indian Health  
19 Council, for the purpose of staffing, oper-  
20 ating, and maintaining a residential youth  
21 treatment facility in San Diego County,  
22 California; and

23           “(iv) the Navajo Nation, for the staff-  
24 ing, operation, and maintenance of the  
25 Four Corners Regional Adolescent Treat-



1                   ment Center, a residential youth treatment  
2                   facility in New Mexico.

3                   “(B) PROVISION OF SERVICES TO ELIGI-  
4                   BLE YOUTH.—Until additional residential youth  
5                   treatment facilities are established in Alaska  
6                   pursuant to this section, the facilities specified  
7                   in subparagraph (A) shall make every effort to  
8                   provide services to all eligible Indian youth re-  
9                   siding in such State.

10                  “(c) INTERMEDIATE ADOLESCENT BEHAVIORAL  
11 HEALTH SERVICES.—

12                  “(1) IN GENERAL.—The Secretary, acting  
13                  through the Service, Indian tribes and tribal organi-  
14                  zations, may provide intermediate behavioral health  
15                  services, which may incorporate traditional health  
16                  care practices, to Indian children and adolescents,  
17                  including—

18                          “(A) pre-treatment assistance;

19                          “(B) inpatient, outpatient, and after-care  
20                          services;

21                          “(C) emergency care;

22                          “(D) suicide prevention and crisis interven-  
23                          tion; and

24                          “(E) prevention and treatment of mental  
25                          illness, and dysfunctional and self-destructive

1 behavior, including child abuse and family vio-  
2 lence.

3 ~~“(2) USE OF FUNDS.—~~Funds provided under  
4 this subsection may be used—

5 ~~“(A) to construct or renovate an existing~~  
6 ~~health facility to provide intermediate behav-~~  
7 ~~ioral health services;~~

8 ~~“(B) to hire behavioral health profes-~~  
9 ~~sionals;~~

10 ~~“(C) to staff, operate, and maintain an in-~~  
11 ~~termediate mental health facility, group home,~~  
12 ~~sober housing, transitional housing or similar~~  
13 ~~facilities, or youth shelter where intermediate~~  
14 ~~behavioral health services are being provided;~~  
15 ~~and~~

16 ~~“(D) to make renovations and hire appro-~~  
17 ~~priate staff to convert existing hospital beds~~  
18 ~~into adolescent psychiatric units; and~~

19 ~~“(E) to provide intensive home- and com-~~  
20 ~~munity-based services, including collaborative~~  
21 ~~systems of care.~~

22 ~~“(3) CRITERIA.—~~The Secretary shall, in con-  
23 sultation with Indian tribes and tribal organizations,  
24 establish criteria for the review and approval of ap-

1       plications or proposals for funding made available  
2       pursuant to this subsection.

3       “(d) **FEDERALLY OWNED STRUCTURES.—**

4               “(1) **IN GENERAL.—**The Secretary, acting  
5       through the Service, shall, in consultation with In-  
6       dian tribes and tribal organizations—

7                       “(A) identify and use, where appropriate,  
8       federally owned structures suitable for local res-  
9       idential or regional behavioral health treatment  
10      for Indian youth; and

11                      “(B) establish guidelines, in consultation  
12      with Indian tribes and tribal organizations, for  
13      determining the suitability of any such Feder-  
14      ally owned structure to be used for local resi-  
15      dential or regional behavioral health treatment  
16      for Indian youth.

17               “(2) **TERMS AND CONDITIONS FOR USE OF**  
18      **STRUCTURE.—**Any structure described in paragraph  
19      (1) may be used under such terms and conditions as  
20      may be agreed upon by the Secretary and the agency  
21      having responsibility for the structure and any In-  
22      dian tribe or tribal organization operating the pro-  
23      gram.

24      “(e) **REHABILITATION AND AFTERCARE SERVICES.—**

1           “(1) IN GENERAL.—The Secretary, an Indian  
2           tribe or tribal organization, in cooperation with the  
3           Secretary of the Interior, shall develop and imple-  
4           ment within each service unit, community-based re-  
5           habilitation and follow-up services for Indian youth  
6           who have significant behavioral health problems, and  
7           require long-term treatment, community reintegra-  
8           tion, and monitoring to support the Indian youth  
9           after their return to their home community.

10           “(2) ADMINISTRATION.—Services under para-  
11           graph (1) shall be administered within each service  
12           unit or tribal program by trained staff within the  
13           community who can assist the Indian youth in con-  
14           tinuing development of self-image, positive problem-  
15           solving skills, and nonalcohol or substance abusing  
16           behaviors. Such staff may include alcohol and sub-  
17           stance abuse counselors, mental health professionals,  
18           and other health professionals and paraprofessionals,  
19           including community health representatives.

20           “(f) INCLUSION OF FAMILY IN YOUTH TREATMENT  
21           PROGRAM.—In providing the treatment and other services  
22           to Indian youth authorized by this section, the Secretary,  
23           an Indian tribe or tribal organization shall provide for the  
24           inclusion of family members of such youth in the treat-  
25           ment programs or other services as may be appropriate.

1 Not less than 10 percent of the funds appropriated for  
 2 the purposes of carrying out subsection (c) shall be used  
 3 for outpatient care of adult family members related to the  
 4 treatment of an Indian youth under that subsection.

5 “(g) MULTIDRUG ABUSE PROGRAM.—The Secretary,  
 6 acting through the Service, Indian tribes, tribal organiza-  
 7 tions and urban Indian organizations, shall provide, con-  
 8 sistent with section 701, programs and services to prevent  
 9 and treat the abuse of multiple forms of substances, in-  
 10 cluding alcohol, drugs, inhalants, and tobacco, among In-  
 11 dian youth residing in Indian communities, on Indian res-  
 12 ervations, and in urban areas and provide appropriate  
 13 mental health services to address the incidence of mental  
 14 illness among such youth.

15 **“SEC. 708. INPATIENT AND COMMUNITY-BASED MENTAL**  
 16 **HEALTH FACILITIES DESIGN, CONSTRUCTION**  
 17 **AND STAFFING ASSESSMENT.**

18 “(a) IN GENERAL.—Not later than 1 year after the  
 19 date of enactment of this section, the Secretary, acting  
 20 through the Service, Indian tribes and tribal organiza-  
 21 tions, shall provide, in each area of the Service, not less  
 22 than 1 inpatient mental health care facility, or the equiva-  
 23 lent, for Indians with behavioral health problems.

24 “(b) TREATMENT OF CALIFORNIA.—For purposes of  
 25 this section, California shall be considered to be 2 areas

1 of the Service, 1 area whose location shall be considered  
2 to encompass the northern area of the State of California  
3 and 1 area whose jurisdiction shall be considered to en-  
4 compass the remainder of the State of California.

5 “(e) CONVERSION OF CERTAIN HOSPITAL BEDS.—

6 The Secretary shall consider the possible conversion of ex-  
7 isting, under-utilized Service hospital beds into psychiatric  
8 units to meet needs under this section.

9 **“SEC. 709. TRAINING AND COMMUNITY EDUCATION.**

10 “(a) COMMUNITY EDUCATION.—

11 “(1) IN GENERAL.—The Secretary, in coopera-  
12 tion with the Secretary of the Interior, shall develop  
13 and implement, or provide funding to enable Indian  
14 tribes and tribal organization to develop and imple-  
15 ment, within each service unit or tribal program a  
16 program of community education and involvement  
17 which shall be designed to provide concise and timely  
18 information to the community leadership of each  
19 tribal community.

20 “(2) EDUCATION.—A program under paragraph  
21 (1) shall include education concerning behavioral  
22 health for political leaders, tribal judges, law en-  
23 forcement personnel, members of tribal health and  
24 education boards, and other critical members of each  
25 tribal community.

1           “(3) TRAINING.—Community-based training  
2           (oriented toward local capacity development) under a  
3           program under paragraph (1) shall include tribal  
4           community provider training (designed for adult  
5           learners from the communities receiving services for  
6           prevention, intervention, treatment and aftercare).

7           “(b) TRAINING.—The Secretary shall, either directly  
8           or through Indian tribes or tribal organization, provide in-  
9           struction in the area of behavioral health issues, including  
10          instruction in crisis intervention and family relations in  
11          the context of alcohol and substance abuse, child sexual  
12          abuse, youth alcohol and substance abuse, and the causes  
13          and effects of fetal alcohol disorders, to appropriate em-  
14          ployees of the Bureau of Indian Affairs and the Service,  
15          and to personnel in schools or programs operated under  
16          any contract with the Bureau of Indian Affairs or the  
17          Service, including supervisors of emergency shelters and  
18          halfway houses described in section 4213 of the Indian  
19          Alcohol and Substance Abuse Prevention and Treatment  
20          Act of 1986 (25 U.S.C. 2433).

21          “(c) COMMUNITY-BASED TRAINING MODELS.—In  
22          carrying out the education and training programs required  
23          by this section, the Secretary, acting through the Service  
24          and in consultation with Indian tribes, tribal organiza-  
25          tions, Indian behavioral health experts, and Indian alcohol

1 and substance abuse prevention experts, shall develop and  
 2 provide community-based training models. Such models  
 3 shall address—

4           “(1) the elevated risk of alcohol and behavioral  
 5 health problems faced by children of alcoholics;

6           “(2) the cultural, spiritual, and  
 7 multigenerational aspects of behavioral health prob-  
 8 lem prevention and recovery; and

9           “(3) community-based and multidisciplinary  
 10 strategies for preventing and treating behavioral  
 11 health problems.

12 **“SEC. 710. BEHAVIORAL HEALTH PROGRAM.**

13           “(a) PROGRAMS FOR INNOVATIVE SERVICES.—The  
 14 Secretary, acting through the Service, Indian tribes or  
 15 tribal organizations, consistent with Section 701, may de-  
 16 velop, implement, and carry out programs to deliver inno-  
 17 vative community-based behavioral health services to Indi-  
 18 ans.

19           “(b) CRITERIA.—The Secretary may award funding  
 20 for a project under subsection (a) to an Indian tribe or  
 21 tribal organization and may consider the following criteria:

22           “(1) Whether the project will address signifi-  
 23 cant unmet behavioral health needs among Indians.

24           “(2) Whether the project will serve a significant  
 25 number of Indians.



1           ~~“(3) Whether the project has the potential to~~  
2           ~~deliver services in an efficient and effective manner.~~

3           ~~“(4) Whether the tribe or tribal organization~~  
4           ~~has the administrative and financial capability to ad-~~  
5           ~~minister the project.~~

6           ~~“(5) Whether the project will deliver services in~~  
7           ~~a manner consistent with traditional health care.~~

8           ~~“(6) Whether the project is coordinated with,~~  
9           ~~and avoids duplication of, existing services.~~

10          ~~“(c) FUNDING AGREEMENTS.—For purposes of this~~  
11          ~~subsection, the Secretary shall, in evaluating applications~~  
12          ~~or proposals for funding for projects to be operated under~~  
13          ~~any funding agreement entered into with the Service~~  
14          ~~under the Indian Self-Determination Act and Education~~  
15          ~~Assistance Act, use the same criteria that the Secretary~~  
16          ~~uses in evaluating any other application or proposal for~~  
17          ~~such funding.~~

18          ~~**“SEC. 711. FETAL ALCOHOL DISORDER FUNDING.**~~

19          ~~“(a) ESTABLISHMENT OF PROGRAM.—~~

20                 ~~“(1) IN GENERAL.—The Secretary, consistent~~  
21                 ~~with Section 701, acting through Indian tribes, trib-~~  
22                 ~~al organizations, and urban Indian organizations,~~  
23                 ~~shall establish and operate fetal alcohol disorders~~  
24                 ~~programs as provided for in this section for the pur-~~

1 poses of meeting the health status objective specified  
2 in section 3(b).

3 ~~“(2) USE OF FUNDS.—~~Funding provided pursu-  
4 ant to this section shall be used to—

5 ~~“(A) develop and provide community and~~  
6 ~~in-school training, education, and prevention~~  
7 ~~programs relating to fetal alcohol disorders;~~

8 ~~“(B) identify and provide behavioral health~~  
9 ~~treatment to high-risk women;~~

10 ~~“(C) identify and provide appropriate edu-~~  
11 ~~ational and vocational support, counseling, ad-~~  
12 ~~vocacy, and information to fetal alcohol disorder~~  
13 ~~affected persons and their families or care-~~  
14 ~~takers;~~

15 ~~“(D) develop and implement counseling~~  
16 ~~and support programs in schools for fetal alco-~~  
17 ~~hol disorder affected children;~~

18 ~~“(E) develop prevention and intervention~~  
19 ~~models which incorporate traditional practi-~~  
20 ~~tioners, cultural and spiritual values and com-~~  
21 ~~munity involvement;~~

22 ~~“(F) develop, print, and disseminate edu-~~  
23 ~~cation and prevention materials on fetal alcohol~~  
24 ~~disorders;~~

1           “(G) develop and implement, through the  
2           tribal consultation process, culturally sensitive  
3           assessment and diagnostic tools including  
4           dysmorphology clinics and multidisciplinary  
5           fetal alcohol disorder clinics for use in tribal  
6           and urban Indian communities;

7           “(H) develop early childhood intervention  
8           projects from birth on to mitigate the effects of  
9           fetal alcohol disorders; and

10           “(I) develop and fund community-based  
11           adult fetal alcohol disorder housing and support  
12           services.

13           “(3) CRITERIA.—The Secretary shall establish  
14           criteria for the review and approval of applications  
15           for funding under this section.

16           “(b) PROVISION OF SERVICES.—The Secretary, act-  
17           ing through the Service, Indian tribes, tribal organizations  
18           and urban Indian organizations, shall—

19           “(1) develop and provide services for the pre-  
20           vention, intervention, treatment, and aftercare for  
21           those affected by fetal alcohol disorders in Indian  
22           communities; and

23           “(2) provide supportive services, directly or  
24           through an Indian tribe, tribal organization or urban  
25           Indian organization, including services to meet the

1 special educational, vocational, school-to-work transi-  
2 tion, and independent living needs of adolescent and  
3 adult Indians with fetal alcohol disorders.

4 “(c) TASK FORCE.—

5 “(1) IN GENERAL.—The Secretary shall estab-  
6 lish a task force to be known as the Fetal Alcohol  
7 Disorders Task Force to advise the Secretary in car-  
8 rying out subsection (b).

9 “(2) COMPOSITION.—The task force under  
10 paragraph (1) shall be composed of representatives  
11 from the National Institute on Drug Abuse, the Na-  
12 tional Institute on Alcohol and Alcoholism, the Of-  
13 fice of Substance Abuse Prevention, the National In-  
14 stitute of Mental Health, the Service, the Office of  
15 Minority Health of the Department of Health and  
16 Human Services, the Administration for Native  
17 Americans, the National Institute of Child Health &  
18 Human Development, the Centers for Disease Con-  
19 trol and Prevention, the Bureau of Indian Affairs,  
20 Indian tribes, tribal organizations, urban Indian  
21 communities, and Indian fetal alcohol disorders ex-  
22 perts.

23 “(d) APPLIED RESEARCH.—The Secretary, acting  
24 through the Substance Abuse and Mental Health Services  
25 Administration, shall make funding available to Indian

1 tribes, tribal organizations and urban Indian organizations  
 2 for applied research projects which propose to elevate the  
 3 understanding of methods to prevent, intervene, treat, or  
 4 provide rehabilitation and behavioral health aftercare for  
 5 Indians and urban Indians affected by fetal alcohol dis-  
 6 orders.

7       “(e) URBAN INDIAN ORGANIZATIONS.—The Sec-  
 8 retary shall ensure that 10 percent of the amounts appro-  
 9 priated to carry out this section shall be used to make  
 10 grants to urban Indian organizations funded under title  
 11 V.

12 **“SEC. 712. CHILD SEXUAL ABUSE AND PREVENTION TREAT-**  
 13 **MENT PROGRAMS.**

14       “(a) ESTABLISHMENT.—The Secretary and the Sec-  
 15 retary of the Interior, acting through the Service, Indian  
 16 tribes and tribal organizations, shall establish, consistent  
 17 with section 701, in each service area, programs involving  
 18 treatment for—

19               “(1) victims of child sexual abuse; and

20               “(2) perpetrators of child sexual abuse.

21       “(b) USE OF FUNDS.—Funds provided under this  
 22 section shall be used to—

23               “(1) develop and provide community education  
 24 and prevention programs related to child sexual  
 25 abuse;

1           “(2) identify and provide behavioral health  
2 treatment to children who are victims of sexual  
3 abuse and to their families who are affected by sexual  
4 abuse;

5           “(3) develop prevention and intervention models  
6 which incorporate traditional health care practitioners,  
7 cultural and spiritual values, and community  
8 involvement;

9           “(4) develop and implement, through the tribal  
10 consultation process, culturally sensitive assessment  
11 and diagnostic tools for use in tribal and urban Indian  
12 communities.

13           “(5) identify and provide behavioral health  
14 treatment to perpetrators of child sexual abuse with  
15 efforts being made to begin offender and behavioral  
16 health treatment while the perpetrator is incarcerated  
17 or at the earliest possible date if the perpetrator  
18 is not incarcerated, and to provide treatment  
19 after release to the community until it is determined  
20 that the perpetrator is not a threat to children.

21 **“SEC. 713. BEHAVIORAL MENTAL HEALTH RESEARCH.**

22           “(a) IN GENERAL.—The Secretary, acting through  
23 the Service and in consultation with appropriate Federal  
24 agencies, shall provide funding to Indian tribes, tribal organizations  
25 and urban Indian organizations or, enter into

1 contracts with, or make grants to appropriate institutions,  
 2 for the conduct of research on the incidence and preva-  
 3 lence of behavioral health problems among Indians served  
 4 by the Service, Indian tribes or tribal organizations and  
 5 among Indians in urban areas. Research priorities under  
 6 this section shall include—

7           “(1) the inter-relationship and inter-dependence  
 8           of behavioral health problems with alcoholism and  
 9           other substance abuse, suicide, homicides, other in-  
 10          juries, and the incidence of family violence; and

11          “(2) the development of models of prevention  
 12          techniques.

13          “(b) SPECIAL EMPHASIS.—The effect of the inter-re-  
 14          lationships and interdependencies referred to in subsection  
 15          (a)(1) on children, and the development of prevention  
 16          techniques under subsection (a)(2) applicable to children,  
 17          shall be emphasized.

18 **“SEC. 714. DEFINITIONS.**

19          “In this title:

20           “(1) ASSESSMENT.—The term ‘assessment’  
 21           means the systematic collection, analysis and dis-  
 22           semination of information on health status, health  
 23           needs and health problems.

24           “(2)                   ALCOHOL                                   RELATED  
 25           NEURODEVELOPMENTAL DISORDERS.—The term ‘al-

1 alcohol related neurodevelopmental disorders' or  
2 'ARND' with respect to an individual means the in-  
3 dividual has a history of maternal alcohol consump-  
4 tion during pregnancy, central nervous system in-  
5 volvement such as developmental delay, intellectual  
6 deficit, or neurologic abnormalities, that behavior-  
7 ally, there may be problems with irritability, and  
8 failure to thrive as infants, and that as children be-  
9 come older there will likely be hyperactivity, atten-  
10 tion deficit, language dysfunction and perceptual  
11 and judgment problems.

12       “(3) BEHAVIORAL HEALTH.—The term ‘behav-  
13 ioral health’ means the blending of substances (alco-  
14 hol, drugs, inhalants and tobacco) abuse and mental  
15 health prevention and treatment, for the purpose of  
16 providing comprehensive services. Such term in-  
17 cludes the joint development of substance abuse and  
18 mental health treatment planning and coordinated  
19 case management using a multidisciplinary ap-  
20 proach.

21       “(4) BEHAVIORAL HEALTH AFTERCARE.—

22       “(A) IN GENERAL.—The term ‘behavioral  
23 health aftercare’ includes those activities and  
24 resources used to support recovery following in-  
25 patient, residential, intensive substance abuse



1 or mental health outpatient or outpatient treat-  
2 ment, to help prevent or treat relapse, including  
3 the development of an aftercare plan.

4 “(B) **AFTERCARE PLAN.**—Prior to the  
5 time at which an individual is discharged from  
6 a level of care, such as outpatient treatment, an  
7 aftercare plan shall have been developed for the  
8 individual. Such plan may use such resources as  
9 community base therapeutic group care, transi-  
10 tional living, a 12-step sponsor, a local 12-step  
11 or other related support group, or other com-  
12 munity based providers (such as mental health  
13 professionals, traditional health care practi-  
14 tioners, community health aides, community  
15 health representatives, mental health techni-  
16 cians, or ministers).

17 “(5) **DUAL DIAGNOSIS.**—The term ‘dual diag-  
18 nosis’ means coexisting substance abuse and mental  
19 illness conditions or diagnosis. In individual with a  
20 dual diagnosis may be referred to as a mentally ill  
21 chemical abuser.

22 “(6) **FETAL ALCOHOL DISORDERS.**—The term  
23 ‘fetal alcohol disorders’ means fetal alcohol syn-  
24 drome, partial fetal alcohol syndrome, or alcohol re-  
25 lated neural developmental disorder.

1           “(7) FETAL ALCOHOL SYNDROME.—The term  
2           ‘fetal alcohol syndrome’ or ‘FAS’ with respect to an  
3           individual means a syndrome in which the individual  
4           has a history of maternal alcohol consumption dur-  
5           ing pregnancy, and with respect to which the fol-  
6           lowing criteria should be met:

7                   “(A) Central nervous system involvement  
8                   such as developmental delay, intellectual deficit,  
9                   microencephaly, or neurologic abnormalities.

10                   “(B) Craniofacial abnormalities with at  
11                   least 2 of the following: microphthalmia, short  
12                   palpebral fissures, poorly developed philtrum,  
13                   thin upper lip, flat nasal bridge, and short  
14                   upturned nose.

15                   “(C) Prenatal or postnatal growth delay.

16           “(8) PARTIAL FAS.—The term ‘partial FAS’  
17           with respect to an individual means a history of ma-  
18           ternal alcohol consumption during pregnancy having  
19           most of the criteria of FAS, though not meeting a  
20           minimum of at least 2 of the following: micro-oph-  
21           thalmia, short palpebral fissures, poorly developed  
22           philtrum, thin upper lip, flat nasal bridge, short  
23           upturned nose.

24           “(9) REHABILITATION.—The term ‘rehabilita-  
25           tion’ means to restore the ability or capacity to en-

1        gage in usual and customary life activities through  
2        education and therapy.

3            “(10) **SUBSTANCE ABUSE.**—The term ‘sub-  
4        stance abuse’ includes inhalant abuse.

5        **“SEC. 715. AUTHORIZATION OF APPROPRIATIONS.**

6            “There is authorized to be appropriated such sums  
7        as may be necessary for each fiscal year through fiscal  
8        year 2015 to carry out this title.

9        **“TITLE VIII—MISCELLANEOUS**

10       **“SEC. 801. REPORTS.**

11            “The President shall, at the time the budget is sub-  
12        mitted under section 1105 of title 31, United States Code,  
13        for each fiscal year transmit to the Congress a report con-  
14        taining—

15            “(1) a report on the progress made in meeting  
16        the objectives of this Act, including a review of pro-  
17        grams established or assisted pursuant to this Act  
18        and an assessment and recommendations of addi-  
19        tional programs or additional assistance necessary  
20        to, at a minimum, provide health services to Indians,  
21        and ensure a health status for Indians, which are at  
22        a parity with the health services available to and the  
23        health status of, the general population, including  
24        specific comparisons of appropriations provided and  
25        those required for such parity;

1           “(2) a report on whether, and to what extent,  
2           new national health care programs, benefits, initia-  
3           tives, or financing systems have had an impact on  
4           the purposes of this Act and any steps that the Sec-  
5           retary may have taken to consult with Indian tribes  
6           to address such impact, including a report on pro-  
7           posed changes in the allocation of funding pursuant  
8           to section 808;

9           “(3) a report on the use of health services by  
10          Indians—

11                 “(A) on a national and area or other rel-  
12                 evant geographical basis;

13                 “(B) by gender and age;

14                 “(C) by source of payment and type of  
15                 service;

16                 “(D) comparing such rates of use with  
17                 rates of use among comparable non-Indian pop-  
18                 ulations; and

19                 “(E) on the services provided under fund-  
20                 ing agreements pursuant to the Indian Self-De-  
21                 termination and Education Assistance Act;

22           “(4) a report of contractors concerning health  
23           care educational loan repayments under section 110;

1           “(5) a general audit report on the health care  
2 educational loan repayment program as required  
3 under section 110(n);

4           “(6) a separate statement that specifies the  
5 amount of funds requested to carry out the provi-  
6 sions of section 201;

7           “(7) a report on infectious diseases as required  
8 under section 212;

9           “(8) a report on environmental and nuclear  
10 health hazards as required under section 214;

11           “(9) a report on the status of all health care fa-  
12 cilities needs as required under sections 301(c)(2)  
13 and 301(d);

14           “(10) a report on safe water and sanitary waste  
15 disposal facilities as required under section  
16 302(h)(1);

17           “(11) a report on the expenditure of non-service  
18 funds for renovation as required under sections  
19 305(a)(2) and 305(a)(3);

20           “(12) a report identifying the backlog of main-  
21 tenance and repair required at Service and tribal fa-  
22 cilities as required under section 314(a);

23           “(13) a report providing an accounting of reim-  
24 bursement funds made available to the Secretary

1 under titles XVIII and XIX of the Social Security  
2 Act as required under section 403(a);

3 “(14) a report on services sharing of the Serv-  
4 ice; the Department of Veteran’s Affairs; and other  
5 Federal agency health programs as required under  
6 section 412(c)(2);

7 “(15) a report on the evaluation and renewal of  
8 urban Indian programs as required under section  
9 505;

10 “(16) a report on the findings and conclusions  
11 derived from the demonstration project as required  
12 under section 512(a)(2);

13 “(17) a report on the evaluation of programs as  
14 required under section 513; and

15 “(18) a report on alcohol and substance abuse  
16 as required under section 701(f).

17 **“SEC. 802. REGULATIONS.**

18 “(a) INITIATION OF RULEMAKING PROCEDURES.—

19 “(1) IN GENERAL.—Not later than 90 days  
20 after the date of enactment of this Act, the Sec-  
21 retary shall initiate procedures under subchapter III  
22 of chapter 5 of title 5, United States Code, to nego-  
23 tiate and promulgate such regulations or amend-  
24 ments thereto that are necessary to carry out this  
25 Act.

1           “(2) PUBLICATION.—Proposed regulations to  
2           implement this Act shall be published in the Federal  
3           Register by the Secretary not later than 270 days  
4           after the date of enactment of this Act and shall  
5           have not less than a 120 day comment period.

6           “(3) EXPIRATION OF AUTHORITY.—The author-  
7           ity to promulgate regulations under this Act shall  
8           expire 18 months from the date of enactment of this  
9           Act.

10          “(b) RULEMAKING COMMITTEE.—A negotiated rule-  
11          making committee established pursuant to section 565 of  
12          title 5, United States Code, to carry out this section shall  
13          have as its members only representatives of the Federal  
14          Government and representatives of Indian tribes, and trib-  
15          al organizations, a majority of whom shall be nominated  
16          by and be representatives of Indian tribes, tribal organiza-  
17          tions, and urban Indian organizations from each service  
18          area.

19          “(c) ADAPTION OF PROCEDURES.—The Secretary  
20          shall adapt the negotiated rulemaking procedures to the  
21          unique context of self-governance and the government-to-  
22          government relationship between the United States and  
23          Indian tribes.

1       “(d) FAILURE TO PROMULGATE REGULATIONS.—  
2 The lack of promulgated regulations shall not limit the  
3 effect of this Act.

4       “(e) SUPREMACY OF PROVISIONS.—The provisions of  
5 this Act shall supersede any conflicting provisions of law  
6 (including any conflicting regulations) in effect on the day  
7 before the date of enactment of the Indian Self-Deter-  
8 mination Contract Reform Act of 1994, and the Secretary  
9 is authorized to repeal any regulation that is inconsistent  
10 with the provisions of this Act.

11 **“SEC. 803. PLAN OF IMPLEMENTATION.**

12       “Not later than 240 days after the date of enactment  
13 of this Act, the Secretary, in consultation with Indian  
14 tribes, tribal organizations, and urban Indian organiza-  
15 tions, shall prepare and submit to Congress a plan that  
16 shall explain the manner and schedule (including a sched-  
17 ule of appropriate requests), by title and section, by which  
18 the Secretary will implement the provisions of this Act.

19 **“SEC. 804. AVAILABILITY OF FUNDS.**

20       “Amounts appropriated under this Act shall remain  
21 available until expended.

22 **“SEC. 805. LIMITATION ON USE OF FUNDS APPROPRIATED**  
23 **TO THE INDIAN HEALTH SERVICE.**

24       “Any limitation on the use of funds contained in an  
25 Act providing appropriations for the Department for a pe-



1 riod with respect to the performance of abortions shall  
 2 apply for that period with respect to the performance of  
 3 abortions using funds contained in an Act providing ap-  
 4 propriations for the Service.

5 **“SEC. 806. ELIGIBILITY OF CALIFORNIA INDIANS.**

6 “(a) ELIGIBILITY.—

7 “(1) IN GENERAL.—Until such time as any  
 8 subsequent law may otherwise provide, the following  
 9 California Indians shall be eligible for health services  
 10 provided by the Service:

11 “(A) Any member of a federally recognized  
 12 Indian tribe.

13 “(B) Any descendant of an Indian who  
 14 was residing in California on June 1, 1852, but  
 15 only if such descendant—

16 “(i) is a member of the Indian com-  
 17 munity served by a local program of the  
 18 Service; and

19 “(ii) is regarded as an Indian by the  
 20 community in which such descendant lives.

21 “(C) Any Indian who holds trust interests  
 22 in public domain, national forest, or Indian res-  
 23 ervation allotments in California.

24 “(D) Any Indian in California who is listed  
 25 on the plans for distribution of the assets of

1 California rancherias and reservations under  
2 the Act of August 18, 1958 (72 Stat. 619), and  
3 any descendant of such an Indian.

4 “(b) **RULE OF CONSTRUCTION.**—Nothing in this sec-  
5 tion may be construed as expanding the eligibility of Cali-  
6 fornia Indians for health services provided by the Service  
7 beyond the scope of eligibility for such health services that  
8 applied on May 1, 1986.

9 **“SEC. 807. HEALTH SERVICES FOR INELIGIBLE PERSONS.**

10 “(a) **INELIGIBLE PERSONS.**—

11 “(1) **IN GENERAL.**—Any individual who—

12 “(A) has not attained 19 years of age;

13 “(B) is the natural or adopted child, step-  
14 child, foster-child, legal ward, or orphan of an  
15 eligible Indian; and

16 “(C) is not otherwise eligible for the health  
17 services provided by the Service;

18 shall be eligible for all health services provided by  
19 the Service on the same basis and subject to the  
20 same rules that apply to eligible Indians until such  
21 individual attains 19 years of age. The existing and  
22 potential health needs of all such individuals shall be  
23 taken into consideration by the Service in deter-  
24 mining the need for, or the allocation of, the health  
25 resources of the Service. If such an individual has

1       been determined to be legally incompetent prior to at-  
2       taining 19 years of age, such individual shall remain  
3       eligible for such services until one year after the date  
4       such disability has been removed.

5           “(2) SPOUSES.—Any spouse of an eligible In-  
6       dian who is not an Indian, or who is of Indian de-  
7       scend but not otherwise eligible for the health serv-  
8       ices provided by the Service, shall be eligible for  
9       such health services if all of such spouses or spouses  
10      who are married to members of the Indian tribe  
11      being served are made eligible, as a class, by an ap-  
12      propriate resolution of the governing body of the In-  
13      dian tribe or tribal organization providing such serv-  
14      ices. The health needs of persons made eligible  
15      under this paragraph shall not be taken into consid-  
16      eration by the Service in determining the need for,  
17      or allocation of, its health resources.

18      “(b) PROGRAMS AND SERVICES.—

19           “(1) PROGRAMS.—

20           “(A) IN GENERAL.—The Secretary may  
21       provide health services under this subsection  
22       through health programs operated directly by  
23       the Service to individuals who reside within the  
24       service area of a service unit and who are not  
25       eligible for such health services under any other

1 subsection of this section or under any other  
2 provision of law if—

3 “(i) the Indian tribe (or, in the case  
4 of a multi-tribal service area, all the Indian  
5 tribes) served by such service unit requests  
6 such provision of health services to such  
7 individuals; and

8 “(ii) the Secretary and the Indian  
9 tribe or tribes have jointly determined  
10 that—

11 “(I) the provision of such health  
12 services will not result in a denial or  
13 diminution of health services to eligi-  
14 ble Indians; and

15 “(II) there is no reasonable alter-  
16 native health program or services,  
17 within or without the service area of  
18 such service unit, available to meet  
19 the health needs of such individuals.

20 “(B) FUNDING AGREEMENTS.—In the case  
21 of health programs operated under a funding  
22 agreement entered into under the Indian Self-  
23 Determination and Educational Assistance Act,  
24 the governing body of the Indian tribe or tribal  
25 organization providing health services under

1 such funding agreement is authorized to deter-  
2 mine whether health services should be provided  
3 under such funding agreement to individuals  
4 who are not eligible for such health services  
5 under any other subsection of this section or  
6 under any other provision of law. In making  
7 such determinations, the governing body of the  
8 Indian tribe or tribal organization shall take  
9 into account the considerations described in  
10 subparagraph (A)(ii).

11 “(2) LIABILITY FOR PAYMENT.—

12 “(A) IN GENERAL.—Persons receiving  
13 health services provided by the Service by rea-  
14 son of this subsection shall be liable for pay-  
15 ment of such health services under a schedule  
16 of charges prescribed by the Secretary which, in  
17 the judgment of the Secretary, results in reim-  
18 bursement in an amount not less than the ac-  
19 tual cost of providing the health services. Not-  
20 withstanding section 1880 of the Social Secu-  
21 rity Act, section 402(a) of this Act, or any  
22 other provision of law, amounts collected under  
23 this subsection, including medicare or medicaid  
24 reimbursements under titles XVIII and XIX of  
25 the Social Security Act, shall be credited to the

1 account of the program providing the service  
2 and shall be used solely for the provision of  
3 health services within that program. Amounts  
4 collected under this subsection shall be available  
5 for expenditure within such program for not to  
6 exceed 1 fiscal year after the fiscal year in  
7 which collected.

8 “(B) SERVICES FOR INDIGENT PERSONS.—

9 Health services may be provided by the Sec-  
10 retary through the Service under this sub-  
11 section to an indigent person who would not be  
12 eligible for such health services but for the pro-  
13 visions of paragraph (1) only if an agreement  
14 has been entered into with a State or local gov-  
15 ernment under which the State or local govern-  
16 ment agrees to reimburse the Service for the  
17 expenses incurred by the Service in providing  
18 such health services to such indigent person.

19 “(3) SERVICE AREAS.—

20 “(A) SERVICE TO ONLY ONE TRIBE.—In  
21 the case of a service area which serves only one  
22 Indian tribe, the authority of the Secretary to  
23 provide health services under paragraph (1)(A)  
24 shall terminate at the end of the fiscal year suc-  
25 ceeding the fiscal year in which the governing

1 body of the Indian tribe revokes its concurrence  
2 to the provision of such health services.

3 “(B) MULTI-TRIBAL AREAS.—In the case  
4 of a multi-tribal service area, the authority of  
5 the Secretary to provide health services under  
6 paragraph (1)(A) shall terminate at the end of  
7 the fiscal year succeeding the fiscal year in  
8 which at least 51 percent of the number of In-  
9 dian tribes in the service area revoke their con-  
10 currence to the provision of such health serv-  
11 ices.

12 “(c) PURPOSE FOR PROVIDING SERVICES.—The  
13 Service may provide health services under this subsection  
14 to individuals who are not eligible for health services pro-  
15 vided by the Service under any other subsection of this  
16 section or under any other provision of law in order to—

17 “(1) achieve stability in a medical emergency;

18 “(2) prevent the spread of a communicable dis-  
19 ease or otherwise deal with a public health hazard;

20 “(3) provide care to non-Indian women preg-  
21 nant with an eligible Indian’s child for the duration  
22 of the pregnancy through post partum; or

23 “(4) provide care to immediate family members  
24 of an eligible person if such care is directly related  
25 to the treatment of the eligible person.

1       “(d) HOSPITAL PRIVILEGES.—Hospital privileges in  
2 health facilities operated and maintained by the Service  
3 or operated under a contract entered into under the Indian  
4 Self-Determination Education Assistance Act may be ex-  
5 tended to non-Service health care practitioners who pro-  
6 vide services to persons described in subsection (a) or (b).  
7 Such non-Service health care practitioners may be re-  
8 garded as employees of the Federal Government for pur-  
9 poses of section 1346(b) and chapter 171 of title 28,  
10 United States Code (relating to Federal tort claims) only  
11 with respect to acts or omissions which occur in the course  
12 of providing services to eligible persons as a part of the  
13 conditions under which such hospital privileges are ex-  
14 tended.

15       “(e) DEFINITION.—In this section, the term ‘eligible  
16 Indian’ means any Indian who is eligible for health serv-  
17 ices provided by the Service without regard to the provi-  
18 sions of this section.

19       **“SEC. 808. REALLOCATION OF BASE RESOURCES.**

20       “(a) REQUIREMENT OF REPORT.—Notwithstanding  
21 any other provision of law, any allocation of Service funds  
22 for a fiscal year that reduces by 5 percent or more from  
23 the previous fiscal year the funding for any recurring pro-  
24 gram, project, or activity of a service unit may be imple-  
25 mented only after the Secretary has submitted to the



1 President, for inclusion in the report required to be trans-  
2 mitted to the Congress under section 801, a report on the  
3 proposed change in allocation of funding, including the  
4 reasons for the change and its likely effects.

5 “(b) NONAPPLICATION OF SECTION.—Subsection (a)  
6 shall not apply if the total amount appropriated to the  
7 Service for a fiscal year is less than the amount appro-  
8 priated to the Service for previous fiscal year.

9 **“SEC. 809. RESULTS OF DEMONSTRATION PROJECTS.**

10 “The Secretary shall provide for the dissemination to  
11 Indian tribes of the findings and results of demonstration  
12 projects conducted under this Act.

13 **“SEC. 810. PROVISION OF SERVICES IN MONTANA.**

14 “(a) IN GENERAL.—The Secretary, acting through  
15 the Service, shall provide services and benefits for Indians  
16 in Montana in a manner consistent with the decision of  
17 the United States Court of Appeals for the Ninth Circuit  
18 in *McNabb for McNabb v. Bowen*, 829 F.2d 787 (9th Cir.  
19 1987).

20 “(b) RULE OF CONSTRUCTION.—The provisions of  
21 subsection (a) shall not be construed to be an expression  
22 of the sense of the Congress on the application of the deci-  
23 sion described in subsection (a) with respect to the provi-  
24 sion of services or benefits for Indians living in any State  
25 other than Montana.

1 **“SEC. 811. MORATORIUM.**

2       “During the period of the moratorium imposed by  
3 Public Law 100–446 on implementation of the final rule  
4 published in the Federal Register on September 16, 1987,  
5 by the Health Resources and Services Administration, re-  
6 lating to eligibility for the health care services of the Serv-  
7 ice, the Service shall provide services pursuant to the cri-  
8 teria for eligibility for such services that were in effect  
9 on September 15, 1987, subject to the provisions of sec-  
10 tions 806 and 807 until such time as new criteria gov-  
11 erning eligibility for services are developed in accordance  
12 with section 802.

13 **“SEC. 812. TRIBAL EMPLOYMENT.**

14       “For purposes of section 2(2) of the Act of July 5,  
15 1935 (49 Stat. 450, Chapter 372), an Indian tribe or trib-  
16 al organization carrying out a funding agreement under  
17 the Self-Determination and Education Assistance Act  
18 shall not be considered an employer.

19 **“SEC. 813. PRIME VENDOR.**

20       “For purposes of section 4 of Public Law 102–585  
21 (38 U.S.C. 812) Indian tribes and tribal organizations  
22 carrying out a grant, cooperative agreement, or funding  
23 agreement under the Indian Self-Determination and Edu-  
24 cation Assistance Act (25 U.S.C. 450 et seq.) shall be  
25 deemed to be an executive agency and part of the Service  
26 and, as such, may act as an ordering agent of the Service

1 and the employees of the tribe or tribal organization may  
 2 order supplies on behalf thereof on the same basis as em-  
 3 ployees of the Service.

4 **“SEC. 814. NATIONAL BI-PARTISAN COMMISSION ON INDIAN**  
 5 **HEALTH CARE ENTITLEMENT.**

6 “(a) **ESTABLISHMENT.**—There is hereby established  
 7 the National Bi-Partisan Indian Health Care Entitlement  
 8 Commission (referred to in this Act as the ‘Commission’).

9 “(b) **MEMBERSHIP.**—The Commission shall be com-  
 10 posed of 25 members, to be appointed as follows:

11 “(1) Ten members of Congress, of which—

12 “(A) three members shall be from the  
 13 House of Representatives and shall be ap-  
 14 pointed by the majority leader;

15 “(B) three members shall be from the  
 16 House of Representatives and shall be ap-  
 17 pointed by the minority leader;

18 “(C) two members shall be from the Sen-  
 19 ate and shall be appointed by the majority lead-  
 20 er; and

21 “(D) two members shall be from the Sen-  
 22 ate and shall be appointed by the minority lead-  
 23 er;

24 who shall each be members of the committees of  
 25 Congress that consider legislation affecting the pro-

1 vision of health care to Indians and who shall elect  
2 the chairperson and vice-chairperson of the Commis-  
3 sion.

4 “(2) Twelve individuals to be appointed by the  
5 members of the Commission appointed under para-  
6 graph (1), of which at least 1 shall be from each  
7 service area as currently designated by the Director  
8 of the Service, to be chosen from among 3 nominees  
9 from each such area as selected by the Indian tribes  
10 within the area, with due regard being given to the  
11 experience and expertise of the nominees in the pro-  
12 vision of health care to Indians and with due regard  
13 being given to a reasonable representation on the  
14 Commission of members who are familiar with var-  
15 ious health care delivery modes and who represent  
16 tribes of various size populations.

17 “(3) Three individuals shall be appointed by the  
18 Director of the Service from among individual who  
19 are knowledgeable about the provision of health care  
20 to Indians, at least 1 of whom shall be appointed  
21 from among 3 nominees from each program that is  
22 funded in whole or in part by the Service primarily  
23 or exclusively for the benefit of urban Indians.

24 All those persons appointed under paragraphs (2) and (3)  
25 shall be members of Federally recognized Indian tribes.

1 “(c) TERMS.—

2 “(1) IN GENERAL.—Members of the Commis-  
3 sion shall serve for the life of the Commission.

4 “(2) APPOINTMENT OF MEMBERS.—Members of  
5 the Commission shall be appointed under subsection  
6 (b)(1) not later than 90 days after the date of enact-  
7 ment of this Act, and the remaining members of the  
8 Commission shall be appointed not later than 60  
9 days after the date on which the members are ap-  
10 pointed under such subsection.

11 “(3) VACANCY.—A vacancy in the membership  
12 of the Commission shall be filled in the manner in  
13 which the original appointment was made.

14 “(d) DUTIES OF THE COMMISSION.—The Commis-  
15 sion shall carry out the following duties and functions:

16 “(1) Review and analyze the recommendations  
17 of the report of the study committee established  
18 under paragraph (3) to the Commission.

19 “(2) Make recommendations to Congress for  
20 providing health services for Indian persons as an  
21 entitlement, giving due regard to the effects of such  
22 a programs on existing health care delivery systems  
23 for Indian persons and the effect of such programs  
24 on the sovereign status of Indian tribes;

1           “(3) Establish a study committee to be com-  
2           posed of those members of the Commission ap-  
3           pointed by the Director of the Service and at least  
4           4 additional members of Congress from among the  
5           members of the Commission which shall—

6                   “(A) to the extent necessary to carry out  
7                   its duties, collect and compile data necessary to  
8                   understand the extent of Indian needs with re-  
9                   gard to the provision of health services, regard-  
10                  less of the location of Indians, including holding  
11                  hearings and soliciting the views of Indians, In-  
12                  dian tribes, tribal organizations and urban In-  
13                  dian organizations, and which may include au-  
14                  thorizing and funding feasibility studies of var-  
15                  ious models for providing and funding health  
16                  services for all Indian beneficiaries including  
17                  those who live outside of a reservation, tempo-  
18                  rarily or permanently;

19                  “(B) make recommendations to the Com-  
20                  mission for legislation that will provide for the  
21                  delivery of health services for Indians as an en-  
22                  titlement, which shall, at a minimum, address  
23                  issues of eligibility, benefits to be provided, in-  
24                  cluding recommendations regarding from whom  
25                  such health services are to be provided, and the

1 cost, including mechanisms for funding of the  
2 health services to be provided;

3 “(C) determine the effect of the enactment  
4 of such recommendations on the existing system  
5 of the delivery of health services for Indians;

6 “(D) determine the effect of a health serv-  
7 ices entitlement program for Indian persons on  
8 the sovereign status of Indian tribes;

9 “(E) not later than 12 months after the  
10 appointment of all members of the Commission,  
11 make a written report of its findings and rec-  
12 ommendations to the Commission, which report  
13 shall include a statement of the minority and  
14 majority position of the committee and which  
15 shall be disseminated, at a minimum, to each  
16 federally recognized Indian tribe, tribal organi-  
17 zation and urban Indian organization for com-  
18 ment to the Commission; and

19 “(F) report regularly to the full Commis-  
20 sion regarding the findings and recommenda-  
21 tions developed by the committee in the course  
22 of carrying out its duties under this section.

23 “(4) Not later than 18 months after the date  
24 of appointment of all members of the Commission,  
25 submit a written report to Congress containing a

1 recommendation of policies and legislation to imple-  
2 ment a policy that would establish a health care sys-  
3 tem for Indians based on the delivery of health serv-  
4 ices as an entitlement, together with a determination  
5 of the implications of such an entitlement system on  
6 existing health care delivery systems for Indians and  
7 on the sovereign status of Indian tribes.

8 “(e) ADMINISTRATIVE PROVISIONS.—

9 “(1) COMPENSATION AND EXPENSES.—

10 “(A) CONGRESSIONAL MEMBERS.—Each  
11 member of the Commission appointed under  
12 subsection (b)(1) shall receive no additional  
13 pay, allowances, or benefits by reason of their  
14 service on the Commission and shall receive  
15 travel expenses and per diem in lieu of subsist-  
16 ence in accordance with sections 5702 and 5703  
17 of title 5, United States Code.

18 “(B) OTHER MEMBERS.—The members of  
19 the Commission appointed under paragraphs  
20 (2) and (3) of subsection (b), while serving on  
21 the business of the Commission (including trav-  
22 el time) shall be entitled to receive compensa-  
23 tion at the per diem equivalent of the rate pro-  
24 vided for level IV of the Executive Schedule  
25 under section 5315 of title 5, United States



1 Code, and while so serving away from home and  
2 the member's regular place of business, be al-  
3 lowed travel expenses, as authorized by the  
4 chairperson of the Commission. For purposes of  
5 pay (other than pay of members of the Commis-  
6 sion) and employment benefits, rights, and  
7 privileges, all personnel of the Commission shall  
8 be treated as if they were employees of the  
9 United States Senate.

10 ~~“(2) MEETINGS AND QUORUM.—~~

11 ~~“(A) MEETINGS.—The Commission shall~~  
12 ~~meet at the call of the chairperson.~~

13 ~~“(B) QUORUM.—A quorum of the Commis-~~  
14 ~~sion shall consist of not less than 15 members,~~  
15 ~~of which not less than 6 of such members shall~~  
16 ~~be appointees under subsection (b)(1) and not~~  
17 ~~less than 9 of such members shall be Indians.~~

18 ~~“(3) DIRECTOR AND STAFF.—~~

19 ~~“(A) EXECUTIVE DIRECTOR.—The mem-~~  
20 ~~bers of the Commission shall appoint an execu-~~  
21 ~~tive director of the Commission. The executive~~  
22 ~~director shall be paid the rate of basic pay~~  
23 ~~equal to that for level V of the Executive Sched-~~  
24 ~~ule.~~

1           “(B) STAFF.—With the approval of the  
2 Commission, the executive director may appoint  
3 such personnel as the executive director deems  
4 appropriate.

5           “(C) APPLICABILITY OF CIVIL SERVICE  
6 LAWS.—The staff of the Commission shall be  
7 appointed without regard to the provisions of  
8 title 5, United States Code, governing appoint-  
9 ments in the competitive service, and shall be  
10 paid without regard to the provisions of chapter  
11 51 and subchapter III of chapter 53 of such  
12 title (relating to classification and General  
13 Schedule pay rates).

14           “(D) EXPERTS AND CONSULTANTS.—With  
15 the approval of the Commission, the executive  
16 director may procure temporary and intermit-  
17 tent services under section 3109(b) of title 5,  
18 United States Code.

19           “(E) FACILITIES.—The Administrator of  
20 the General Services Administration shall locate  
21 suitable office space for the operation of the  
22 Commission. The facilities shall serve as the  
23 headquarters of the Commission and shall in-  
24 clude all necessary equipment and incidentals

1           required for the proper functioning of the Com-  
2           mission.

3           “(f) POWERS.—

4           “(1) HEARINGS AND OTHER ACTIVITIES.—For  
5           the purpose of carrying out its duties, the Commis-  
6           sion may hold such hearings and undertake such  
7           other activities as the Commission determines to be  
8           necessary to carry out its duties, except that at least  
9           6 regional hearings shall be held in different areas  
10          of the United States in which large numbers of Indi-  
11          ans are present. Such hearings shall be held to so-  
12          licit the views of Indians regarding the delivery of  
13          health care services to them. To constitute a hearing  
14          under this paragraph, at least 5 members of the  
15          Commission, including at least 1 member of Con-  
16          gress, must be present. Hearings held by the study  
17          committee established under this section may be  
18          counted towards the number of regional hearings re-  
19          quired by this paragraph.

20          “(2) STUDIES BY GAO.—Upon request of the  
21          Commission, the Comptroller General shall conduct  
22          such studies or investigations as the Commission de-  
23          termines to be necessary to carry out its duties.

24          “(3) COST ESTIMATES.—

1           “(A) IN GENERAL.—The Director of the  
2           Congressional Budget Office or the Chief Actu-  
3           ary of the Health Care Financing Administra-  
4           tion, or both, shall provide to the Commission,  
5           upon the request of the Commission, such cost  
6           estimates as the Commission determines to be  
7           necessary to carry out its duties.

8           “(B) REIMBURSEMENTS.—The Commis-  
9           sion shall reimburse the Director of the Con-  
10          gressional Budget Office for expenses relating  
11          to the employment in the office of the Director  
12          of such additional staff as may be necessary for  
13          the Director to comply with requests by the  
14          Commission under subparagraph (A).

15          “(4) DETAIL OF FEDERAL EMPLOYEES.—Upon  
16          the request of the Commission, the head of any Fed-  
17          eral Agency is authorized to detail, without reim-  
18          bursement, any of the personnel of such agency to  
19          the Commission to assist the Commission in car-  
20          rying out its duties. Any such detail shall not inter-  
21          rupt or otherwise affect the civil service status or  
22          privileges of the Federal employee.

23          “(5) TECHNICAL ASSISTANCE.—Upon the re-  
24          quest of the Commission, the head of a Federal  
25          Agency shall provide such technical assistance to the

1 Commission as the Commission determines to be  
2 necessary to carry out its duties.

3 “(6) USE OF MAILES.—The Commission may use  
4 the United States mails in the same manner and  
5 under the same conditions as Federal Agencies and  
6 shall, for purposes of the frank, be considered a  
7 commission of Congress as described in section 3215  
8 of title 39, United States Code.

9 “(7) OBTAINING INFORMATION.—The Commis-  
10 sion may secure directly from the any Federal Agen-  
11 ey information necessary to enable it to carry out its  
12 duties, if the information may be disclosed under  
13 section 552 of title 4, United States Code. Upon re-  
14 quest of the chairperson of the Commission, the  
15 head of such agency shall furnish such information  
16 to the Commission.

17 “(8) SUPPORT SERVICES.—Upon the request of  
18 the Commission, the Administrator of General Serv-  
19 ices shall provide to the Commission on a reimburs-  
20 able basis such administrative support services as  
21 the Commission may request.

22 “(9) PRINTING.—For purposes of costs relating  
23 to printing and binding, including the cost of per-  
24 sonnel detailed from the Government Printing Of-

1       fee, the Commission shall be deemed to be a com-  
2       mittee of the Congress.

3       “(g) **AUTHORIZATION OF APPROPRIATIONS.**—There  
4 is authorized to be appropriated \$4,000,000 to carry out  
5 this section. The amount appropriated under this sub-  
6 section shall not be deducted from or affect any other ap-  
7 propriation for health care for Indian persons.

8       **“SEC. 815. APPROPRIATIONS; AVAILABILITY.**

9       “Any new spending authority (described in subsection  
10 (c)(2)(A) or (B) of section 401 of the Congressional Budg-  
11 et Act of 1974) which is provided under this Act shall  
12 be effective for any fiscal year only to such extent or in  
13 such amounts as are provided in appropriation Acts.

14       **“SEC. 816. AUTHORIZATION OF APPROPRIATIONS.**

15       “There is authorized to be appropriated such sums  
16 as may be necessary for each fiscal year through fiscal  
17 year 2015 to carry out this title.”.

18       **TITLE II—CONFORMING AMEND-**  
19       **MENTS TO THE SOCIAL SECU-**  
20       **RITY ACT**

21               **Subtitle A—Medicare**

22       **SEC. 201. LIMITATIONS ON CHARGES.**

23       Section 1866(a)(1) of the Social Security Act (42  
24 U.S.C. 1395cc(a)(1)) is amended—

1           (1) in subparagraph (R), by striking “and” at  
2           the end;

3           (2) in subparagraph (S), by striking the period  
4           and inserting “, and”; and

5           (3) by adding at the end the following:

6           “(T) in the case of hospitals and critical access  
7           hospitals which provide inpatient hospital services  
8           for which payment may be made under this title, to  
9           accept as payment in full for services that are cov-  
10          ered under and furnished to an individual eligible for  
11          the contract health services program operated by the  
12          Indian Health Service, by an Indian tribe or tribal  
13          organization, or furnished to an urban Indian eligi-  
14          ble for health services purchased by an urban Indian  
15          organization (as those terms are defined in section  
16          4 of the Indian Health Care Improvement Act), in  
17          accordance with such admission practices and such  
18          payment methodology and amounts as are prescribed  
19          under regulations issued by the Secretary.”.

20 **SEC. 202. QUALIFIED INDIAN HEALTH PROGRAM.**

21           Title XVIII of the Social Security Act (42 U.S.C.  
22 1395 et seq.) is amended by inserting after section 1880  
23 the following:

24           “QUALIFIED INDIAN HEALTH PROGRAM

25           “SEC. 1880A. (a) DEFINITION OF QUALIFIED IN-  
26 DIAN HEALTH PROGRAM.—In this section:

1           “(1) IN GENERAL.—The term ‘qualified Indian  
2 health program’ means a health program operated  
3 by—

4                   “(A) the Indian Health Service;

5                   “(B) an Indian tribe or tribal organization  
6 or an urban Indian organization (as those  
7 terms are defined in section 4 of the Indian  
8 Health Care Improvement Act) and which is  
9 funded in whole or part by the Indian Health  
10 Service under the Indian Self Determination  
11 and Education Assistance Act; or

12                   “(C) an urban Indian organization (as so  
13 defined) and which is funded in whole or in  
14 part under title V of the Indian Health Care  
15 Improvement Act.

16           “(2) INCLUDED PROGRAMS AND ENTITIES.—  
17 Such term may include 1 or more hospital, nursing  
18 home, home health program, clinic, ambulance serv-  
19 ice or other health program that provides a service  
20 for which payments may be made under this title  
21 and which is covered in the cost report submitted  
22 under this title or title XIX for the qualified Indian  
23 health program.

24           “(b) ELIGIBILITY FOR PAYMENTS.—A qualified In-  
25 dian health program shall be eligible for payments under



1 this title, notwithstanding sections 1814(c) and 1835(d),  
2 if and for so long as the program meets all the conditions  
3 and requirements set forth in this section.

4 “(c) DETERMINATION OF PAYMENTS.—

5 “(1) IN GENERAL.—Notwithstanding any other  
6 provision in the law, a qualified Indian health pro-  
7 gram shall be entitled to receive payment based on  
8 an all-inclusive rate which shall be calculated to pro-  
9 vide full cost recovery for the cost of furnishing serv-  
10 ices provided under this section.

11 “(2) DEFINITION OF FULL COST RECOVERY.—

12 “(A) IN GENERAL.—Subject to subpara-  
13 graph (B), in this section, the term ‘full cost re-  
14 covery’ means the sum of—

15 “(i) the direct costs, which are reason-  
16 able, adequate and related to the cost of  
17 furnishing such services, taking into ac-  
18 count the unique nature, location, and  
19 service population of the qualified Indian  
20 health program, and which shall include di-  
21 rect program, administrative, and overhead  
22 costs, without regard to the customary or  
23 other charge or any fee schedule that  
24 would otherwise be applicable; and

1           “(ii) indirect costs which, in the case  
2           of a qualified Indian health program—

3                   “(I) for which an indirect cost  
4                   rate (as that term is defined in sec-  
5                   tion 4(g) of the Indian Self-Deter-  
6                   mination and Education Assistance  
7                   Act) has been established; shall be not  
8                   less than an amount determined on  
9                   the basis of the indirect cost rate; or

10                   “(II) for which no such rate has  
11                   been established; shall be not less  
12                   than the administrative costs specifi-  
13                   cally associated with the delivery of  
14                   the services being provided.

15           “(B) LIMITATION.—Notwithstanding any  
16           other provision of law, the amount determined  
17           to be payable as full cost recovery may not be  
18           reduced for co-insurance, co-payments, or  
19           deductibles when the service was provided to an  
20           Indian entitled under Federal law to receive the  
21           service from the Indian Health Service, an In-  
22           dian tribe or tribal organization, or an urban  
23           Indian organization or because of any limita-  
24           tions on payment provided for in any managed  
25           care plan.

1           “(3) **OUTSTATIONING COSTS.**—In addition to  
2 full cost recovery, a qualified Indian health program  
3 shall be entitled to reasonable outstationing costs,  
4 which shall include all administrative costs associ-  
5 ated with outreach and acceptance of eligibility ap-  
6 plications for any Federal or State health program  
7 including the programs established under this title,  
8 title XIX, and XXI.

9           “(4) **DETERMINATION OF ALL-INCLUSIVE EN-**  
10 **COUNTER OR PER DIEM AMOUNT.**—

11           “(A) **IN GENERAL.**—Costs identified for  
12 services addressed in a cost report submitted by  
13 a qualified Indian health program shall be used  
14 to determine an all-inclusive encounter or per  
15 diem payment amount for such services.

16           “(B) **NO SINGLE REPORT REQUIRE-**  
17 **MENT.**—Not all qualified Indian health pro-  
18 grams provided or administered by the Indian  
19 Health Service, an Indian tribe or tribal organi-  
20 zation, or an urban Indian organization need be  
21 combined into a single cost report.

22           “(C) **PAYMENT FOR ITEMS NOT COVERED**  
23 **BY A COST REPORT.**—A full cost recovery pay-  
24 ment for services not covered by a cost report

1           shall be made on a fee-for-service, encounter, or  
2           per diem basis.

3           ~~“(5) OPTIONAL DETERMINATION.—~~The full  
4           cost recovery rate provided for in paragraphs ~~(1)~~  
5           through ~~(3)~~ may be determined, at the election of  
6           the qualified Indian health program, by the Health  
7           Care Financing Administration or by the State  
8           agency responsible for administering the State plan  
9           under title ~~XIX~~ and shall be valid for reimburse-  
10          ments made under this title, title ~~XIX~~, and title  
11          ~~XXI~~. The costs described in paragraph ~~(2)(A)~~ shall  
12          be calculated under whatever methodology yields the  
13          greatest aggregate payment for the cost reporting  
14          period, provided that such methodology shall be ad-  
15          justed to include adjustments to such payment to  
16          take into account for those qualified Indian health  
17          programs that include hospitals—

18                   ~~“(A) a significant decrease in discharges;~~

19                   ~~“(B) costs for graduate medical education~~  
20                   ~~programs;~~

21                   ~~“(C) additional payment as a dispropor-~~  
22                   ~~tionate share hospital with a payment adjust-~~  
23                   ~~ment factor of 10; and~~

24                   ~~“(D) payment for outlier cases.~~

1           “(6) ELECTION OF PAYMENT.—A qualified In-  
 2           dian health program may elect to receive payment  
 3           for services provided under this section—

4                   “(A) on the full cost recovery basis pro-  
 5                   vided in paragraphs (1) through (5);

6                   “(B) on the basis of the inpatient or out-  
 7                   patient encounter rates established for Indian  
 8                   Health Service facilities and published annually  
 9                   in the Federal Register;

10                  “(C) on the same basis as other providers  
 11                  are reimbursed under this title, provided that  
 12                  the amounts determined under paragraph  
 13                  (c)(2)(B) shall be added to any such amount;

14                  “(D) on the basis of any other rate or  
 15                  methodology applicable to the Indian Health  
 16                  Service or an Indian tribe or tribal organiza-  
 17                  tion; or

18                  “(E) on the basis of any rate or method-  
 19                  ology negotiated with the agency responsible for  
 20                  making payment.

21           “(d) ELECTION OF REIMBURSEMENT FOR OTHER  
 22           SERVICES.—

23                   “(1) IN GENERAL.—A qualified Indian health  
 24                   program may elect to be reimbursed for any service  
 25                   the Indian Health Service, an Indian tribe or tribal

1 organization, or an urban Indian organization may  
2 be reimbursed for under section 1880 and section  
3 1911.

4 “(2) OPTION TO INCLUDE ADDITIONAL SERV-  
5 ICES.—An election under paragraph (1) may in-  
6 clude, at the election of the qualified Indian health  
7 program—

8 “(A) any service when furnished by an em-  
9 ployee of the qualified Indian health program  
10 who is licensed or certified to perform such a  
11 service to the same extent that such service  
12 would be reimbursable if performed by a physi-  
13 cian and any service or supplies furnished as in-  
14 cident to a physician’s service as would other-  
15 wise be covered if furnished by a physician or  
16 as an incident to a physician’s service;

17 “(B) screening, diagnostic, and therapeutic  
18 outpatient services including part-time or inter-  
19 mittent screening, diagnostic, and therapeutic  
20 skilled nursing care and related medical sup-  
21 plies (other than drugs and biologicals), fur-  
22 nished by an employee of the qualified Indian  
23 health program who is licensed or certified to  
24 perform such a service for an individual in the  
25 individual’s home or in a community health set-

1           ting under a written plan of treatment estab-  
2           lished and periodically reviewed by a physician;  
3           when furnished to an individual as an out-  
4           patient of a qualified Indian health program;

5           “(C) preventive primary health services as  
6           described under section 330 of the Public  
7           Health Service Act, when provided by an em-  
8           ployee of the qualified Indian health program  
9           who is licensed or certified to perform such a  
10          service, regardless of the location in which the  
11          service is provided;

12          “(D) with respect to services for children,  
13          all services specified as part of the State plan  
14          under title XIX, the State child health plan  
15          under title XXI, and early and periodic screen-  
16          ing, diagnostic, and treatment services as de-  
17          scribed in section 1905(r);

18          “(E) influenza and pneumococcal immuni-  
19          zations;

20          “(F) other immunizations for prevention of  
21          communicable diseases when targeted; and

22          “(G) the cost of transportation for pro-  
23          viders or patients necessary to facilitate access  
24          for patients.”.

## Subtitle B—Medicaid

### SEC. 211. STATE CONSULTATION WITH INDIAN HEALTH PROGRAMS.

Section 1902(a) of the Social Security Act (42 U.S.C. 1396a(a)) is amended—

(1) in paragraph (64), by striking “and” at the end;

(2) in paragraph (65), by striking the period and inserting “; and”; and

(3) by inserting after paragraph (65), the following:

“(66) if the Indian Health Service operates or funds health programs in the State or if there are Indian tribes or tribal organizations or urban Indian organizations (as those terms are defined in Section 4 of the Indian Health Care Improvement Act) present in the State, provide for meaningful consultation with such entities prior to the submission of, and as a precondition of approval of, any proposed amendment, waiver, demonstration project, or other request that would have the effect of changing any aspect of the State’s administration of the State plan under this title, so long as—

“(A) the term ‘meaningful consultation’ is defined through the negotiated rulemaking



1 process provided for under section 802 of the In-  
2 dian Health Care Improvement Act; and

3 “(B) such consultation is carried out in  
4 collaboration with the Indian Medicaid Advisory  
5 Committee established under section 415(a)(3)  
6 of that Act.”.

7 **SEC. 212. FMAP FOR SERVICES PROVIDED BY INDIAN**  
8 **HEALTH PROGRAMS.**

9 The third sentence of Section 1905(b) of the Social  
10 Security Act (42 U.S.C. 1396d(b)) is amended to read as  
11 follows:

12 “Notwithstanding the first sentence of this section, the  
13 Federal medical assistance percentage shall be 100 per  
14 cent with respect to amounts expended as medical assist-  
15 ance for services which are received through the Indian  
16 Health Service, an Indian tribe or tribal organization, or  
17 an urban Indian organization (as defined in section 4 of  
18 the Indian Health Care Improvement Act) under section  
19 1911, whether directly, by referral, or under contracts or  
20 other arrangements between the Indian Health Service,  
21 Indian tribe or tribal organization, or urban Indian orga-  
22 nization and another health provider.”.

23 **SEC. 213. INDIAN HEALTH SERVICE PROGRAMS.**

24 Section 1911 of the Social Security Act (42 U.S.C.  
25 1396j) is amended to read as follows:

## 1                   “INDIAN HEALTH SERVICE PROGRAMS

2           “SEC. 1911. (a) IN GENERAL.—The Indian Health  
3 Service, an Indian tribe or tribal organization, or an urban  
4 Indian organization (as those terms are defined in section  
5 4 of the Indian Health Care Improvement Act), shall be  
6 eligible for reimbursement for medical assistance provided  
7 under a State plan by such entities if and for so long as  
8 the Service, Indian tribe or tribal organization, or urban  
9 Indian organization provides services or provider types of  
10 a type otherwise covered under the State plan and meets  
11 the conditions and requirements which are applicable gen-  
12 erally to the service for which it seeks reimbursement  
13 under this title and for services provided by a qualified  
14 Indian health program under section 1880A.

15           “(b) PERIOD FOR BILLING.—Notwithstanding sub-  
16 section (a), if the Indian Health Service, an Indian tribe  
17 or tribal organization, or an urban Indian organization  
18 which provides services of a type otherwise covered under  
19 the State plan does not meet all of the conditions and re-  
20 quirements of this title which are applicable generally to  
21 such services submits to the Secretary within 6 months  
22 after the date on which such reimbursement is first sought  
23 an acceptable plan for achieving compliance with such con-  
24 ditions and requirements, the Service, an Indian tribe or  
25 tribal organization, or urban Indian organization shall be

1 deemed to meet such conditions and requirements (and to  
 2 be eligible for reimbursement under this title), without re-  
 3 gard to the extent of actual compliance with such condi-  
 4 tions and requirements during the first 12 months after  
 5 the month in which such plan is submitted.

6 “(e) **AUTHORITY TO ENTER INTO AGREEMENTS.**—  
 7 The Secretary may enter into agreements with the State  
 8 agency for the purpose of reimbursing such agency for  
 9 health care and services provided by the Indian Health  
 10 Service, Indian tribes or tribal organizations, or urban In-  
 11 dian organizations, directly, through referral, or under  
 12 contracts or other arrangements between the Indian  
 13 Health Service, an Indian tribe or tribal organization, or  
 14 an urban Indian organization and another health care pro-  
 15 vider to Indians who are eligible for medical assistance  
 16 under the State plan.”.

17 **Subtitle C—State Children’s Health**  
 18 **Insurance Program**

19 **SEC. 221. ENHANCED FMAP FOR STATE CHILDREN’S**  
 20 **HEALTH INSURANCE PROGRAM.**

21 (a) **IN GENERAL.**—Section 2105(b) of the Social Se-  
 22 curity Act (42 U.S.C. 1397cc(b)) is amended—

23 (1) by striking “For purposes” and inserting  
 24 the following:

1           ~~“(1) IN GENERAL.—Subject to paragraph (2),~~  
2           ~~for purposes”;~~ and

3           ~~(2) by adding at the end the following:~~

4           ~~“(2) SERVICES PROVIDED BY INDIAN PRO-~~  
5           ~~GRAMS.—Without regard to which option a State~~  
6           ~~chooses under section 2101(a), the ‘enhanced~~  
7           ~~FMAP’ for a State for a fiscal year shall be 100 per~~  
8           ~~cent with respect to expenditures for child health as-~~  
9           ~~sistance for services provided through a health pro-~~  
10           ~~gram operated by the Indian Health Service, an In-~~  
11           ~~dian tribe or tribal organization, or an urban Indian~~  
12           ~~organization (as such terms are defined in section 4~~  
13           ~~of the Indian Health Care Improvement Act).”.~~

14           ~~(b) CONFORMING AMENDMENT.—Section~~  
15           ~~2105(e)(6)(B) of such Act (42 U.S.C. 1397ee(e)(6)(B))~~  
16           ~~is amended by inserting “an Indian tribe or tribal organi-~~  
17           ~~zation, or an urban Indian organization (as such terms~~  
18           ~~are defined in section 4 of the Indian Health Care Im-~~  
19           ~~provement Act),” after “Service,”.~~

20   **SEC. 222. DIRECT FUNDING OF STATE CHILDREN’S HEALTH**  
21           **INSURANCE PROGRAM.**

22           Title XXI of Social Security Act (42 U.S.C. 1397aa  
23           et seq.) is amended by adding at the end the following:

1 **“SEC. 2111. DIRECT FUNDING OF INDIAN HEALTH PRO-**  
2 **GRAMS.**

3 “(a) IN GENERAL.—The Secretary may enter into  
4 agreements directly with the Indian Health Service, an In-  
5 dian tribe or tribal organization, or an urban Indian orga-  
6 nization (as such terms are defined in section 4 of the  
7 Indian Health Care Improvement Act) for such entities  
8 to provide child health assistance to Indians who reside  
9 in a service area on or near an Indian reservation. Such  
10 agreements may provide for funding under a block grant  
11 or such other mechanism as is agreed upon by the Sec-  
12 retary and the Indian Health Service, Indian tribe or trib-  
13 al organization, or urban Indian organization. Such agree-  
14 ments may not be made contingent on the approval of the  
15 State in which the Indians to be served reside.

16 “(b) TRANSFER OF FUNDS.—Notwithstanding any  
17 other provision of law, a State may transfer funds to  
18 which it is, or would otherwise be, entitled to under this  
19 title to the Indian Health Service, an Indian tribe or tribal  
20 organization or an urban Indian organization—

21 “(1) to be administered by such entity to  
22 achieve the purposes and objectives of this title  
23 under an agreement between the State and the enti-  
24 ty; or

1           “~~(2)~~ under an agreement entered into under  
2           subsection (a) between the entity and the Sec-  
3           retary.”.

4           **Subtitle D—Authorization of**  
5           **Appropriations**

6           **SEC. 231. AUTHORIZATION OF APPROPRIATIONS.**

7           There is authorized to be appropriated such sums as  
8           may be necessary for each of fiscal years 2004 through  
9           2015 to carry out this title and the amendments by this  
10          title.

11          **TITLE III—MISCELLANEOUS**  
12          **PROVISIONS**

13          **SEC. 301. REPEALS.**

14          The following are repealed:

15                 ~~(1)~~ Section 506 of Public Law 101-630 ~~(25~~  
16                 U.S.C. 1653 note) is repealed.

17                 ~~(2)~~ Section 712 of the Indian Health Care  
18                 Amendments of 1988 is repealed.

19          **SEC. 302. SEVERABILITY PROVISIONS.**

20          If any provision of this Act, any amendment made  
21          by the Act, or the application of such provision or amend-  
22          ment to any person or circumstances is held to be invalid,  
23          the remainder of this Act, the remaining amendments  
24          made by this Act, and the application of such provisions

1 to persons or circumstances other than those to which it  
 2 is held invalid, shall not be affected thereby.

3 **SEC. 303. EFFECTIVE DATE.**

4 This Act and the amendments made by this Act take  
 5 effect on October 1, 2003.

6 **SECTION 1. SHORT TITLE.**

7 This Act may be cited as the “Indian Health Care Im-  
 8 provement Act Amendments of 2004”.

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

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

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

15 “(a) *SHORT TITLE.*—This Act may be cited as the ‘In-  
 16 dian Health Care Improvement Act’.

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

*Sec. 1. Short title.*

*Sec. 2. Indian Health Care Improvement Act amended.*

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

*“Sec. 2. Findings.*

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

*“Sec. 4. Definitions.*

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

*“Sec. 101. Purpose.*

*“Sec. 102. Health Professions Recruitment Program for Indians.*

*“Sec. 103. Health Professions Preparatory Scholarship Program for Indians.*

*“Sec. 104. Indian health professions scholarships.*

*“Sec. 105. American Indians into psychology program.*

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

- “Sec. 107. *Indian Health Service extern programs.*
- “Sec. 108. *Continuing education allowances.*
- “Sec. 109. *Community Health Representative Program.*
- “Sec. 110. *Indian Health Service Loan Repayment Program.*
- “Sec. 111. *Scholarship and loan repayment recovery fund.*
- “Sec. 112. *Recruitment activities.*
- “Sec. 113. *Indian recruitment and retention program.*
- “Sec. 114. *Advanced training and research.*
- “Sec. 115. *Quentin N. Burdick American Indians into nursing program.*
- “Sec. 116. *Tribal cultural orientation.*
- “Sec. 117. *Inmed program.*
- “Sec. 118. *Health training programs of community colleges.*
- “Sec. 119. *Retention bonus.*
- “Sec. 120. *Nursing residency program.*
- “Sec. 121. *Community Health Aide Program for Alaska.*
- “Sec. 122. *Tribal health program administration.*
- “Sec. 123. *Health professional chronic shortage demonstration programs.*
- “Sec. 124. *Treatment of scholarships for certain purposes.*
- “Sec. 125. *National Health Service Corps.*
- “Sec. 126. *Substance abuse counselor educational curricula demonstration programs.*
- “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 for long-term care.*
- “Sec. 206. *Health services research.*
- “Sec. 207. *Mammography and other cancer screening.*
- “Sec. 208. *Patient travel costs.*
- “Sec. 209. *Epidemiology centers.*
- “Sec. 210. *Comprehensive health education programs.*
- “Sec. 211. *Indian Youth Program.*
- “Sec. 212. *Prevention, control, and elimination of communicable and infectious diseases.*
- “Sec. 213. *Authority for provision of other services.*
- “Sec. 214. *Indian women’s health care.*
- “Sec. 215. *Environmental and nuclear health hazards.*
- “Sec. 216. *Arizona as a contract health service delivery area.*
- “Sec. 216A. *North Dakota as a contract health service delivery area.*
- “Sec. 216B. *South Dakota as a contract health service delivery area.*
- “Sec. 217. *California contract health services program.*
- “Sec. 218. *California as a contract health service delivery area.*
- “Sec. 219. *Contract health services for the Trenton Service Area.*
- “Sec. 220. *Programs operated by Indian Tribes and Tribal Organizations.*
- “Sec. 221. *Licensing or certification.*
- “Sec. 222. *Notification of provision of emergency contract health services.*
- “Sec. 223. *Prompt action on payment of claims.*
- “Sec. 224. *Liability for payment.*
- “Sec. 225. *Authorization of appropriations.*



“TITLE III—FACILITIES

- “Sec. 301. Consultation: construction and renovation of facilities; reports.
- “Sec. 302. Sanitation facilities.
- “Sec. 303. Preference to Indians and Indian firms.
- “Sec. 304. Expenditure of nonservice funds for renovation.
- “Sec. 305. Funding for the construction, expansion, and modernization of small ambulatory care facilities.
- “Sec. 306. Indian Health Care Delivery Demonstration Project.
- “Sec. 307. Land transfer.
- “Sec. 308. Leases, contracts, and other agreements.
- “Sec. 309. Study on loans, loan guarantees, and loan repayment.
- “Sec. 310. Tribal leasing.
- “Sec. 311. Indian Health Service/tribal facilities joint venture program.
- “Sec. 312. Location of facilities.
- “Sec. 313. Maintenance and improvement of health care facilities.
- “Sec. 314. Tribal management of federally owned quarters.
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“TITLE IV—ACCESS TO HEALTH SERVICES

- “Sec. 401. Treatment of payments under Social Security Act health care programs.
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- “Sec. 403. Reimbursement from certain third parties of costs of health services.
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- “Sec. 407. Payor of last resort.
- “Sec. 408. Nondiscrimination in qualifications for reimbursement for services.
- “Sec. 409. Consultation.
- “Sec. 410. State children’s health insurance program (SCHIP).
- “Sec. 411. Social Security Act sanctions.
- “Sec. 412. Cost sharing.
- “Sec. 413. Treatment under medicaid managed care.
- “Sec. 414. Navajo nation medicaid agency feasibility study.
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“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 property and supplies.*
- “Sec. 518. *Grants for diabetes prevention, treatment, and control.*
- “Sec. 519. *Community health representatives.*
- “Sec. 520. *Regulations.*
- “Sec. 521. *Eligibility for services.*
- “Sec. 522. *Authorization of appropriations.*

“TITLE VI—ORGANIZATIONAL IMPROVEMENTS

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

“TITLE VII—BEHAVIORAL HEALTH PROGRAMS

- “Sec. 701. *Behavioral health prevention and treatment services.*
- “Sec. 702. *Memoranda of agreement with the Department of the Interior.*
- “Sec. 703. *Comprehensive behavioral health prevention and treatment program.*
- “Sec. 704. *Mental health technician program.*
- “Sec. 705. *Licensing requirement for mental health care workers.*
- “Sec. 706. *Indian women treatment programs.*
- “Sec. 707. *Indian Youth Program.*
- “Sec. 708. *Inpatient and community-based mental health facilities design, construction, and staffing.*
- “Sec. 709. *Training and community education.*
- “Sec. 710. *Behavioral health program.*
- “Sec. 711. *Fetal alcohol disorder funding.*
- “Sec. 712. *Child sexual abuse and prevention treatment programs.*
- “Sec. 713. *Behavioral health research.*
- “Sec. 714. *Definitions.*
- “Sec. 715. *Authorization of appropriations.*

“TITLE VIII—MISCELLANEOUS

- “Sec. 801. *Reports.*
- “Sec. 802. *Regulations.*
- “Sec. 803. *Plan of implementation.*
- “Sec. 804. *Availability of funds.*
- “Sec. 805. *Limitation on use of funds appropriated to the Indian Health Service.*
- “Sec. 806. *Eligibility of California Indians.*
- “Sec. 807. *Health services for ineligible persons.*
- “Sec. 808. *Reallocation of base resources.*
- “Sec. 809. *Results of demonstration projects.*
- “Sec. 810. *Provision of services in Montana.*
- “Sec. 811. *Moratorium.*

*“Sec. 812. Tribal employment.*

*“Sec. 813. Prime vendor.*

*“Sec. 814. Severability provisions.*

*“Sec. 815. Establishment of National Bipartisan Commission on Indian Health Care Entitlement.*

*“Sec. 816. Appropriations; availability.*

*“Sec. 817. Confidentiality of medical quality assurance records: qualified immunity for participants.*

*“Sec. 818. Authorization of appropriations.*

*Sec. 3. Soboba sanitation facilities.*

*Sec. 4. Amendments to the medicaid and State children’s health insurance programs.*

1 **“SEC. 2. FINDINGS.**

2 *“Congress finds the following:*

3 *“(1) Federal delivery of health services and fund-*  
 4 *ing of Indian and Urban Indian Health Programs to*  
 5 *maintain and improve the health of Indians are con-*  
 6 *sonant with and required by the Federal Govern-*  
 7 *ment’s historical and unique legal relationship with*  
 8 *Indians, as reflected in the Constitution, treaties,*  
 9 *Federal statutes and the course of dealings of the*  
 10 *United States with Indian Tribes and the United*  
 11 *States’ resulting government-to-government relation-*  
 12 *ship with Indian Tribes and trust responsibilities*  
 13 *and obligations to Indians.*

14 *“(2) From the time of European occupation and*  
 15 *colonization through the 20th century, policies and*  
 16 *practices of the United States caused and/or contrib-*  
 17 *uted to the severe health conditions of Indians.*

18 *“(3) Through the cession of over 400,000,000*  
 19 *acres of land to the United States in exchange for*  
 20 *promises, often reflected in treaties, of health care, In-*

1        *dian Tribes have secured a de facto contract which*  
2        *entitles Indians to health care in perpetuity, based on*  
3        *the moral, legal, and historic obligation of the United*  
4        *States.*

5                *“(4) The population growth of Indians that*  
6        *began in the later part of the 20th century increases*  
7        *the need for Federal health care services.*

8                *“(5) A major national goal of the United States*  
9        *is to provide the quantity and quality of health serv-*  
10        *ices which will permit the health status of Indians re-*  
11        *gardless of where they live to be raised to the highest*  
12        *possible level that is no less than that of the general*  
13        *population and to provide for the maximum partici-*  
14        *pation of Indian Tribes, Tribal Organizations, and*  
15        *Urban Indian Organizations in the planning, deliv-*  
16        *ery and management of those health services.*

17                *“(6) Federal health services to Indians have re-*  
18        *sulted in a reduction in the prevalence and incidence*  
19        *of illnesses among, and unnecessary and premature*  
20        *deaths of, Indians.*

21                *“(7) Despite such services, the unmet health*  
22        *needs of Indians remain alarmingly severe and the*  
23        *health status of Indians is far below the health status*  
24        *of the general population of the United States.*

1           “(8) *The disparity to be addressed is formidable.*  
2           *For example, Indians suffer a death rate for diabetes*  
3           *mellitus that is 318 percent higher than the all races*  
4           *rate for the United States, a pneumonia and influ-*  
5           *enza death rate 52 percent greater, a tuberculosis*  
6           *death rate that is 650 percent greater, and a death*  
7           *rate from alcoholism that is 670 percent higher than*  
8           *that of the all races United States rate.*

9   **“SEC. 3. DECLARATION OF NATIONAL INDIAN HEALTH POL-**  
10                                    **ICY.**

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

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

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

21                            “*(3) to the greatest extent possible, to allow Indi-*  
22           *ans to set their own health care priorities and estab-*  
23           *lish goals that reflect their unmet needs;*

24                            “*(4) to increase the proportion of all degrees in*  
25           *the health professions and allied and associated health*

1        *professions awarded to Indians so that the proportion*  
2        *of Indian health professionals in each Service Area is*  
3        *raised to at least the level of that of the general popu-*  
4        *lation;*

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

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

14        **“SEC. 4. DEFINITIONS.**

15                *“For purposes of this Act:*

16                *“(1) The term ‘accredited and accessible’ means*  
17        *on or near a reservation and accredited by a national*  
18        *or regional organization with accrediting authority.*

19                *“(2) The term ‘Area Office’ means an adminis-*  
20        *trative entity including a program office, within the*  
21        *Service through which services and funds are pro-*  
22        *vided to the Service Units within a defined geo-*  
23        *graphic area.*

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

1           “(4) The term ‘behavioral health’ means the  
2           blending of substance (alcohol, drugs, inhalants, and  
3           tobacco) abuse and mental illness prevention and  
4           treatment, for the purpose of providing comprehensive  
5           services. This definition can include the joint develop-  
6           ment of substance abuse and mental illness treatment  
7           planning and coordinated case management using a  
8           multidisciplinary approach.

9           “(5) The term ‘California Indians’ shall mean  
10          those Indians who are eligible for health services of  
11          the Service pursuant to section 806.

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

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

14               “(B) a junior or community college.

15          “(7) The term ‘contract health service’ means  
16          health services provided at the expense of the Service  
17          or a Tribal Health Program by public or private  
18          medical providers or hospitals, other than the Service  
19          Unit or the Tribal Health Program at whose expense  
20          the services are provided.

21          “(8) The term ‘Department’ means, unless other-  
22          wise designated, the Department of Health and  
23          Human Services.

24          “(9) The term ‘disease prevention’ means the re-  
25          duction, limitation, and prevention of disease and its

1 complications and reduction in the consequences of  
2 disease, including—

3 “(A) controlling—

4 “(i) development of diabetes;

5 “(ii) high blood pressure;

6 “(iii) infectious agents;

7 “(iv) injuries;

8 “(v) occupational hazards and disabil-  
9 ities;

10 “(vi) sexually transmittable diseases;

11 and

12 “(vii) toxic agents; and

13 “(B) providing—

14 “(i) fluoridation of water; and

15 “(ii) immunizations.

16 “(10) The term ‘fund’ or ‘funding’ means the  
17 transfer of moneys from the Department to any eligi-  
18 ble entity or individual under this Act by any legal  
19 means, including Funding Agreements, contracts,  
20 grants, memoranda of understanding, contracts pur-  
21 suant to section 23 of the Act of April 20, 1908 (25  
22 U.S.C. 47; commonly known as the ‘Buy Indian  
23 Act’), or otherwise. Any program administered as a  
24 grant program one day before the date of enactment  
25 may continue to be administered as a grant program.



1        *This definition does not otherwise modify grant pro-*  
2        *grams, except that upon request of the Indian Tribes*  
3        *or Tribal Organizations, discretionary grants and all*  
4        *categories of awarded nonrecurring funding shall be*  
5        *included in the Funding Agreement. Discretionary*  
6        *grant funds shall be governed by all the particular*  
7        *terms and conditions attached to such funds, unless*  
8        *waived by the Secretary. All particular terms and*  
9        *conditions attached to the discretionary grant funds*  
10       *must be shown in the Funding Agreement. The use of*  
11       *such grant funds shall be governed by the terms and*  
12       *conditions set forth in the Funding Agreement and*  
13       *not the substantive provisions of the Indian Self-De-*  
14       *termination and Education Assistance Act (25 U.S.C.*  
15       *450 et seq.).*

16                *“(11) The term ‘Funding Agreement’ means any*  
17        *agreement to transfer funds for the planning, conduct,*  
18        *and administration of programs, services, functions,*  
19        *and activities to Indian Tribes and Tribal Organiza-*  
20        *tions from the Secretary under the Indian Self-Deter-*  
21        *mination and Education Assistance Act (25 U.S.C.*  
22        *450 et seq.).*

23                *“(12) The term ‘health profession’ means*  
24        *allopathic medicine, family medicine, internal medi-*  
25        *cine, pediatrics, geriatric medicine, obstetrics and*

1        *gynecology, podiatric medicine, nursing, public health*  
2        *nursing, advanced practice nursing, dentistry, psychi-*  
3        *atry, osteopathy, optometry, pharmacy, psychology,*  
4        *public health, social work, marriage and family ther-*  
5        *apy, chiropractic medicine, environmental health and*  
6        *engineering, allied health professions, and any other*  
7        *health profession.*

8                “(13) *The term ‘health promotion’ means—*

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

15                        “(B) *encouraging adequate and appropriate*  
16                        *diet, exercise, and sleep;*

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

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

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

23                        “(F) *promoting adequate opportunity for*  
24                        *spiritual, religious, and Traditional Health Care*  
25                        *Practices; and*

- 1                   “(G) providing adequate and appropriate  
2                   programs, including, but not limited to—
- 3                   “(i) abuse prevention (mental and  
4                   physical);
- 5                   “(ii) community health;
- 6                   “(iii) community safety;
- 7                   “(iv) consumer health education;
- 8                   “(v) diet and nutrition;
- 9                   “(vi) immunization and other preven-  
10                  tion of communicable diseases, including  
11                  HIV/AIDS;
- 12                  “(vii) environmental health;
- 13                  “(viii) exercise and physical fitness;
- 14                  “(ix) avoidance of fetal alcohol dis-  
15                  orders;
- 16                  “(x) first aid and CPR education;
- 17                  “(xi) human growth and development;
- 18                  “(xii) injury prevention and personal  
19                  safety;
- 20                  “(xiii) behavioral health;
- 21                  “(xiv) monitoring of disease indicators  
22                  between health care provider visits, through  
23                  appropriate means, including Internet-  
24                  based health care management systems;

- 1                   “(xv) *personal health and wellness*  
2                   *practices;*
- 3                   “(xvi) *personal capacity building;*
- 4                   “(xvii) *prenatal, pregnancy, and in-*  
5                   *fant care;*
- 6                   “(xviii) *psychological well-being;*
- 7                   “(xix) *reproductive health and family*  
8                   *planning;*
- 9                   “(xx) *safe and adequate water;*
- 10                  “(xxi) *safe housing relative to elimi-*  
11                  *nating, reducing, or preventing contami-*  
12                  *nants which create unhealthy housing con-*  
13                  *ditions;*
- 14                  “(xxii) *safe work environments;*
- 15                  “(xxiii) *stress control;*
- 16                  “(xxiv) *substance abuse;*
- 17                  “(xxv) *sanitary facilities;*
- 18                  “(xxvi) *sudden infant death syndrome*  
19                  *prevention;*
- 20                  “(xxvii) *tobacco use cessation and re-*  
21                  *duction;*
- 22                  “(xxviii) *violence prevention; and*
- 23                  “(xxix) *such other activities identified*  
24                  *by the Service, a Tribal Health Program, or*  
25                  *an Urban Indian Organization, to promote*

1           *achievement of any of the objectives de-*  
2           *scribed in section 3(2).*

3           “(14) *The term ‘Indian’ has the meaning given*  
4           *the term in the Indian Self-Determination and Edu-*  
5           *cation Assistance Act (25 U.S.C. 450 et seq.).*

6           “(15) *The term ‘Indian Health Program’*  
7           *means—*

8           “(A) *any health program administered di-*  
9           *rectly by the Service;*

10          “(B) *any Tribal Health Program; or*

11          “(C) *any Indian Tribe or Tribal Organiza-*  
12          *tion to which the Secretary provides funding*  
13          *pursuant to section 23 of the Act of April 30,*  
14          *1908 (25 U.S.C. 47), commonly known as the*  
15          *‘Buy Indian Act’.*

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

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

22          “(18) *The term ‘reservation’ means any federally*  
23          *recognized Indian Tribe’s reservation, Pueblo, or col-*  
24          *ony, including former reservations in Oklahoma, In-*  
25          *dian allotments, and Alaska Native Regions estab-*

1        *lished pursuant to the Alaska Native Claims Settle-*  
2        *ment Act (25 U.S.C. 1601 et seq.).*

3            *“(19) The term ‘Secretary’, unless otherwise des-*  
4        *ignated, means the Secretary of Health and Human*  
5        *Services.*

6            *“(20) The term ‘Service’ means the Indian*  
7        *Health Service.*

8            *“(21) The term ‘Service Area’ means the geo-*  
9        *graphical area served by each Area Office.*

10           *“(22) The term ‘Service Unit’ means an admin-*  
11        *istrative entity of the Service, or a Tribal Health Pro-*  
12        *gram through which services are provided, directly or*  
13        *by contract, to eligible Indians within a defined geo-*  
14        *graphic area.*

15           *“(23) The term ‘telehealth’ has the meaning*  
16        *given the term in section 330K(a) of the Public*  
17        *Health Service Act (42 U.S.C. 254c–16(a)).*

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

1           “(25) *The term ‘Traditional Health Care Prac-*  
2           *tices’ means the application by Native healing practi-*  
3           *tioners of the Native healing sciences (as opposed or*  
4           *in contradistinction to Western healing sciences)*  
5           *which embody the influences or forces of innate Tribal*  
6           *discovery, history, description, explanation and*  
7           *knowledge of the states of wellness and illness and*  
8           *which call upon these influences or forces, including*  
9           *physical, mental, and spiritual forces in the pro-*  
10           *motion, restoration, preservation, and maintenance of*  
11           *health, well-being, and life’s harmony.*

12           “(26) *The term ‘tribal college or university’ has*  
13           *the meaning given the term in section 316(b)(3) of the*  
14           *Higher Education Act (20 U.S.C. 1059c(b)(3)).*

15           “(27) *The term ‘Tribal Health Program’ means*  
16           *an Indian Tribe or Tribal Organization that operates*  
17           *any health program, service, function, activity, or fa-*  
18           *cility funded, in whole or part, by the Service*  
19           *through, or provided for in, a Funding Agreement*  
20           *with the Service under the Indian Self-Determination*  
21           *and Education Assistance Act (25 U.S.C. 450 et seq.).*

22           “(28) *The term ‘Tribal Organization’ has the*  
23           *meaning given the term in the Indian Self-Deter-*  
24           *mination and Education Assistance Act (25 U.S.C.*  
25           *450 et seq.).*

1           “(29) *The term ‘Urban Center’ means any com-*  
2           *munity which has a sufficient Urban Indian popu-*  
3           *lation with unmet health needs to warrant assistance*  
4           *under title V of this Act, as determined by the Sec-*  
5           *retary.*

6           “(30) *The term ‘Urban Indian’ means any indi-*  
7           *vidual who resides in an Urban Center and who*  
8           *meets 1 or more of the following criteria:*

9                   “(A) *Irrespective of whether the individual*  
10           *lives on or near a reservation, the individual is*  
11           *a member of a tribe, band, or other organized*  
12           *group of Indians, including those tribes, bands,*  
13           *or groups terminated since 1940 and those tribes,*  
14           *bands, or groups that are recognized by the*  
15           *States in which they reside, or who is a descend-*  
16           *ant in the first or second degree of any such*  
17           *member.*

18                   “(B) *The individual is an Eskimo, Aleut, or*  
19           *other Alaskan Native.*

20                   “(C) *The individual is considered by the*  
21           *Secretary of the Interior to be an Indian for any*  
22           *purpose.*

23                   “(D) *The individual is determined to be an*  
24           *Indian under regulations promulgated by the*  
25           *Secretary.*



1           “(31) The term ‘Urban Indian Organization’  
 2           means a nonprofit corporate body that (A) is situated  
 3           in an Urban Center; (B) is governed by an Urban In-  
 4           dian-controlled board of directors; (C) provides for the  
 5           participation of all interested Indian groups and in-  
 6           dividuals; and (D) is capable of legally cooperating  
 7           with other public and private entities for the purpose  
 8           of performing the activities described in section  
 9           503(a).

10       **“TITLE I—INDIAN HEALTH,**  
 11       **HUMAN RESOURCES, AND DE-**  
 12       **VELOPMENT**

13       **“SEC. 101. PURPOSE.**

14           “The purpose of this title is to increase, to the max-  
 15           imum extent feasible, the number of Indians entering the  
 16           health professions and providing health services, and to as-  
 17           sure an optimum supply of health professionals to the In-  
 18           dian Health Programs and Urban Indian Organizations  
 19           involved in the provision of health services to Indians.

20       **“SEC. 102. HEALTH PROFESSIONS RECRUITMENT PROGRAM**  
 21       **FOR INDIANS.**

22           “(a) *IN GENERAL.*—The Secretary, acting through the  
 23           Service, shall make funds available to public or nonprofit  
 24           private health or educational entities, Tribal Health Pro-

1 *grams, or Urban Indian Organizations to assist such enti-*  
2 *ties in meeting the costs of—*

3           “(1) *identifying Indians with a potential for*  
4 *education or training in the health professions and*  
5 *encouraging and assisting them—*

6                   “(A) *to enroll in courses of study in such*  
7 *health professions; or*

8                   “(B) *if they are not qualified to enroll in*  
9 *any such courses of study, to undertake such*  
10 *postsecondary education or training as may be*  
11 *required to qualify them for enrollment;*

12           “(2) *publicizing existing sources of financial aid*  
13 *available to Indians enrolled in any course of study*  
14 *referred to in paragraph (1) or who are undertaking*  
15 *training necessary to qualify them to enroll in any*  
16 *such course of study; or*

17           “(3) *establishing other programs which the Sec-*  
18 *retary determines will enhance and facilitate the en-*  
19 *rollment of Indians in, and the subsequent pursuit*  
20 *and completion by them of, courses of study referred*  
21 *to in paragraph (1).*

22           “(b) *FUNDING.—*

23                   “(1) *APPLICATION.—Funds under this section*  
24 *shall require that an application has been submitted*  
25 *to, and approved by, the Secretary. Such application*

1       *shall be in such form, submitted in such manner, and*  
2       *contain such information, as the Secretary shall by*  
3       *regulation prescribe pursuant to this Act. The Sec-*  
4       *retary shall give a preference to applications sub-*  
5       *mitted by Tribal Health Programs or Urban Indian*  
6       *Organizations.*

7               “(2) *AMOUNT OF FUNDS; PAYMENT.—The*  
8       *amount of funds provided to entities under this sec-*  
9       *tion shall be determined by the Secretary. Payments*  
10       *pursuant to this section may be made in advance or*  
11       *by way of reimbursement, and at such intervals and*  
12       *on such conditions as provided for in regulations*  
13       *issued pursuant to this Act. To the extent not other-*  
14       *wise prohibited by law, funding commitments shall be*  
15       *for 3 years, as provided in regulations issued pursu-*  
16       *ant to this Act.*

17               “(c) *DEFINITION OF INDIAN.—For purposes of this sec-*  
18       *tion and sections 103 and 104, the term ‘Indian’ shall, in*  
19       *addition to the meaning given that term in section 4, also*  
20       *mean any individual who is an Urban Indian.*

21       **“SEC. 103. HEALTH PROFESSIONS PREPARATORY SCHOLAR-**  
22                               **SHIP PROGRAM FOR INDIANS.**

23               “(a) *SCHOLARSHIPS AUTHORIZED.—The Secretary,*  
24       *acting through the Service, shall provide scholarships to In-*  
25       *dians who—*

1           “(1) *have successfully completed their high school*  
2           *education or high school equivalency; and*

3           “(2) *have demonstrated the potential to success-*  
4           *fully complete courses of study in the health profes-*  
5           *sions.*

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

8           “(1) *Compensatory preprofessional education of*  
9           *any recipient, such scholarship not to exceed 2 years*  
10          *on a full-time basis (or the part-time equivalent there-*  
11          *of, as determined by the Secretary pursuant to regu-*  
12          *lations issued under this Act).*

13          “(2) *Pregraduate education of any recipient*  
14          *leading to a baccalaureate degree in an approved*  
15          *course of study preparatory to a field of study in a*  
16          *health profession, such scholarship not to exceed 4*  
17          *years. An extension of up to 2 years (or the part-time*  
18          *equivalent thereof, as determined by the Secretary*  
19          *pursuant to regulations issued pursuant to this Act)*  
20          *may be approved.*

21          “(c) *OTHER CONDITIONS.—Scholarships under this*  
22          *section—*

23          “(1) *may cover costs of tuition, books, transpor-*  
24          *tation, board, and other necessary related expenses of*  
25          *a recipient while attending school;*

1           “(2) shall not be denied solely on the basis of the  
2           applicant’s scholastic achievement if such applicant  
3           has been admitted to, or maintained good standing  
4           at, an accredited institution; and

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

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

9           “(a) *IN GENERAL.*—

10           “(1) *AUTHORITY.*—The Secretary, acting through  
11           the Service, shall make scholarships to Indians who  
12           are enrolled full or part time in accredited schools  
13           pursuing courses of study in the health professions.  
14           Such scholarships shall be designated Indian Health  
15           Scholarships and shall be made in accordance with  
16           section 338A of the Public Health Services Act (42  
17           U.S.C. 254l), except as provided in subsection (b) of  
18           this section.

19           “(2) *ALLOCATION BY FORMULA.*—Except as pro-  
20           vided in paragraph (3), the funding authorized by  
21           this section shall be allocated by Service Area by a  
22           formula developed in consultation with Indian Tribes,  
23           Tribal Organizations, and Urban Indian Organiza-  
24           tions. Such formula shall consider the human resource  
25           development needs in each Service Area.

1           “(3) *CONTINUITY OF PRIOR SCHOLARSHIPS.*—  
2           *Paragraph (2) shall not apply with respect to indi-*  
3           *vidual recipients of scholarships provided under this*  
4           *section (as in effect 1 day prior to the date of the en-*  
5           *actment of the Indian Health Care Improvement Act*  
6           *Amendments of 2004) until such time as the indi-*  
7           *vidual completes the course of study that is supported*  
8           *through such scholarship.*

9           “(4) *CERTAIN DELEGATION NOT ALLOWED.*—*The*  
10           *administration of this section shall be a responsibility*  
11           *of the Assistant Secretary and shall not be delegated*  
12           *in a Funding Agreement.*

13           “(b) *ACTIVE DUTY SERVICE OBLIGATION.*—

14           “(1) *OBLIGATION MET.*—*The active duty service*  
15           *obligation under a written contract with the Sec-*  
16           *retary under section 338A of the Public Health Serv-*  
17           *ice Act (42 U.S.C. 254l) that an Indian has entered*  
18           *into under that section shall, if that individual is a*  
19           *recipient of an Indian Health Scholarship, be met in*  
20           *full-time practice on an equivalent year-for-year obli-*  
21           *gation, by service in one or more of the following:*

22                   “(A) *In an Indian Health Program.*

23                   “(B) *In a program assisted under title V of*  
24                   *this Act.*

1           “(C) *In the private practice of the applica-*  
2           *ble profession if, as determined by the Secretary,*  
3           *in accordance with guidelines promulgated by*  
4           *the Secretary, such practice is situated in a phy-*  
5           *sician or other health professional shortage area*  
6           *and addresses the health care needs of a substan-*  
7           *tial number of Indians.*

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

21                  “(A) *No period of internship, residency, or*  
22                  *other advanced clinical training shall be counted*  
23                  *as satisfying any period of obligated service*  
24                  *under this subsection.*

1           “(B) *The active duty service obligation of*  
2           *that individual shall commence not later than 90*  
3           *days after the completion of that advanced clin-*  
4           *ical training (or by a date specified by the Sec-*  
5           *retary).*

6           “(C) *The active duty service obligation will*  
7           *be served in the health profession of that indi-*  
8           *vidual in a manner consistent with paragraph*  
9           *(1).*

10          “(D) *A recipient of a scholarship under this*  
11          *section may, at the election of the recipient, meet*  
12          *the active duty service obligation described in*  
13          *paragraph (1) by service in a program specified*  
14          *under that paragraph that—*

15                 “(i) *is located on the reservation of the*  
16                 *Indian Tribe in which the recipient is en-*  
17                 *rolled; or*

18                 “(ii) *serves the Indian Tribe in which*  
19                 *the recipient is enrolled.*

20          “(3) *PRIORITY WHEN MAKING ASSIGNMENTS.—*  
21          *Subject to paragraph (2), the Secretary, in making*  
22          *assignments of Indian Health Scholarship recipients*  
23          *required to meet the active duty service obligation de-*  
24          *scribed in paragraph (1), shall give priority to as-*  
25          *signing individuals to service in those programs spec-*



1        *ified in paragraph (1) that have a need for health*  
 2        *professionals to provide health care services as a re-*  
 3        *sult of individuals having breached contracts entered*  
 4        *into under this section.*

5        *“(c) PART-TIME STUDENTS.—In the case of an indi-*  
 6        *vidual receiving a scholarship under this section who is en-*  
 7        *rolled part time in an approved course of study—part-time*  
 8        *equivalent of 4 years, as determined by the Area Office;*

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

11                        *“(A) the part-time equivalent of 1 year for*  
 12                        *each year for which the individual was provided*  
 13                        *a scholarship (as determined by the Area Office);*

14                        *or*

15                        *“(B) 2 years; and*

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

21        *“(d) BREACH OF CONTRACT.—*

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

1       *the Secretary under this section on or after the date*  
2       *of the enactment of the Indian Health Care Improve-*  
3       *ment Act Amendments of 2004 if that individual—*

4               “(A) *fails to maintain an acceptable level of*  
5               *academic standing in the educational institution*  
6               *in which he or she is enrolled (such level deter-*  
7               *mined by the educational institution under regu-*  
8               *lations of the Secretary);*

9               “(B) *is dismissed from such educational in-*  
10              *stitution for disciplinary reasons;*

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

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

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

1 *United States shall be entitled to recover from the in-*  
2 *dividual an amount determined in accordance with*  
3 *the formula specified in subsection (l) of section 110*  
4 *in the manner provided for in such subsection.*

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

10 “(4) *WAIVERS AND SUSPENSIONS.—The Sec-*  
11 *retary shall provide for the partial or total waiver or*  
12 *suspension of any obligation of service or payment of*  
13 *a recipient of an Indian Health Scholarship if the*  
14 *Secretary, in consultation with the Area Office, In-*  
15 *dian Tribes, Tribal Organizations, and Urban Indian*  
16 *Organizations, determines that—*

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

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

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

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

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

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

19          “(a) *GRANTS AUTHORIZED.*—The Secretary, acting  
20          through the Service, shall provide funding grants to at least  
21          3 colleges and universities for the purpose of developing and  
22          maintaining Indian psychology career recruitment pro-  
23          grams as a means of encouraging Indians to enter the men-  
24          tal health field. These programs shall be located at various  
25          locations throughout the country to maximize their avail-

1 *ability to Indian students and new programs shall be estab-*  
2 *lished in different locations from time to time.*

3       “(b) *QUENTIN N. BURDICK PROGRAM GRANT.*—*The*  
4 *Secretary shall provide a grant authorized under subsection*  
5 *(a) to develop and maintain a program at the University*  
6 *of North Dakota to be known as the ‘Quentin N. Burdick*  
7 *American Indians Into Psychology Program’. Such pro-*  
8 *gram shall, to the maximum extent feasible, coordinate with*  
9 *the Quentin N. Burdick Indian Health Programs author-*  
10 *ized under section 117(b), the Quentin N. Burdick Amer-*  
11 *ican Indians Into Nursing Program authorized under sec-*  
12 *tion 115(e), and existing university research and commu-*  
13 *nications networks.*

14       “(c) *REGULATIONS.*—*The Secretary shall issue regula-*  
15 *tions pursuant to this Act for the competitive awarding of*  
16 *funds provided under this section.*

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

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

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

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

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

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

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

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

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

1           “(1) *in an Indian Health Program;*

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

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

10 **“SEC. 106. FUNDING FOR TRIBES FOR SCHOLARSHIP PRO-**  
11 **GRAMS.**

12           “(a) *IN GENERAL.—*

13           “(1) *FUNDING AUTHORIZED.—The Secretary,*  
14 *acting through the Service, shall make funds available*  
15 *to Tribal Health Programs for the purpose of pro-*  
16 *viding scholarships for Indians to serve as health pro-*  
17 *essionals in Indian communities.*

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

22           “(3) *APPLICATION.—An application for funds*  
23 *under paragraph (1) shall be in such form and con-*  
24 *tain such agreements, assurances, and information as*  
25 *consistent with this section.*

1       “(b) *REQUIREMENTS.*—

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

6               “(2) *COSTS.*—*With respect to costs of providing*  
7       *any scholarship pursuant to subsection (a)—*

8                       “(A) *80 percent of the costs of the scholar-*  
9       *ship shall be paid from the funds made available*  
10       *pursuant to subsection (a)(1) provided to the*  
11       *Tribal Health Program; and*

12                      “(B) *20 percent of such costs may be paid*  
13       *from any other source of funds.*

14       “(c) *COURSE OF STUDY.*—*A Tribal Health Program*  
15       *shall provide scholarships under this section only to Indians*  
16       *enrolled or accepted for enrollment in a course of study (ap-*  
17       *proved by the Secretary) in one of the health professions*  
18       *contemplated by this Act.*

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

23                      “(1) *obligate such recipient to provide service in*  
24       *an Indian Health Program or Urban Indian Organi-*  
25       *zation, in the same Service Area where the Tribal*



1       *Health Program providing the scholarship is located,*  
2       *for—*

3               “(A) *a number of years for which the schol-*  
4               *arship is provided (or the part-time equivalent*  
5               *thereof, as determined by the Secretary), or for*  
6               *a period of 2 years, whichever period is greater;*  
7               *or*

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

11              “(2) *provide that the amount of the scholar-*  
12              *ship—*

13                      “(A) *may only be expended for—*

14                              “(i) *tuition expenses, other reasonable*  
15                              *educational expenses, and reasonable living*  
16                              *expenses incurred in attendance at the edu-*  
17                              *cational institution; and*

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

1           *year of attendance for which the scholarship*  
2           *is provided, the total amount required for*  
3           *the year for the purposes authorized in this*  
4           *clause; and*

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

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

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

17          *“(e) BREACH OF CONTRACT.—*

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

1           “(A) fails to maintain an acceptable level of  
2           academic standing in the educational institution  
3           in which he or she is enrolled (such level as de-  
4           termined by the educational institution under  
5           regulations of the Secretary);

6           “(B) is dismissed from such educational in-  
7           stitution for disciplinary reasons;

8           “(C) voluntarily terminates the training in  
9           such an educational institution for which he or  
10          she is provided a scholarship under such contract  
11          before the completion of such training; or

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

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

1        *the formula specified in subsection (l) of section 110*  
2        *in the manner provided for in such subsection.*

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

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

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

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

24            “(2) *to accept assignment under section*  
25       *1842(b)(3)(B)(ii) of the Social Security Act for all*

1        *services for which payment may be made under part*  
2        *B of title XVIII of such Act, and to enter into an ap-*  
3        *propriate agreement with the State agency that ad-*  
4        *ministers the State plan for medical assistance under*  
5        *title XIX, or the State child health plan under title*  
6        *XXI, of such Act to provide service to individuals en-*  
7        *titled to medical assistance or child health assistance,*  
8        *respectively, under the plan.*

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

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

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

23       *“(b) NOT COUNTED TOWARD ACTIVE DUTY SERVICE*  
24       *OBLIGATION.—Periods of employment pursuant to this sub-*  
25       *section shall not be counted in determining fulfillment of*

1 *the service obligation incurred as a condition of the scholar-*  
2 *ship.*

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

10       “(d) *NONAPPLICABILITY OF COMPETITIVE PERSONNEL*  
11 *SYSTEM.*—*Any employment pursuant to this section shall*  
12 *be made without regard to any competitive personnel sys-*  
13 *tem or agency personnel limitation and to a position which*  
14 *will enable the individual so employed to receive practical*  
15 *experience in the health profession in which he or she is*  
16 *engaged in study. Any individual so employed shall receive*  
17 *payment for his or her services comparable to the salary*  
18 *he or she would receive if he or she were employed in the*  
19 *competitive system. Any individual so employed shall not*  
20 *be counted against any employment ceiling affecting the*  
21 *Service or the Department.*

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

23       *“In order to encourage health professionals, including*  
24 *community health representatives and emergency medical*  
25 *technicians, to join or continue in an Indian Health Pro-*

1 *gram or an Urban Indian Organization and to provide*  
 2 *their services in the rural and remote areas where a signifi-*  
 3 *cant portion of Indians reside, the Secretary, acting*  
 4 *through the Service, may provide allowances to health pro-*  
 5 *fessionals employed in an Indian Health Program or an*  
 6 *Urban Indian Organization to enable them for a period of*  
 7 *time each year prescribed by regulation of the Secretary to*  
 8 *take leave of their duty stations for professional consulta-*  
 9 *tion and refresher training courses.*

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

12 *“(a) IN GENERAL.—Under the authority of the Act of*  
 13 *November 2, 1921 (25 U.S.C. 13) (commonly known as the*  
 14 *‘Snyder Act’), the Secretary, acting through the Service,*  
 15 *shall maintain a Community Health Representative Pro-*  
 16 *gram under which Indian Health Programs—*

17 *“(1) provide for the training of Indians as com-*  
 18 *munity health representatives; and*

19 *“(2) use such community health representatives*  
 20 *in the provision of health care, health promotion, and*  
 21 *disease prevention services to Indian communities.*

22 *“(b) DUTIES.—The Community Health Representative*  
 23 *Program of the Service, shall—*

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

1 *community health representatives provide quality*  
2 *health care, health promotion, and disease prevention*  
3 *services to the Indian communities served by the Pro-*  
4 *gram;*

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

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

10 *“(B) provides instruction and practical ex-*  
11 *perience in health promotion and disease preven-*  
12 *tion activities, with appropriate consideration*  
13 *given to lifestyle factors that have an impact on*  
14 *Indian health status, such as alcoholism, family*  
15 *dysfunction, and poverty;*

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

21 *“(4) maintain a system that provides close su-*  
22 *per vision of Community Health Representatives;*

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



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

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

7           “(a) *ESTABLISHMENT.—The Secretary, acting through*  
8           *the Service, shall establish and administer a program to*  
9           *be known as the Service Loan Repayment Program (herein-*  
10           *after referred to as the ‘Loan Repayment Program’) in*  
11           *order to ensure an adequate supply of trained health profes-*  
12           *sionals necessary to maintain accreditation of, and provide*  
13           *health care services to Indians through, Indian Health Pro-*  
14           *grams and Urban Indian Organizations.*

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

18                   “(1)(A) *be enrolled—*

19                           “(i) *in a course of study or program in an*  
20                           *accredited educational institution (as determined*  
21                           *by the Secretary under section 338B(b)(1)(c)(i)*  
22                           *of the Public Health Service Act (42 U.S.C.*  
23                           *2541–1(b)(1)(c)(i))) and be scheduled to complete*  
24                           *such course of study in the same year such indi-*

1           *vidual applies to participate in such program;*

2           *or*

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

5           *“(B) have—*

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

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

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

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

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

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

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

22           *“(c) APPLICATION.—*

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

1        *in the Loan Repayment Program, the Secretary shall*  
2        *include with such forms a fair summary of the rights*  
3        *and liabilities of an individual whose application is*  
4        *approved (and whose contract is accepted) by the Sec-*  
5        *retary, including in the summary a clear explanation*  
6        *of the damages to which the United States is entitled*  
7        *under subsection (l) in the case of the individual's*  
8        *breach of contract. The Secretary shall provide such*  
9        *individuals with sufficient information regarding the*  
10       *advantages and disadvantages of service as a commis-*  
11       *sioned officer in the Regular or Reserve Corps of the*  
12       *Public Health Service or a civilian employee of the*  
13       *Service to enable the individual to make a decision on*  
14       *an informed basis.*

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

21            *“(3) TIMELY AVAILABILITY OF FORMS.—The Sec-*  
22        *retary shall make such application forms, contract*  
23        *forms, and other information available to individuals*  
24        *desiring to participate in the Loan Repayment Pro-*  
25        *gram on a date sufficiently early to ensure that such*

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

3 “(d) *PRIORITIES.*—

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

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

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

11 “(2) *APPROVALS.*—*Notwithstanding the priority*  
12 *determined under paragraph (1), the Secretary, in de-*  
13 *termining which applications under the Loan Repay-*  
14 *ment Program to approve (and which contracts to ac-*  
15 *cept), shall—*

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

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

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

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

3                   “(e) *RECIPIENT CONTRACTS.*—

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

8                   “(2) *CONTENTS OF CONTRACT.*—The written con-  
9                   tract referred to in this section between the Secretary  
10                  and an individual shall contain—

11                  “(A) an agreement under which—

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

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

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

24   “(ii) subject to subparagraph (C), the  
25   individual agrees—

1           “(I) to accept loan payments on  
2           *behalf of the individual;*

3           “(II) in the case of an individual  
4           *described in subsection (b)(1)—*

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

10                   “(bb) while enrolled in such  
11                   *course of study or training, to*  
12                   *maintain an acceptable level of*  
13                   *academic standing (as determined*  
14                   *under regulations of the Secretary*  
15                   *by the educational institution of-*  
16                   *ferring such course of study or*  
17                   *training); and*

18           “(III) to serve for a time period  
19           *(hereinafter in this section referred to*  
20           *as the ‘period of obligated service’)*  
21           *equal to 2 years or such longer period*  
22           *as the individual may agree to serve in*  
23           *the full-time clinical practice of such*  
24           *individual’s profession in an Indian*  
25           *Health Program or Urban Indian Or-*

1                    *ganization to which the individual*  
2                    *may be assigned by the Secretary;*

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

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

14                    *“(D) a statement of the damages to which*  
15                    *the United States is entitled under subsection (l)*  
16                    *for the individual’s breach of the contract; and*

17                    *“(E) such other statements of the rights and*  
18                    *liabilities of the Secretary and of the individual,*  
19                    *not inconsistent with this section.*

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

23                    *“(1) the Secretary’s approving, under subsection*  
24                    *(e)(1), of the individual’s participation in the Loan*  
25                    *Repayment Program, including extensions resulting*

1       *in an aggregate period of obligated service in excess*  
2       *of 4 years; or*

3               “(2) *the Secretary’s disapproving an individ-*  
4       *ual’s participation in such Program.*

5       “(g) *PAYMENTS.—*

6               “(1) *IN GENERAL.—A loan repayment provided*  
7       *for an individual under a written contract under the*  
8       *Loan Repayment Program shall consist of payment,*  
9       *in accordance with paragraph (2), on behalf of the in-*  
10       *dividual of the principal, interest, and related ex-*  
11       *penses on government and commercial loans received*  
12       *by the individual regarding the undergraduate or*  
13       *graduate education of the individual (or both), which*  
14       *loans were made for—*

15                       “(A) *tuition expenses;*

16                       “(B) *all other reasonable educational ex-*  
17       *penses, including fees, books, and laboratory ex-*  
18       *penses, incurred by the individual; and*

19                       “(C) *reasonable living expenses as deter-*  
20       *mined by the Secretary.*

21               “(2) *AMOUNT.—For each year of obligated serv-*  
22       *ice that an individual contracts to serve under sub-*  
23       *section (e), the Secretary may pay up to \$35,000 or*  
24       *an amount equal to the amount specified in section*  
25       *338B(g)(2)(A) of the Public Health Service Act,*



1       *whichever is more, on behalf of the individual for*  
2       *loans described in paragraph (1). In making a deter-*  
3       *mination of the amount to pay for a year of such*  
4       *service by an individual, the Secretary shall consider*  
5       *the extent to which each such determination—*

6               “(A) *affects the ability of the Secretary to*  
7               *maximize the number of contracts that can be*  
8               *provided under the Loan Repayment Program*  
9               *from the amounts appropriated for such con-*  
10              *tracts;*

11              “(B) *provides an incentive to serve in In-*  
12              *Indian Health Programs and Urban Indian Orga-*  
13              *nizations with the greatest shortages of health*  
14              *professionals; and*

15              “(C) *provides an incentive with respect to*  
16              *the health professional involved remaining in an*  
17              *Indian Health Program or Urban Indian Orga-*  
18              *nization with such a health professional short-*  
19              *age, and continuing to provide primary health*  
20              *services, after the completion of the period of ob-*  
21              *ligated service under the Loan Repayment Pro-*  
22              *gram.*

23              “(3) *TIMING.—Any arrangement made by the*  
24              *Secretary for the making of loan repayments in ac-*  
25              *cordance with this subsection shall provide that any*

1        *repayments for a year of obligated service shall be*  
2        *made no later than the end of the fiscal year in which*  
3        *the individual completes such year of service.*

4            *“(4) For the purpose of providing reimburse-*  
5        *ments for tax liability resulting from payments under*  
6        *paragraph (2) on behalf of an individual, the Sec-*  
7        *retary—*

8            *“(A) in addition to such payments, may*  
9        *make payments to the individual in an amount*  
10       *not less than 20 percent and not more than 39*  
11       *percent of the total amount of loan repayments*  
12       *made for the taxable year involved; and*

13           *“(B) may make such additional payments*  
14       *as the Secretary determines to be appropriate*  
15       *with respect to such purpose.*

16           *“(5) PAYMENT SCHEDULE.—The Secretary may*  
17       *enter into an agreement with the holder of any loan*  
18       *for which payments are made under the Loan Repay-*  
19       *ment Program to establish a schedule for the making*  
20       *of such payments.*

21           *“(h) EMPLOYMENT CEILING.—Notwithstanding any*  
22       *other provision of law, individuals who have entered into*  
23       *written contracts with the Secretary under this section shall*  
24       *not be counted against any employment ceiling affecting the*

1 *Department while those individuals are undergoing aca-*  
2 *demic training.*

3       “(i) *RECRUITMENT.*—*The Secretary shall conduct re-*  
4 *cruiting programs for the Loan Repayment Program and*  
5 *other Service manpower programs at educational institu-*  
6 *tions training health professionals or specialists identified*  
7 *in subsection (a).*

8       “(j) *APPLICABILITY OF LAW.*—*Section 214 of the Pub-*  
9 *lic Health Service Act (42 U.S.C. 215) shall not apply to*  
10 *individuals during their period of obligated service under*  
11 *the Loan Repayment Program.*

12       “(k) *ASSIGNMENT OF INDIVIDUALS.*—*The Secretary,*  
13 *in assigning individuals to serve in Indian Health Pro-*  
14 *grams or Urban Indian Organizations pursuant to con-*  
15 *tracts entered into under this section, shall—*

16               “(1) *ensure that the staffing needs of Tribal*  
17 *Health Programs and Urban Indian Organizations*  
18 *receive consideration on an equal basis with programs*  
19 *that are administered directly by the Service; and*

20               “(2) *give priority to assigning individuals to In-*  
21 *dian Health Programs and Urban Indian Organiza-*  
22 *tions that have a need for health professionals to pro-*  
23 *vide health care services as a result of individuals*  
24 *having breached contracts entered into under this sec-*  
25 *tion.*

1       “(l) *BREACH OF CONTRACT.*—

2               “(1) *SPECIFIC BREACHES.*—*An individual who*  
3       *has entered into a written contract with the Secretary*  
4       *under this section and has not received a waiver*  
5       *under subsection (m) shall be liable, in lieu of any*  
6       *service obligation arising under such contract, to the*  
7       *United States for the amount which has been paid on*  
8       *such individual’s behalf under the contract if that in-*  
9       *dividual—*

10               “(A) *is enrolled in the final year of a course*  
11       *of study and—*

12               “(i) *fails to maintain an acceptable*  
13       *level of academic standing in the edu-*  
14       *cational institution in which he or she is*  
15       *enrolled (such level determined by the edu-*  
16       *cational institution under regulations of the*  
17       *Secretary);*

18               “(ii) *voluntarily terminates such en-*  
19       *rollment; or*

20               “(iii) *is dismissed from such edu-*  
21       *cational institution before completion of*  
22       *such course of study; or*

23               “(B) *is enrolled in a graduate training pro-*  
24       *gram and fails to complete such training pro-*  
25       *gram.*

1           “(2) *OTHER BREACHES; FORMULA FOR AMOUNT*  
2           *OWED.—If, for any reason not specified in paragraph*  
3           *(1), an individual breaches his or her written con-*  
4           *tract under this section by failing either to begin, or*  
5           *complete, such individual’s period of obligated service*  
6           *in accordance with subsection (e)(2), the United*  
7           *States shall be entitled to recover from such indi-*  
8           *vidual an amount to be determined in accordance*  
9           *with the following formula:  $A=3Z(t-s/t)$  in which—*

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

12                   “(B) ‘Z’ is the sum of the amounts paid  
13                   under this section to, or on behalf of, the indi-  
14                   vidual and the interest on such amounts which  
15                   would be payable if, at the time the amounts  
16                   were paid, they were loans bearing interest based  
17                   on yields on appropriate marketable Treasury  
18                   securities;

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

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

1           “(3) *DEDUCTIONS IN MEDICARE PAYMENTS.*—  
2           *Amounts not paid within such period shall be subject*  
3           *to collection through deductions in medicare pay-*  
4           *ments pursuant to section 1892 of the Social Security*  
5           *Act.*

6           “(4) *TIME PERIOD FOR REPAYMENT.*—*Any*  
7           *amount of damages which the United States is enti-*  
8           *tled to recover under this subsection shall be paid to*  
9           *the United States within the 1-year period beginning*  
10           *on the date of the breach or such longer period begin-*  
11           *ning on such date as shall be specified by the Sec-*  
12           *retary.*

13           “(5) *RECOVERY OF DELINQUENCY.*—

14           “(A) *IN GENERAL.*—*If damages described in*  
15           *paragraph (4) are delinquent for 3 months, the*  
16           *Secretary shall, for the purpose of recovering*  
17           *such damages—*

18                   “(i) *use collection agencies contracted*  
19                   *with by the Administrator of General Serv-*  
20                   *ices; or*

21                   “(ii) *enter into contracts for the recov-*  
22                   *ery of such damages with collection agencies*  
23                   *selected by the Secretary.*

24           “(B) *REPORT.*—*Each contract for recov-*  
25           *ering damages pursuant to this subsection shall*

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

8           “(m) *WAIVER OR SUSPENSION OF OBLIGATION.*—

9           “(1) *IN GENERAL.*—*The Secretary shall by regu-*  
10          *lation provide for the partial or total waiver or sus-*  
11          *pension of any obligation of service or payment by an*  
12          *individual under the Loan Repayment Program*  
13          *whenever compliance by the individual is impossible*  
14          *or would involve extreme hardship to the individual*  
15          *and if enforcement of such obligation with respect to*  
16          *any individual would be unconscionable.*

17          “(2) *CANCELED UPON DEATH.*—*Any obligation*  
18          *of an individual under the Loan Repayment Program*  
19          *for service or payment of damages shall be canceled*  
20          *upon the death of the individual.*

21          “(3) *HARDSHIP WAIVER.*—*The Secretary may*  
22          *waive, in whole or in part, the rights of the United*  
23          *States to recover amounts under this section in any*  
24          *case of extreme hardship or other good cause shown,*  
25          *as determined by the Secretary.*

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

10          “(n) *REPORT.*—The Secretary shall submit to the  
11          President, for inclusion in each report required to be sub-  
12          mitted to Congress under section 801, a report concerning  
13          the previous fiscal year which sets forth by Service Area  
14          the following:

15               “(1) A list of the health professional positions  
16               maintained by Indian Health Programs and Urban  
17               Indian Organizations for which recruitment or reten-  
18               tion is difficult.

19               “(2) The number of Loan Repayment Program  
20               applications filed with respect to each type of health  
21               profession.

22               “(3) The number of contracts described in sub-  
23               section (e) that are entered into with respect to each  
24               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 scholarships that are pro-*  
4 *vided under sections 104 and 106 with respect to each*  
5 *health profession.*

6           “(6) *The amount of scholarship grants provided*  
7 *under section 104 and 106, in total and by health*  
8 *profession.*

9           “(7) *The number of providers of health care that*  
10 *will be needed by Indian Health Programs and*  
11 *Urban Indian Organizations, by location and profes-*  
12 *sion, during the 3 fiscal years beginning after the*  
13 *date the report is filed.*

14           “(8) *The measures the Secretary plans to take to*  
15 *fill the health professional positions maintained by*  
16 *Indian Health Programs or Urban Indian Organiza-*  
17 *tions for which recruitment or retention is difficult.*

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

20           “(a) *ESTABLISHMENT.—There is established in the*  
21 *Treasury of the United States a fund to be known as the*  
22 *Indian Health Scholarship and Loan Repayment Recovery*  
23 *Fund (hereafter in this section referred to as the ‘LRRF’).*  
24 *The LRRF shall consist of such amounts as may be collected*  
25 *from individuals under section 104(d), section 106(e), and*

1 *section 110(l) for breach of contract, such funds as may be*  
2 *appropriated to the LRRF, and interest earned on amounts*  
3 *in the LRRF. All amounts collected, appropriated, or*  
4 *earned relative to the LRRF shall remain available until*  
5 *expended.*

6 “(b) *USE OF FUNDS.—*

7 “(1) *BY SECRETARY.—Amounts in the LRRF*  
8 *may be expended by the Secretary, acting through the*  
9 *Service, to make payments to an Indian Health Pro-*  
10 *gram—*

11 “(A) *to which a scholarship recipient under*  
12 *section 104 and 106 or a loan repayment pro-*  
13 *gram participant under section 110 has been as-*  
14 *signed to meet the obligated service requirements*  
15 *pursuant to such sections; and*

16 “(B) *that has a need for a health profes-*  
17 *sional to provide health care services as a result*  
18 *of such recipient or participant having breached*  
19 *the contract entered into under section 104, 106,*  
20 *or section 110.*

21 “(2) *BY TRIBAL HEALTH PROGRAMS.—A Tribal*  
22 *Health Program receiving payments pursuant to*  
23 *paragraph (1) may expend the payments to provide*  
24 *scholarships or recruit and employ, directly or by*

1       *contract, health professionals to provide health care*  
2       *services.*

3       “(c) *INVESTMENT OF FUNDS.*—*The Secretary of the*  
4 *Treasury shall invest such amounts of the LRRF, except*  
5 *for the appropriated funds, as the Secretary determines are*  
6 *not required to meet current withdrawals from the LRRF.*  
7 *Such investments may be made only in interest bearing ob-*  
8 *ligations of the United States. For such purpose, such obli-*  
9 *gations may be acquired on original issue at the issue price,*  
10 *or by purchase of outstanding obligations at the market*  
11 *price.*

12       “(d) *SALE OF OBLIGATIONS.*—*Any obligation acquired*  
13 *by the LRRF may be sold by the Secretary of the Treasury*  
14 *at the market price.*

15       **“SEC. 112. RECRUITMENT ACTIVITIES.**

16       “(a) *REIMBURSEMENT FOR TRAVEL.*—*The Secretary,*  
17 *acting through the Service, may reimburse health profes-*  
18 *sionals seeking positions with Indian Health Programs or*  
19 *Urban Indian Organizations, including unpaid student*  
20 *volunteers and individuals considering entering into a con-*  
21 *tract under section 110, and their spouses, for actual and*  
22 *reasonable expenses incurred in traveling to and from their*  
23 *places of residence to an area in which they may be as-*  
24 *signed for the purpose of evaluating such area with respect*  
25 *to such assignment.*





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

2           “(2) *Tribal colleges or universities.*

3           “(3) *Nurse midwife programs and advanced*  
4 *practice nurse programs that are provided by any*  
5 *tribal college or university accredited nursing pro-*  
6 *gram, or in the absence of such, any other public or*  
7 *private institutions.*

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

10           “(1) *To recruit individuals for programs which*  
11 *train individuals to be nurses, nurse midwives, or ad-*  
12 *vanced practice nurses.*

13           “(2) *To provide scholarships to Indians enrolled*  
14 *in such programs that may pay the tuition charged*  
15 *for such program and other expenses incurred in con-*  
16 *nection with such program, including books, fees,*  
17 *room and board, and stipends for living expenses.*

18           “(3) *To provide a program that encourages*  
19 *nurses, nurse midwives, and advanced practice nurses*  
20 *to provide, or continue to provide, health care services*  
21 *to Indians.*

22           “(4) *To provide a program that increases the*  
23 *skills of, and provides continuing education to,*  
24 *nurses, nurse midwives, and advanced practice*  
25 *nurses.*

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

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

8           “(d) *PREFERENCES FOR GRANT RECIPIENTS.—In pro-*  
9           *viding grants under subsection (a), the Secretary shall ex-*  
10          *tend a preference to the following:*

11           “(1) *Programs that provide a preference to Indi-*  
12          *ans.*

13           “(2) *Programs that train nurse midwives or ad-*  
14          *vanced practice nurses.*

15           “(3) *Programs that are interdisciplinary.*

16           “(4) *Programs that are conducted in cooperation*  
17          *with a program for gifted and talented Indian stu-*  
18          *dents.*

19           “(e) *QUENTIN N. BURDICK PROGRAM GRANT.—The*  
20          *Secretary shall provide one of the grants authorized under*  
21          *subsection (a) to establish and maintain a program at the*  
22          *University of North Dakota to be known as the ‘Quentin*  
23          *N. Burdick American Indians Into Nursing Program’.*  
24          *Such program shall, to the maximum extent feasible, coordi-*  
25          *nate with the Quentin N. Burdick Indian Health Programs*

1 *established under section 117(b) and the Quentin N. Bur-*  
2 *dick American Indians Into Psychology Program estab-*  
3 *lished under section 105(b).*

4       “(f) *ACTIVE DUTY SERVICE OBLIGATION.*—*The active*  
5 *duty service obligation prescribed under section 338C of the*  
6 *Public Health Service Act (42 U.S.C. 254m) shall be met*  
7 *by each individual who receives training or assistance de-*  
8 *scribed in paragraph (1) or (2) of subsection (b) that is*  
9 *funded by a grant provided under subsection (a). Such obli-*  
10 *gation shall be met by service—*

11               “(1) *in the Service;*

12               “(2) *in a program of an Indian Tribe or Tribal*  
13 *Organization conducted under the Indian Self-Deter-*  
14 *mination and Education Assistance Act (including*  
15 *programs under agreements with the Bureau of In-*  
16 *dian Affairs);*

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

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



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

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

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

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

14               “(2) be carried out through tribal colleges or uni-  
15 versities;

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

18               “(4) describe the use and place of Traditional  
19 Health Care Practices of the Indian Tribes in the  
20 Service Area.

21 **“SEC. 117. INMED PROGRAM.**

22       “(a) *GRANTS AUTHORIZED.*—The Secretary, acting  
23 through the Service, is authorized to provide grants to col-  
24 leges and universities for the purpose of maintaining and  
25 expanding the Indian health careers recruitment program  
26 known as the ‘Indians Into Medicine Program’ (hereinafter

1 *in this section referred to as ‘INMED’) as a means of en-*  
2 *couraging Indians to enter the health professions.*

3       “(b) *QUENTIN N. BURDICK GRANT.*—*The Secretary*  
4 *shall provide one of the grants authorized under subsection*  
5 *(a) to maintain the INMED program at the University of*  
6 *North Dakota, to be known as the ‘Quentin N. Burdick In-*  
7 *dian Health Programs’, unless the Secretary makes a deter-*  
8 *mination, based upon program reviews, that the program*  
9 *is not meeting the purposes of this section. Such program*  
10 *shall, to the maximum extent feasible, coordinate with the*  
11 *Quentin N. Burdick American Indians Into Psychology*  
12 *Program established under section 105(b) and the Quentin*  
13 *N. Burdick American Indians Into Nursing Program estab-*  
14 *lished under section 115.*

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

18       “(d) *REQUIREMENTS.*—*Applicants for grants provided*  
19 *under this section shall agree to provide a program which—*

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

1           “(2) incorporates a program advisory board  
2           comprised of representatives from the Indian Tribes  
3           and Indian communities which will be served by the  
4           program;

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

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

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

15   **“SEC. 118. HEALTH TRAINING PROGRAMS OF COMMUNITY**  
16                           **COLLEGES.**

17          “(a) **GRANTS TO ESTABLISH PROGRAMS.—**

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

1       *tice such profession on or near a reservation or in an*  
 2       *Indian Health Program.*

3               “(2) *AMOUNT OF GRANTS.*—*The amount of any*  
 4       *grant awarded to a community college under para-*  
 5       *graph (1) for the first year in which such a grant is*  
 6       *provided to the community college shall not exceed*  
 7       *\$100,000.*

8               “(b) *GRANTS FOR MAINTENANCE AND RECRUITING.*—

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

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

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 an*  
 24       *accredited college or university medical school,*  
 25       *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 Indian Health Programs;

9                   “(D) has a qualified staff which has the ap-  
10                  propriate certifications;

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

14                  “(F) agrees to provide for Indian preference  
15                  for applicants for programs under this section.

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

20                         “(1) entering into agreements with such colleges  
21                         for the provision of qualified personnel of the Service  
22                         to teach courses of study in such programs; and

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

25                  “(d) *ADVANCED TRAINING.*—

1           “(1) *REQUIRED.*—*Any program receiving assist-*  
 2           *ance under this section that is conducted with respect*  
 3           *to a health profession shall also offer courses of study*  
 4           *which provide advanced training for any health pro-*  
 5           *fessional who—*

6                     “(A) *has already received a degree or di-*  
 7                     *ploma in such health profession; and*

8                     “(B) *provides clinical services on or near a*  
 9                     *reservation or for an Indian Health Program.*

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

15           “(e) *FUNDING PRIORITY.*—*Where the requirements of*  
 16           *subsection (b) are met, funding priority shall be provided*  
 17           *to tribal colleges and universities in Service Areas where*  
 18           *they exist.*

19           **“SEC. 119. RETENTION BONUS.**

20           “(a) *BONUS AUTHORIZED.*—*The Secretary may pay*  
 21           *a retention bonus to any health professional employed by,*  
 22           *or assigned to, and serving in, an Indian Health Program*  
 23           *or Urban Indian Organization either as a civilian em-*  
 24           *ployee or as a commissioned officer in the Regular or Re-*  
 25           *serve Corps of the Public Health Service who—*

1           “(1) is assigned to, and serving in, a position for  
2           which recruitment or retention of personnel is dif-  
3           ficult;

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

7           “(3) has—

8                   “(A) completed 3 years of employment with  
9                   an Indian Health Program or Urban Indian Or-  
10                  ganization; or

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

13                           “(i) any Federal scholarship program;

14                           or

15                           “(ii) any Federal education loan re-  
16                          payment program; and

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

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

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

8       “(d) *OTHER RETENTION BONUS.*—The Secretary may  
9 *pay a retention bonus to any health professional employed*  
10 *by a Tribal Health Program if such health professional is*  
11 *serving in a position which the Secretary determines is—*

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

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

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

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



1 *an associate or bachelor's degree (in the case of a licensed*  
 2 *practical nurse or licensed vocational nurse), a bachelor's*  
 3 *degree (in the case of a registered nurse), or advanced de-*  
 4 *grees or certification in nursing and public health.*

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

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

18                               **KA.**

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

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

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

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

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

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

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

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

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

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

9           “(3) establish and maintain a Community  
10          Health Aide Certification Board to certify as commu-  
11          nity health aides or community health practitioners  
12          individuals who have successfully completed the train-  
13          ing described in paragraph (1) or can demonstrate  
14          equivalent experience;

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

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

24          “(6) develop a system under which the work of  
25          community health aides and community health prac-



1           “(2) to improve the quality of health care for In-  
 2           dians by assuring access to qualified health care pro-  
 3           fessionals; and

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

8           “(c) *ADVISORY BOARD.*—The demonstration programs  
 9           established pursuant to subsection (a) shall incorporate a  
 10          program advisory board composed of representatives from  
 11          the Indian Tribes and Indian communities in the area  
 12          which will be served by the program.

13       **“SEC. 124. TREATMENT OF SCHOLARSHIPS FOR CERTAIN**  
 14                               **PURPOSES.**

15           “Scholarships provided to individuals pursuant to this  
 16          title shall be deemed ‘qualified Scholarships’ for purposes  
 17          of section 11 of the Internal Revenue Code of 1986.

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

19           “(a) *NO REDUCTION IN SERVICES.*—The Secretary  
 20          shall not—

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

24                       “(2) withdraw funding used to support such  
 25          member;

1 *unless the Secretary, acting through the Service, Indian*  
 2 *Tribes, or Tribal Organizations, has ensured that the Indi-*  
 3 *ans receiving services from such member will experience no*  
 4 *reduction in services.*

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

12 **“SEC. 126. SUBSTANCE ABUSE COUNSELOR EDUCATIONAL**  
 13 **CURRICULA DEMONSTRATION PROGRAMS.**

14       “(a) *GRANTS AND CONTRACTS.*—*The Secretary, acting*  
 15 *through the Service, may enter into contracts with, or make*  
 16 *grants to, accredited tribal colleges and universities and eli-*  
 17 *gible accredited and accessible community colleges to estab-*  
 18 *lish demonstration programs to develop educational cur-*  
 19 *ricula for substance abuse counseling.*

20       “(b) *USE OF FUNDS.*—*Funds provided under this sec-*  
 21 *tion shall be used only for developing and providing edu-*  
 22 *cational curriculum for substance abuse counseling (includ-*  
 23 *ing paying salaries for instructors). Such curricula may*  
 24 *be provided through satellite campus programs.*

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

6           “(d) *CRITERIA FOR REVIEW AND APPROVAL OF APPLI-*  
7 *CATIONS.*—*Not later than 180 days after the date of the en-*  
8 *actment of the Indian Health Care Improvement Act*  
9 *Amendments of 2004, the Secretary, after consultation with*  
10 *Indian Tribes and administrators of tribal colleges and*  
11 *universities and eligible accredited and accessible commu-*  
12 *nity colleges, shall develop and issue criteria for the review*  
13 *and approval of applications for funding (including appli-*  
14 *cations for renewals of funding) under this section. Such*  
15 *criteria shall ensure that demonstration programs estab-*  
16 *lished under this section promote the development of the ca-*  
17 *capacity of such entities to educate substance abuse counselors.*

18           “(e) *ASSISTANCE.*—*The Secretary shall provide such*  
19 *technical and other assistance as may be necessary to enable*  
20 *grant recipients to comply with the provisions of this sec-*  
21 *tion.*

22           “(f) *REPORT.*—*Each fiscal year, the Secretary shall*  
23 *submit to the President, for inclusion in the report which*  
24 *is required to be submitted under section 801 for that fiscal*  
25 *year, a report on the findings and conclusions derived from*

1 *the demonstration programs conducted under this section*  
 2 *during that fiscal year.*

3 “(g) *DEFINITION.*—*For the purposes of this section, the*  
 4 *term ‘educational curriculum’ means 1 or more of the fol-*  
 5 *lowing:*

6 “(1) *Classroom education.*

7 “(2) *Clinical work experience.*

8 “(3) *Continuing education workshops.*

9 “**SEC. 127. BEHAVIORAL HEALTH TRAINING AND COMMU-**  
 10 ***NITY EDUCATION PROGRAMS.***

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

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

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

23 “(A) *elementary and secondary education;*

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



1           “(C) law enforcement and judicial services;

2           and

3           “(D) alcohol and substance abuse;

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

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

10          “(c) TRAINING CRITERIA.—

11           “(1) IN GENERAL.—The appropriate Secretary  
12 shall provide training criteria appropriate to each  
13 type of position identified in subsection (b)(1) and  
14 (b)(2) and ensure that appropriate training has been,  
15 or shall be provided to any individual in any such  
16 position. With respect to any such individual in a po-  
17 sition identified pursuant to subsection (b)(3), the re-  
18 spective Secretaries shall provide appropriate train-  
19 ing to, or provide funds to, an Indian Tribe, Tribal  
20 Organization, or Urban Indian Organization for  
21 training of appropriate individuals. In the case of po-  
22 sitions funded under a funding agreement, the appro-  
23 priate Secretary shall ensure that funds to cover the  
24 costs of such training costs are included in the fund-  
25 ing agreement.

1           “(2) *POSITION SPECIFIC TRAINING CRITERIA.*—  
2           *Position specific training criteria shall be culturally*  
3           *relevant to Indians and Indian Tribes and shall en-*  
4           *sure that appropriate information regarding Tradi-*  
5           *tional Health Care Practices is provided.*

6           “(d) *COMMUNITY EDUCATION ON MENTAL ILLNESS.*—  
7           *The Service shall develop and implement, on request of an*  
8           *Indian Tribe, Tribal Organization, or Urban Indian Orga-*  
9           *nization, or assist the Indian Tribe, Tribal Organization,*  
10           *or Urban Indian Organization to develop and implement,*  
11           *a program of community education on mental illness. In*  
12           *carrying out this subsection, the Service shall, upon request*  
13           *of an Indian Tribe, Tribal Organization, or Urban Indian*  
14           *Organization, provide technical assistance to the Indian*  
15           *Tribe, Tribal Organization, or Urban Indian Organization*  
16           *to obtain and develop community educational materials on*  
17           *the identification, prevention, referral, and treatment of*  
18           *mental illness and dysfunctional and self-destructive behav-*  
19           *ior.*

20           “(e) *PLAN.*—*Not later than 90 days after the date of*  
21           *the enactment of the Indian Health Care Improvement Act*  
22           *Amendments of 2004, the Secretary shall develop a plan*  
23           *under which the Service will increase the health care staff*  
24           *providing behavioral health services by at least 500 posi-*  
25           *tions within 5 years after the date of the enactment of this*

1 *section, with at least 200 of such positions devoted to child,*  
 2 *adolescent, and family services. The plan developed under*  
 3 *this subsection shall be implemented under the Act of No-*  
 4 *vember 2, 1921 (25 U.S.C. 13) (commonly known as the*  
 5 *‘Snyder Act’).*

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

7 *“There are authorized to be appropriated such sums*  
 8 *as may be necessary for each fiscal year through fiscal year*  
 9 *2015 to carry out this title.*

10 **“TITLE II—HEALTH SERVICES**

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

12 *“(a) USE OF FUNDS.—The Secretary, acting through*  
 13 *the Service, is authorized to expend funds, directly or under*  
 14 *the authority of the Indian Self-Determination and Edu-*  
 15 *cation Assistance Act, which are appropriated under the*  
 16 *authority of this section, for the purposes of—*

17 *“(1) eliminating the deficiencies in health status*  
 18 *and health resources of all Indian Tribes;*

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

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

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

1           “(5) augmenting the ability of the Service to  
2 meet the following health service responsibilities with  
3 respect to those Indian Tribes with the highest levels  
4 of health status deficiencies and resource deficiencies:

5           “(A) Clinical care, including, but not lim-  
6 ited to, inpatient care, outpatient care (includ-  
7 ing audiology, clinical eye, and vision care), pri-  
8 mary care, secondary and tertiary care, and  
9 long-term care.

10           “(B) Preventive health, including mammog-  
11 raphy and other cancer screening in accordance  
12 with section 207.

13           “(C) Dental care.

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

19           “(E) Emergency medical services.

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

24           “(G) Accident prevention programs.

25           “(H) Home health care.

1           “(I) *Community health representatives.*

2           “(J) *Maintenance and repair.*

3           “(K) *Traditional Health Care Practices.*

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

10          “(c) *ALLOCATION; USE.—*

11           “(1) *IN GENERAL.—Funds appropriated under*  
 12 *the authority of this section shall be allocated to Serv-*  
 13 *ice Units, Indian Tribes, or Tribal Organizations.*  
 14 *The funds allocated to each Indian Tribe, Tribal Or-*  
 15 *ganization, or Service Unit under this paragraph*  
 16 *shall be used by the Indian Tribe, Tribal Organiza-*  
 17 *tion, or Service Unit under this paragraph to im-*  
 18 *prove the health status and reduce the resource defi-*  
 19 *ciency of each Indian Tribe served by such Service*  
 20 *Unit, Indian Tribe, or Tribal Organization.*

21          “(2) *APPORTIONMENT OF ALLOCATED FUNDS.—*

22 *The apportionment of funds allocated to a Service*  
 23 *Unit, Indian Tribe, or Tribal Organization under*  
 24 *paragraph (1) among the health service responsibil-*  
 25 *ities described in subsection (a)(5) shall be determined*

1       *by the Service in consultation with, and with the ac-*  
2       *tive participation of, the affected Indian Tribes and*  
3       *Tribal Organizations.*

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

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

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

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

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

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

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

12          “(f) *REPORT.—By no later than the date that is 3*  
13          *years after the date of the enactment of the Indian Health*  
14          *Care Improvement Act Amendments of 2004, the Secretary*  
15          *shall submit to Congress the current health status and re-*  
16          *source deficiency report of the Service for each Service Unit,*  
17          *including newly recognized or acknowledged Indian Tribes.*  
18          *Such report shall set out—*

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

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

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

5           “(4) *an estimate of—*

6                   “(A) *the amount of health service funds ap-*  
7                   *propriated under the authority of this Act, or*  
8                   *any other Act, including the amount of any*  
9                   *funds transferred to the Service for the preceding*  
10                   *fiscal year which is allocated to each Service*  
11                   *Unit, Indian Tribe, or Tribal Organization;*

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

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

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



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

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

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

11       “(a) *ESTABLISHMENT.*—*There is hereby established an*  
 12 *Indian Catastrophic Health Emergency Fund (hereafter in*  
 13 *this section referred to as the ‘CHEF’) consisting of—*

14               “(1) *the amounts deposited under subsection (f);*  
 15       *and*

16               “(2) *the amounts appropriated to CHEF under*  
 17 *this section.*

18       “(b) *ADMINISTRATION.*—*CHEF shall be administered*  
 19 *by the Secretary, acting through the central office of the*  
 20 *Service, solely for the purpose of meeting the extraordinary*  
 21 *medical costs associated with the treatment of victims of*  
 22 *disasters or catastrophic illnesses who are within the re-*  
 23 *sponsibility of the Service.*

24       “(c) *CONDITIONS ON USE OF FUND.*—*No part of*  
 25 *CHEF or its administration shall be subject to contract or*

1 *grant under any law, including the Indian Self-Determina-*  
 2 *tion and Education Assistance Act, nor shall CHEF funds*  
 3 *be allocated, apportioned, or delegated on an Area Office,*  
 4 *Service Unit, or other similar basis.*

5       “(d) *REGULATIONS.—The Secretary shall, through the*  
 6 *negotiated rulemaking process under title VIII, promulgate*  
 7 *regulations consistent with the provisions of this section*  
 8 *to—*

9               “(1) *establish a definition of disasters and cata-*  
 10 *strophic illnesses for which the cost of the treatment*  
 11 *provided under contract would qualify for payment*  
 12 *from CHEF;*

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

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

19                       “(B) *for any subsequent year, not less than*  
 20 *the threshold cost of the previous year increased*  
 21 *by the percentage increase in the medical care*  
 22 *expenditure category of the consumer price index*  
 23 *for all urban consumers (United States city av-*  
 24 *erage) for the 12-month period ending with De-*  
 25 *cember of the previous year;*

1           “(3) *establish a procedure for the reimbursement*  
2 *of the portion of the costs that exceeds such threshold*  
3 *cost incurred by—*

4                   “(A) *Service Units; or*

5                   “(B) *whenever otherwise authorized by the*  
6 *Service, non-Service facilities or providers;*

7           “(4) *establish a procedure for payment from*  
8 *CHEF in cases in which the exigencies of the medical*  
9 *circumstances warrant treatment prior to the author-*  
10 *ization of such treatment by the Service; and*

11           “(5) *establish a procedure that will ensure that*  
12 *no payment shall be made from CHEF to any pro-*  
13 *vider of treatment to the extent that such provider is*  
14 *eligible to receive payment for the treatment from any*  
15 *other Federal, State, local, or private source of reim-*  
16 *bursement for which the patient is eligible.*

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

23           “(f) *DEPOSIT OF REIMBURSEMENT FUNDS.—There*  
24 *shall be deposited into CHEF all reimbursements to which*  
25 *the Service is entitled from any Federal, State, local, or*

1 *private source (including third party insurance) by reason*  
 2 *of treatment rendered to any victim of a disaster or cata-*  
 3 *strophic illness the cost of which was paid from CHEF.*

4 **“SEC. 203. HEALTH PROMOTION AND DISEASE PREVENTION**  
 5 **SERVICES.**

6 *“(a) FINDINGS.—Congress finds that health promotion*  
 7 *and disease prevention activities—*

8 *“(1) improve the health and well-being of Indi-*  
 9 *ans; and*

10 *“(2) reduce the expenses for health care of Indi-*  
 11 *ans.*

12 *“(b) PROVISION OF SERVICES.—The Secretary, acting*  
 13 *through the Service and Tribal Health Programs, shall pro-*  
 14 *vide health promotion and disease prevention services to In-*  
 15 *dians to achieve the health status objectives set forth in sec-*  
 16 *tion 3(2).*

17 *“(c) EVALUATION.—The Secretary, after obtaining*  
 18 *input from the affected Tribal Health Programs, shall sub-*  
 19 *mit to the President for inclusion in each report which is*  
 20 *required to be submitted to Congress under section 801 an*  
 21 *evaluation of—*

22 *“(1) the health promotion and disease prevention*  
 23 *needs of Indians;*

24 *“(2) the health promotion and disease prevention*  
 25 *activities which would best meet such needs;*

1           “(3) *the internal capacity of the Service and*  
2           *Tribal Health Programs to meet such needs; and*

3           “(4) *the resources which would be required to en-*  
4           *able the Service and Tribal Health Programs to un-*  
5           *dertake the health promotion and disease prevention*  
6           *activities necessary to meet such needs.*

7   **“SEC. 204. DIABETES PREVENTION, TREATMENT, AND CON-**  
8           **TROL.**

9           “(a) *DETERMINATIONS REGARDING DIABETES.—The*  
10          *Secretary, acting through the Service, and in consultation*  
11          *with Indian Tribes and Tribal Organizations, shall deter-*  
12          *mine—*

13                  “(1) *by an Indian Tribe, Tribal Organization,*  
14                  *and by Service Unit, the incidence of, and the types*  
15                  *of complications resulting from, diabetes among Indi-*  
16                  *ans; and*

17                  “(2) *based on the determinations made pursuant*  
18                  *to paragraph (1), the measures (including patient*  
19                  *education and effective ongoing monitoring of disease*  
20                  *indicators) each Service Unit should take to reduce*  
21                  *the incidence of, and prevent, treat, and control the*  
22                  *complications resulting from, diabetes among Indian*  
23                  *Tribes within that Service Unit.*

24                  “(b) *DIABETES SCREENING.—To the extent medically*  
25          *indicated and with informed consent, the Secretary shall*

1 screen each Indian who receives services from the Service  
2 for diabetes and for conditions which indicate a high risk  
3 that the individual will become diabetic and, in consulta-  
4 tion with Indian Tribes, Urban Indian Organizations, and  
5 appropriate health care providers, establish a cost-effective  
6 approach to ensure ongoing monitoring of disease indica-  
7 tors. Such screening and monitoring may be conducted by  
8 a Tribal Health Program and may be conducted through  
9 appropriate Internet-based health care management pro-  
10 grams.

11       “(c) *FUNDING FOR DIABETES.*—The Secretary shall  
12 continue to fund each model diabetes project in existence  
13 on the date of the enactment of the Indian Health Care Im-  
14 provement Amendments Act of 2004, any such other diabe-  
15 tes programs operated by the Service or Tribal Health Pro-  
16 grams, and any additional diabetes projects, such as the  
17 Medical Vanguard program provided for in title IV of Pub-  
18 lic Law 108–87, as implemented to serve Indian Tribes.  
19 Tribal Health Programs shall receive recurring funding for  
20 the diabetes projects that they operate pursuant to this sec-  
21 tion, both at the date of enactment of the Indian Health  
22 Care Improvement Act Amendments of 2004 and for  
23 projects which are added and funded thereafter.

24       “(d) *FUNDING FOR DIALYSIS PROGRAMS.*—The Sec-  
25 retary shall provide funding through the Service, Indian

1 Tribes, and Tribal Organizations to establish dialysis pro-  
2 grams, including funding to purchase dialysis equipment  
3 and provide necessary staffing.

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

6 “(1) in each Area Office, consult with Indian  
7 Tribes and Tribal Organizations regarding programs  
8 for the prevention, treatment, and control of diabetes;

9 “(2) establish in each Area Office a registry of  
10 patients with diabetes to track the incidence of diabe-  
11 tes and the complications from diabetes in that area;  
12 and

13 “(3) ensure that data collected in each Area Of-  
14 fice regarding diabetes and related complications  
15 among Indians are disseminated to all other Area Of-  
16 fices, subject to applicable patient privacy laws.

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

18 “(a) *FUNDING AGREEMENTS FOR LONG-TERM CARE.*—  
19 Notwithstanding any other provisions of law, the Secretary,  
20 acting through the Service, is authorized to enter into  
21 Funding Agreements or other arrangements with Indian  
22 Tribes or Tribal Organizations for the delivery of long-term  
23 care and similar services to Indians. Such funding agree-  
24 ments or other arrangements shall provide for the sharing  
25 of staff or other services between the Service or a Tribal

1 *Health Program and a long-term care or other similar fa-*  
2 *cility owned and operated (directly or through a Funding*  
3 *Agreement) by such Indian Tribe or Tribal Organization.*

4       “(b) *CONTENTS OF FUNDING AGREEMENTS.—A Fund-*  
5 *ing Agreement or other arrangement entered into pursuant*  
6 *to subsection (a)—*

7               “(1) *may, at the request of the Indian Tribe or*  
8 *Tribal Organization, delegate to such Indian Tribe or*  
9 *Tribal Organization such powers of supervision and*  
10 *control over Service employees as the Secretary deems*  
11 *necessary to carry out the purposes of this section;*

12               “(2) *shall provide that expenses (including sala-*  
13 *ries) relating to services that are shared between the*  
14 *Service and the Tribal Health Program be allocated*  
15 *proportionately between the Service and the Indian*  
16 *Tribe or Tribal Organization; and*

17               “(3) *may authorize such Indian Tribe or Tribal*  
18 *Organization to construct, renovate, or expand a*  
19 *long-term care or other similar facility (including the*  
20 *construction of a facility attached to a Service facil-*  
21 *ity).*

22       “(c) *MINIMUM REQUIREMENT.—Any nursing facility*  
23 *provided for under this section shall meet the requirements*  
24 *for nursing facilities under section 1919 of the Social Secu-*  
25 *rity Act.*



1       “(d) *OTHER ASSISTANCE.*—*The Secretary shall pro-*  
2 *vide such technical and other assistance as may be nec-*  
3 *essary to enable applicants to comply with the provisions*  
4 *of this section.*

5       “(e) *USE OF EXISTING OR UNDERUSED FACILITIES.*—  
6 *The Secretary shall encourage the use of existing facilities*  
7 *that are underused or allow the use of swing beds for long-*  
8 *term or similar care.*

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

10       “*The Secretary, acting through the Service, shall make*  
11 *funding available for research to further the performance*  
12 *of the health service responsibilities of Indian Health Pro-*  
13 *grams and shall coordinate the activities of other agencies*  
14 *within the Department to address these research needs.*  
15 *Tribal Health Programs shall be given an equal oppor-*  
16 *tunity to compete for, and receive, research funds under this*  
17 *section. This funding may be used for both clinical and non-*  
18 *clinical research.*

19       “**SEC. 207. MAMMOGRAPHY AND OTHER CANCER SCREEN-**  
20   **ING.**

21       “*The Secretary, acting through the Service or Tribal*  
22 *Health Programs, shall provide for screening as follows:*

23   “(1) *Screening mammography (as defined in sec-*  
24 *tion 1861(jj) of the Social Security Act) for Indian*  
25 *women at a frequency appropriate to such women*

1        *under national standards, such as those of the Na-*  
2        *tional Cancer Institute for the National Institutes for*  
3        *Health, and under such terms and conditions as are*  
4        *consistent with standards established by the Secretary*  
5        *to ensure the safety and accuracy of screening mam-*  
6        *mography under part B of title XVIII of such Act.*

7            *“(2) Other cancer screening meeting national*  
8        *standards, such as those of the National Cancer Insti-*  
9        *tute.*

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

11        *“The Secretary, acting through the Service and Tribal*  
12        *Health Programs, shall provide funds for the following pa-*  
13        *tient travel costs, including appropriate and necessary*  
14        *qualified escorts, associated with receiving health care serv-*  
15        *ices provided (either through direct or contract care or*  
16        *through Funding Agreements) under this Act—*

17            *“(1) emergency air transportation and non-*  
18        *emergency air transportation where ground transpor-*  
19        *tation is infeasible;*

20            *“(2) transportation by private vehicle (where no*  
21        *other means of transportation is available), specially*  
22        *equipped vehicle, and ambulance; and*

23            *“(3) transportation by such other means as may*  
24        *be available and required when air or motor vehicle*  
25        *transportation is not available.*

1 **“SEC. 209. EPIDEMIOLOGY CENTERS.**

2       “(a) *ADDITIONAL CENTERS.*—*In addition to those epi-*  
3 *demiology centers already established at the time of enact-*  
4 *ment of this Act, (including those for which funding is cur-*  
5 *rently being provided in Funding Agreements), and without*  
6 *reducing the funding levels for such centers, not later than*  
7 *180 days after the date of the enactment of the Indian*  
8 *Health Care Improvement Act Amendments of 2004, the*  
9 *Secretary, acting through the Service, shall establish and*  
10 *fund an epidemiology center in each Service Area which*  
11 *does not yet have one to carry out the functions described*  
12 *in subsection (b). Any new centers so established may be*  
13 *operated by Tribal Health Programs, but such funding shall*  
14 *not be divisible.*

15       “(b) *FUNCTIONS OF CENTERS.*—*In consultation with*  
16 *and upon the request of Indian Tribes, Tribal Organiza-*  
17 *tions, and Urban Indian Organizations, each Service Area*  
18 *epidemiology center established under this subsection shall,*  
19 *with respect to such Service Area—*

20               “(1) *collect data relating to, and monitor*  
21 *progress made toward meeting, each of the health sta-*  
22 *tus objectives of the Service, the Indian Tribes, Tribal*  
23 *Organizations, and Urban Indian Organizations in*  
24 *the Service Area;*

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

4           “(3) assist Indian Tribes, Tribal Organizations,  
5           and Urban Indian Organizations in identifying their  
6           highest priority health status objectives and the serv-  
7           ices needed to achieve such objectives, based on epide-  
8           miological data;

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

11          “(5) make recommendations to improve health  
12          care delivery systems for Indians and Urban Indians;

13          “(6) provide requested technical assistance to In-  
14          dian Tribes, Tribal Organizations, and Urban Indian  
15          Organizations in the development of local health serv-  
16          ice priorities and incidence and prevalence rates of  
17          disease and other illness in the community; and

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

21          “(c) *TECHNICAL ASSISTANCE.*—The Director of the  
22          Centers for Disease Control and Prevention shall provide  
23          technical assistance to the centers in carrying out the re-  
24          quirements of this subsection.

1       “(d) *FUNDING FOR STUDIES.*—*The Secretary may*  
 2 *make funding available to Indian Tribes, Tribal Organiza-*  
 3 *tions, and Urban Indian Organizations to conduct epide-*  
 4 *miological studies of Indian communities.*

5       “**SEC. 210. COMPREHENSIVE HEALTH EDUCATION PRO-**  
 6                                   **GRAMS.**

7       “(a) *FUNDING FOR DEVELOPMENT OF PROGRAMS.*—  
 8 *The Secretary, acting through the Service, shall provide*  
 9 *funding to Indian Tribes, Tribal Organizations, and Urban*  
 10 *Indian Organizations to develop comprehensive school*  
 11 *health education programs for children from pre-school*  
 12 *through grade 12 in schools for the benefit of Indian and*  
 13 *Urban Indian children.*

14       “(b) *USE OF FUNDS.*—*Funding provided under this*  
 15 *section may be used for purposes which may include, but*  
 16 *are not limited to, the following:*

17               “(1) *Developing and implementing health edu-*  
 18               *cation curricula both for regular school programs and*  
 19               *afterschool programs.*

20               “(2) *Training teachers in comprehensive school*  
 21               *health education curricula.*

22               “(3) *Integrating school-based, community-based,*  
 23               *and other public and private health promotion efforts.*

24               “(4) *Encouraging healthy, tobacco-free school en-*  
 25               *vironments.*

1           “(5) *Coordinating school-based health programs*  
2           *with existing services and programs available in the*  
3           *community.*

4           “(6) *Developing school programs on nutrition*  
5           *education, personal health, oral health, and fitness.*

6           “(7) *Developing behavioral health wellness pro-*  
7           *grams.*

8           “(8) *Developing chronic disease prevention pro-*  
9           *grams.*

10          “(9) *Developing substance abuse prevention pro-*  
11          *grams.*

12          “(10) *Developing injury prevention and safety*  
13          *education programs.*

14          “(11) *Developing activities for the prevention*  
15          *and control of communicable diseases.*

16          “(12) *Developing community and environmental*  
17          *health education programs that include traditional*  
18          *health care practitioners.*

19          “(13) *Violence prevention.*

20          “(14) *Such other health issues as are appro-*  
21          *priate.*

22          “(c) *TECHNICAL ASSISTANCE.*—*Upon request, the Sec-*  
23          *retary, acting through the Service, shall provide technical*  
24          *assistance to Indian Tribes, Tribal Organizations, and*  
25          *Urban Indian Organizations in the development of com-*

1 *prehensive health education plans and the dissemination of*  
 2 *comprehensive health education materials and information*  
 3 *on existing health programs and resources.*

4       “(d) *CRITERIA FOR REVIEW AND APPROVAL OF APPLI-*  
 5 *CATIONS.—The Secretary, acting through the Service, and*  
 6 *in consultation with Indian Tribes, Tribal Organizations,*  
 7 *and Urban Indian Organizations, shall establish criteria*  
 8 *for the review and approval of applications for funding pro-*  
 9 *vided pursuant to this section.*

10       “(e) *DEVELOPMENT OF PROGRAM FOR BIA FUNDED*  
 11 *SCHOOLS.—*

12               “(1) *IN GENERAL.—The Secretary of the Inte-*  
 13 *rior, acting through the Bureau of Indian Affairs and*  
 14 *in cooperation with the Secretary, acting through the*  
 15 *Service, and affected Indian Tribes and Tribal Orga-*  
 16 *nizations, shall develop a comprehensive school health*  
 17 *education program for children from preschool*  
 18 *through grade 12 in schools for which support is pro-*  
 19 *vided by the Bureau of Indian Affairs.*

20               “(2) *REQUIREMENTS FOR PROGRAMS.—Such*  
 21 *programs shall include—*

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

24                       “(B) *behavioral health wellness programs;*

25                       “(C) *chronic disease prevention programs;*

1           “(D) substance abuse prevention programs;

2           “(E) injury prevention and safety education

3           programs; and

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

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

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

10          “(B) ensure the integration and coordina-  
11          tion of school-based programs with existing serv-  
12          ices and health programs available in the com-  
13          munity; and

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

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

17          “(a) PROGRAM AUTHORIZED.—The Secretary, acting  
18          through the Service, is authorized to establish and admin-  
19          ister a program to provide funding to Indian Tribes, Tribal  
20          Organizations, and Urban Indian Organizations for inno-  
21          vative mental and physical disease prevention and health  
22          promotion and treatment programs for Indian and Urban  
23          Indian preadolescent and adolescent youths.

24          “(b) USE OF FUNDS.—



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

3                   “(A) *develop prevention and treatment pro-*  
4                   *grams for Indian youth which promote mental*  
5                   *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) *PROHIBITED USE.*—*Funds made available*  
11           *under this section may not be used to provide services*  
12           *described in section 707(c).*

13           “(c) *DUTIES OF THE SECRETARY.*—*The Secretary*  
14           *shall—*

15                   “(1) *disseminate to Indian Tribes, Tribal Orga-*  
16                   *nizations, and Urban Indian Organizations informa-*  
17                   *tion regarding models for the delivery of comprehen-*  
18                   *sive health care services to Indian and Urban Indian*  
19                   *adolescents;*

20                   “(2) *encourage the implementation of such mod-*  
21                   *els; and*

22                   “(3) *at the request of an Indian Tribe, Tribal*  
23                   *Organization, or Urban Indian Organization, provide*  
24                   *technical assistance in the implementation of such*  
25                   *models.*

1           “(d) *CRITERIA FOR REVIEW AND APPROVAL OF APPLI-*  
2 *CATIONS.—The Secretary, in consultation with Indian*  
3 *Tribes, Tribal Organizations, and Urban Indian Organiza-*  
4 *tions, shall establish criteria for the review and approval*  
5 *of applications or proposals under this section.*

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

8           “(a) *FUNDING AUTHORIZED.—The Secretary, acting*  
9 *through the Service, and after consultation with Indian*  
10 *Tribes, Tribal Organizations, Urban Indian Organizations,*  
11 *and the Centers for Disease Control and Prevention, may*  
12 *make funding available to Indian Tribes, Tribal Organiza-*  
13 *tions, and Urban Indian Organizations for the following:*

14                   “(1) *Projects for the prevention, control, and*  
15 *elimination of communicable and infectious diseases*  
16 *including, but not limited to, tuberculosis, hepatitis,*  
17 *human immunodeficiency virus, respiratory syncytial*  
18 *virus, hanta virus, sexually transmitted diseases, and*  
19 *Helicobacter Pylori Infections.*

20                   “(2) *Public information and education programs*  
21 *for the prevention, control, and elimination of com-*  
22 *municable and infectious diseases.*

23                   “(3) *Education, training, and clinical skills im-*  
24 *provement activities in the prevention, control, and*  
25 *elimination of communicable and infectious diseases*

1       *for health professionals, including allied health profes-*  
2       *sionals.*

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

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

8       “(c) *COORDINATION WITH HEALTH AGENCIES.—In-*  
9       *dian Tribes, Tribal Organizations, and Urban Indian Or-*  
10       *ganizations receiving funding under this section are encour-*  
11       *aged to coordinate their activities with the Centers for Dis-*  
12       *ease Control and Prevention and State and local health*  
13       *agencies.*

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

16               “(1) *may, at the request of an Indian Tribe,*  
17       *Tribal Organization, or Urban Indian Organization,*  
18       *provide technical assistance; and*

19               “(2) *shall prepare and submit a report to Con-*  
20       *gress biennially on the use of funds under this section*  
21       *and on the progress made toward the prevention, con-*  
22       *trol, and elimination of communicable and infectious*  
23       *diseases among Indians and Urban Indians.*

1 **“SEC. 213. AUTHORITY FOR PROVISION OF OTHER SERV-**  
2 **ICES.**

3 “(a) *FUNDING AUTHORIZED.*—*The Secretary, acting*  
4 *through the Service, Indian Tribes, and Tribal Organiza-*  
5 *tions, may provide funding under this Act to meet the objec-*  
6 *tives set forth in section 3 through health care-related serv-*  
7 *ices and programs not otherwise described in this Act,*  
8 *which shall include, but not be limited to—*

9 “(1) *hospice care;*

10 “(2) *assisted living;*

11 “(3) *long-term health care;*

12 “(4) *home- and community-based services;*

13 “(5) *public health functions; and*

14 “(6) *Traditional Health Care Practices.*

15 “(b) *SERVICES TO OTHERWISE INELIGIBLE PER-*  
16 *SONS.*—*At the discretion of the Service, Indian Tribes, or*  
17 *Tribal Organizations, services provided for hospice care,*  
18 *home health care, home- and community-based care, as-*  
19 *sisted living, and long-term care may be provided (subject*  
20 *to reimbursement of reasonable charges) to persons other-*  
21 *wise ineligible for the health care benefits of the Service.*  
22 *Any funds received under this subsection shall not be used*  
23 *to offset or limit the funding allocated to an Indian Tribe*  
24 *or Tribal Organization.*

25 “(c) *DEFINITIONS.*—*For the purposes of this section,*  
26 *the following definitions shall apply:*

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

3                   “(A) *Homemaker/home health aide services.*

4                   “(B) *Chore services.*

5                   “(C) *Personal care services.*

6                   “(D) *Nursing care services provided outside*  
7 *of a nursing facility by, or under the supervision*  
8 *of, a registered nurse.*

9                   “(E) *Respite care.*

10                  “(F) *Training for family members.*

11                  “(G) *Adult day care.*

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

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

22           “(3) *The term ‘public health functions’ means*  
23 *the provision of public health-related programs, func-*  
24 *tions, and services including, but not limited to, as-*  
25 *essment, assurance, and policy development which*

1 *Indian Tribes and Tribal Organizations are author-*  
2 *ized and encouraged, in those circumstances where it*  
3 *meets their needs, to do by forming collaborative rela-*  
4 *tionships with all levels of local, State, and Federal*  
5 *Government.*

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

7 *“The Secretary, acting through the Service and Indian*  
8 *Tribes, Tribal Organizations, and Urban Indian Organiza-*  
9 *tions, shall provide funding to monitor and improve the*  
10 *quality of health care for Indian women of all ages through*  
11 *the planning and delivery of programs administered by the*  
12 *Service, in order to improve and enhance the treatment*  
13 *models of care for Indian women.*

14 **“SEC. 215. ENVIRONMENTAL AND NUCLEAR HEALTH HAZ-**  
15 **ARDS.**

16 *“(a) STUDIES AND MONITORING.—The Secretary and*  
17 *the Service shall conduct, in conjunction with other appro-*  
18 *priate Federal agencies and in consultation with concerned*  
19 *Indian Tribes and Tribal Organizations, studies and ongo-*  
20 *ing monitoring programs to determine trends in the health*  
21 *hazards to Indian miners and to Indians on or near res-*  
22 *ervations and Indian communities as a result of environ-*  
23 *mental hazards which may result in chronic or life threat-*  
24 *ening health problems, such as nuclear resource develop-*  
25 *ment, petroleum contamination, and contamination of*

1 *water source and of the food chain. Such studies shall in-*  
2 *clude—*

3           “(1) *an evaluation of the nature and extent of*  
4 *health problems caused by environmental hazards cur-*  
5 *rently exhibited among Indians and the causes of such*  
6 *health problems;*

7           “(2) *an analysis of the potential effect of ongoing*  
8 *and future environmental resource development on or*  
9 *near reservations and Indian communities, including*  
10 *the cumulative effect over time on health;*

11           “(3) *an evaluation of the types and nature of ac-*  
12 *tivities, practices, and conditions causing or affecting*  
13 *such health problems including, but not limited to,*  
14 *uranium mining and milling, uranium mine tailing*  
15 *deposits, nuclear power plant operation and construc-*  
16 *tion, and nuclear waste disposal; oil and gas produc-*  
17 *tion or transportation on or near reservations or In-*  
18 *dian communities; and other development that could*  
19 *affect the health of Indians and their water supply*  
20 *and food chain;*

21           “(4) *a summary of any findings and rec-*  
22 *ommendations provided in Federal and State studies,*  
23 *reports, investigations, and inspections during the 5*  
24 *years prior to the date of the enactment of the Indian*  
25 *Health Care Improvement Act Amendments of 2004*

1       *that directly or indirectly relate to the activities,*  
2       *practices, and conditions affecting the health or safety*  
3       *of such Indians; and*

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

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

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

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

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



1        *nuclear or other development activities, may experi-*  
2        *ence health problems.*

3        “(c) *SUBMISSION OF REPORT AND PLAN TO CON-*  
4        *GRESS.—The Secretary and the Service shall submit to*  
5        *Congress the study prepared under subsection (a) no later*  
6        *than 18 months after the date of the enactment of the Indian*  
7        *Health Care Improvement Act Amendments of 2004. The*  
8        *health care plan prepared under subsection (b) shall be sub-*  
9        *mitted in a report no later than 1 year after the study pre-*  
10       *pared under subsection (a) is submitted to Congress. Such*  
11       *report shall include recommended activities for the imple-*  
12       *mentation of the plan, as well as an evaluation of any ac-*  
13       *tivities previously undertaken by the Service to address such*  
14       *health problems.*

15       “(d) *INTERGOVERNMENTAL TASK FORCE.—*

16                “(1) *ESTABLISHMENT; MEMBERS.—There is es-*  
17        *tablished an Intergovernmental Task Force to be com-*  
18        *posed of the following individuals (or their designees):*

19                        “(A) *The Secretary of Energy.*

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

22                        “(C) *The Director of the Bureau of Mines.*

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

25                        “(E) *The Secretary of the Interior.*

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

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

5           “(2) *DUTIES.—The Task Force shall—*

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

11          “(B) *enter into activities to correct existing*  
12          *health hazards and ensure that current and fu-*  
13          *ture health problems resulting from nuclear re-*  
14          *source or other development activities are mini-*  
15          *mized or reduced.*

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

20          “(e) *HEALTH SERVICES TO CERTAIN EMPLOYEES.—*

21          *In the case of any Indian who—*

22          “(1) *as a result of employment in or near a ura-*  
23          *nium mine or mill or near any other environmental*  
24          *hazard, suffers from a work-related illness or condi-*  
25          *tion;*

1           “(2) is eligible to receive diagnosis and treatment  
2           services from an Indian Health Program; and

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

17   **“SEC. 216. ARIZONA AS A CONTRACT HEALTH SERVICE DE-**  
18                            **LIVERY AREA.**

19           “(a) *IN GENERAL.*—For fiscal years beginning with  
20           the fiscal year ending September 30, 1983, and ending with  
21           the fiscal year ending September 30, 2015, the State of Ari-  
22           zona shall be designated as a contract health service delivery  
23           area by the Service for the purpose of providing contract  
24           health care services to members of federally recognized In-  
25           dian Tribes of Arizona.

1       “(b) *MAINTENANCE OF SERVICES.*—*The Service shall*  
 2 *not curtail any health care services provided to Indians re-*  
 3 *siding on reservations in the State of Arizona if such cur-*  
 4 *tailment is due to the provision of contract services in such*  
 5 *State pursuant to the designation of such State as a con-*  
 6 *tract health service delivery area pursuant to subsection (a).*

7       **“SEC. 216A. NORTH DAKOTA AS A CONTRACT HEALTH SERV-**  
 8                                   **ICE DELIVERY AREA.**

9       “(a) *IN GENERAL.*—*For fiscal years beginning with*  
 10 *the fiscal year ending September 30, 2003, and ending with*  
 11 *the fiscal year ending September 30, 2015, the State of*  
 12 *North Dakota shall be designated as a contract health serv-*  
 13 *ice delivery area by the Service for the purpose of providing*  
 14 *contract health care services to members of federally recog-*  
 15 *nized Indian Tribes of North Dakota.*

16       “(b) *LIMITATION.*—*The Service shall not curtail any*  
 17 *health care services provided to Indians residing on reserva-*  
 18 *tions in the State of North Dakota if such curtailment is*  
 19 *due to the provision of contract services in such State pur-*  
 20 *suant to the designation of such State as a contract health*  
 21 *service delivery area pursuant to subsection (a).*

22       **“SEC. 216B. SOUTH DAKOTA AS A CONTRACT HEALTH SERV-**  
 23                                   **ICE DELIVERY AREA.**

24       “(a) *IN GENERAL.*—*For fiscal years beginning with*  
 25 *the fiscal year ending September 30, 2003, and ending with*

1 *the fiscal year ending on September 30, 2015, the State of*  
2 *South Dakota shall be designated as a contract health serv-*  
3 *ice delivery area by the Service for the purpose of providing*  
4 *contract health care services to members of federally recog-*  
5 *nized Indian Tribes of South Dakota.*

6       “(b) *LIMITATION.*—*The Service shall not curtail any*  
7 *health care services provided to Indians residing on reserva-*  
8 *tions in the State of South Dakota if such curtailment is*  
9 *due to the provision of contract services in such State pur-*  
10 *suant to the designation of such State as a contract health*  
11 *service delivery area pursuant to subsection (a).*

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

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

19       “(b) *REIMBURSEMENT CONTRACT.*—*The Secretary*  
20 *shall enter into an agreement with the CRIHB to reimburse*  
21 *the CRIHB for costs (including reasonable administrative*  
22 *costs) incurred pursuant to this section, in providing med-*  
23 *ical treatment under contract to California Indians de-*  
24 *scribed in section 806(a) throughout the California contract*

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

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

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

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

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

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

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

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

12 “(a) *AUTHORIZATION FOR SERVICES.*—The Secretary,  
 13 acting through the Service, is directed to provide contract  
 14 health services to members of the Turtle Mountain Band  
 15 of Chippewa Indians that reside in the Trenton Service  
 16 Area of Divide, McKenzie, and Williams counties in the  
 17 State of North Dakota and the adjoining counties of Rich-  
 18 land, Roosevelt, and Sheridan in the State of Montana.

19 “(b) *NO EXPANSION OF ELIGIBILITY.*—Nothing in this  
 20 section may be construed as expanding the eligibility of  
 21 members of the Turtle Mountain Band of Chippewa Indians  
 22 for health services provided by the Service beyond the scope  
 23 of eligibility for such health services that applied on May  
 24 1, 1986.

1 **“SEC. 220. PROGRAMS OPERATED BY INDIAN TRIBES AND**  
2 **TRIBAL ORGANIZATIONS.**

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

7 **“SEC. 221. LICENSING OR CERTIFICATION.**

8 *“Health care professionals employed by a Tribal*  
9 *Health Program shall, if licensed or certified in any State,*  
10 *be exempt from the licensing or certification requirements*  
11 *of the State in which the Tribal Health Program performs*  
12 *the services described in its Funding Agreement.*

13 **“SEC. 222. NOTIFICATION OF PROVISION OF EMERGENCY**  
14 **CONTRACT HEALTH SERVICES.**

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

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

22 *“(a) DEADLINE FOR RESPONSE.—The Service shall re-*  
23 *spond to a notification of a claim by a provider of a con-*  
24 *tract care service with either an individual purchase order*  
25 *or a denial of the claim within 5 working days after the*  
26 *receipt of such notification.*



1           “(b) *EFFECT OF UNTIMELY RESPONSE.*—*If the Service*  
2 *fails to respond to a notification of a claim in accordance*  
3 *with subsection (a), the Service shall accept as valid the*  
4 *claim submitted by the provider of a contract care service.*

5           “(c) *DEADLINE FOR PAYMENT OF VALID CLAIM.*—*The*  
6 *Service shall pay a valid contract care service claim within*  
7 *30 days after the completion of the claim.*

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

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

13           “(b) *NOTIFICATION.*—*The Secretary shall notify a con-*  
14 *tract care provider and any patient who receives contract*  
15 *health care services authorized by the Service that such pa-*  
16 *tient is not liable for the payment of any charges or costs*  
17 *associated with the provision of such services not later than*  
18 *5 business days after receipt of a notification of a claim*  
19 *by a provider of contract care services.*

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

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

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

5                   **“TITLE III—FACILITIES**6 **“SEC. 301. CONSULTATION: CONSTRUCTION AND RENOVA-**  
 7                   **TION OF FACILITIES; REPORTS.**

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

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

21               *“(2) ensure, whenever practicable and applicable,*  
 22 *that such facility meets the construction standards of*  
 23 *any accrediting body recognized by the Secretary for*  
 24 *the purposes of the medicare, medicaid, and SCHIP*  
 25 *programs under titles XVIII, XIX, and XXI of the*  
 26 *Social Security Act by not later than 1 year after the*

1       *date on which the construction or renovation of such*  
2       *facility is completed.*

3       “(b) *CLOSURES.*—

4               “(1) *EVALUATION REQUIRED.*—*Notwithstanding*  
5       *any other provision of law, no facility operated by the*  
6       *Service may be closed if the Secretary has not sub-*  
7       *mitted to Congress at least 1 year prior to the date*  
8       *of the proposed closure an evaluation of the impact of*  
9       *the proposed closure which specifies, in addition to*  
10       *other considerations—*

11               “(A) *the accessibility of alternative health*  
12       *care resources for the population served by such*  
13       *facility;*

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

15               “(C) *the quality of health care to be pro-*  
16       *vided to the population served by such facility*  
17       *after such closure;*

18               “(D) *the availability of contract health care*  
19       *funds to maintain existing levels of service;*

20               “(E) *the views of the Indian Tribes served*  
21       *by such facility concerning such closure;*

22               “(F) *the level of use of such facility by all*  
23       *eligible Indians; and*

24               “(G) *the distance between such facility and*  
25       *the nearest operating Service hospital.*

1           “(2) *EXCEPTION FOR CERTAIN TEMPORARY CLO-*  
 2           *SURES.—Paragraph (1) shall not apply to any tem-*  
 3           *porary closure of a facility or any portion of a facil-*  
 4           *ity if such closure is necessary for medical, environ-*  
 5           *mental, or construction safety reasons.*

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

7           “(1) *IN GENERAL.—*

8           “(A) *ESTABLISHMENT.—The Secretary, act-*  
 9           *ing through the Service, shall establish a health*  
 10           *care facility priority system, which shall—*

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

14                   “(ii) *give Indian Tribes’ needs the*  
 15                   *highest priority; and*

16                   “(iii) *at a minimum, include the lists*  
 17                   *required in paragraph (2)(B) and the meth-*  
 18                   *odology required in paragraph (2)(E).*

19           “(B) *PRIORITY OF CERTAIN PROJECTS PRO-*  
 20           *TECTED.—The priority of any project established*  
 21           *under the construction priority system in effect*  
 22           *on the date of the Indian Health Care Improve-*  
 23           *ment Act Amendments of 2004 shall not be af-*  
 24           *ected by any change in the construction priority*  
 25           *system taking place thereafter if the project was*

1           *identified as 1 of the 10 top-priority inpatient*  
2           *projects, 1 of the 10 top-priority outpatient*  
3           *projects, 1 of the 10 top-priority staff quarters*  
4           *developments, or 1 of the 10 top-priority Youth*  
5           *Regional Treatment Centers in the fiscal year*  
6           *2005 Indian Health Service budget justification,*  
7           *or if the project had completed both Phase I and*  
8           *Phase II of the construction priority system in*  
9           *effect on the date of the enactment of such Act.*

10           “(2) *REPORT; CONTENTS.—The Secretary shall*  
11           *submit to the President, for inclusion in each report*  
12           *required to be transmitted to Congress under section*  
13           *801, a report which sets forth the following:*

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

17                   “(B) *Health care facilities lists, including*  
18                   *but not limited to—*

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

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

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

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

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

6                   “(C) The justification for such order of pri-  
7                   ority.

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

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

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

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

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

1           “(4) *CRITERIA FOR EVALUATING NEEDS.*—For  
2           purposes of this subsection, the Secretary shall, in  
3           evaluating the needs of facilities operated under any  
4           Funding Agreement use the same criteria that the  
5           Secretary uses in evaluating the needs of facilities op-  
6           erated directly by the Service.

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

15          “(d) *REVIEW OF NEED FOR FACILITIES.*—

16                 “(1) *INITIAL REPORT.*—In the year 2005, the  
17                 Government Accountability Office shall prepare and  
18                 finalize a report which sets forth the needs of the  
19                 Service, Indian Tribes, Tribal Organizations, and  
20                 Urban Indian Organizations, for the facilities listed  
21                 under subsection (c)(2)(B), including the needs for  
22                 renovation and expansion of existing facilities. The  
23                 Government Accountability Office shall submit the re-  
24                 port to the appropriate authorizing and appropria-  
25                 tions committees of Congress and to the Secretary.

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

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

11          “(4) *For purposes of this subsection, the reports*  
12          *shall, regarding the needs of facilities operated under*  
13          *any Funding Agreement, be based on the same cri-*  
14          *teria that the Secretary uses in evaluating the needs*  
15          *of facilities operated directly by the Service.*

16          “(5) *The planning, design, construction, and*  
17          *renovation needs of facilities operated under Funding*  
18          *Agreements shall be fully and equitably integrated*  
19          *into the development of the health facility priority*  
20          *system.*

21          “(6) *Beginning in the year 2006 and each fiscal*  
22          *year thereafter, the Secretary shall provide an oppor-*  
23          *tunity for nomination of planning, design, and con-*  
24          *struction projects by the Service, Indian Tribes, and*



1       *Tribal Organizations for consideration under the*  
2       *health care facility priority system.*

3       “(e) *FUNDING CONDITION.*—*All funds appropriated*  
4       *under the Act of November 2, 1921 (25 U.S.C. 13) (com-*  
5       *monly known as the ‘Snyder Act’), for the planning, design,*  
6       *construction, or renovation of health facilities for the benefit*  
7       *of 1 or more Indian Tribes shall be subject to the provisions*  
8       *of the Indian Self-Determination and Education Assistance*  
9       *Act (25 U.S.C. 450 et seq.).*

10       “(f) *DEVELOPMENT OF INNOVATIVE APPROACHES.*—  
11       *The Secretary shall consult and cooperate with Indian*  
12       *Tribes, Tribal Organizations, and Urban Indian Organiza-*  
13       *tions in developing innovative approaches to address all or*  
14       *part of the total unmet need for construction of health facili-*  
15       *ties, including those provided for in other sections of this*  
16       *title and other approaches.*

17       **“SEC. 302. SANITATION FACILITIES.**

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

19               “(1) *The provision of sanitation facilities is pri-*  
20               *marily 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 sanitation*  
24               *facilities.*

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 sanitation facilities and other preventive*  
5           *health measures.*

6           “(4) *Many Indian homes and Indian commu-*  
7           *nities still lack sanitation facilities.*

8           “(5) *It is in the interest of the United States,*  
9           *and it is the policy of the United States, that all In-*  
10          *dian communities and Indian homes, new and exist-*  
11          *ing, be provided with sanitation facilities.*

12          “(b) *FACILITIES AND SERVICES.—In furtherance of the*  
13          *findings made in subsection (a), Congress reaffirms the pri-*  
14          *mary responsibility and authority of the Service to provide*  
15          *the necessary sanitation facilities and services as provided*  
16          *in section 7 of the Act of August 5, 1954 (42 U.S.C. 2004a).*  
17          *Under such authority, the Secretary, acting through the*  
18          *Service, is authorized to provide the following:*

19                 “(1) *Financial and technical assistance to In-*  
20                 *dian Tribes, Tribal Organizations, and Indian com-*  
21                 *munities in the establishment, training, and equip-*  
22                 *ping of utility organizations to operate and maintain*  
23                 *sanitation facilities, including the provision of exist-*  
24                 *ing plans, standard details, and specifications avail-*  
25                 *able in the Department, to be used at the option of*

1       *the Indian Tribe, Tribal Organization, or Indian*  
2       *community.*

3               “(2) *Ongoing technical assistance and training*  
4       *to Indian Tribes, Tribal Organizations, and Indian*  
5       *communities in the management of utility organiza-*  
6       *tions which operate and maintain sanitation facili-*  
7       *ties.*

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

16       “(c) *FUNDING.—Notwithstanding any other provision*  
17       *of law—*

18               “(1) *the Secretary of Housing and Urban Devel-*  
19       *opment is authorized to transfer funds appropriated*  
20       *under the Native American Housing Assistance and*  
21       *Self-Determination Act of 1996 to the Secretary of*  
22       *Health and Human Services;*

23               “(2) *the Secretary of Health and Human Serv-*  
24       *ices is authorized to accept and use such funds for the*  
25       *purpose of providing sanitation facilities and services*

1       *for Indians under section 7 of the Act of August 5,*  
2       *1954 (42 U.S.C. 2004a);*

3           “(3) *unless specifically authorized when funds*  
4       *are appropriated, the Secretary shall not use funds*  
5       *appropriated under section 7 of the Act of August 5,*  
6       *1954 (42 U.S.C. 2004a), to provide sanitation facili-*  
7       *ties to new homes constructed using funds provided by*  
8       *the Department of Housing and Urban Development;*

9           “(4) *the Secretary of Health and Human Serv-*  
10       *ices is authorized to accept from any source, includ-*  
11       *ing Federal and State agencies, funds for the purpose*  
12       *of providing sanitation facilities and services and*  
13       *place these funds into Funding Agreements;*

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

21           “(6) *except as otherwise prohibited by this sec-*  
22       *tion, the Secretary may use funds appropriated under*  
23       *the authority of section 7 of the Act of August 5, 1954*  
24       *(42 U.S.C. 2004a) to meet matching or cost partici-*  
25       *pation requirements under other Federal and non-*

1 *Federal programs for new projects to construct eligible*  
2 *sanitation facilities;*

3 *“(7) all Federal agencies are authorized to trans-*  
4 *fer to the Secretary funds identified, granted, loaned,*  
5 *or appropriated whereby the Department’s applicable*  
6 *policies, rules, and regulations shall apply in the im-*  
7 *plementation of such projects;*

8 *“(8) the Secretary of Health and Human Serv-*  
9 *ices shall enter into interagency agreements with Fed-*  
10 *eral and State agencies for the purpose of providing*  
11 *financial assistance for sanitation facilities and serv-*  
12 *ices under this Act; and*

13 *“(9) the Secretary of Health and Human Serv-*  
14 *ices shall, by regulation developed through rulemaking*  
15 *under section 802, establish standards applicable to*  
16 *the planning, design, and construction of sanitation*  
17 *facilities funded under this Act.*

18 *“(d) CERTAIN CAPABILITIES NOT PREREQUISITE.—*  
19 *The financial and technical capability of an Indian Tribe,*  
20 *Tribal Organization, or Indian community to safely oper-*  
21 *ate, manage, and maintain a sanitation facility shall not*  
22 *be a prerequisite to the provision or construction of sanita-*  
23 *tion facilities by the Secretary.*

24 *“(e) FINANCIAL ASSISTANCE.—The Secretary is au-*  
25 *thorized to provide financial assistance to Indian Tribes,*

1 *Tribal Organizations, and Indian communities for oper-*  
2 *ation, management, and maintenance of their sanitation*  
3 *facilities.*

4       “(f) *OPERATION, MANAGEMENT, AND MAINTENANCE OF*  
5 *FACILITIES.—The Indian Tribe, Tribal Organization, or*  
6 *Indian community has the primary responsibility to estab-*  
7 *lish, collect, and use reasonable user fees, or otherwise set*  
8 *aside funding, for the purpose of operating, managing, and*  
9 *maintaining sanitation facilities. If a sanitation facility*  
10 *serving a community that is operated by an Indian Tribe,*  
11 *Tribal Organization, or Indian community is threatened*  
12 *with imminent failure and such operator lacks capacity to*  
13 *maintain the integrity or the health benefits of the sanita-*  
14 *tion facility, then the Secretary is authorized to assist the*  
15 *Indian Tribe, Tribal Organization, or Indian community*  
16 *in the resolution of the problem on a short-term basis*  
17 *through cooperation with the emergency coordinator or by*  
18 *providing operation, management, and maintenance serv-*  
19 *ice.*

20       “(g) *ISDEAA PROGRAM FUNDED ON EQUAL BASIS.—*  
21 *Tribal Health Programs shall be eligible (on an equal basis*  
22 *with programs that are administered directly by the Serv-*  
23 *ice) for—*

24               “(1) *any funds appropriated pursuant to this*  
25       *section; and*

1           “(2) any funds appropriated for the purpose of  
2           *providing sanitation facilities.*

3           “(h) *REPORT.—*

4           “(1) *REQUIRED; CONTENTS.—The Secretary, in*  
5           *consultation with the Secretary of Housing and*  
6           *Urban Development, Indian Tribes, Tribal Organiza-*  
7           *tions, and tribally designated housing entities (as de-*  
8           *fined in section 4 of the Native American Housing*  
9           *Assistance and Self-Determination Act of 1996 (25*  
10           *U.S.C. 4103)) shall submit to the President, for inclu-*  
11           *sion in each report required to be transmitted to Con-*  
12           *gress under section 801, a report which sets forth—*

13                   “(A) *the current Indian sanitation facility*  
14                   *priority system of the Service;*

15                   “(B) *the methodology for determining sani-*  
16                   *tation deficiencies and needs;*

17                   “(C) *the level of initial and final sanitation*  
18                   *deficiency for each type of sanitation facility for*  
19                   *each project of each Indian Tribe or Indian com-*  
20                   *munity;*

21                   “(D) *the amount and most effective use of*  
22                   *funds, derived from whatever source, necessary to*  
23                   *accommodate the sanitation facilities needs of*  
24                   *new homes assisted with funds under the Native*  
25                   *American Housing Assistance and Self-Deter-*

1            *mination Act, and to reduce the identified sani-*  
2            *tation deficiency levels of all Indian Tribes and*  
3            *Indian communities to level I sanitation defi-*  
4            *ciency as defined in paragraph (4)(A); and*

5            *“(E) a 10-year plan to provide sanitation*  
6            *facilities to serve existing Indian homes and In-*  
7            *dian communities and new and renovated In-*  
8            *dian homes.*

9            *“(2) CRITERIA.—The criteria on which the defi-*  
10          *ciencies and needs will be evaluated shall be developed*  
11          *through negotiated rulemaking pursuant to section*  
12          *802.*

13          *“(3) UNIFORM METHODOLOGY.—The method-*  
14          *ology used by the Secretary in determining, pre-*  
15          *paring cost estimates for, and reporting sanitation*  
16          *deficiencies for purposes of paragraph (1) shall be ap-*  
17          *plied uniformly to all Indian Tribes and Indian com-*  
18          *munities.*

19          *“(4) SANITATION DEFICIENCY LEVELS.—For*  
20          *purposes of this subsection, the sanitation deficiency*  
21          *levels for an individual, Indian Tribe or Indian com-*  
22          *munity sanitation facility to serve Indian homes are*  
23          *determined as follows:*



1           “(A) A level I deficiency exists if a sanita-  
2           tion facility serving an individual, Indian  
3           Tribe, or Indian community—

4                   “(i) complies with all applicable water  
5                   supply, pollution control, and solid waste  
6                   disposal laws; and

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

9           “(B) A level II deficiency exists if a sanita-  
10           tion facility serving an individual, Indian  
11           Tribe, or Indian community substantially or re-  
12           cently complied with all applicable water sup-  
13           ply, pollution control, and solid waste laws and  
14           any deficiencies relate to—

15                   “(i) small or minor capital improve-  
16                   ments needed to bring the facility back into  
17                   compliance;

18                   “(ii) capital improvements that are  
19                   necessary to enlarge or improve the facili-  
20                   ties in order to meet the current needs for  
21                   domestic sanitation facilities; or

22                   “(iii) the lack of equipment or training  
23                   by an Indian Tribe, Tribal Organization,  
24                   or an Indian community to properly oper-  
25                   ate and maintain the sanitation facilities.

1           “(C) A level III deficiency exists if a sani-  
2           tation facility serving an individual, Indian  
3           Tribe or Indian community meets one or more  
4           of the following conditions—

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

8                   “(ii) major significant interruptions to  
9                   water supply or sewage disposal occur fre-  
10                  quently, requiring major capital improve-  
11                  ments to correct the deficiencies; or

12                  “(iii) there is no access to or no ap-  
13                  proved or permitted solid waste facility  
14                  available.

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

16                   “(i) a sanitation facility of an indi-  
17                   vidual, Indian Tribe, Tribal Organization,  
18                   or Indian community has no piped water  
19                   or sewer facilities in the home or the facility  
20                   has become inoperable due to major compo-  
21                   nent failure; or

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

24           “(E) A level V deficiency exists in the ab-  
25           sence of a sanitation facility, where individual

1           *homes do not have access to safe drinking water*  
2           *or adequate wastewater (including sewage) dis-*  
3           *posal.*

4           “(j) *DEFINITIONS.*—*For purposes of this section, the*  
5           *following terms apply:*

6           “(1) *INDIAN COMMUNITY.*—*The term ‘Indian*  
7           *community’ means a geographic area, a significant*  
8           *proportion of whose inhabitants are Indians and*  
9           *which is served by or capable of being served by a fa-*  
10           *cility described in this section.*

11           “(2) *SANITATION FACILITIES.*—*The terms ‘sani-*  
12           *tation facility’ and ‘sanitation facilities’ mean safe*  
13           *and adequate water supply systems, sanitary sewage*  
14           *disposal systems, and sanitary solid waste systems*  
15           *(and all related equipment and support infrastruc-*  
16           *ture).*

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

18           “(a) *BUY INDIAN ACT.*—*The Secretary, acting through*  
19           *the Service, may use the negotiating authority of section*  
20           *23 of the Act of June 25, 1910 (25 U.S.C. 47, commonly*  
21           *known as the ‘Buy Indian Act’), to give preference to any*  
22           *Indian or any enterprise, partnership, corporation, or other*  
23           *type of business organization owned and controlled by an*  
24           *Indian or Indians including former or currently federally*  
25           *recognized Indian Tribes in the State of New York (herein-*

1 *after referred to as an ‘Indian firm’) in the construction*  
 2 *and renovation of Service facilities pursuant to section 301*  
 3 *and in the construction of sanitation facilities pursuant to*  
 4 *section 302. Such preference may be accorded by the Sec-*  
 5 *retary unless the Secretary finds, pursuant to regulations*  
 6 *adopted pursuant to section 802, that the project or function*  
 7 *to be contracted for will not be satisfactory or such project*  
 8 *or function cannot be properly completed or maintained*  
 9 *under the proposed contract. The Secretary, in arriving at*  
 10 *such a finding, shall consider whether the Indian or Indian*  
 11 *firm will be deficient with respect to—*

12           “(1) ownership and control by Indians;

13           “(2) equipment;

14           “(3) bookkeeping and accounting procedures;

15           “(4) substantive knowledge of the project or func-  
 16 *tion to be contracted for;*

17           “(5) adequately trained personnel; or

18           “(6) other necessary components of contract per-  
 19 *formance.*

20           “(b) LABOR STANDARDS.—

21           “(1) IN GENERAL.—*For the purposes of imple-*  
 22 *menting the provisions of this title, contracts for the*  
 23 *construction or renovation of health care facilities,*  
 24 *staff quarters, and sanitation facilities, and related*  
 25 *support infrastructure, funded in whole or in part*

1 *with funds made available pursuant to this title, shall*  
2 *contain a provision requiring compliance with sub-*  
3 *chapter IV of chapter 31 of title 40, United States*  
4 *Code (commonly known as the ‘Davis-Bacon Act’),*  
5 *unless such construction or renovation—*

6 *“(A) is performed by a contractor pursuant*  
7 *to a contract with an Indian Tribe or Tribal Or-*  
8 *ganization with funds supplied through a con-*  
9 *tract, compact or funding agreement authorized*  
10 *by the Indian Self-Determination and Education*  
11 *Assistance Act, or other statutory authority; and*

12 *“(B) is subject to prevailing wage rates for*  
13 *similar construction or renovation in the locality*  
14 *as determined by the Indian Tribes or Tribal*  
15 *Organizations to be served by the construction or*  
16 *renovation.*

17 *“(2) EXCEPTION.—This subsection shall not*  
18 *apply to construction or renovation carried out by an*  
19 *Indian Tribe or Tribal Organization with its own*  
20 *employees.*

21 **“SEC. 304. EXPENDITURE OF NONSERVICE FUNDS FOR REN-**  
22 **OVATION.**

23 *“(a) IN GENERAL.—Notwithstanding any other provi-*  
24 *sion of law, if the requirements of subsection (c) are met,*  
25 *the Secretary, acting through the Service, is authorized to*

1 *accept any major expansion, renovation, or modernization*  
2 *by any Indian Tribe or Tribal Organization of any Service*  
3 *facility or of any other Indian health facility operated pur-*  
4 *suant to a Funding Agreement, including—*

5           “(1) *any plans or designs for such expansion,*  
6           *renovation, or modernization; and*

7           “(2) *any expansion, renovation, or moderniza-*  
8           *tion for which funds appropriated under any Federal*  
9           *law were lawfully expended.*

10          “(b) *PRIORITY LIST.—*

11           “(1) *IN GENERAL.—The Secretary shall main-*  
12           *tain a separate priority list to address the needs for*  
13           *increased operating expenses, personnel, or equipment*  
14           *for such facilities. The methodology for establishing*  
15           *priorities shall be developed through negotiated rule-*  
16           *making under section 802. The list of priority facili-*  
17           *ties will be revised annually in consultation with In-*  
18           *Indian Tribes and Tribal Organizations.*

19           “(2) *REPORT.—The Secretary shall submit to the*  
20           *President, for inclusion in each report required to be*  
21           *transmitted to Congress under section 801, the pri-*  
22           *ority list maintained pursuant to paragraph (1).*

23           “(c) *REQUIREMENTS.—The requirements of this sub-*  
24           *section are met with respect to any expansion, renovation,*  
25           *or modernization if—*

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

2                   “(A) *provides notice to the Secretary of its*  
3                   *intent to expand, renovate, or modernize; and*

4                   “(B) *applies to the Secretary to be placed*  
5                   *on a separate priority list to address the needs*  
6                   *of such new facilities for increased operating ex-*  
7                   *penses, personnel, or equipment; and*

8           “(2) *the expansion, renovation, or moderniza-*  
9           *tion—*

10                   “(A) *is approved by the appropriate area*  
11                   *director of the Service for Federal facilities; and*

12                   “(B) *is administered by the Indian Tribe or*  
13                   *Tribal Organization in accordance with any ap-*  
14                   *plicable regulations prescribed by the Secretary*  
15                   *with respect to construction or renovation of*  
16                   *Service facilities.*

17           “(d) *ADDITIONAL REQUIREMENT FOR EXPANSION.—*

18           *In addition to the requirements in subsection (c), for any*  
19           *expansions, the Indian Tribe or Tribal Organization shall*  
20           *provide to the Secretary additional information developed*  
21           *through negotiated rulemaking under section 802, including*  
22           *additional staffing, equipment, and other costs associated*  
23           *with the expansion.*

24           “(e) *CLOSURE OR CONVERSION OF FACILITIES.—If*  
25           *any Service facility which has been expanded, renovated,*

1 *or modernized by an Indian Tribe or Tribal Organization*  
 2 *under this section ceases to be used as a Service facility*  
 3 *during the 20-year period beginning on the date such ex-*  
 4 *pansion, renovation, or modernization is completed, such*  
 5 *Indian Tribe or Tribal Organization shall be entitled to*  
 6 *recover from the United States an amount which bears the*  
 7 *same ratio to the value of such facility at the time of such*  
 8 *cessation as the value of such expansion, renovation, or*  
 9 *modernization (less the total amount of any funds provided*  
 10 *specifically for such facility under any Federal program*  
 11 *that were expended for such expansion, renovation, or mod-*  
 12 *ernization) bore to the value of such facility at the time*  
 13 *of the completion of such expansion, renovation, or mod-*  
 14 *ernization.*

15 **“SEC. 305. FUNDING FOR THE CONSTRUCTION, EXPANSION,**  
 16 **AND MODERNIZATION OF SMALL AMBULA-**  
 17 **TORY CARE FACILITIES.**

18 *“(a) FUNDING.—*

19 *“(1) IN GENERAL.—The Secretary, acting*  
 20 *through the Service, in consultation with Indian*  
 21 *Tribes and Tribal Organizations, shall make funding*  
 22 *available to Indian Tribes and Tribal Organizations*  
 23 *for the construction, expansion, or modernization of*  
 24 *facilities for the provision of ambulatory care services*  
 25 *to eligible Indians (and noneligible persons pursuant*



1       to subsections (b)(2) and (c)(1)(C)). Funding made  
2       under this section may cover up to 100 percent of the  
3       costs of such construction, expansion, or moderniza-  
4       tion. For the purposes of this section, the term ‘con-  
5       struction’ includes the replacement of an existing fa-  
6       cility.

7               “(2) *FUNDING AGREEMENT REQUIRED.*—Funding  
8       under paragraph (1) may only be made available  
9       to a Tribal Health Program operating an Indian  
10      health facility (other than a facility owned or con-  
11     structed by the Service, including a facility originally  
12     owned or constructed by the Service and transferred  
13     to an Indian Tribe or Tribal Organization).

14      “(b) *USE OF FUNDS.*—

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

20                   “(A) located apart from a hospital;

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

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

1           “(i) have a total capacity appropriate  
2           to its projected service population;

3           “(ii) provide annually no fewer than  
4           150 eligible Indians and other users who  
5           are eligible for services in such facility in  
6           accordance with section 807(c)(2); and

7           “(iii) provide ambulatory care in a  
8           Service Area (specified in the Funding  
9           Agreement) with a population of no fewer  
10          than 1,500 eligible Indians and other users  
11          who are eligible for services in such facility  
12          in accordance with section 807(c)(2).

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

24           “(3) *USE ONLY FOR CERTAIN PORTION OF*  
25          *COSTS.*—Funding provided under this section may be

1        *used only for the cost of that portion of a construc-*  
 2        *tion, expansion, or modernization project or debt re-*  
 3        *duction that benefits the Service population identified*  
 4        *above in subsection (b)(1)(C) (ii) and (iii).*

5            *“(4) APPLICABILITY OF REQUIREMENTS IN THE*  
 6        *CASE OF ISOLATED FACILITIES.—The requirements of*  
 7        *clauses (ii) and (iii) of paragraph (1)(C) shall not*  
 8        *apply to an Indian Tribe or Tribal Organization ap-*  
 9        *plying for funding under this section for a health care*  
 10        *facility located or to be constructed on an island or*  
 11        *when such facility is not located on a road system*  
 12        *providing direct access to an inpatient hospital where*  
 13        *care is available to the Service population.*

14        *“(c) FUNDING.—*

15            *“(1) APPLICATION.—No funding may be made*  
 16        *available under this section unless an application or*  
 17        *proposal for such funding has been approved by the*  
 18        *Secretary in accordance with applicable regulations*  
 19        *and has provided reasonable assurance by the appli-*  
 20        *cant that, at all times after the construction, expan-*  
 21        *sion, or modernization of a facility carried out pursu-*  
 22        *ant to funding received under this section—*

23            *“(A) adequate financial support will be*  
 24        *available for the provision of services at such fa-*  
 25        *cility;*

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

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

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

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

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

16           “(3) *PEER REVIEW PANELS.*—The Secretary may  
17 provide for the establishment of peer review panels, as  
18 necessary, to review and evaluate applications and  
19 proposals and to advise the Secretary regarding such  
20 applications using the criteria developed during con-  
21 sultations pursuant to subsection (a)(1).

22           “(d) *REVERSION OF FACILITIES.*—If any facility (or  
23 portion thereof) with respect to which funds have been paid  
24 under this section, ceases, within 5 years after completion  
25 of the construction, expansion, or modernization carried out

1 *with such funds, to be used for the purposes of providing*  
2 *health care services to eligible Indians, all of the right, title,*  
3 *and interest in and to such facility (or portion thereof) shall*  
4 *transfer to the United States unless otherwise negotiated by*  
5 *the Service and the Indian Tribe or Tribal Organization.*

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

12 **“SEC. 306. INDIAN HEALTH CARE DELIVERY DEMONSTRATION PROJECT.**

13       “(a) *HEALTH CARE DEMONSTRATION PROJECTS.—*  
14 *The Secretary, acting through the Service, and in consulta-*  
15 *tion with Indian Tribes and Tribal Organizations, is au-*  
16 *thorized to enter into construction project agreements and*  
17 *construction contracts under the Indian Self-Determination*  
18 *and Education Assistance Act (25 U.S.C. 450 et seq.) with*  
19 *Indian Tribes or Tribal Organizations for the purpose of*  
20 *carrying out a health care delivery demonstration project*  
21 *to test alternative means of delivering health care and serv-*  
22 *ices to Indians through facilities, including but not limited*  
23 *to hospice, traditional Indian health, and child care facili-*  
24 *ties.*

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

6               “(1) *waive any leasing prohibition;*

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

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

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

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

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

16       “(c) *REGULATIONS.*—*The Secretary shall develop and*  
17 *promulgate regulations not later than 1 year after the date*  
18 *of enactment of the Indian Health Care Improvement Act*  
19 *Amendments of 2004. If the Secretary has not promulgated*  
20 *regulations by that date, the Secretary shall develop and*  
21 *publish regulations, through rulemaking under section 802,*  
22 *for the review and approval of applications submitted*  
23 *under this section.*

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

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

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

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

9           “(4) *The project is economically viable.*

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

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

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

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

25                 “(1) *Cass Lake, Minnesota.*

1           “(2) *Clinton, Oklahoma.*

2           “(3) *Harlem, Montana.*

3           “(4) *Mescalero, New Mexico.*

4           “(5) *Owyhee, Nevada.*

5           “(6) *Parker, Arizona.*

6           “(7) *Schurz, Nevada.*

7           “(8) *Winnebago, Nebraska.*

8           “(9) *Ft. Yuma, California.*

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

13           “(h) *SERVICE TO INELIGIBLE PERSONS.—The author-*  
14 *ity to provide services to persons otherwise ineligible for the*  
15 *health care benefits of the Service and the authority to ex-*  
16 *tend hospital privileges in Service facilities to non-Service*  
17 *health practitioners as provided in section 807 may be in-*  
18 *cluded, subject to the terms of such section, in any dem-*  
19 *onstration project approved pursuant to this section.*

20           “(i) *EQUITABLE TREATMENT.—For purposes of sub-*  
21 *section (d)(1), the Secretary shall, in evaluating facilities*  
22 *operated under any Funding Agreement, use the same cri-*  
23 *teria that the Secretary uses in evaluating facilities oper-*  
24 *ated directly by the Service.*



1           “(j) *EQUITABLE INTEGRATION OF FACILITIES.*—The  
2 *Secretary shall ensure that the planning, design, construc-*  
3 *tion, renovation, and expansion needs of Service and non-*  
4 *Service facilities which are the subject of a Funding Agree-*  
5 *ment for health services are fully and equitably integrated*  
6 *into the implementation of the health care delivery dem-*  
7 *onstrations projects under this section.*

8           “**SEC. 307. LAND TRANSFER.**

9           “Notwithstanding any other provision of law, the Bu-  
10 *reau of Indian Affairs and all other agencies and depart-*  
11 *ments of the United States are authorized to transfer, at*  
12 *no cost, land and improvements to the Service for the provi-*  
13 *sion of health care services. The Secretary is authorized to*  
14 *accept such land and improvements for such purposes.*

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

16           “*The Secretary, acting through the Service, may enter*  
17 *into leases, contracts, and other agreements with Indian*  
18 *Tribes and Tribal Organizations which hold (1) title to, (2)*  
19 *a leasehold interest in, or (3) a beneficial interest in (when*  
20 *title is held by the United States in trust for the benefit*  
21 *of an Indian Tribe) facilities used or to be used for the ad-*  
22 *ministration and delivery of health services by an Indian*  
23 *Health Program. Such leases, contracts, or agreements may*  
24 *include provisions for construction or renovation and pro-*  
25 *vide for compensation to the Indian Tribe or Tribal Orga-*

1 nization of rental and other costs consistent with section  
2 105(l) of the Indian Self-Determination and Education As-  
3 sistance Act and regulations thereunder. Notwithstanding  
4 any other provision of law, such leases, contracts, or other  
5 agreements shall be considered as operating leases for the  
6 purpose of scoring under the Balanced Budget and Emer-  
7 gency Deficit Control Act of 1985 (2 U.S.C. 901 et seq.)

8 **“SEC. 309. STUDY ON LOANS, LOAN GUARANTEES, AND**  
9 **LOAN REPAYMENT.**

10 “(a) *IN GENERAL.*—The Secretary, in consultation  
11 with the Secretary of the Treasury, Indian Tribes, and  
12 Tribal Organizations, shall carry out a study to determine  
13 the feasibility of establishing a loan fund to provide to In-  
14 dian Tribes and Tribal Organizations direct loans or guar-  
15 antees for loans for the construction of health care facilities,  
16 including—

17 “(1) inpatient facilities;

18 “(2) outpatient facilities;

19 “(3) staff quarters;

20 “(4) hostels; and

21 “(5) specialized care facilities, such as behavioral  
22 health and elder care facilities.

23 “(b) *DETERMINATIONS.*—In carrying out the study  
24 under subsection (a), the Secretary shall determine—

1           “(1) the maximum principal amount of a loan  
2           or loan guarantee that should be offered to a recipient  
3           from the loan fund;

4           “(2) the percentage of eligible costs, not to exceed  
5           100 percent, that may be covered by a loan or loan  
6           guarantee from the loan fund (including costs relating  
7           to planning, design, financing, site land development,  
8           construction, rehabilitation, renovation, conversion,  
9           improvements, medical equipment and furnishings,  
10          and other facility-related costs and capital purchase  
11          (but excluding staffing));

12          “(3) the cumulative total of the principal of di-  
13          rect loans and loan guarantees, respectively, that may  
14          be outstanding at any 1 time;

15          “(4) the maximum term of a loan or loan guar-  
16          antee that may be made for a facility from the loan  
17          fund;

18          “(5) the maximum percentage of funds from the  
19          loan fund that should be allocated for payment of  
20          costs associated with planning and applying for a  
21          loan or loan guarantee;

22          “(6) whether acceptance by the Secretary of an  
23          assignment of the revenue of an Indian Tribe or Trib-  
24          al Organization as security for any direct loan or

1        *loan guarantee from the loan fund would be appro-*  
2        *priate;*

3            *“(7) whether, in the planning and design of*  
4        *health facilities under this section, users eligible*  
5        *under section 807(c) may be included in any projec-*  
6        *tion of patient population;*

7            *“(8) whether funds of the Service provided*  
8        *through loans or loan guarantees from the loan fund*  
9        *should be eligible for use in matching other Federal*  
10       *funds under other programs;*

11           *“(9) the appropriateness of, and best methods*  
12       *for, coordinating the loan fund with the health care*  
13       *priority system of the Service under section 301; and*

14           *“(10) any legislative or regulatory changes re-*  
15       *quired to implement recommendations of the Sec-*  
16       *retary based on results of the study.*

17        *“(c) REPORT.—Not later than September 30, 2006, the*  
18       *Secretary shall submit to the Committee on Indian Affairs*  
19       *of the Senate and the Committee on Resources and the Com-*  
20       *mittee on Energy and Commerce of the House of Represent-*  
21       *atives a report that describes—*

22           *“(1) the manner of consultation made as re-*  
23       *quired by subsection (a); and*

1           “(2) *the results of the study, including any rec-*  
2           *ommendations of the Secretary based on results of the*  
3           *study.*

4   **“SEC. 310. TRIBAL LEASING.**

5           *“A Tribal Health Program may lease permanent*  
6           *structures for the purpose of providing health care services*  
7           *without obtaining advance approval in appropriation Acts.*

8   **“SEC. 311. INDIAN HEALTH SERVICE/TRIBAL FACILITIES**  
9                           **JOINT VENTURE PROGRAM.**

10          *“(a) IN GENERAL.—The Secretary, acting through the*  
11          *Service, is authorized to negotiate and enter into arrange-*  
12          *ments with Indian Tribes and Tribal Organizations to es-*  
13          *tablish joint venture demonstration projects under which an*  
14          *Indian Tribe or Tribal Organization shall expend tribal,*  
15          *private, or other available funds, for the acquisition or con-*  
16          *struction of a health facility for a minimum of 10 years,*  
17          *under a no-cost lease, in exchange for agreement by the*  
18          *Service to provide the equipment, supplies, and staffing for*  
19          *the operation and maintenance of such a health facility.*  
20          *An Indian Tribe or Tribal Organization may use tribal*  
21          *funds, private sector, or other available resources, including*  
22          *loan guarantees, to fulfill its commitment under a joint ven-*  
23          *ture entered into under this subsection. An Indian Tribe*  
24          *or Tribal Organization shall be eligible under this section*  
25          *if, when it submits a letter of intent, it—*

1           “(1) *has begun but not completed the process of*  
2 *acquisition or construction of a health facility to be*  
3 *used in the joint venture project; or*

4           “(2) *has not begun the process of acquisition or*  
5 *construction of a health facility for use in the joint*  
6 *venture project.*

7           “(b) *REQUIREMENTS.—The Secretary shall make such*  
8 *an arrangement with an Indian Tribe or Tribal Organiza-*  
9 *tion only if—*

10           “(1) *the Secretary first determines that the In-*  
11 *dian Tribe or Tribal Organization has the adminis-*  
12 *trative and financial capabilities necessary to com-*  
13 *plete the timely acquisition or construction of the rel-*  
14 *evant health facility; and*

15           “(2) *the Indian Tribe or Tribal Organization*  
16 *meets the need criteria which shall be developed*  
17 *through the negotiated rulemaking process provided*  
18 *for under section 802.*

19           “(c) *CONTINUED OPERATION.—The Secretary shall ne-*  
20 *gotiate an agreement with the Indian Tribe or Tribal Orga-*  
21 *nization regarding the continued operation of the facility*  
22 *at the end of the initial 10 year no-cost lease period.*

23           “(d) *BREACH OF AGREEMENT.—An Indian Tribe or*  
24 *Tribal Organization that has entered into a written agree-*  
25 *ment with the Secretary under this section, and that*

1 *breaches or terminates without cause such agreement, shall*  
2 *be liable to the United States for the amount that has been*  
3 *paid to the Indian Tribe or Tribal Organization, or paid*  
4 *to a third party on the Indian Tribe's or Tribal Organiza-*  
5 *tion's behalf, under the agreement. The Secretary has the*  
6 *right to recover tangible property (including supplies) and*  
7 *equipment, less depreciation, and any funds expended for*  
8 *operations and maintenance under this section. The pre-*  
9 *ceding sentence does not apply to any funds expended for*  
10 *the delivery of health care services, personnel, or staffing.*

11       “(e) *RECOVERY FOR NONUSE.*—*An Indian Tribe or*  
12 *Tribal Organization that has entered into a written agree-*  
13 *ment with the Secretary under this subsection shall be enti-*  
14 *tled to recover from the United States an amount that is*  
15 *proportional to the value of such facility if, at any time*  
16 *within the 10-year term of the agreement, the Service ceases*  
17 *to use the facility or otherwise breaches the agreement.*

18       “(f) *DEFINITION.*—*For the purposes of this section, the*  
19 *term ‘health facility’ or ‘health facilities’ includes quarters*  
20 *needed to provide housing for staff of the relevant Tribal*  
21 *Health Program.*

22       “**SEC. 312. LOCATION OF FACILITIES.**

23       “(a) *IN GENERAL.*—*In all matters involving the reor-*  
24 *ganization or development of Service facilities or in the es-*  
25 *tablishment of related employment projects to address un-*

1 *employment conditions in economically depressed areas, the*  
2 *Bureau of Indian Affairs and the Service shall give priority*  
3 *to locating such facilities and projects on Indian lands if*  
4 *requested by the Indian owner and the Indian Tribe with*  
5 *jurisdiction over such lands or other lands owned or leased*  
6 *by the Indian Tribe or Tribal Organization. Top priority*  
7 *shall be given to Indian land owned by 1 or more Indian*  
8 *Tribes.*

9       “(b) *DEFINITION.*—*For purposes of this section, the*  
10 *term ‘Indian lands’ means—*

11               “(1) *all lands within the exterior boundaries of*  
12 *any reservation;*

13               “(2) *any lands title to which is held in trust by*  
14 *the United States for the benefit of any Indian Tribe*  
15 *or individual Indian or held by any Indian Tribe or*  
16 *individual Indian subject to restriction by the United*  
17 *States against alienation; and*

18               “(3) *all lands in Alaska owned by any Alaska*  
19 *Native village, or village or regional corporation*  
20 *under the Alaska Native Claims Settlement Act, or*  
21 *any land allotted to any Alaska Native.*

22 **“SEC. 313. MAINTENANCE AND IMPROVEMENT OF HEALTH**  
23 **CARE FACILITIES.**

24       “(a) *REPORT.*—*The Secretary shall submit to the*  
25 *President, for inclusion in the report required to be trans-*



1 *mited to Congress under section 801, a report which identi-*  
2 *fies the backlog of maintenance and repair work required*  
3 *at both Service and tribal health care facilities, including*  
4 *new health care facilities expected to be in operation in the*  
5 *next fiscal year. The report shall also identify the need for*  
6 *renovation and expansion of existing facilities to support*  
7 *the growth of health care programs.*

8       “(b) *MAINTENANCE OF NEWLY CONSTRUCTED*  
9 *SPACE.—The Secretary, acting through the Service, is au-*  
10 *thorized to expend maintenance and improvement funds to*  
11 *support maintenance of newly constructed space only if*  
12 *such space falls within the approved supportable space allo-*  
13 *cation for the Indian Tribe or Tribal Organization. Sup-*  
14 *portable space allocation shall be defined through the nego-*  
15 *tiated rulemaking process provided for under section 802.*

16       “(c) *REPLACEMENT FACILITIES.—In addition to using*  
17 *maintenance and improvement funds for renovation, mod-*  
18 *ernization, and expansion of facilities, an Indian Tribe or*  
19 *Tribal Organization may use maintenance and improve-*  
20 *ment funds for construction of a replacement facility if the*  
21 *costs of renovation of such facility would exceed a maximum*  
22 *renovation cost threshold. The maximum renovation cost*  
23 *threshold shall be determined through the negotiated rule-*  
24 *making process provided for under section 802.*

1 **“SEC. 314. TRIBAL MANAGEMENT OF FEDERALLY OWNED**  
2 **QUARTERS.**

3 “(a) *RENTAL RATES.*—

4 “(1) *ESTABLISHMENT.*—*Notwithstanding any*  
5 *other provision of law, a Tribal Health Program*  
6 *which operates a hospital or other health facility and*  
7 *the federally owned quarters associated therewith pur-*  
8 *suant to a Funding Agreement shall have the author-*  
9 *ity to establish the rental rates charged to the occu-*  
10 *pants of such quarters by providing notice to the Sec-*  
11 *retary of its election to exercise such authority.*

12 “(2) *OBJECTIVES.*—*In establishing rental rates*  
13 *pursuant to authority of this subsection, a Tribal*  
14 *Health Program shall endeavor to achieve the fol-*  
15 *lowing objectives:*

16 “(A) *To base such rental rates on the rea-*  
17 *sonable value of the quarters to the occupants*  
18 *thereof.*

19 “(B) *To generate sufficient funds to pru-*  
20 *dently provide for the operation and mainte-*  
21 *nance of the quarters, and subject to the discre-*  
22 *tion of the Tribal Health Program, to supply re-*  
23 *serve funds for capital repairs and replacement*  
24 *of the quarters.*

25 “(3) *EQUITABLE FUNDING.*—*Any quarters whose*  
26 *rental rates are established by a Tribal Health Pro-*

1 *gram pursuant to this subsection shall remain eligible*  
2 *for quarters improvement and repair funds to the*  
3 *same extent as all federally owned quarters used to*  
4 *house personnel in Services-supported programs.*

5 “(4) *NOTICE OF RATE CHANGE.—A Tribal*  
6 *Health Program which exercises the authority pro-*  
7 *vided under this subsection shall provide occupants*  
8 *with no less than 60 days notice of any change in*  
9 *rental rates.*

10 “(b) *DIRECT COLLECTION OF RENT.—*

11 “(1) *IN GENERAL.—Notwithstanding any other*  
12 *provision of law, and subject to paragraph (2), a*  
13 *Tribal Health Program shall have the authority to*  
14 *collect rents directly from Federal employees who oc-*  
15 *cupy such quarters in accordance with the following:*

16 “(A) *The Tribal Health Program shall no-*  
17 *tify the Secretary and the subject Federal em-*  
18 *ployees of its election to exercise its authority to*  
19 *collect rents directly from such Federal employ-*  
20 *ees.*

21 “(B) *Upon receipt of a notice described in*  
22 *subparagraph (A), the Federal employees shall*  
23 *pay rents for occupancy of such quarters directly*  
24 *to the Tribal Health Program and the Secretary*  
25 *shall have no further authority to collect rents*

1           *from such employees through payroll deduction*  
2           *or otherwise.*

3           “(C) *Such rent payments shall be retained*  
4           *by the Tribal Health Program and shall not be*  
5           *made payable to or otherwise be deposited with*  
6           *the United States.*

7           “(D) *Such rent payments shall be deposited*  
8           *into a separate account which shall be used by*  
9           *the Tribal Health Program for the maintenance*  
10          *(including capital repairs and replacement) and*  
11          *operation of the quarters and facilities as the*  
12          *Tribal Health Program shall determine.*

13          “(2) *RETROCESSION OF AUTHORITY.—If a Trib-*  
14          *al Health Program which has made an election under*  
15          *paragraph (1) requests retrocession of its authority to*  
16          *directly collect rents from Federal employees occu-*  
17          *pying federally owned quarters, such retrocession*  
18          *shall become effective on the earlier of—*

19                 “(A) *the first day of the month that begins*  
20                 *no less than 180 days after the Tribal Health*  
21                 *Program notifies the Secretary of its desire to*  
22                 *retrocede; or*

23                 “(B) *such other date as may be mutually*  
24                 *agreed by the Secretary and the Tribal Health*  
25                 *Program.*

1       “(c) *RATES IN ALASKA.*—*To the extent that a Tribal*  
2 *Health Program, pursuant to authority granted in sub-*  
3 *section (a), establishes rental rates for federally owned quar-*  
4 *ters provided to a Federal employee in Alaska, such rents*  
5 *may be based on the cost of comparable private rental hous-*  
6 *ing in the nearest established community with a year-round*  
7 *population of 1,500 or more individuals.*

8       “**SEC. 315. APPLICABILITY OF BUY AMERICAN ACT REQUIRE-**  
9                                   **MENT.**

10       “(a) *APPLICABILITY.*—*The Secretary shall ensure that*  
11 *the requirements of the Buy American Act apply to all pro-*  
12 *curements made with funds provided pursuant to section*  
13 *317. Indian Tribes and Tribal Organizations shall be ex-*  
14 *empt from these requirements.*

15       “(b) *EFFECT OF VIOLATION.*—*If it has been finally de-*  
16 *termined by a court or Federal agency that any person in-*  
17 *tentionally affixed a label bearing a ‘Made in America’ in-*  
18 *scription or any inscription with the same meaning, to any*  
19 *product sold in or shipped to the United States that is not*  
20 *made in the United States, such person shall be ineligible*  
21 *to receive any contract or subcontract made with funds pro-*  
22 *vided pursuant to section 317, pursuant to the debarment,*  
23 *suspension, and ineligibility procedures described in sec-*  
24 *tions 9.400 through 9.409 of title 48, Code of Federal Regu-*  
25 *lations.*

1           “(c) *DEFINITIONS.*—For purposes of this section, the  
2 term ‘Buy American Act’ means title III of the Act entitled  
3 ‘An Act making appropriations for the Treasury and Post  
4 Office Departments for the fiscal year ending June 30,  
5 1934, and for other purposes’, approved March 3, 1933 (41  
6 U.S.C. 10a et seq.).

7           **“SEC. 316. OTHER FUNDING FOR FACILITIES.**

8           “(a) *AUTHORITY TO ACCEPT FUNDS.*—The Secretary  
9 is authorized to accept from any source, including Federal  
10 and State agencies, funds that are available for the con-  
11 struction of health care facilities and use such funds to  
12 plan, design, and construct health care facilities for Indians  
13 and to transfer such funds to Indian Tribes or Tribal Orga-  
14 nizations through construction project agreements or con-  
15 struction contracts under the Indian Self-Determination  
16 and Education Assistance Act (25 U.S.C. 450 et seq.). Re-  
17 ceipt of such funds shall have no effect on the priorities es-  
18 tablished pursuant to section 301.

19           “(b) *INTERAGENCY AGREEMENTS.*—The Secretary is  
20 authorized to enter into interagency agreements with other  
21 Federal agencies or State agencies and other entities and  
22 to accept funds from such Federal or State agencies or other  
23 sources to provide for the planning, design, and construc-  
24 tion of health care facilities to be administered by Indian  
25 Health Programs in order to carry out the purposes of this

1 *Act and the purposes for which the funds were appropriated*  
 2 *or for which the funds were otherwise provided.*

3 “(c) *TRANSFERRED FUNDS.—Any Federal agency to*  
 4 *which funds for the construction of health care facilities are*  
 5 *appropriated is authorized to transfer such funds to the Sec-*  
 6 *etary for the construction of health care facilities to carry*  
 7 *out the purposes of this Act as well as the purposes for*  
 8 *which such funds are appropriated to such other Federal*  
 9 *agency.*

10 “(d) *ESTABLISHMENT OF STANDARDS.—The Sec-*  
 11 *etary, through the Service, shall establish standards by reg-*  
 12 *ulation, developed by rulemaking under section 802, for the*  
 13 *planning, design, and construction of health care facilities*  
 14 *serving Indians under this Act.*

15 **“SEC. 317. AUTHORIZATION OF APPROPRIATIONS.**

16 “*There are authorized to be appropriated such sums*  
 17 *as may be necessary for each fiscal year through fiscal year*  
 18 *2015 to carry out this title.*

19 **“TITLE IV—ACCESS TO HEALTH**  
 20 **SERVICES**

21 **“SEC. 401. TREATMENT OF PAYMENTS UNDER SOCIAL SECUR-**  
 22 **RITY ACT HEALTH CARE PROGRAMS.**

23 “(a) *DISREGARD OF MEDICARE, MEDICAID, AND*  
 24 *SCHIP PAYMENTS IN DETERMINING APPROPRIATIONS.—*  
 25 *Any payments received by an Indian Health Program or*

1 *by an Urban Indian Organization made under title XVIII,*  
2 *XIX, or XXI of the Social Security Act for services provided*  
3 *to Indians eligible for benefits under such respective titles*  
4 *shall not be considered in determining appropriations for*  
5 *the provision of health care and services to Indians.*

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

11       “(c) *USE OF FUNDS.*—

12               “(1) *SPECIAL FUND.*—*Notwithstanding any*  
13 *other provision of law, but subject to paragraph (2),*  
14 *payments to which a facility of the Service is entitled*  
15 *by reason of a provision of the Social Security Act*  
16 *shall be placed in a special fund to be held by the Sec-*  
17 *retary and first used (to such extent or in such*  
18 *amounts as are provided in appropriation Acts) for*  
19 *the purpose of making any improvements in the pro-*  
20 *grams of the Service which may be necessary to*  
21 *achieve or maintain compliance with the applicable*  
22 *conditions and requirements of titles XVIII, XIX, and*  
23 *XXI of the Social Security Act. Any amounts to be*  
24 *reimbursed that are in excess of the amount necessary*  
25 *to achieve or maintain such conditions and require-*



1        *ments shall, subject to the consultation with Indian*  
2        *Tribes being served by the Service Unit, be used for*  
3        *reducing the health resource deficiencies of the Indian*  
4        *Tribes. In making payments from such fund, the Sec-*  
5        *retary shall ensure that each Service Unit of the Serv-*  
6        *ice receives 100 percent of the amount to which the*  
7        *facilities of the Service, for which such Service Unit*  
8        *makes collections, are entitled by reason of a provi-*  
9        *sion of the Social Security Act.*

10            *“(2) DIRECT PAYMENT OPTION.—Paragraph (1)*  
11        *shall not apply upon the election of a Tribal Health*  
12        *Program under subsection (d) to receive payments di-*  
13        *rectly. No payment may be made out of the special*  
14        *fund described in such paragraph with respect to re-*  
15        *imbursement made for services provided during the*  
16        *period of such election.*

17            *“(d) DIRECT BILLING.—*

18            *“(1) IN GENERAL.—A Tribal Health Program*  
19        *may directly bill for, and receive payment for, health*  
20        *care items and services provided by such Indian Tribe*  
21        *or Tribal organization for which payment is made*  
22        *under title XVIII, XIX, or XXI of the Social Security*  
23        *Act or from any other third party payor.*

24            *“(2) DIRECT REIMBURSEMENT.—*

1           “(A) *USE OF FUNDS.*—*Each Tribal Health*  
2           *Program exercising the option described in para-*  
3           *graph (1) with respect to a program under a*  
4           *title of the Social Security Act shall be reim-*  
5           *bursed directly by that program for items and*  
6           *services furnished without regard to section*  
7           *401(c), but all amounts so reimbursed shall be*  
8           *used by the Tribal Health Program for the pur-*  
9           *pose of making any improvements in Tribal fa-*  
10           *ilities or Tribal Health Programs that may be*  
11           *necessary to achieve or maintain compliance*  
12           *with the conditions and requirements applicable*  
13           *generally to such items and services under the*  
14           *program under such title and to provide addi-*  
15           *tional health care services, improvements in*  
16           *health care facilities and Tribal Health Pro-*  
17           *grams, any health care-related purpose, or other-*  
18           *wise to achieve the objectives provided in section*  
19           *3 of this Act.*

20           “(B) *AUDITS.*—*The amounts paid to an In-*  
21           *Indian Tribe or Tribal Organization exercising the*  
22           *option described in paragraph (1) with respect*  
23           *to a program under a title of the Social Security*  
24           *Act shall be subject to all auditing requirements*

1           *applicable to programs administered by an In-*  
2           *Indian Health Program.*

3           “(C) *IDENTIFICATION OF SOURCE OF PAY-*  
4           *MENTS.—If an Indian Tribe or Tribal Organiza-*  
5           *tion receives funding from the Service under the*  
6           *Indian Self-Determination and Education As-*  
7           *istance Act or an Urban Indian Organization*  
8           *receives funding from the Service under title V of*  
9           *this Act and receives reimbursements or pay-*  
10           *ments under title XVIII, XIX, or XXI of the So-*  
11           *cial Security Act, such Indian Tribe or Tribal*  
12           *Organization, or Urban Indian Organization,*  
13           *shall provide to the Service a list of each pro-*  
14           *vider enrollment number (or other identifier)*  
15           *under which it receives such reimbursements or*  
16           *payments.*

17           “(3) *EXAMINATION AND IMPLEMENTATION OF*  
18           *CHANGES.—The Secretary, acting through the Service*  
19           *and with the assistance of the Administrator of the*  
20           *Centers for Medicare & Medicaid Services, shall ex-*  
21           *amine on an ongoing basis and implement any ad-*  
22           *ministrative changes that may be necessary to facili-*  
23           *tate direct billing and reimbursement under the pro-*  
24           *gram established under this subsection, including any*  
25           *agreements with States that may be necessary to pro-*

1 *vide for direct billing under a program under a title*  
 2 *of the Social Security Act.*

3 “(4) *WITHDRAWAL FROM PROGRAM.—A Tribal*  
 4 *Health Program that bills directly under the program*  
 5 *established under this subsection may withdraw from*  
 6 *participation in the same manner and under the*  
 7 *same conditions that an Indian Tribe or Tribal Orga-*  
 8 *nization may retrocede a contracted program to the*  
 9 *Secretary under the authority of the Indian Self-De-*  
 10 *termination and Education Assistance Act (25 U.S.C.*  
 11 *450 et seq.). All cost accounting and billing authority*  
 12 *under the program established under this subsection*  
 13 *shall be returned to the Secretary upon the Sec-*  
 14 *retary’s acceptance of the withdrawal of participation*  
 15 *in this program.*

16 **“SEC. 402. GRANTS TO AND FUNDING AGREEMENTS WITH**  
 17 **THE SERVICE, INDIAN TRIBES, TRIBAL ORGA-**  
 18 **NIZATIONS, AND URBAN INDIAN ORGANIZA-**  
 19 **TIONS.**

20 “(a) *INDIAN TRIBES AND TRIBAL ORGANIZATIONS.—*  
 21 *The Secretary, acting through the Service, shall make*  
 22 *grants to or enter into Funding Agreements with Indian*  
 23 *Tribes and Tribal Organizations to assist such Tribes and*  
 24 *Tribal Organizations in establishing and administering*

1 *programs on or near reservations and trust lands to assist*  
2 *individual Indians—*

3           “(1) *to enroll for benefits under title XVIII, XIX,*  
4           *or XXI of the Social Security Act and other health*  
5           *benefits programs; and*

6           “(2) *to pay premiums for coverage for such bene-*  
7           *fits, which may be based on financial need (as deter-*  
8           *mined by the Indian Tribe or Tribes being served*  
9           *based on a schedule of income levels developed or im-*  
10          *plemented by such Tribe or Tribes).*

11          “(b) *CONDITIONS.—The Secretary, acting through the*  
12          *Service, shall place conditions as deemed necessary to effect*  
13          *the purpose of this section in any grant or Funding Agree-*  
14          *ment which the Secretary makes with any Indian Tribe or*  
15          *Tribal Organization pursuant to this section. Such condi-*  
16          *tions shall include requirements that the Indian Tribe or*  
17          *Tribal Organization successfully undertake—*

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

20               “(2) *to educate Indians with respect to the bene-*  
21               *fits available under the respective programs;*

22               “(3) *to provide transportation for such indi-*  
23               *vidual Indians to the appropriate offices for enroll-*  
24               *ment or applications for such benefits; and*

1           “(4) to develop and implement methods of im-  
2           proving the participation of Indians in receiving the  
3           benefits provided under titles XVIII, XIX, and XXI of  
4           the Social Security Act.

5           “(c) *AGREEMENTS RELATING TO IMPROVING ENROLL-*  
6 *MENT OF INDIANS UNDER SOCIAL SECURITY ACT PRO-*  
7 *GRAMS.—*

8           “(1) *AGREEMENTS WITH SECRETARY TO IM-*  
9 *PROVE RECEIPT AND PROCESSING OF APPLICA-*  
10 *TIONS.—*

11           “(A) *AUTHORIZATION.—The Secretary, act-*  
12 *ing through the Service, may enter into an*  
13 *agreement with an Indian Tribe, Tribal Organi-*  
14 *zation, or Urban Indian Organization which*  
15 *provides for the receipt and processing of appli-*  
16 *cations by Indians for assistance under titles*  
17 *XIX and XXI of the Social Security Act, and*  
18 *benefits under title XVIII of such Act, by an In-*  
19 *dian Health Program or Urban Indian Organi-*  
20 *zation.*

21           “(B) *REIMBURSEMENT OF COSTS.—Such*  
22 *agreements may provide for reimbursement of*  
23 *costs of outreach, education regarding eligibility*  
24 *and benefits, and translation when such services*  
25 *are provided. The reimbursement may, as appro-*

1            *priate, be added to the applicable rate per en-*  
2            *counter or be provided as a separate fee-for-serv-*  
3            *ice payment to the Indian Tribe or Tribal Orga-*  
4            *nization.*

5            *“(C) PROCESSING CLARIFIED.—In this*  
6            *paragraph, the term ‘processing’ does not include*  
7            *a final determination of eligibility.*

8            *“(2) AGREEMENTS WITH STATES FOR OUTREACH*  
9            *ON OR NEAR RESERVATION.—*

10            *“(A) IN GENERAL.—In order to improve the*  
11            *access of Indians residing on or near a reserva-*  
12            *tion to obtain benefits under title XIX or XXI of*  
13            *the Social Security Act, as a condition of con-*  
14            *tinuing approval of a State plan under such*  
15            *title, the State shall take steps as to provide for*  
16            *enrollment on or near the reservation. Such steps*  
17            *may include outreach efforts such as the*  
18            *outstationing of eligibility workers, entering into*  
19            *agreements with Indian Tribes and Tribal Orga-*  
20            *nizations to provide outreach, education regard-*  
21            *ing eligibility and benefits, enrollment, and*  
22            *translation services when such services are pro-*  
23            *vided.*

24            *“(B) CONSTRUCTION.—Nothing in subpara-*  
25            *graph (A) shall be construed as affecting ar-*

1           *rangements entered into between States and In-*  
2           *Indian Tribes and Tribal Organizations for such*  
3           *Indian Tribes and Tribal Organizations to con-*  
4           *duct administrative activities under such titles.*

5           “(d) *FACILITATING COOPERATION.*—*The Secretary,*  
6           *acting through the Centers for Medicare & Medicaid Serv-*  
7           *ices, shall take such steps as are necessary to facilitate co-*  
8           *operation with, and agreements between, States and the*  
9           *Service, Indian Tribes, Tribal Organizations, or Urban In-*  
10          *dian Organizations.*

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

13                 “(1) *IN GENERAL.*—*The provisions of subsection*  
14                 *(a) shall apply with respect to grants and other fund-*  
15                 *ing to Urban Indian Organizations with respect to*  
16                 *populations served by such organizations in the same*  
17                 *manner they apply to grants and Funding Agree-*  
18                 *ments with Indian Tribes and Tribal Organizations*  
19                 *with respect to programs on or near reservations.*

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

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



1                   “(B) appropriate to Urban Indian Organi-  
2                   zations and Urban Indians; and

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

5   **“SEC. 403. REIMBURSEMENT FROM CERTAIN THIRD PAR-**  
6                   **TIES OF COSTS OF HEALTH SERVICES.**

7                   “(a) *RIGHT OF RECOVERY.*—*Except as provided in*  
8                   *subsection (f), the United States, an Indian Tribe, or Tribal*  
9                   *Organization shall have the right to recover from an insur-*  
10                   *ance company, health maintenance organization, employee*  
11                   *benefit plan, third-party tortfeasor, or any other responsible*  
12                   *or liable third party (including a political subdivision or*  
13                   *local governmental entity of a State) the reasonable charges*  
14                   *billed (or, if charges are not billed, the operational, admin-*  
15                   *istrative, and other expenses incurred) by the Secretary, an*  
16                   *Indian Tribe, or Tribal Organization in providing health*  
17                   *services, through the Service, an Indian Tribe, or Tribal*  
18                   *Organization to any individual to the same extent that such*  
19                   *individual, or any nongovernmental provider of such serv-*  
20                   *ices, would be eligible to receive damages, reimbursement,*  
21                   *or indemnification for such charges or expenses if—*

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

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

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

8                     “(1) *workers’ compensation laws; or*

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

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

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

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

3 “(e) *ENFORCEMENT.*—

4 “(1) *IN GENERAL.*—*The United States, an In-*  
 5 *Indian Tribe, or Tribal Organization may enforce the*  
 6 *right of recovery provided under subsection (a) by—*

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

9 “(i) *by the individual for whom health*  
 10 *services were provided by the Secretary, an*  
 11 *Indian Tribe, or Tribal Organization; or*

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

14 “(B) *instituting a civil action, including a*  
 15 *civil action for injunctive relief and other relief*  
 16 *and including, with respect to a political sub-*  
 17 *division or local governmental entity of a State,*  
 18 *such an action against an official thereof.*

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

24 “(f) *LIMITATION.*—*Absent specific written authoriza-*  
 25 *tion by the governing body of an Indian Tribe for the period*

1 of such authorization (which may not be for a period of  
2 more than 1 year and which may be revoked at any time  
3 upon written notice by the governing body to the Service),  
4 the United States shall not have a right of recovery under  
5 this section if the injury, illness, or disability for which  
6 health services were provided is covered under a self-insur-  
7 ance plan funded by an Indian Tribe, Tribal Organization,  
8 or Urban Indian Organization. Where such authorization  
9 is provided, the Service may receive and expend such  
10 amounts for the provision of additional health services con-  
11 sistent with such authorization.

12       “(g) COSTS AND ATTORNEYS’ FEES.—In any action  
13 brought to enforce the provisions of this section, a prevailing  
14 plaintiff shall be awarded its reasonable attorneys’ fees and  
15 costs of litigation.

16       “(h) RIGHT OF ACTION AGAINST INSURERS, HMOs,  
17 EMPLOYEE BENEFIT PLANS, SELF-INSURANCE PLANS, AND  
18 OTHER HEALTH CARE PLANS OR PROGRAMS.—Where an  
19 insurance company, health maintenance organization, em-  
20 ployee benefit plan, self-insurance plan, managed care plan,  
21 or other health care plan or program fails or refuses to pay  
22 the amount due under subsection (a) for services provided  
23 to an individual who is a beneficiary, participant, or in-  
24 sured of such company, organization, plan, or program, the  
25 United States, Indian Tribe, or Tribal Organization shall

1 *have a right to assert and pursue all the claims and rem-*  
2 *edies against such company, organization, plan, or pro-*  
3 *gram and against the fiduciaries of such company, organi-*  
4 *zation, plan, or program that the individual could assert*  
5 *or pursue under the terms of the contract, program, or plan*  
6 *or applicable Federal, State, or Tribal law.*

7       “(i) *NONAPPLICATION OF CLAIMS FILING REQUIRE-*  
8 *MENTS.—An insurance company, health maintenance orga-*  
9 *nization, self-insurance plan, managed care plan, or other*  
10 *health care plan or program (under the Social Security Act*  
11 *or otherwise) may not deny a claim for benefits submitted*  
12 *by the Service or by an Indian Tribe or Tribal Organiza-*  
13 *tion based on the format in which the claim is submitted*  
14 *if such format complies with the format required for sub-*  
15 *mission of claims under title XVIII of the Social Security*  
16 *Act or recognized under section 1175 of such Act.*

17       “(j) *APPLICATION TO URBAN INDIAN ORGANIZA-*  
18 *TIONS.—The previous provisions of this section shall apply*  
19 *to Urban Indian Organizations with respect to populations*  
20 *served by such Organizations in the same manner they*  
21 *apply to Indian Tribes and Tribal Organizations with re-*  
22 *spect to populations served by such Indian Tribes and Trib-*  
23 *al Organizations.*

24       “(k) *STATUTE OF LIMITATIONS.—The provisions of*  
25 *section 2415 of title 28, United States Code, shall apply*

1 *to all actions commenced under this section, and the ref-*  
2 *erences therein to the United States are deemed to include*  
3 *Indian Tribes, Tribal Organizations, and Urban Indian*  
4 *Organizations.*

5       “(l) SAVINGS.—*Nothing in this section shall be con-*  
6 *strued to limit any right of recovery available to the United*  
7 *States, an Indian Tribe, or Tribal Organization under the*  
8 *provisions of any applicable, Federal, State, or Tribal law,*  
9 *including medical lien laws and the Federal Medical Care*  
10 *Recovery Act (42 U.S.C. 2651 et seq.).*

11 **“SEC. 404. CREDITING OF REIMBURSEMENTS.**

12       “(a) USE OF AMOUNTS.—

13               “(1) RETENTION BY PROGRAM.—*Except as pro-*  
14 *vided in section 202(g) (relating to the Catastrophic*  
15 *Health Emergency Fund) and section 807 (relating to*  
16 *health services for ineligible persons), all reimburse-*  
17 *ments received or recovered under any of the pro-*  
18 *grams described in paragraph (2), including under*  
19 *section 807, by reason of the provision of health serv-*  
20 *ices by the Service, by an Indian Tribe or Tribal Or-*  
21 *ganization, or by an Urban Indian Organization,*  
22 *shall be credited to the Service, such Indian Tribe or*  
23 *Tribal Organization, or such Urban Indian Organi-*  
24 *zation, respectively, and may be used as provided in*  
25 *section 401. In the case of such a service provided by*

1        *or through a Service Unit, such amounts shall be*  
 2        *credited to such unit and used for such purposes.*

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

5            *“(A) Titles XVIII, XIX, and XXI of the So-*  
 6        *cial Security Act.*

7            *“(B) This Act, including section 807.*

8            *“(C) Public Law 87–693.*

9            *“(D) Any other provision of law.*

10        *“(b) NO OFFSET OF AMOUNTS.—The Service may not*  
 11        *offset or limit any amount obligated to any Service Unit*  
 12        *or entity receiving funding from the Service because of the*  
 13        *receipt of reimbursements under subsection (a).*

14        **“SEC. 405. PURCHASING HEALTH CARE COVERAGE.**

15        *“(a) IN GENERAL.—Insofar as amounts are made*  
 16        *available under law (including a provision of the Social*  
 17        *Security Act, the Indian Self-Determination and Education*  
 18        *Assistance Act, or other law, other than under section 402)*  
 19        *to Indian Tribes, Tribal Organizations, and Urban Indian*  
 20        *Organizations for health benefits for Service beneficiaries,*  
 21        *Indian Tribes, Tribal Organizations, and Urban Indian*  
 22        *Organizations may use such amounts to purchase health*  
 23        *benefits coverage for such beneficiaries in any manner, in-*  
 24        *cluding through—*

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

3           “(2) a State or locally authorized or licensed  
4     health care plan;

5           “(3) a health insurance provider or managed  
6     care organization; or

7           “(4) a self-insured plan.

8     *The purchase of such coverage by an Indian Tribe, Tribal*  
9     *Organization, or Urban Indian Organization may be based*  
10    *on the financial needs of such beneficiaries (as determined*  
11    *by the Indian Tribe or Tribes being served based on a sched-*  
12    *ule of income levels developed or implemented by such In-*  
13    *dian Tribe or Tribes).*

14       “(b) *EXPENSES FOR SELF-INSURED PLAN.—In the*  
15    *case of a self-insured plan under subsection (a)(4), the*  
16    *amounts may be used for expenses of operating the plan,*  
17    *including administration and insurance to limit the finan-*  
18    *cial risks to the entity offering the plan.*

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

22    **“SEC. 406. SHARING ARRANGEMENTS WITH FEDERAL AGEN-**  
23                                    **CIES.**

24       “(a) *AUTHORITY.—*



1           “(1) *IN GENERAL.*—*The Secretary may enter*  
2 *into (or expand) arrangements for the sharing of*  
3 *medical facilities and services between the Service, In-*  
4 *Indian Tribes, and Tribal Organizations and the De-*  
5 *partment of Veterans Affairs and the Department of*  
6 *Defense.*

7           “(2) *CONSULTATION BY SECRETARY RE-*  
8 *QUIRED.*—*The Secretary may not finalize any ar-*  
9 *rangement between the Service and a Department de-*  
10 *scribed in paragraph (1) without first consulting with*  
11 *the Indian Tribes which will be significantly affected*  
12 *by the arrangement.*

13          “(b) *LIMITATIONS.*—*The Secretary shall not take any*  
14 *action under this section or under subchapter IV of chapter*  
15 *81 of title 38, United States Code, which would impair—*

16           “(1) *the priority access of any Indian to health*  
17 *care services provided through the Service and the eli-*  
18 *gibility of any Indian to receive health services*  
19 *through the Service;*

20           “(2) *the quality of health care services provided*  
21 *to any Indian through the Service;*

22           “(3) *the priority access of any veteran to health*  
23 *care services provided by the Department of Veterans*  
24 *Affairs;*

1           “(4) the quality of health care services provided  
2           by the Department of Veterans Affairs or the Depart-  
3           ment of Defense; or

4           “(5) the eligibility of any Indian who is a vet-  
5           eran to receive health services through the Department  
6           of Veterans Affairs.

7           “(c) REIMBURSEMENT.—The Service, Indian Tribe, or  
8           Tribal Organization shall be reimbursed by the Department  
9           of Veterans Affairs or the Department of Defense (as the  
10          case may be) where services are provided through the Serv-  
11          ice, an Indian Tribe, or a Tribal Organization to bene-  
12          ficiaries eligible for services from either such Department,  
13          notwithstanding any other provision of law.

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

17          **“SEC. 407. PAYOR OF LAST RESORT.**

18          “Indian Health Programs and health care programs  
19          operated by Urban Indian Organizations shall be the payor  
20          of last resort for services provided to persons eligible for  
21          services from Indian Health Programs and Urban Indian  
22          Organizations, notwithstanding any Federal, State, or local  
23          law to the contrary.

1 **“SEC. 408. NONDISCRIMINATION IN QUALIFICATIONS FOR**  
2 **REIMBURSEMENT FOR SERVICES.**

3 *“For purposes of determining the eligibility of an enti-*  
4 *ty that is operated by the Service, an Indian Tribe, Tribal*  
5 *Organization, or Urban Indian Organization to receive*  
6 *payment or reimbursement from any federally funded*  
7 *health care program for health care services it furnishes to*  
8 *an Indian, any requirement that the entity be licensed or*  
9 *recognized under State or local law to furnish such services*  
10 *shall be deemed to have been met if the entity meets all*  
11 *the applicable standards for such licensure, but the entity*  
12 *need not obtain a license. In determining whether the entity*  
13 *meets such standards, the absence of licensure of any staff*  
14 *member of the entity may not be taken into account.*

15 **“SEC. 409. CONSULTATION.**

16 *“(a) NATIONAL INDIAN TECHNICAL ADVISORY GROUP*  
17 *(TAG).—*

18 *“(1) ESTABLISHMENT AND MEMBERSHIP.—The*  
19 *Secretary shall establish within the Centers for Medi-*  
20 *care & Medicaid Services a National Indian Tech-*  
21 *nicol Advisory Group (in this subsection referred to*  
22 *as the ‘Advisory Group’) which shall have no fewer*  
23 *than 14 members including at least 1 member des-*  
24 *ignated by the Indian Tribes and Tribal Organiza-*  
25 *tions in each Service Area, 1 Urban Indian Organi-*  
26 *zation representative, and 1 member representing the*

1       *Service. The Secretary may appoint additional mem-*  
2       *bers upon the recommendation of the Advisory Group.*

3           “(2) *DUTIES.—*

4               “(A) *IDENTIFICATION OF ISSUES.—The Ad-*  
5       *visory Group shall assist the Secretary in identi-*  
6       *fying and addressing issues regarding the health*  
7       *care programs under the Social Security Act (in-*  
8       *cluding medicare, medicaid, and SCHIP) that*  
9       *have implications for Indian Health Programs*  
10       *or Urban Indian Organizations. The Advisory*  
11       *Group shall provide advice to the Secretary with*  
12       *respect to those issues and with respect to the*  
13       *need for the Secretary to engage in consultation*  
14       *with Indian Tribes, Tribal Organizations, and*  
15       *Urban Indian Organizations.*

16               “(B) *CONSTRUCTION.—Nothing in subpara-*  
17       *graph (A) shall be construed as affecting any re-*  
18       *quirement under any applicable Executive order*  
19       *for the Secretary to consult with Indian Tribes*  
20       *in cases of health care policies that have implica-*  
21       *tions for Indian Health Programs or Urban In-*  
22       *dian Organizations.*

23               “(3) *NONAPPLICATION OF FEDERAL ADVISORY*  
24       *COMMITTEE ACT.—The Federal Advisory Committee*

1     *Act (5 U.S.C. App.) shall not apply to the Advisory*  
2     *Group.*

3             “(4) *MEETINGS.*—*The Secretary is authorized to*  
4     *convene meetings of the Advisory Group as often as*  
5     *needed to fulfill the responsibilities under this section.*

6             “(b) *SOLICITATION OF MEDICAID ADVICE.*—

7             “(1) *IN GENERAL.*—*As part of its plan for pay-*  
8     *ment under title XIX of the Social Security Act to a*  
9     *State in which the Service operates or funds health*  
10    *care programs or in which 1 or more Indian Health*  
11    *Programs or Urban Indian Organizations provide*  
12    *health care in the State for which medical assistance*  
13    *is available under such title, the State may establish*  
14    *a process under which the State seeks advice on a reg-*  
15    *ular, ongoing basis from designees of such Indian*  
16    *Health Programs and Urban Indian Organizations*  
17    *on matters relating to the application of such title to*  
18    *and having a direct effect on such Indian Health Pro-*  
19    *grams and Urban Indian Organizations.*

20            “(2) *MANNER OF ADVICE.*—*The process described*  
21    *in paragraph (1) should include solicitation of advice*  
22    *prior to submission of any plan amendments, waiver*  
23    *requests, and proposals for demonstration projects.*  
24    *Such process may include appointment of an advi-*  
25    *sory committee and of a designee of such Indian*

1        *Health Programs and Urban Indian Organizations to*  
 2        *the medical care advisory committee advising the*  
 3        *State on its medicaid plan.*

4                “(3) *PAYMENT OF EXPENSES.—Expenses in car-*  
 5        *rying out this subsection shall be treated as reason-*  
 6        *able administrative expenses for which reimbursement*  
 7        *may be made under section 1903(a) of the Social Se-*  
 8        *curity Act.*

9                “(c) *CONSTRUCTION.—Nothing in this section shall be*  
 10        *construed as superseding existing advisory committees,*  
 11        *working groups, or other advisory procedures established by*  
 12        *the Secretary or by any State.*

13        **“SEC. 410. STATE CHILDREN’S HEALTH INSURANCE PRO-**  
 14                **GRAM (SCHIP).**

15                “*Notwithstanding any other provision of law, insofar*  
 16        *as the State health plan of a State under title XXI of the*  
 17        *Social Security Act may provide (whether through its med-*  
 18        *icaid plan under title XIX of such Act or otherwise) child*  
 19        *health assistance to individuals who are otherwise served*  
 20        *by the Service or by an Indian Tribe or Tribal Organiza-*  
 21        *tion, the Secretary may enter into an arrangement with*  
 22        *the State and with the Service or 1 or more Indian Tribes*  
 23        *and Tribal Organizations in the State under which a por-*  
 24        *tion of the funds otherwise made available to the State*  
 25        *under such title with respect to such individuals is provided*

1 *to the Service, Indian Tribe, or Tribal Organization, re-*  
 2 *spectively, for the purpose of providing such assistance to*  
 3 *such individuals consistent with the purposes of such title.*

4 **“SEC. 411. SOCIAL SECURITY ACT SANCTIONS.**

5       “(a) *REQUESTS FOR WAIVER OF SANCTIONS.—For*  
 6 *purposes of applying any authority under a provision of*  
 7 *title XI, XVIII, XIX, or XXI of the Social Security Act to*  
 8 *seek a waiver of a sanction imposed against a health care*  
 9 *provider insofar as that provider provides services to indi-*  
 10 *viduals through an Indian Health Program, any require-*  
 11 *ment that a State request such a waiver shall be deemed*  
 12 *to be met if such Indian Health Program requests such a*  
 13 *waiver.*

14       “(b) *SAFE HARBOR FOR TRANSACTIONS BETWEEN*  
 15 *AND AMONG INDIAN HEALTH CARE PROGRAMS.—For pur-*  
 16 *poses of applying section 1128B(b) of the Social Security*  
 17 *Act, the exchange of anything of value between or among*  
 18 *the following shall not be treated as remuneration if the*  
 19 *exchange arises from or relates to any of the following health*  
 20 *programs:*

21               “(1) *An exchange between or among the fol-*  
 22 *lowing:*

23                       “(A) *Any Indian Health Program.*

24                       “(B) *Any Urban Indian Organization.*

1           “(2) *An exchange between an Indian Tribe,*  
2           *Tribal Organization, or an Urban Indian Organiza-*  
3           *tion and any patient served or eligible for service*  
4           *from an Indian Tribe, Tribal Organization, or Urban*  
5           *Indian Organization, including patients served or eli-*  
6           *gible for service pursuant to section 807, but only if*  
7           *such exchange—*

8                   “(A) *is for the purpose of transporting the*  
9                   *patient for the provision of health care items or*  
10                   *services;*

11                   “(B) *is for the purpose of providing housing*  
12                   *to the patient (including a pregnant patient)*  
13                   *and immediate family members or an escort in-*  
14                   *cidental to assuring the timely provision of*  
15                   *health care items and services to the patient;*

16                   “(C) *is for the purpose of paying premiums,*  
17                   *copayments, deductibles, or other cost-sharing on*  
18                   *behalf of patients; or*

19                   “(D) *consists of an item or service of small*  
20                   *value that is provided as a reasonable incentive*  
21                   *to secure timely and necessary preventive and*  
22                   *other items and services.*

23           “(3) *Other exchanges involving an Indian*  
24           *Health Program, an Urban Indian Organization, or*  
25           *an Indian Tribe or Tribal Organization that meet*



1        *such standards as the Secretary of Health and*  
2        *Human Services, in consultation with the Attorney*  
3        *General, determines is appropriate, taking into ac-*  
4        *count the special circumstances of such Indian Health*  
5        *Programs, Urban Indian Organizations, Indian*  
6        *Tribes, and Tribal Organizations and of patients*  
7        *served by Indian Health Programs, Urban Indian*  
8        *Organizations, Indian Tribes, and Tribal Organiza-*  
9        *tions.*

10    **“SEC. 412. COST SHARING.**

11        *“(a) COINSURANCE, COPAYMENTS, AND*  
12        *DEDUCTIBLES.—Notwithstanding any other provision of*  
13        *Federal or State law—*

14                *“(1) PROTECTION FOR ELIGIBLE INDIANS UNDER*  
15        *SOCIAL SECURITY ACT HEALTH PROGRAMS.—No In-*  
16        *dian who is furnished an item or service for which*  
17        *payment may be made under title XIX or XXI of the*  
18        *Social Security Act may be charged a deductible, co-*  
19        *payment, or coinsurance if the item or service is fur-*  
20        *nished by, or upon referral made by, the Service, an*  
21        *Indian Tribe, Tribal Organization, or Urban Indian*  
22        *Organization.*

23                *“(2) PROTECTION FOR INDIANS.—No Indian who*  
24        *is furnished an item or service by the Service may be*  
25        *charged a deductible, copayment, or coinsurance.*

1           “(3) *NO REDUCTION IN AMOUNT OF PAYMENT TO*  
2           *INDIAN HEALTH PROVIDERS.—The payment or reim-*  
3           *bursement due to the Service, Indian Tribe, Tribal*  
4           *Organization, or Urban Indian Organization under*  
5           *title XIX or XXI of the Social Security Act may not*  
6           *be reduced by the amount of the deductible, copay-*  
7           *ment, or coinsurance that would be due from the In-*  
8           *dian but for the operation of this section.*

9           “(b) *EXEMPTION FROM MEDICAID AND SCHIP PRE-*  
10          *MIUMS.—Notwithstanding any other provision of Federal*  
11          *or State law, no Indian who is otherwise eligible for services*  
12          *under title XIX of the Social Security Act (relating to the*  
13          *medicaid program) or title XXI of such Act (relating to*  
14          *the State children’s health insurance program) may be*  
15          *charged a premium as a condition of receiving benefits*  
16          *under the program under the respective title.*

17          “(c) *LIMITATION ON MEDICAL CHILD SUPPORT RE-*  
18          *COVERY.—Notwithstanding any other provision of law, a*  
19          *parent (whether or not an Indian) of an Indian child shall*  
20          *not be responsible for reimbursing a State or the Federal*  
21          *Government under title XIX or XXI of the Social Security*  
22          *Act for the cost of medical services relating to the child (in-*  
23          *cluding childbirth and including, where such child is a*  
24          *minor parent, any child of such minor parent) under cir-*  
25          *cumstances in which payment would have been made under*

1 *the contract health services program of an Indian Health*  
 2 *Program but for the child’s (or, in the case of medical serv-*  
 3 *ices relating to childbirth, mother’s, or grandchild’s, as the*  
 4 *case may be) eligibility under title XIX or XXI of the Social*  
 5 *Security Act.*

6       “(d) *TREATMENT OF CERTAIN PROPERTY FOR MED-*  
 7 *ICAID ELIGIBILITY.—Notwithstanding any other provision*  
 8 *of Federal or State law, the following property may not*  
 9 *be included when determining eligibility for services under*  
 10 *title XIX of the Social Security Act:*

11               “(1) *Property, including interests in real prop-*  
 12 *erty currently or formerly held in trust by the Federal*  
 13 *Government which is protected under applicable Fed-*  
 14 *eral, State, or Tribal law or custom from recourse*  
 15 *and including public domain allotments.*

16               “(2) *Property that has unique religious or cul-*  
 17 *tural significance or that supports subsistence or tra-*  
 18 *ditional lifestyle according to applicable Tribal law*  
 19 *or custom.*

20       “(e) *CONTINUATION OF CURRENT LAW PROTECTIONS*  
 21 *OF CERTAIN INDIAN PROPERTY FROM MEDICAID ESTATE*  
 22 *RECOVERY.—Income, resources, and property that are ex-*  
 23 *empt from medicaid estate recovery under title XIX of the*  
 24 *Social Security Act as of April 1, 2003, under manual in-*  
 25 *structions issued to carry out section 1917(b)(3) of such Act*

1 *because of Federal responsibility for Indian Tribes and*  
 2 *Alaska Native Villages shall remain so exempt. Nothing in*  
 3 *this subsection shall be construed as preventing the Sec-*  
 4 *retary from providing additional medicaid estate recovery*  
 5 *exemptions for Indians.*

6 **“SEC. 413. TREATMENT UNDER MEDICAID MANAGED CARE.**

7       “(a) *PAYMENT FOR SERVICES FURNISHED TO INDI-*  
 8 *ANS.—*

9               “(1) *IN GENERAL.—Subject to paragraph (2), in*  
 10 *the case of an Indian who is enrolled with a managed*  
 11 *care entity under section 1932 of the Social Security*  
 12 *Act (or otherwise under a waiver under title XIX of*  
 13 *such Act) and who receives services, covered by a*  
 14 *managed care entity, from an Indian Health Pro-*  
 15 *gram or an Urban Indian Organization, either—*

16                       “(A) *the entity shall make payment to the*  
 17 *Indian Health Program or Urban Indian Orga-*  
 18 *nization at a rate established by the entity for*  
 19 *such services that is not less than the rate for*  
 20 *preferred providers (or at such other rate as may*  
 21 *be negotiated between the entity and such Indian*  
 22 *Health Program or Urban Indian Organization)*  
 23 *and shall not require submittal of a claim by the*  
 24 *enrollee as a condition of payment to the Indian*

1           *Health Program or Urban Indian Organization;*  
2           *or*

3           “(B) *the State shall provide for payment to*  
4           *the Indian Health Program or Urban Indian*  
5           *Organization under its State plan under title*  
6           *XIX of such Act at the rate otherwise applicable*  
7           *and shall provide for an appropriate adjustment*  
8           *of the capitation payment made to the entity to*  
9           *take into account such payment.*

10          “(2) *PAYMENT STANDARDS.—The payment pro-*  
11          *visions shall meet the usual medicaid standards for*  
12          *economy, efficiency, and access to quality care.*

13          “(b) *OFFERING OF MANAGED CARE.—If—*

14                 “(1) *a State elects under its State plan under*  
15                 *title XIX of the Social Security Act to provide serv-*  
16                 *ices through medicaid managed care organizations or*  
17                 *through primary care case managers under section*  
18                 *1932 or under a waiver under such title; and*

19                 “(2) *the Indian Health Program or Urban In-*  
20                 *Indian Organization that is funded in whole or in part*  
21                 *by the Service, or a consortium thereof, has estab-*  
22                 *lished a medicaid managed care organization or a*  
23                 *primary care case manager that meets quality stand-*  
24                 *ards equivalent to those required of such an organiza-*  
25                 *tion or manager under such section or waiver,*

1 *the State shall enter into an agreement under such section*  
2 *with the Service, Indian Tribe, Tribal Organization, or*  
3 *Urban Indian Organization, or such consortium, to serve*  
4 *as a medicaid managed care organization or a primary*  
5 *care case manager, respectively with respect to Indians*  
6 *served by such entity. In carrying out this subsection, the*  
7 *Secretary and the State may waive requirements regarding*  
8 *enrollment, capitalization, and such other matters that*  
9 *might otherwise prevent the application of the previous sen-*  
10 *tence.*

11 **“SEC. 414. NAVAJO NATION MEDICAID AGENCY FEASIBILITY**  
12 **STUDY.**

13 *“(a) STUDY.—The Secretary shall conduct a study to*  
14 *determine the feasibility of treating the Navajo Nation as*  
15 *a State for the purposes of title XIX of the Social Security*  
16 *Act, to provide services to Indians living within the bound-*  
17 *aries of the Navajo Nation through an entity established*  
18 *having the same authority and performing the same func-*  
19 *tions as single-State medicaid agencies responsible for the*  
20 *administration of the State plan under title XIX of the So-*  
21 *cial Security Act.*

22 *“(b) CONSIDERATIONS.—In conducting the study, the*  
23 *Secretary shall consider the feasibility of—*

24 *“(1) assigning and paying all expenditures for*  
25 *the provision of services and related administration*

1        *funds, under title XIX of the Social Security Act, to*  
2        *Indians living within the boundaries of the Navajo*  
3        *Nation that are currently paid to or would otherwise*  
4        *be paid to the State of Arizona, New Mexico, or Utah;*

5            *“(2) providing assistance to the Navajo Nation*  
6        *in the development and implementation of such entity*  
7        *for the administration, eligibility, payment, and de-*  
8        *livery of medical assistance under title XIX of the So-*  
9        *cial Security Act;*

10           *“(3) providing an appropriate level of matching*  
11        *funds for Federal medical assistance with respect to*  
12        *amounts such entity expends for medical assistance*  
13        *for services and related administrative costs; and*

14           *“(4) authorizing the Secretary, at the option of*  
15        *the Navajo Nation, to treat the Navajo Nation as a*  
16        *State for the purposes of title XIX of the Social Secu-*  
17        *rity Act (relating to the State children’s health insur-*  
18        *ance program) under terms equivalent to those de-*  
19        *scribed in paragraphs (2) through (4).*

20           *“(c) REPORT.—Not later than 3 years after the date*  
21        *of enactment of the Indian Health Act Improvement Act*  
22        *Amendments of 2004, the Secretary shall submit to the*  
23        *Committee of Indian Affairs and Committee on Finance of*  
24        *the Senate and the Committee on Resources and Committee*

1 *on Ways and Means on the House of Representatives a re-*  
 2 *port that includes—*

3           “(1) *the results of the study under this section;*

4           “(2) *a summary of any consultation that oc-*  
 5 *curred between the Secretary and the Navajo Nation,*  
 6 *other Indian Tribes, the States of Arizona, New Mex-*  
 7 *ico, and Utah, counties which include Navajo Lands,*  
 8 *and other interested parties, in conducting this study;*

9           “(3) *projected costs or savings associated with es-*  
 10 *tablishment of such entity, and any estimated impact*  
 11 *on services provided as described in this section in re-*  
 12 *lation to probable costs or savings; and*

13           “(4) *legislative actions that would be required to*  
 14 *authorize the establishment of such entity if such enti-*  
 15 *ty is determined by the Secretary to be feasible.*

16 **“SEC. 415. AUTHORIZATION OF APPROPRIATIONS.**

17           *“There are authorized to be appropriated such sums*  
 18 *as may be necessary for each fiscal year through fiscal year*  
 19 *2015 to carry out this title.*

20           **“TITLE V—HEALTH SERVICES**  
 21           **FOR URBAN INDIANS**

22 **“SEC. 501. PURPOSE.**

23           *“The purpose of this title is to establish and maintain*  
 24 *programs in Urban Centers to make health services more*  
 25 *accessible and available to Urban Indians.*



1 **“SEC. 502. CONTRACTS WITH, AND GRANTS TO, URBAN IN-**  
2 **DIAN ORGANIZATIONS.**

3 *“Under authority of the Act of November 2, 1921 (25*  
4 *U.S.C. 13) (commonly known as the ‘Snyder Act’), the Sec-*  
5 *retary, acting through the Service, shall enter into contracts*  
6 *with, or make grants to, Urban Indian Organizations to*  
7 *assist such organizations in the establishment and adminis-*  
8 *tration, within Urban Centers, of programs which meet the*  
9 *requirements set forth in this title. Subject to section 506,*  
10 *the Secretary, acting through the Service, shall include such*  
11 *conditions as the Secretary considers necessary to effect the*  
12 *purpose of this title in any contract into which the Sec-*  
13 *retary enters with, or in any grant the Secretary makes*  
14 *to, any Urban Indian Organization pursuant to this title.*

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

17 *“(a) REQUIREMENTS FOR GRANTS AND CONTRACTS.—*  
18 *Under authority of the Act of November 2, 1921 (25 U.S.C.*  
19 *13) (commonly known as the ‘Snyder Act’), the Secretary,*  
20 *acting through the Service, shall enter into contracts with,*  
21 *or make grants to, Urban Indian Organizations for the pro-*  
22 *vision of health care and referral services for Urban Indi-*  
23 *ans. Any such contract or grant shall include requirements*  
24 *that the Urban Indian Organization successfully undertake*  
25 *to—*

1           “(1) estimate the population of Urban Indians  
2           residing in the Urban Center or centers that the orga-  
3           nization proposes to serve who are or could be recipi-  
4           ents of health care or referral services;

5           “(2) estimate the current health status of Urban  
6           Indians residing in such Urban Center or centers;

7           “(3) estimate the current health care needs of  
8           Urban Indians residing in such Urban Center or cen-  
9           ters;

10          “(4) provide basic health education, including  
11          health promotion and disease prevention education, to  
12          Urban Indians;

13          “(5) make recommendations to the Secretary and  
14          Federal, State, local, and other resource agencies on  
15          methods of improving health service programs to meet  
16          the needs of Urban Indians; and

17          “(6) where necessary, provide, or enter into con-  
18          tracts for the provision of, health care services for  
19          Urban Indians.

20          “(b) CRITERIA.—The Secretary, acting through the  
21          Service, shall by regulation adopted pursuant to section 520  
22          prescribe the criteria for selecting Urban Indian Organiza-  
23          tions to enter into contracts or receive grants under this  
24          section. Such criteria shall, among other factors, include—

1           “(1) *the extent of unmet health care needs of*  
2 *Urban Indians in the Urban Center or centers in-*  
3 *volved;*

4           “(2) *the size of the Urban Indian population in*  
5 *the Urban Center or centers involved;*

6           “(3) *the extent, if any, to which the activities set*  
7 *forth in subsection (a) would duplicate any project*  
8 *funded under this title;*

9           “(4) *the capability of an Urban Indian Organi-*  
10 *zation to perform the activities set forth in subsection*  
11 *(a) and to enter into a contract with the Secretary*  
12 *or to meet the requirements for receiving a grant*  
13 *under this section;*

14           “(5) *the satisfactory performance and successful*  
15 *completion by an Urban Indian Organization of*  
16 *other contracts with the Secretary under this title;*

17           “(6) *the appropriateness and likely effectiveness*  
18 *of conducting the activities set forth in subsection (a)*  
19 *in an Urban Center or centers; and*

20           “(7) *the extent of existing or likely future par-*  
21 *ticipation in the activities set forth in subsection (a)*  
22 *by appropriate health and health-related Federal,*  
23 *State, local, and other agencies.*

24           “(c) *ACCESS TO HEALTH PROMOTION AND DISEASE*  
25 *PREVENTION PROGRAMS.—The Secretary, acting through*

1 *the Service, shall facilitate access to or provide health pro-*  
2 *motion and disease prevention services for Urban Indians*  
3 *through grants made to Urban Indian Organizations ad-*  
4 *ministering contracts entered into or receiving grants under*  
5 *subsection (a).*

6 “(d) *IMMUNIZATION SERVICES.*—

7 “(1) *ACCESS OR SERVICES PROVIDED.*—*The Sec-*  
8 *retary, acting through the Service, shall facilitate ac-*  
9 *cess to, or provide, immunization services for Urban*  
10 *Indians through grants made to Urban Indian Orga-*  
11 *nizations administering contracts entered into or re-*  
12 *ceiving grants under this section.*

13 “(2) *DEFINITION.*—*For purposes of this sub-*  
14 *section, the term ‘immunization services’ means serv-*  
15 *ices to provide without charge immunizations against*  
16 *vaccine-preventable diseases.*

17 “(e) *BEHAVIORAL HEALTH SERVICES.*—

18 “(1) *ACCESS OR SERVICES PROVIDED.*—*The Sec-*  
19 *retary, acting through the Service, shall facilitate ac-*  
20 *cess to, or provide, behavioral health services for*  
21 *Urban Indians through grants made to Urban Indian*  
22 *Organizations administering contracts entered into or*  
23 *receiving grants under subsection (a).*

24 “(2) *ASSESSMENT REQUIRED.*—*Except as pro-*  
25 *vided by paragraph (3)(A), a grant may not be made*

1       *under this subsection to an Urban Indian Organiza-*  
2       *tion until that organization has prepared, and the*  
3       *Service has approved, an assessment of the following:*

4               “(A) *The behavioral health needs of the*  
5               *Urban Indian population concerned.*

6               “(B) *The behavioral health services and*  
7               *other related resources available to that popu-*  
8               *lation.*

9               “(C) *The barriers to obtaining those services*  
10              *and resources.*

11              “(D) *The needs that are unmet by such*  
12              *services and resources.*

13              “(3) *PURPOSES OF GRANTS.—Grants may be*  
14              *made under this subsection for the following:*

15                      “(A) *To prepare assessments required under*  
16                      *paragraph (2).*

17                      “(B) *To provide outreach, educational, and*  
18                      *referral services to Urban Indians regarding the*  
19                      *availability of direct behavioral health services,*  
20                      *to educate Urban Indians about behavioral*  
21                      *health issues and services, and effect coordina-*  
22                      *tion with existing behavioral health providers in*  
23                      *order to improve services to Urban Indians.*

24                      “(C) *To provide outpatient behavioral*  
25                      *health services to Urban Indians, including the*

1           *identification and assessment of illness, thera-*  
2           *peutic treatments, case management, support*  
3           *groups, family treatment, and other treatment.*

4           “(D) *To develop innovative behavioral*  
5           *health service delivery models which incorporate*  
6           *Indian cultural support systems and resources.*

7           “(f) *PREVENTION OF CHILD ABUSE.—*

8           “(1) *ACCESS OR SERVICES PROVIDED.—The Sec-*  
9           *retary, acting through the Service, shall facilitate ac-*  
10          *cess to or provide services for Urban Indians through*  
11          *grants to Urban Indian Organizations administering*  
12          *contracts entered into or receiving grants under sub-*  
13          *section (a) to prevent and treat child abuse (including*  
14          *sexual abuse) among Urban Indians.*

15          “(2) *EVALUATION REQUIRED.—Except as pro-*  
16          *vided by paragraph (3)(A), a grant may not be made*  
17          *under this subsection to an Urban Indian Organiza-*  
18          *tion until that organization has prepared, and the*  
19          *Service has approved, an assessment that documents*  
20          *the prevalence of child abuse in the Urban Indian*  
21          *population concerned and specifies the services and*  
22          *programs (which may not duplicate existing services*  
23          *and programs) for which the grant is requested.*

24          “(3) *PURPOSES OF GRANTS.—Grants may be*  
25          *made under this subsection for the following:*

1           “(A) To prepare assessments required under  
2 paragraph (2).

3           “(B) For the development of prevention,  
4 training, and education programs for Urban In-  
5 dians, including child education, parent edu-  
6 cation, provider training on identification and  
7 intervention, education on reporting require-  
8 ments, prevention campaigns, and establishing  
9 service networks of all those involved in Indian  
10 child protection.

11           “(C) To provide direct outpatient treatment  
12 services (including individual treatment, family  
13 treatment, group therapy, and support groups)  
14 to Urban Indians who are child victims of abuse  
15 (including sexual abuse) or adult survivors of  
16 child sexual abuse, to the families of such child  
17 victims, and to Urban Indian perpetrators of  
18 child abuse (including sexual abuse).

19           “(4) CONSIDERATIONS WHEN MAKING GRANTS.—  
20 In making grants to carry out this subsection, the  
21 Secretary shall take into consideration—

22           “(A) the support for the Urban Indian Or-  
23 ganization demonstrated by the child protection  
24 authorities in the area, including committees or  
25 other services funded under the Indian Child

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

3                   “(B) the capability and expertise dem-  
4                   onstrated by the Urban Indian Organization to  
5                   address the complex problem of child sexual  
6                   abuse in the community; and

7                   “(C) the assessment required under para-  
8                   graph (2).

9           “(g) OTHER GRANTS.—The Secretary, acting through  
10 the Service, may enter into a contract with or make grants  
11 to an Urban Indian Organization that provides or arranges  
12 for the provision of health care services (through satellite  
13 facilities, provider networks, or otherwise) to Urban Indi-  
14 ans in more than 1 Urban Center.

15 **“SEC. 504. CONTRACTS AND GRANTS FOR THE DETERMINA-**  
16 **TION OF UNMET HEALTH CARE NEEDS.**

17                   “(a) GRANTS AND CONTRACTS AUTHORIZED.—Under  
18 authority of the Act of November 2, 1921 (25 U.S.C. 13)  
19 (commonly known as the ‘Snyder Act’), the Secretary, act-  
20 ing through the Service, may enter into contracts with or  
21 make grants to Urban Indian Organizations situated in  
22 Urban Centers for which contracts have not been entered  
23 into or grants have not been made under section 503.

24                   “(b) PURPOSE.—The purpose of a contract or grant  
25 made under this section shall be the determination of the



1 *matters described in subsection (c)(1) in order to assist the*  
2 *Secretary in assessing the health status and health care*  
3 *needs of Urban Indians in the Urban Center involved and*  
4 *determining whether the Secretary should enter into a con-*  
5 *tract or make a grant under section 503 with respect to*  
6 *the Urban Indian Organization which the Secretary has en-*  
7 *tered into a contract with, or made a grant to, under this*  
8 *section.*

9       “(c) *GRANT AND CONTRACT REQUIREMENTS.—Any*  
10 *contract entered into, or grant made, by the Secretary*  
11 *under this section shall include requirements that—*

12               “(1) *the Urban Indian Organization successfully*  
13 *undertakes to—*

14                       “(A) *document the health care status and*  
15 *unmet health care needs of Urban Indians in the*  
16 *Urban Center involved; and*

17                       “(B) *with respect to Urban Indians in the*  
18 *Urban Center involved, determine the matters*  
19 *described in paragraphs (2), (3), (4), and (7) of*  
20 *section 503(b); and*

21               “(2) *the Urban Indian Organization complete*  
22 *performance of the contract, or carry out the require-*  
23 *ments of the grant, within 1 year after the date on*  
24 *which the Secretary and such organization enter into*

1        *such contract, or within 1 year after such organiza-*  
 2        *tion receives such grant, whichever is applicable.*

3        “(d) *NO RENEWALS.*—*The Secretary may not renew*  
 4        *any contract entered into or grant made under this section.*

5        **“SEC. 505. EVALUATIONS; RENEWALS.**

6        “(a) *PROCEDURES FOR EVALUATIONS.*—*The Sec-*  
 7        *retary, acting through the Service, shall develop procedures*  
 8        *to evaluate compliance with grant requirements and com-*  
 9        *pliance with and performance of contracts entered into by*  
 10        *Urban Indian Organizations under this title. Such proce-*  
 11        *dures shall include provisions for carrying out the require-*  
 12        *ments of this section.*

13        “(b) *EVALUATIONS.*—*The Secretary, acting through*  
 14        *the Service, shall evaluate the compliance of each Urban*  
 15        *Indian Organization which has entered into a contract or*  
 16        *received a grant under section 503 with the terms of such*  
 17        *contract or grant. For purposes of this evaluation, in deter-*  
 18        *mining the capacity of an Urban Indian Organization to*  
 19        *deliver quality patient care the Secretary shall—*

20                “(1) *acting through the Service, conduct an an-*  
 21                *nual onsite evaluation of the organization; or*

22                “(2) *accept in lieu of such onsite evaluation evi-*  
 23                *dence of the organization’s provisional or full accredi-*  
 24                *tation by a private independent entity recognized by*  
 25                *the Secretary for purposes of conducting quality re-*

1        *views of providers participating in the Medicare pro-*  
2        *gram under title XVIII of the Social Security Act.*

3        “(c) *NONCOMPLIANCE; UNSATISFACTORY PERFORM-*  
4        *ANCE.—If, as a result of the evaluations conducted under*  
5        *this section, the Secretary determines that an Urban Indian*  
6        *Organization has not complied with the requirements of a*  
7        *grant or complied with or satisfactorily performed a con-*  
8        *tract under section 503, the Secretary shall, prior to renew-*  
9        *ing such contract or grant, attempt to resolve with the orga-*  
10       *nization the areas of noncompliance or unsatisfactory per-*  
11       *formance and modify the contract or grant to prevent future*  
12       *occurrences of noncompliance or unsatisfactory perform-*  
13       *ance. If the Secretary determines that the noncompliance*  
14       *or unsatisfactory performance cannot be resolved and pre-*  
15       *vented in the future, the Secretary shall not renew the con-*  
16       *tract or grant with the organization and is authorized to*  
17       *enter into a contract or make a grant under section 503*  
18       *with another Urban Indian Organization which is situated*  
19       *in the same Urban Center as the Urban Indian Organiza-*  
20       *tion whose contract or grant is not renewed under this sec-*  
21       *tion.*

22       “(d) *CONSIDERATIONS FOR RENEWALS.—In deter-*  
23       *mining whether to renew a contract or grant with an Urban*  
24       *Indian Organization under section 503 which has com-*  
25       *pleted performance of a contract or grant under section 504,*

1 *the Secretary shall review the records of the Urban Indian*  
2 *Organization, the reports submitted under section 507, and*  
3 *shall consider the results of the onsite evaluations or accred-*  
4 *itations under subsection (b).*

5 **“SEC. 506. OTHER CONTRACT AND GRANT REQUIREMENTS.**

6       “(a) *PROCUREMENT.—Contracts with Urban Indian*  
7 *Organizations entered into pursuant to this title shall be*  
8 *in accordance with all Federal contracting laws and regula-*  
9 *tions relating to procurement except that in the discretion*  
10 *of the Secretary, such contracts may be negotiated without*  
11 *advertising and need not conform to the provisions of sec-*  
12 *tions 1304 and 3131 through 3133 of title 40, United States*  
13 *Code.*

14       “(b) *PAYMENTS UNDER CONTRACTS OR GRANTS.—*  
15 *Payments under any contracts or grants pursuant to this*  
16 *title shall, notwithstanding any term or condition of such*  
17 *contract or grant—*

18               “(1) *be made in their entirety by the Secretary*  
19 *to the Urban Indian Organization by no later than*  
20 *the end of the first 30 days of the funding period with*  
21 *respect to which the payments apply, unless the Sec-*  
22 *retary determines through an evaluation under sec-*  
23 *tion 505 that the organization is not capable of ad-*  
24 *ministering such payments in their entirety; and*

1           “(2) if any portion thereof is unexpended by the  
2           Urban Indian Organization during the funding pe-  
3           riod with respect to which the payments initially  
4           apply, shall be carried forward for expenditure with  
5           respect to allowable or reimbursable costs incurred by  
6           the organization during 1 or more subsequent funding  
7           periods without additional justification or docu-  
8           mentation by the organization as a condition of car-  
9           rying forward the availability for expenditure of such  
10          funds.

11          “(c) *REVISION OR AMENDMENT OF CONTRACTS.*—Not-  
12          withstanding any provision of law to the contrary, the Sec-  
13          retary may, at the request or consent of an Urban Indian  
14          Organization, revise or amend any contract entered into  
15          by the Secretary with such organization under this title as  
16          necessary to carry out the purposes of this title.

17          “(d) *FAIR AND UNIFORM SERVICES AND ASSIST-*  
18          *ANCE.*—Contracts with or grants to Urban Indian Organi-  
19          zations and regulations adopted pursuant to this title shall  
20          include provisions to assure the fair and uniform provision  
21          to Urban Indians of services and assistance under such con-  
22          tracts or grants by such organizations.

23          “**SEC. 507. REPORTS AND RECORDS.**

24          “(a) *REPORTS.*—For each fiscal year during which an  
25          Urban Indian Organization receives or expends funds pur-

1 *suant to a contract entered into or a grant received pursu-*  
2 *ant to this title, such Urban Indian Organization shall sub-*  
3 *mit to the Secretary not more frequently than every 6*  
4 *months, a report that includes the following:*

5           “(1) *In the case of a contract or grant under sec-*  
6 *tion 503, recommendations pursuant to section*  
7 *503(a)(5).*

8           “(2) *Information on activities conducted by the*  
9 *organization pursuant to the contract or grant.*

10           “(3) *An accounting of the amounts and purpose*  
11 *for which Federal funds were expended.*

12           “(4) *A minimum set of data, using uniformly*  
13 *defined elements, that is specified by the Secretary in*  
14 *consultation, consistent with section 514, with Urban*  
15 *Indian Organizations.*

16           “(b) *AUDIT.—The reports and records of the Urban In-*  
17 *dian Organization with respect to a contract or grant under*  
18 *this title shall be subject to audit by the Secretary and the*  
19 *Comptroller General of the United States.*

20           “(c) *COSTS OF AUDITS.—The Secretary shall allow as*  
21 *a cost of any contract or grant entered into or awarded*  
22 *under section 502 or 503 the cost of an annual independent*  
23 *financial audit conducted by—*

24           “(1) *a certified public accountant; or*

1           “(2) a certified public accounting firm qualified  
2           to conduct Federal compliance audits.

3   **“SEC. 508. LIMITATION ON CONTRACT AUTHORITY.**

4           “*The authority of the Secretary to enter into contracts*  
5   *or to award grants under this title shall be to the extent,*  
6   *and in an amount, provided for in appropriation Acts.*

7   **“SEC. 509. FACILITIES.**

8           “(a) *GRANTS.—The Secretary, acting through the*  
9   *Service, may make grants to contractors or grant recipients*  
10   *under this title for the lease, purchase, renovation, construc-*  
11   *tion, or expansion of facilities, including leased facilities,*  
12   *in order to assist such contractors or grant recipients in*  
13   *complying with applicable licensure or certification re-*  
14   *quirements.*

15          “(b) *LOANS.—The Secretary, acting through the Serv-*  
16   *ice or through the Health Resources and Services Adminis-*  
17   *tration, may provide to contractors or grant recipients*  
18   *under this title loans from the Urban Indian Health Care*  
19   *Facilities Revolving Loan Fund described in subsection (c),*  
20   *or guarantees for loans, for the construction, renovation, ex-*  
21   *pansion, or purchase of health care facilities, subject to the*  
22   *following requirements:*

23               “(1) *The principal amount of a loan or loan*  
24               *guarantee may cover 100 percent of the costs (other*  
25               *than staffing) relating to the facility, including plan-*

1     *ning, design, financing, site land development, con-*  
2     *struction, rehabilitation, renovation, conversion, med-*  
3     *ical equipment, furnishings, and capital purchase.*

4             “(2) *The total of the principal of loans and loan*  
5     *guarantees, respectively, outstanding at any one time*  
6     *shall not exceed such limitations as may be specified*  
7     *in appropriation Acts.*

8             “(3) *The loan or loan guarantee may have a*  
9     *term of the shorter of the estimated useful life of the*  
10    *facility or 25 years.*

11            “(4) *An Urban Indian Organization may as-*  
12    *sign, and the Secretary may accept assignment of, the*  
13    *revenue of the Urban Indian Organization as security*  
14    *for a loan or loan guarantee under this subsection.*

15            “(5) *The Secretary shall not collect application,*  
16    *processing, or similar fees from Urban Indian Orga-*  
17    *nizations applying for loans or loan guarantees under*  
18    *this subsection.*

19            “(c) *FUND.—*

20            “(1) *ESTABLISHMENT.—There is established in*  
21    *the Treasury of the United States a fund to be known*  
22    *as the Urban Indian Health Care Facilities Revolv-*  
23    *ing Loan Fund (hereafter in this section referred to*  
24    *as the ‘URLF’). The URLF shall consist of—*



1           “(A) such amounts as may be appropriated  
2           to the URLF;

3           “(B) amounts received from Urban Indian  
4           Organizations in repayment of loans made to  
5           such organizations under paragraph (2); and

6           “(C) interest earned on amounts in the  
7           URLF under paragraph (3).

8           “(2) *USE OF AMOUNT IN FUND.*—Amounts in the  
9           URLF may be expended by the Secretary, acting  
10          through the Service or the Health Resources and Serv-  
11          ices Administration, to make loans available to  
12          Urban Indian Organizations receiving grants or con-  
13          tracts under this title for the purposes, and subject to  
14          the requirements, described in subsection (b). Amounts  
15          appropriated to the URLF, amounts received from  
16          Urban Indian Organizations in repayment of loans,  
17          and interest on amounts in the URLF shall remain  
18          available until expended.

19          “(3) *INVESTMENT OF AMOUNTS IN FUND.*—The  
20          Secretary of the Treasury shall invest such amounts  
21          of the URLF as such Secretary determines are not re-  
22          quired to meet current withdrawals from the URLF.  
23          Such investments may be made only in interest-bear-  
24          ing obligations of the United States. For such pur-  
25          pose, such obligations may be acquired on original

1        *issue at the issue price or by purchase of outstanding*  
 2        *obligations at the market price. Any obligation ac-*  
 3        *quired by the URLF may be sold by the Secretary of*  
 4        *the Treasury at the market price.*

5            *“(4) INITIAL FUNDS.—There are authorized to be*  
 6        *appropriated such sums as may be necessary to ini-*  
 7        *tiate the URLF. For each fiscal year after the initial*  
 8        *year in which funds are appropriated to the URLF,*  
 9        *there is authorized to be appropriated an amount*  
 10       *equal to the sum of the amount collected by the URLF*  
 11       *during the preceding fiscal year and all accrued in-*  
 12       *terest.*

13       **“SEC. 510. OFFICE OF URBAN INDIAN HEALTH.**

14            *“There is hereby established within the Service an Of-*  
 15       *fice of Urban Indian Health, which shall be responsible*  
 16       *for—*

17            *“(1) carrying out the provisions of this title;*  
 18            *“(2) providing central oversight of the programs*  
 19       *and services authorized under this title; and*  
 20            *“(3) providing technical assistance to Urban In-*  
 21       *dian Organizations.*

22       **“SEC. 511. GRANTS FOR ALCOHOL AND SUBSTANCE ABUSE-**  
 23       **RELATED SERVICES.**

24            *“(a) GRANTS AUTHORIZED.—The Secretary, acting*  
 25       *through the Service, may make grants for the provision of*

1 *health-related services in prevention of, treatment of, reha-*  
2 *ilitation of, or school- and community-based education re-*  
3 *garding, alcohol and substance abuse in Urban Centers to*  
4 *those Urban Indian Organizations with which the Sec-*  
5 *retary has entered into a contract under this title or under*  
6 *section 201.*

7       “(b) *GOALS.—Each grant made pursuant to subsection*  
8 *(a) shall set forth the goals to be accomplished pursuant*  
9 *to the grant. The goals shall be specific to each grant as*  
10 *agreed to between the Secretary and the grantee.*

11       “(c) *CRITERIA.—The Secretary shall establish criteria*  
12 *for the grants made under subsection (a), including criteria*  
13 *relating to the following:*

14               “(1) *The size of the Urban Indian population.*

15               “(2) *Capability of the organization to adequately*  
16 *perform the activities required under the grant.*

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

22               “(4) *Identification of the need for services.*

23       “(d) *ALLOCATION OF GRANTS.—The Secretary shall*  
24 *develop a methodology for allocating grants made pursuant*

1 *to this section based on the criteria established pursuant*  
 2 *to subsection (c).*

3       “(e) *GRANTS SUBJECT TO CRITERIA.*—*Any funds re-*  
 4 *ceived by an Urban Indian Organization under this Act*  
 5 *for substance abuse prevention, treatment, and rehabilita-*  
 6 *tion shall be subject to the criteria set forth in subsection*  
 7 *(c).*

8 **“SEC. 512. TREATMENT OF CERTAIN DEMONSTRATION**  
 9 **PROJECTS.**

10       “*Notwithstanding any other provision of law, the*  
 11 *Tulsa Clinic and Oklahoma City Clinic demonstration*  
 12 *projects shall—*

13               “(1) *be permanent programs within the Service’s*  
 14 *direct care program;*

15               “(2) *continue to be treated as Service Units in*  
 16 *the allocation of resources and coordination of care;*  
 17 *and*

18               “(3) *continue to meet the requirements and defi-*  
 19 *nitions of an urban Indian organization in this Act,*  
 20 *and shall not be subject to the provisions of the In-*  
 21 *Indian Self-Determination and Education Assistance*  
 22 *Act.*

23 **“SEC. 513. URBAN NIAAA TRANSFERRED PROGRAMS.**

24       “(a) *GRANTS AND CONTRACTS.*—*The Secretary,*  
 25 *through the Office of Urban Indian Health, shall make*

1 grants or enter into contracts with Urban Indian Organiza-  
2 tions for the administration of Urban Indian alcohol pro-  
3 grams that were originally established under the National  
4 Institute on Alcoholism and Alcohol Abuse (hereafter in this  
5 section referred to as ‘NIAAA’) and transferred to the Serv-  
6 ice. Such grants and contracts shall become effective no later  
7 than September 30, 2007.

8       “(b) *USE OF FUNDS.*—Grants provided or contracts  
9 entered into under this section shall be used to provide sup-  
10 port for the continuation of alcohol prevention and treat-  
11 ment services for Urban Indian populations and such other  
12 objectives as are agreed upon between the Service and a re-  
13 cipient of a grant or contract under this section.

14       “(c) *ELIGIBILITY.*—Urban Indian Organizations that  
15 operate Indian alcohol programs originally funded under  
16 the NIAAA and subsequently transferred to the Service are  
17 eligible for grants or contracts under this section.

18       “(d) *REPORT.*—The Secretary shall evaluate and re-  
19 port to Congress on the activities of programs funded under  
20 this section not less than every 5 years.

21 **“SEC. 514. CONSULTATION WITH URBAN INDIAN ORGANIZA-**  
22 **TIONS.**

23       “(a) *IN GENERAL.*—The Secretary shall ensure that  
24 the Service consults, to the greatest extent practicable, with  
25 Urban Indian Organizations.

1           “(b) *DEFINITION OF CONSULTATION.*—For purposes of  
2 subsection (a), consultation is the open and free exchange  
3 of information and opinions which leads to mutual under-  
4 standing and comprehension and which emphasizes trust,  
5 respect, and shared responsibility.

6           “**SEC. 515. FEDERAL TORT CLAIM ACT COVERAGE.**

7           “(a) *IN GENERAL.*—With respect to claims resulting  
8 from the performance of functions during fiscal year 2004  
9 and thereafter, or claims asserted after September 30, 2003,  
10 but resulting from the performance of functions prior to fis-  
11 cal year 2004, under a contract, grant agreement, or any  
12 other agreement authorized under this title, an Urban In-  
13 dian Organization is deemed hereafter to be part of the  
14 Service in the Department of Health and Human Services  
15 while carrying out any such contract or agreement and its  
16 employees are deemed employees of the Service while acting  
17 within the scope of their employment in carrying out the  
18 contract or agreement. After September 30, 2003, any civil  
19 action or proceeding involving such claims brought here-  
20 after against any Urban Indian Organization or any em-  
21 ployee of such Urban Indian Organization covered by this  
22 provision shall be deemed to be an action against the United  
23 States and will be defended by the Attorney General and  
24 be afforded the full protection and coverage of the Federal  
25 Tort Claims Act (28 U.S.C. 1346(b), 2671 et seq.).

1       “(b) *CLAIMS RESULTING FROM PERFORMANCE OF*  
 2 *CONTRACT OR GRANT.*—Beginning with the fiscal year end-  
 3 ing September 30, 2003, and thereafter, the Secretary shall  
 4 request through annual appropriations funds sufficient to  
 5 reimburse the Treasury for any claims paid in the prior  
 6 fiscal year pursuant to the foregoing provisions.

7       “**SEC. 516. URBAN YOUTH TREATMENT CENTER DEM-**  
 8                               **ONSTRATION.**

9       “(a) *CONSTRUCTION AND OPERATION.*—The Secretary,  
 10 acting through the Service, through grant or contract, is  
 11 authorized to fund the construction and operation of at least  
 12 2 residential treatment centers in each State described in  
 13 subsection (b) to demonstrate the provision of alcohol and  
 14 substance abuse treatment services to Urban Indian youth  
 15 in a culturally competent residential setting.

16       “(b) *DEFINITION OF STATE.*—A State described in this  
 17 subsection is a State in which—

18               “(1) there resides Urban Indian youth with need  
 19 for alcohol and substance abuse treatment services in  
 20 a residential setting; and

21               “(2) there is a significant shortage of culturally  
 22 competent residential treatment services for Urban  
 23 Indian youth.

1 **“SEC. 517. USE OF FEDERAL PROPERTY AND SUPPLIES.**

2       “(a) *AUTHORIZATION FOR USE.*—*The Secretary, act-*  
3 *ing through the Service, shall allow an Urban Indian Orga-*  
4 *nization that has entered into a contract or received a grant*  
5 *pursuant to this title, in carrying out such contract or*  
6 *grant, to use existing facilities and all equipment therein*  
7 *or pertaining thereto and other real and personal property*  
8 *owned by the Federal Government within the Secretary’s*  
9 *jurisdiction under such terms and conditions as may be*  
10 *agreed upon for their use and maintenance.*

11       “(b) *DONATIONS.*—*Subject to subsection (d), the Sec-*  
12 *retary may donate to an Urban Indian Organization that*  
13 *has entered into a contract or received a grant pursuant*  
14 *to this title any personal or real property determined to*  
15 *be excess to the needs of the Service or the General Services*  
16 *Administration for purposes of carrying out the contract*  
17 *or grant.*

18       “(c) *ACQUISITION OF PROPERTY FOR DONATION.*—*The*  
19 *Secretary may acquire excess or surplus government per-*  
20 *sonal or real property for donation (subject to subsection*  
21 *(d)), to an Urban Indian Organization that has entered*  
22 *into a contract or received a grant pursuant to this title*  
23 *if the Secretary determines that the property is appropriate*  
24 *for use by the Urban Indian Organization for a purpose*  
25 *for which a contract or grant is authorized under this title.*



1           “(d) *PRIORITY.*—*In the event that the Secretary re-*  
2 *ceives a request for donation of a specific item of personal*  
3 *or real property described in subsection (b) or (c) from both*  
4 *an Urban Indian Organization and from an Indian Tribe*  
5 *or Tribal Organization, the Secretary shall give priority*  
6 *to the request for donation of the Indian Tribe or Tribal*  
7 *Organization if the Secretary receives the request from the*  
8 *Indian Tribe or Tribal Organization before the date the*  
9 *Secretary transfers title to the property or, if earlier, the*  
10 *date the Secretary transfers the property physically to the*  
11 *Urban Indian Organization.*

12           “(e) *URBAN INDIAN ORGANIZATIONS DEEMED EXECU-*  
13 *TIVE AGENCY FOR CERTAIN PURPOSES.*—*For purposes of*  
14 *section 501 of title 40, United States Code, (relating to Fed-*  
15 *eral sources of supply, including lodging providers, airlines,*  
16 *and other transportation providers), an Urban Indian Or-*  
17 *ganization that has entered into a contract or received a*  
18 *grant pursuant to this title shall be deemed an executive*  
19 *agency when carrying out such contract or grant, and the*  
20 *employees of the Urban Indian Organization shall be eligi-*  
21 *ble to have access to such sources of supply on the same*  
22 *basis as employees of an executive agency have such access.*

1 **“SEC. 518. GRANTS FOR DIABETES PREVENTION, TREAT-**  
2 **MENT, AND CONTROL.**

3       “(a) *GRANTS AUTHORIZED.*—*The Secretary may*  
4 *make grants to those Urban Indian Organizations that have*  
5 *entered into a contract or have received a grant under this*  
6 *title for the provision of services for the prevention and*  
7 *treatment of, and control of the complications resulting*  
8 *from, diabetes among Urban Indians.*

9       “(b) *GOALS.*—*Each grant made pursuant to subsection*  
10 *(a) shall set forth the goals to be accomplished under the*  
11 *grant. The goals shall be specific to each grant as agreed*  
12 *to between the Secretary and the grantee.*

13       “(c) *ESTABLISHMENT OF CRITERIA.*—*The Secretary*  
14 *shall establish criteria for the grants made under subsection*  
15 *(a) relating to—*

16               “(1) *the size and location of the Urban Indian*  
17 *population to be served;*

18               “(2) *the need for prevention of and treatment of,*  
19 *and control of the complications resulting from, dia-*  
20 *betes among the Urban Indian population to be*  
21 *served;*

22               “(3) *performance standards for the organization*  
23 *in meeting the goals set forth in such grant that are*  
24 *negotiated and agreed to by the Secretary and the*  
25 *grantee;*

1           “(4) the capability of the organization to ade-  
2           quately perform the activities required under the  
3           grant; and

4           “(5) the willingness of the organization to col-  
5           laborate with the registry, if any, established by the  
6           Secretary under section 204(e) in the Area Office of  
7           the Service in which the organization is located.

8           “(d) FUNDS SUBJECT TO CRITERIA.—Any funds re-  
9           ceived by an Urban Indian Organization under this Act  
10          for the prevention, treatment, and control of diabetes among  
11          Urban Indians shall be subject to the criteria developed by  
12          the Secretary under subsection (c).

13       **“SEC. 519. COMMUNITY HEALTH REPRESENTATIVES.**

14          “The Secretary, acting through the Service, may enter  
15          into contracts with, and make grants to, Urban Indian Or-  
16          ganizations for the employment of Indians trained as health  
17          service providers through the Community Health Represent-  
18          atives Program under section 109 in the provision of health  
19          care, health promotion, and disease prevention services to  
20          Urban Indians.

21       **“SEC. 520. REGULATIONS.**

22          “(a) REQUIREMENTS FOR REGULATIONS.—The Sec-  
23          retary may promulgate regulations to implement the provi-  
24          sions of this title in accordance with the following:

1           “(1) *Proposed regulations to implement this Act*  
2           *shall be published in the Federal Register by the Sec-*  
3           *retary no later than 9 months after the date of the en-*  
4           *actment of this Act and shall have no less than a 4-*  
5           *month comment period.*

6           “(2) *The authority to promulgate regulations*  
7           *under this Act shall expire 18 months from the date*  
8           *of the enactment of this Act.*

9           “(b) *EFFECTIVE DATE OF TITLE.—The amendments*  
10          *to this title made by the Indian Health Care Improvement*  
11          *Act Amendments of 2004 shall be effective on the date of*  
12          *the enactment of such amendments, regardless of whether*  
13          *the Secretary has promulgated regulations implementing*  
14          *such amendments have been promulgated.*

15          **“SEC. 521. ELIGIBILITY FOR SERVICES.**

16          *“Urban Indians shall be eligible and the ultimate bene-*  
17          *ficiaries for health care or referral services provided pursu-*  
18          *ant to this title.*

19          **“SEC. 522. AUTHORIZATION OF APPROPRIATIONS.**

20          *“There are authorized to be appropriated such sums*  
21          *as may be necessary for each fiscal year through fiscal year*  
22          *2015 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                   *Assistant 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 to*  
21                   *an individual appointed by the President, by and*  
22                   *with the advice and consent of the Senate, after Janu-*  
23                   *ary 1, 2005, the term of service of the Assistant Sec-*  
24                   *retary shall be 4 years. An Assistant Secretary may*  
25                   *serve more than 1 term.*

1           “(3) *INCUMBENT.*—*The individual serving in the*  
2           *position of Director of the Indian Health Service on*  
3           *the day before the date of enactment of the Indian*  
4           *Health Care Improvement Act Amendments of 2004*  
5           *shall serve as Assistant Secretary.*

6           “(4) *ADVOCACY AND CONSULTATION.*—*The posi-*  
7           *tion of Assistant Secretary is established to, in a*  
8           *manner consistent with the government-to-government*  
9           *relationship between the United States and Indian*  
10          *Tribes—*

11                   “(A) *facilitate advocacy for the development*  
12                   *of appropriate Indian health policy; and*

13                   “(B) *promote consultation on matters relat-*  
14                   *ing to Indian health.*

15          “(b) *AGENCY.*—*The Service shall be an agency within*  
16          *the Public Health Service of the Department, and shall not*  
17          *be an office, component, or unit of any other agency of the*  
18          *Department.*

19          “(c) *DUTIES.*—*The Assistant Secretary of Indian*  
20          *Health shall—*

21                   “(1) *perform all functions that were, on the day*  
22                   *before the date of enactment of the Indian Health*  
23                   *Care Improvement Act Amendments of 2004, carried*  
24                   *out by or under the direction of the individual serv-*  
25                   *ing as Director of the Service on that day;*

1           “(2) perform all functions of the Secretary relat-  
2           ing to the maintenance and operation of hospital and  
3           health facilities for Indians and the planning for, and  
4           provision and utilization of, health services for Indi-  
5           ans;

6           “(3) administer all health programs under which  
7           health care is provided to Indians based upon their  
8           status as Indians which are administered by the Sec-  
9           retary, including programs under—

10                   “(A) this Act;

11                   “(B) the Act of November 2, 1921 (25  
12           U.S.C. 13);

13                   “(C) the Act of August 5, 1954 (42 U.S.C.  
14           2001 et seq.);

15                   “(D) the Act of August 16, 1957 (42 U.S.C.  
16           2005 et seq.); and

17                   “(E) the Indian Self-Determination and  
18           Education Assistance Act (25 U.S.C. 450 et  
19           seq.);

20           “(4) administer all scholarship and loan func-  
21           tions carried out under title I;

22           “(5) report directly to the Secretary concerning  
23           all policy- and budget-related matters affecting In-  
24           dian health;

1           “(6) collaborate with the Assistant Secretary for  
2           *Health concerning appropriate matters of Indian*  
3           *health that affect the agencies of the Public Health*  
4           *Service;*

5           “(7) advise each Assistant Secretary of the De-  
6           *partment concerning matters of Indian health with*  
7           *respect to which that Assistant Secretary has author-*  
8           *ity and responsibility;*

9           “(8) advise the heads of other agencies and pro-  
10          *grams of the Department concerning matters of In-*  
11           *dian health with respect to which those heads have*  
12          *authority and responsibility;*

13          “(9) coordinate the activities of the Department  
14          *concerning matters of Indian health; and*

15          “(10) perform such other functions as the Sec-  
16          *retary may designate.*

17          “(d) *AUTHORITY.—*

18                 “(1) *IN GENERAL.—The Secretary, acting*  
19                 *through the Assistant Secretary, shall have the au-*  
20                 *thority—*

21                         “(A) *except to the extent provided for in*  
22                         *paragraph (2), to appoint and compensate em-*  
23                         *ployees for the Service in accordance with title*  
24                         *5, United States Code;*



1           “(B) to enter into contracts for the procure-  
2           ment of goods and services to carry out the func-  
3           tions of the Service; and

4           “(C) to manage, expend, and obligate all  
5           funds appropriated for the Service.

6           “(2) *PERSONNEL ACTIONS*.—Notwithstanding  
7           any other provision of law, the provisions of section  
8           12 of the Act of June 18, 1934 (48 Stat. 986; 25  
9           U.S.C. 472), shall apply to all personnel actions  
10          taken with respect to new positions created within the  
11          Service as a result of its establishment under sub-  
12          section (a).

13          “(e) *REFERENCES*.—Any reference to the Director of  
14          the Indian Health Service in any Federal law, Executive  
15          order, rule, regulation, or delegation of authority, or in any  
16          document of or relating to the Director of the Indian Health  
17          Service, shall be deemed to refer to the Assistant Secretary.

18          “**SEC. 602. AUTOMATED MANAGEMENT INFORMATION SYS-**

19                               **TEM.**

20          “(a) *ESTABLISHMENT*.—

21                  “(1) *IN GENERAL*.—The Secretary shall establish  
22          an automated management information system for  
23          the Service.

1           “(2) *REQUIREMENTS OF SYSTEM.*—*The informa-*  
2           *tion system established under paragraph (1) shall in-*  
3           *clude—*

4                     “(A) *a financial management system;*

5                     “(B) *a patient care information system for*  
6           *each area served by the Service;*

7                     “(C) *a privacy component that protects the*  
8           *privacy of patient information held by, or on be-*  
9           *half of, the Service;*

10                    “(D) *a services-based cost accounting com-*  
11           *ponent that provides estimates of the costs associ-*  
12           *ated with the provision of specific medical treat-*  
13           *ments or services in each Area office of the Serv-*  
14           *ice;*

15                    “(E) *an interface mechanism for patient*  
16           *billing and accounts receivable system; and*

17                    “(F) *a training component.*

18           “(b) *PROVISION OF SYSTEMS TO TRIBES AND ORGANI-*  
19           *ZATIONS.*—*The Secretary shall provide each Tribal Health*  
20           *Program automated management information systems*  
21           *which—*

22                    “(1) *meet the management information needs of*  
23           *such Tribal Health Program with respect to the treat-*  
24           *ment by the Tribal Health Program of patients of the*  
25           *Service; and*

1           “(2) *meet the management information needs of*  
2           *the Service.*

3           “(c) *ACCESS TO RECORDS.—Notwithstanding any*  
4           *other provision of law, each patient shall have reasonable*  
5           *access to the medical or health records of such patient which*  
6           *are held by, or on behalf of, the Service.*

7           “(d) *AUTHORITY TO ENHANCE INFORMATION TECH-*  
8           *NOLOGY.—The Secretary, acting through the Assistant Sec-*  
9           *retary, shall have the authority to enter into contracts,*  
10           *agreements, or joint ventures with other Federal agencies,*  
11           *States, private and nonprofit organizations, for the purpose*  
12           *of enhancing information technology in Indian health pro-*  
13           *grams and facilities.*

14           **“SEC. 603. AUTHORIZATION OF APPROPRIATIONS.**

15           *“There is authorized to be appropriated such sums as*  
16           *may be necessary for each fiscal year through fiscal year*  
17           *2015 to carry out this title.*

18                           **“TITLE VII—BEHAVIORAL**  
19                           **HEALTH PROGRAMS**

20           **“SEC. 701. BEHAVIORAL HEALTH PREVENTION AND TREAT-**  
21                           **MENT SERVICES.**

22           “(a) *PURPOSES.—The purposes of this section are as*  
23           *follows:*

24                           “(1) *To authorize and direct the Secretary, act-*  
25           *ing through the Service, Indian Tribes, Tribal Orga-*

1       nizations, and Urban Indian Organizations, to de-  
2       velop a comprehensive behavioral health prevention  
3       and treatment program which emphasizes collabora-  
4       tion among alcohol and substance abuse, social serv-  
5       ices, and mental health programs.

6               “(2) To provide information, direction, and  
7       guidance relating to mental illness and dysfunction  
8       and self-destructive behavior, including child abuse  
9       and family violence, to those Federal, tribal, State,  
10      and local agencies responsible for programs in Indian  
11      communities in areas of health care, education, social  
12      services, child and family welfare, alcohol and sub-  
13      stance abuse, law enforcement, and judicial services.

14              “(3) To assist Indian Tribes to identify services  
15      and resources available to address mental illness and  
16      dysfunctional and self-destructive behavior.

17              “(4) To provide authority and opportunities for  
18      Indian Tribes and Tribal Organizations to develop,  
19      implement, and coordinate with community-based  
20      programs which include identification, prevention,  
21      education, referral, and treatment services, including  
22      through multidisciplinary resource teams.

23              “(5) To ensure that Indians, as citizens of the  
24      United States and of the States in which they reside,

1       *have the same access to behavioral health services to*  
2       *which all citizens have access.*

3               “(6) *To modify or supplement existing programs*  
4       *and authorities in the areas identified in paragraph*  
5       *(2).*

6       “(b) *PLANS.—*

7               “(1) *DEVELOPMENT.—The Secretary, acting*  
8       *through the Service, Indian Tribes, Tribal Organiza-*  
9       *tions, and Urban Indian Organizations, shall encour-*  
10       *age Indian Tribes and Tribal Organizations to de-*  
11       *velop tribal plans, and Urban Indian Organizations*  
12       *to develop local plans, and for all such groups to par-*  
13       *ticipate in developing areawide plans for Indian Be-*  
14       *havioral Health Services. The plans shall include, to*  
15       *the extent feasible, the following components:*

16               “(A) *An assessment of the scope of alcohol*  
17       *or other substance abuse, mental illness, and dys-*  
18       *functional and self-destructive behavior, includ-*  
19       *ing suicide, child abuse, and family violence,*  
20       *among Indians, including—*

21               “(i) *the number of Indians served who*  
22       *are directly or indirectly affected by such*  
23       *illness or behavior; or*

1                   “(ii) *an estimate of the financial and*  
2                   *human cost attributable to such illness or*  
3                   *behavior.*

4                   “(B) *An assessment of the existing and ad-*  
5                   *ditional resources necessary for the prevention*  
6                   *and treatment of such illness and behavior, in-*  
7                   *cluding an assessment of the progress toward*  
8                   *achieving the availability of the full continuum*  
9                   *of care described in subsection (c).*

10                   “(C) *An estimate of the additional funding*  
11                   *needed by the Service, Indian Tribes, Tribal Or-*  
12                   *ganizations, and Urban Indian Organizations to*  
13                   *meet their responsibilities under the plans.*

14                   “(2) *NATIONAL CLEARINGHOUSE.—The Sec-*  
15                   *retary, acting through the Service, shall establish a*  
16                   *national clearinghouse of plans and reports on the*  
17                   *outcomes of such plans developed by Indian Tribes,*  
18                   *Tribal Organizations, Urban Indian Organizations,*  
19                   *and Service Areas relating to behavioral health. The*  
20                   *Secretary shall ensure access to these plans and out-*  
21                   *comes by any Indian Tribe, Tribal Organization,*  
22                   *Urban Indian Organization, or the Service.*

23                   “(3) *TECHNICAL ASSISTANCE.—The Secretary*  
24                   *shall provide technical assistance to Indian Tribes,*  
25                   *Tribal Organizations, and Urban Indian Organiza-*

1        *tions in preparation of plans under this section and*  
2        *in developing standards of care that may be used and*  
3        *adopted locally.*

4        “(c) *PROGRAMS.—The Secretary, acting through the*  
5        *Service, Indian Tribes, and Tribal Organizations, shall*  
6        *provide, to the extent feasible and if funding is available,*  
7        *programs including the following:*

8                “(1) *COMPREHENSIVE CARE.—A comprehensive*  
9                *continuum of behavioral health care which provides—*

10                    “(A) *community-based prevention, interven-*  
11                    *tion, outpatient, and behavioral health aftercare;*

12                    “(B) *detoxification (social and medical);*

13                    “(C) *acute hospitalization;*

14                    “(D) *intensive outpatient/day treatment;*

15                    “(E) *residential treatment;*

16                    “(F) *transitional living for those needing a*  
17                    *temporary, stable living environment that is*  
18                    *supportive of treatment and recovery goals;*

19                    “(G) *emergency shelter;*

20                    “(H) *intensive case management;*

21                    “(I) *Traditional Health Care Practices; and*

22                    “(J) *diagnostic services.*

23                “(2) *CHILD CARE.—Behavioral health services*  
24                *for Indians from birth through age 17, including—*

1           “(A) preschool and school age fetal alcohol  
2 disorder services, including assessment and be-  
3 havioral intervention;

4           “(B) mental health and substance abuse  
5 services (emotional, organic, alcohol, drug, inhal-  
6 ant, and tobacco);

7           “(C) identification and treatment of co-oc-  
8 ccurring disorders and comorbidity;

9           “(D) prevention of alcohol, drug, inhalant,  
10 and tobacco use;

11           “(E) early intervention, treatment, and  
12 aftercare;

13           “(F) promotion of healthy choices and life-  
14 style (related to sexually transmitted diseases,  
15 domestic violence, sexual abuse, suicide, teen  
16 pregnancy, obesity, and other risk/safety issues);  
17 and

18           “(G) identification and treatment of neglect  
19 and physical, mental, and sexual abuse.

20           “(3) ADULT CARE.—Behavioral health services  
21 for Indians from age 18 through 55, including—

22           “(A) early intervention, treatment, and  
23 aftercare;



1           “(B) mental health and substance abuse  
2 services (emotional, alcohol, drug, inhalant, and  
3 tobacco), including gender specific services;

4           “(C) identification and treatment of co-oc-  
5 ccurring disorders (dual diagnosis) and comor-  
6 bidity;

7           “(D) promotion of gender specific healthy  
8 choices and lifestyle (related to parenting, part-  
9 ners, domestic violence, sexual abuse, suicide,  
10 obesity, and other risk-related behavior);

11           “(E) treatment services for women at risk of  
12 giving birth to a child with a fetal alcohol dis-  
13 order; and

14           “(F) gender specific treatment for sexual as-  
15 sault and domestic violence.

16           “(4) FAMILY CARE.—Behavioral health services  
17 for families, including—

18           “(A) early intervention, treatment, and  
19 aftercare for affected families;

20           “(B) treatment for sexual assault and do-  
21 mestic violence; and

22           “(C) promotion of healthy choices and life-  
23 style (related to parenting, partners, domestic vi-  
24 olence, and other abuse issues).

1           “(5) *ELDER CARE.—Behavioral health services*  
2           *for Indians 56 years of age and older, including—*

3                   “(A) *early intervention, treatment, and*  
4                   *aftercare;*

5                   “(B) *mental health and substance abuse*  
6                   *services (emotional, alcohol, drug, inhalant, and*  
7                   *tobacco), including gender specific services;*

8                   “(C) *identification and treatment of co-oc-*  
9                   *curing disorders (dual diagnosis) and comor-*  
10                   *bidity;*

11                   “(D) *promotion of healthy choices and life-*  
12                   *style (managing conditions related to aging);*

13                   “(E) *gender specific treatment for sexual as-*  
14                   *sault, domestic violence, neglect, physical and*  
15                   *mental abuse and exploitation; and*

16                   “(F) *identification and treatment of demen-*  
17                   *tias regardless of cause.*

18           “(d) *COMMUNITY BEHAVIORAL HEALTH PLAN.—*

19                   “(1) *ESTABLISHMENT.—The governing body of*  
20                   *any Indian Tribe, Tribal Organization, or Urban In-*  
21                   *Indian Organization may adopt a resolution for the es-*  
22                   *tablishment of a community behavioral health plan*  
23                   *providing for the identification and coordination of*  
24                   *available resources and programs to identify, prevent,*  
25                   *or treat substance abuse, mental illness, or dysfunc-*

1        *tional and self-destructive behavior, including child*  
2        *abuse and family violence, among its members or its*  
3        *service population. This plan should include behav-*  
4        *ioral health services, social services, intensive out-*  
5        *patient services, and continuing aftercare.*

6                “(2) *TECHNICAL ASSISTANCE.*—*At the request of*  
7        *an Indian Tribe, Tribal Organization, or Urban In-*  
8        *Indian Organization, the Bureau of Indian Affairs and*  
9        *the Service shall cooperate with and provide technical*  
10        *assistance to the Indian Tribe, Tribal Organization,*  
11        *or Urban Indian Organization in the development*  
12        *and implementation of such plan.*

13                “(3) *FUNDING.*—*The Secretary, acting through*  
14        *the Service, may make funding available to Indian*  
15        *Tribes and Tribal Organizations which adopt a reso-*  
16        *lution pursuant to paragraph (1) to obtain technical*  
17        *assistance for the development of a community behav-*  
18        *ioral health plan and to provide administrative sup-*  
19        *port in the implementation of such plan.*

20                “(e) *COORDINATION FOR AVAILABILITY OF SERV-*  
21        *ICES.*—*The Secretary, acting through the Service, Indian*  
22        *Tribes, Tribal Organizations, and Urban Indian Organiza-*  
23        *tions, shall coordinate behavioral health planning, to the*  
24        *extent feasible, with other Federal agencies and with State*

1 agencies, to encourage comprehensive behavioral health serv-  
2 ices for Indians regardless of their place of residence.

3       “(f) *MENTAL HEALTH CARE NEED ASSESSMENT.*—  
4 Not later than 1 year after the date of the enactment of  
5 the Indian Health Care Improvement Act Amendments of  
6 2004, the Secretary, acting through the Service, shall make  
7 an assessment of the need for inpatient mental health care  
8 among Indians and the availability and cost of inpatient  
9 mental health facilities which can meet such need. In mak-  
10 ing such assessment, the Secretary shall consider the pos-  
11 sible conversion of existing, underused Service hospital beds  
12 into psychiatric units to meet such need.

13 **“SEC. 702. MEMORANDA OF AGREEMENT WITH THE DEPART-**  
14 **MENT OF THE INTERIOR.**

15       “(a) *CONTENTS.*—Not later than 12 months after the  
16 date of the enactment of the Indian Health Care Improve-  
17 ment Act Amendments of 2004, the Secretary, acting  
18 through the Service, and the Secretary of the Interior shall  
19 develop and enter into a memoranda of agreement, or re-  
20 view and update any existing memoranda of agreement, as  
21 required by section 4205 of the Indian Alcohol and Sub-  
22 stance Abuse Prevention and Treatment Act of 1986 (25  
23 U.S.C. 2411) under which the Secretaries address the fol-  
24 lowing:

1           “(1) *The scope and nature of mental illness and*  
2 *dysfunctional and self-destructive behavior, including*  
3 *child abuse and family violence, among Indians.*

4           “(2) *The existing Federal, tribal, State, local,*  
5 *and private services, resources, and programs avail-*  
6 *able to provide behavioral health services for Indians.*

7           “(3) *The unmet need for additional services, re-*  
8 *sources, and programs necessary to meet the needs*  
9 *identified pursuant to paragraph (1).*

10           “(4)(A) *The right of Indians, as citizens of the*  
11 *United States and of the States in which they reside,*  
12 *to have access to behavioral health services to which*  
13 *all citizens have access.*

14           “(B) *The right of Indians to participate in, and*  
15 *receive the benefit of, such services.*

16           “(C) *The actions necessary to protect the exercise*  
17 *of such right.*

18           “(5) *The responsibilities of the Bureau of Indian*  
19 *Affairs and the Service, including mental illness iden-*  
20 *tification, prevention, education, referral, and treat-*  
21 *ment services (including services through multidisci-*  
22 *plinary resource teams), at the central, area, and*  
23 *agency and Service Unit, Service Area, and head-*  
24 *quarters levels to address the problems identified in*  
25 *paragraph (1).*

1           “(6) *A strategy for the comprehensive coordina-*  
2           *tion of the behavioral health services provided by the*  
3           *Bureau of Indian Affairs and the Service to meet the*  
4           *problems identified pursuant to paragraph (1), in-*  
5           *cluding—*

6                     “(A) *the coordination of alcohol and sub-*  
7                     *stance abuse programs of the Service, the Bureau*  
8                     *of Indian Affairs, and Indian Tribes and Tribal*  
9                     *Organizations (developed under the Indian Alco-*  
10                    *hol and Substance Abuse Prevention and Treat-*  
11                    *ment Act of 1986) with behavioral health initia-*  
12                    *tives pursuant to this Act, particularly with re-*  
13                    *spect to the referral and treatment of dually di-*  
14                    *agnosed individuals requiring behavioral health*  
15                    *and substance abuse treatment; and*

16                    “(B) *ensuring that the Bureau of Indian*  
17                    *Affairs and Service programs and services (in-*  
18                    *cluding multidisciplinary resource teams) ad-*  
19                    *dress child abuse and family violence are co-*  
20                    *ordinated with such non-Federal programs and*  
21                    *services.*

22                    “(7) *Directing appropriate officials of the Bu-*  
23                    *reau of Indian Affairs and the Service, particularly*  
24                    *at the agency and Service Unit levels, to cooperate*  
25                    *fully with tribal requests made pursuant to commu-*

1        *nity behavioral health plans adopted under section*  
2        *701(c) and section 4206 of the Indian Alcohol and*  
3        *Substance Abuse Prevention and Treatment Act of*  
4        *1986 (25 U.S.C. 2412).*

5            *“(8) Providing for an annual review of such*  
6        *agreement by the Secretaries which shall be provided*  
7        *to Congress and Indian Tribes and Tribal Organiza-*  
8        *tions.*

9            *“(b) SPECIFIC PROVISIONS REQUIRED.—The memo-*  
10        *randa of agreement updated or entered into pursuant to*  
11        *subsection (a) shall include specific provisions pursuant to*  
12        *which the Service shall assume responsibility for—*

13            *“(1) the determination of the scope of the prob-*  
14        *lem of alcohol and substance abuse among Indians,*  
15        *including the number of Indians within the jurisdic-*  
16        *tion of the Service who are directly or indirectly af-*  
17        *ected by alcohol and substance abuse and the finan-*  
18        *cial and human cost;*

19            *“(2) an assessment of the existing and needed re-*  
20        *sources necessary for the prevention of alcohol and*  
21        *substance abuse and the treatment of Indians affected*  
22        *by alcohol and substance abuse; and*

23            *“(3) an estimate of the funding necessary to ade-*  
24        *quately support a program of prevention of alcohol*

1        *and substance abuse and treatment of Indians affected*  
2        *by alcohol and substance abuse.*

3        “(c) *CONSULTATION.—The Secretary, acting through*  
4        *the Service, and the Secretary of the Interior shall, in devel-*  
5        *oping the memoranda of agreement under subsection (a),*  
6        *consult with and solicit the comments from—*

7                *“(1) Indian Tribes and Tribal Organizations;*

8                *“(2) Indians;*

9                *“(3) Urban Indian Organizations and other In-*  
10        *dian organizations; and*

11                *“(4) behavioral health service providers.*

12        “(d) *PUBLICATION.—Each memorandum of agreement*  
13        *entered into or renewed (and amendments or modifications*  
14        *thereto) under subsection (a) shall be published in the Fed-*  
15        *eral Register. At the same time as publication in the Fed-*  
16        *eral Register, the Secretary shall provide a copy of such*  
17        *memoranda, amendment, or modification to each Indian*  
18        *Tribe, Tribal Organization, and Urban Indian Organiza-*  
19        *tion.*

20        **“SEC. 703. COMPREHENSIVE BEHAVIORAL HEALTH PREVEN-**  
21                **TION AND TREATMENT PROGRAM.**

22        “(a) *ESTABLISHMENT.—*

23                *“(1) IN GENERAL.—The Secretary, acting*  
24        *through the Service, Indian Tribes, and Tribal Orga-*  
25        *nizations, shall provide a program of comprehensive*



1 behavioral health, prevention, treatment, and  
2 aftercare, including Traditional Health Care Prac-  
3 tices, which shall include—

4 “(A) prevention, through educational inter-  
5 vention, in Indian communities;

6 “(B) acute detoxification, psychiatric hos-  
7 pitalization, residential, and intensive out-  
8 patient treatment;

9 “(C) community-based rehabilitation and  
10 aftercare;

11 “(D) community education and involve-  
12 ment, including extensive training of health care,  
13 educational, and community-based personnel;

14 “(E) specialized residential treatment pro-  
15 grams for high-risk populations, including but  
16 not limited to pregnant and postpartum women  
17 and their children; and

18 “(F) diagnostic services.

19 “(2) TARGET POPULATIONS.—The target popu-  
20 lation of such programs shall be members of Indian  
21 Tribes. Efforts to train and educate key members of  
22 the Indian community shall also target employees of  
23 health, education, judicial, law enforcement, legal,  
24 and social service programs.

25 “(b) CONTRACT HEALTH SERVICES.—

1           “(1) *IN GENERAL.*—*The Secretary, acting*  
2           *through the Service, Indian Tribes, and Tribal Orga-*  
3           *nizations, may enter into contracts with public or*  
4           *private providers of behavioral health treatment serv-*  
5           *ices for the purpose of carrying out the program re-*  
6           *quired under subsection (a).*

7           “(2) *PROVISION OF ASSISTANCE.*—*In carrying*  
8           *out this subsection, the Secretary shall provide assist-*  
9           *ance to Indian Tribes and Tribal Organizations to*  
10          *develop criteria for the certification of behavioral*  
11          *health service providers and accreditation of service*  
12          *facilities which meet minimum standards for such*  
13          *services and facilities.*

14   **“SEC. 704. MENTAL HEALTH TECHNICIAN PROGRAM.**

15          “(a) *IN GENERAL.*—*Under the authority of the Act of*  
16          *November 2, 1921 (25 U.S.C. 13) (commonly known as the*  
17          *‘Snyder Act’), the Secretary shall establish and maintain*  
18          *a mental health technician program within the Service*  
19          *which—*

20                 “(1) *provides for the training of Indians as men-*  
21                 *tal health technicians; and*

22                 “(2) *employs such technicians in the provision of*  
23                 *community-based mental health care that includes*  
24                 *identification, prevention, education, referral, and*  
25                 *treatment services.*



1 *care services to Indians in a clinical setting under this Act*  
2 *or through a Funding Agreement shall be licensed as a clin-*  
3 *ical psychologist, social worker, or marriage and family*  
4 *therapist, respectively, or working under the direct super-*  
5 *vision of a licensed clinical psychologist, social worker, or*  
6 *marriage and family therapist, respectively.*

7 **“SEC. 706. INDIAN WOMEN TREATMENT PROGRAMS.**

8       “(a) *FUNDING.*—*The Secretary, consistent with section*  
9 *701, shall make funds available to Indian Tribes, Tribal*  
10 *Organizations, and Urban Indian Organizations to develop*  
11 *and implement a comprehensive behavioral health program*  
12 *of prevention, intervention, treatment, and relapse preven-*  
13 *tion services that specifically addresses the spiritual, cul-*  
14 *tural, historical, social, and child care needs of Indian*  
15 *women, regardless of age.*

16       “(b) *USE OF FUNDS.*—*Funds made available pursuant*  
17 *to this section may be used to—*

18               “(1) *develop and provide community training,*  
19 *education, and prevention programs for Indian*  
20 *women relating to behavioral health issues, including*  
21 *fetal alcohol disorders;*

22               “(2) *identify and provide psychological services,*  
23 *counseling, advocacy, support, and relapse prevention*  
24 *to Indian women and their families; and*

1           “(3) *develop prevention and intervention models*  
2           *for Indian women which incorporate Traditional*  
3           *Health Care Practices, cultural values, and commu-*  
4           *nity and family involvement.*

5           “(c) *CRITERIA.—The Secretary, in consultation with*  
6           *Indian Tribes and Tribal Organizations, shall establish cri-*  
7           *teria for the review and approval of applications and pro-*  
8           *posals for funding under this section.*

9           “(d) *EARMARK OF CERTAIN FUNDS.—Twenty percent*  
10          *of the funds appropriated pursuant to this section shall be*  
11          *used to make grants to Urban Indian Organizations.*

12          **“SEC. 707. INDIAN YOUTH PROGRAM.**

13          “(a) *DETOXIFICATION AND REHABILITATION.—The*  
14          *Secretary, acting through the Service, consistent with sec-*  
15          *tion 701, shall develop and implement a program for acute*  
16          *detoxification and treatment for Indian youths, including*  
17          *behavioral health services. The program shall include re-*  
18          *gional treatment centers designed to include detoxification*  
19          *and rehabilitation for both sexes on a referral basis and*  
20          *programs developed and implemented by Indian Tribes or*  
21          *Tribal Organizations at the local level under the Indian*  
22          *Self-Determination and Education Assistance Act. Regional*  
23          *centers shall be integrated with the intake and rehabilita-*  
24          *tion programs based in the referring Indian community.*

1       “(b) *ALCOHOL AND SUBSTANCE ABUSE TREATMENT*  
2 *CENTERS OR FACILITIES.—*

3               “(1) *ESTABLISHMENT.—*

4                       “(A) *IN GENERAL.—The Secretary, acting*  
5 *through the Service, Indian Tribes, and Tribal*  
6 *Organizations, shall construct, renovate, or, as*  
7 *necessary, purchase, and appropriately staff and*  
8 *operate, at least 1 youth regional treatment cen-*  
9 *ter or treatment network in each area under the*  
10 *jurisdiction of an Area Office.*

11                       “(B) *AREA OFFICE IN CALIFORNIA.—For*  
12 *the purposes of this subsection, the Area Office in*  
13 *California shall be considered to be 2 Area Of-*  
14 *fices, 1 office whose jurisdiction shall be consid-*  
15 *ered to encompass the northern area of the State*  
16 *of California, and 1 office whose jurisdiction*  
17 *shall be considered to encompass the remainder*  
18 *of the State of California for the purpose of im-*  
19 *plementing California treatment networks.*

20                       “(2) *FUNDING.—For the purpose of staffing and*  
21 *operating such centers or facilities, funding shall be*  
22 *pursuant to the Act of November 2, 1921 (25 U.S.C.*  
23 *13).*

24                       “(3) *LOCATION.—A youth treatment center con-*  
25 *structed or purchased under this subsection shall be*

1       *constructed or purchased at a location within the*  
2       *area described in paragraph (1) agreed upon (by ap-*  
3       *propriate tribal resolution) by a majority of the In-*  
4       *Indian Tribes to be served by such center.*

5               “(4) *SPECIFIC PROVISION OF FUNDS.—*

6               “(A) *IN GENERAL.—Notwithstanding any*  
7       *other provision of this title, the Secretary may,*  
8       *from amounts authorized to be appropriated for*  
9       *the purposes of carrying out this section, make*  
10       *funds available to—*

11               “(i) *the Tanana Chiefs Conference, In-*  
12       *corporated, for the purpose of leasing, con-*  
13       *structing, renovating, operating, and main-*  
14       *taining a residential youth treatment facil-*  
15       *ity in Fairbanks, Alaska; and*

16               “(ii) *the Southeast Alaska Regional*  
17       *Health Corporation to staff and operate a*  
18       *residential youth treatment facility without*  
19       *regard to the proviso set forth in section 4(l)*  
20       *of the Indian Self-Determination and Edu-*  
21       *cation Assistance Act (25 U.S.C. 450b(l)).*

22               “(B) *PROVISION OF SERVICES TO ELIGIBLE*  
23       *YOUTHS.—Until additional residential youth*  
24       *treatment facilities are established in Alaska*  
25       *pursuant to this section, the facilities specified*

1           *in subparagraph (A) shall make every effort to*  
2           *provide services to all eligible Indian youths re-*  
3           *siding in Alaska.*

4           “(c) *INTERMEDIATE ADOLESCENT BEHAVIORAL*  
5 *HEALTH SERVICES.—*

6           “(1) *IN GENERAL.—The Secretary, acting*  
7           *through the Service, Indian Tribes, and Tribal Orga-*  
8           *nizations, may provide intermediate behavioral health*  
9           *services, which may incorporate Traditional Health*  
10           *Care Practices, to Indian children and adolescents,*  
11           *including—*

12                   “(A) *pretreatment assistance;*

13                   “(B) *inpatient, outpatient, and aftercare*  
14                   *services;*

15                   “(C) *emergency care;*

16                   “(D) *suicide prevention and crisis interven-*  
17                   *tion; and*

18                   “(E) *prevention and treatment of mental*  
19                   *illness and dysfunctional and self-destructive be-*  
20                   *havior, including child abuse and family vio-*  
21                   *lence.*

22           “(2) *USE OF FUNDS.—Funds provided under*  
23           *this subsection may be used—*



1           “(A) to construct or renovate an existing  
2 health facility to provide intermediate behavioral  
3 health services;

4           “(B) to hire behavioral health professionals;

5           “(C) to staff, operate, and maintain an in-  
6 termediate mental health facility, group home,  
7 sober housing, transitional housing or similar fa-  
8 cilities, or youth shelter where intermediate be-  
9 havioral health services are being provided;

10           “(D) to make renovations and hire appro-  
11 priate staff to convert existing hospital beds into  
12 adolescent psychiatric units; and

13           “(E) for intensive home- and community-  
14 based services.

15           “(3) CRITERIA.—The Secretary, acting through  
16 the Service, shall, in consultation with Indian Tribes  
17 and Tribal Organizations, establish criteria for the  
18 review and approval of applications or proposals for  
19 funding made available pursuant to this subsection.

20           “(d) FEDERALLY OWNED STRUCTURES.—

21           “(1) IN GENERAL.—The Secretary, in consulta-  
22 tion with Indian Tribes and Tribal Organizations,  
23 shall—

24           “(A) identify and use, where appropriate,  
25 federally owned structures suitable for local resi-

1           *dential or regional behavioral health treatment*  
2           *for Indian youths; and*

3           “(B) *establish guidelines, in consultation*  
4           *with Indian Tribes and Tribal Organizations,*  
5           *for determining the suitability of any such feder-*  
6           *ally owned structure to be used for local residen-*  
7           *tial or regional behavioral health treatment for*  
8           *Indian youths.*

9           “(2) *TERMS AND CONDITIONS FOR USE OF*  
10          *STRUCTURE.—Any structure described in paragraph*  
11          *(1) may be used under such terms and conditions as*  
12          *may be agreed upon by the Secretary and the agency*  
13          *having responsibility for the structure and any In-*  
14          *Indian Tribe or Tribal Organization operating the pro-*  
15          *gram.*

16          “(e) *REHABILITATION AND AFTERCARE SERVICES.—*

17                 “(1) *IN GENERAL.—The Secretary, Indian*  
18                 *Tribes, or Tribal Organizations, in cooperation with*  
19                 *the Secretary of the Interior, shall develop and imple-*  
20                 *ment within each Service Unit, community-based re-*  
21                 *habilitation and follow-up services for Indian youths*  
22                 *who are having significant behavioral health prob-*  
23                 *lems, and require long-term treatment, community re-*  
24                 *integration, and monitoring to support the Indian*  
25                 *youths after their return to their home community.*

1           “(2) *ADMINISTRATION.*—*Services under para-*  
2           *graph (1) shall be provided by trained staff within*  
3           *the community who can assist the Indian youths in*  
4           *their continuing development of self-image, positive*  
5           *problem-solving skills, and nonalcohol or substance*  
6           *abusing behaviors. Such staff may include alcohol*  
7           *and substance abuse counselors, mental health profes-*  
8           *sionals, and other health professionals and para-*  
9           *professionals, including community health representa-*  
10          *tives.*

11          “(f) *INCLUSION OF FAMILY IN YOUTH TREATMENT*  
12          *PROGRAM.*—*In providing the treatment and other services*  
13          *to Indian youths authorized by this section, the Secretary,*  
14          *acting through the Service, Indian Tribes, and Tribal Orga-*  
15          *nizations, shall provide for the inclusion of family members*  
16          *of such youths in the treatment programs or other services*  
17          *as may be appropriate. Not less than 10 percent of the funds*  
18          *appropriated for the purposes of carrying out subsection (e)*  
19          *shall be used for outpatient care of adult family members*  
20          *related to the treatment of an Indian youth under that sub-*  
21          *section.*

22          “(g) *MULTIDRUG ABUSE PROGRAM.*—*The Secretary,*  
23          *acting through the Service, Indian Tribes, Tribal Organiza-*  
24          *tions, and Urban Indian Organizations, shall provide, con-*  
25          *sistent with section 701, programs and services to prevent*

1 *and treat the abuse of multiple forms of substances, includ-*  
2 *ing, but not limited to, alcohol, drugs, inhalants, and to-*  
3 *bacco, among Indian youths residing in Indian commu-*  
4 *nities, on or near reservations, and in urban areas and pro-*  
5 *vide appropriate mental health services to address the inci-*  
6 *dence of mental illness among such youths.*

7 **“SEC. 708. INPATIENT AND COMMUNITY-BASED MENTAL**  
8 **HEALTH FACILITIES DESIGN, CONSTRUC-**  
9 **TION, AND STAFFING.**

10 *“Not later than 1 year after the date of the enactment*  
11 *of the Indian Health Care Improvement Act Amendments*  
12 *of 2004, the Secretary, acting through the Service, Indian*  
13 *Tribes, and Tribal Organizations, may provide, in each*  
14 *area of the Service, not less than 1 inpatient mental health*  
15 *care facility, or the equivalent, for Indians with behavioral*  
16 *health problems. For the purposes of this subsection, Cali-*  
17 *fornia shall be considered to be 2 Area Offices, 1 office whose*  
18 *location shall be considered to encompass the northern area*  
19 *of the State of California and 1 office whose jurisdiction*  
20 *shall be considered to encompass the remainder of the State*  
21 *of California. The Secretary shall consider the possible con-*  
22 *version of existing, underused Service hospital beds into*  
23 *psychiatric units to meet such need.*

1 **“SEC. 709. TRAINING AND COMMUNITY EDUCATION.**

2       “(a) *PROGRAM.—The Secretary, in cooperation with*  
3 *the Secretary of the Interior, shall develop and implement*  
4 *or provide funding for Indian Tribes and Tribal Organiza-*  
5 *tions to develop and implement, within each Service Unit*  
6 *or tribal program, a program of community education and*  
7 *involvement which shall be designed to provide concise and*  
8 *timely information to the community leadership of each*  
9 *tribal community. Such program shall include education*  
10 *about behavioral health issues to political leaders, Tribal*  
11 *judges, law enforcement personnel, members of tribal health*  
12 *and education boards, health care providers including tra-*  
13 *ditional practitioners, and other critical members of each*  
14 *tribal community. Community-based training (oriented to-*  
15 *ward local capacity development) shall also include tribal*  
16 *community provider training (designed for adult learners*  
17 *from the communities receiving services for prevention,*  
18 *intervention, treatment, and aftercare).*

19       “(b) *INSTRUCTION.—The Secretary, acting through the*  
20 *Service, shall, either directly or through Indian Tribes and*  
21 *Tribal Organizations, provide instruction in the area of be-*  
22 *havioral health issues, including instruction in crisis inter-*  
23 *vention and family relations in the context of alcohol and*  
24 *substance abuse, child sexual abuse, youth alcohol and sub-*  
25 *stance abuse, and the causes and effects of fetal alcohol dis-*  
26 *orders to appropriate employees of the Bureau of Indian*

1 *Affairs and the Service, and to personnel in schools or pro-*  
 2 *grams operated under any contract with the Bureau of In-*  
 3 *dian Affairs or the Service, including supervisors of emer-*  
 4 *gency shelters and halfway houses described in section 4213*  
 5 *of the Indian Alcohol and Substance Abuse Prevention and*  
 6 *Treatment Act of 1986 (25 U.S.C. 2433).*

7       “(c) *TRAINING MODELS.*—*In carrying out the edu-*  
 8 *cation and training programs required by this section, the*  
 9 *Secretary, in consultation with Indian Tribes, Tribal Orga-*  
 10 *nizations, Indian behavioral health experts, and Indian al-*  
 11 *cohol and substance abuse prevention experts, shall develop*  
 12 *and provide community-based training models. Such mod-*  
 13 *els 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) *INNOVATIVE PROGRAMS.*—*The Secretary, acting*  
 24 *through the Service, Indian Tribes, and Tribal Organiza-*  
 25 *tions, consistent with section 701, may plan, develop, im-*

1 *plement, and carry out programs to deliver innovative com-*  
2 *munity-based behavioral health services to Indians.*

3       “(b) *FUNDING; CRITERIA.*—*The Secretary may award*  
4 *such funding for a project under subsection (a) to an Indian*  
5 *Tribe or Tribal Organization and may consider the fol-*  
6 *lowing criteria:*

7               “(1) *The project will address significant unmet*  
8 *behavioral health needs among Indians.*

9               “(2) *The project will serve a significant number*  
10 *of Indians.*

11               “(3) *The project has the potential to deliver serv-*  
12 *ices in an efficient and effective manner.*

13               “(4) *The Indian Tribe or Tribal Organization*  
14 *has the administrative and financial capability to*  
15 *administer the project.*

16               “(5) *The project may deliver services in a man-*  
17 *ner consistent with Traditional Health Care Prac-*  
18 *tices.*

19               “(6) *The project is coordinated with, and avoids*  
20 *duplication of, existing services.*

21       “(c) *EQUITABLE TREATMENT.*—*For purposes of this*  
22 *subsection, the Secretary shall, in evaluating applications*  
23 *or proposals for funding for projects to be operated under*  
24 *any Funding Agreement, use the same criteria that the Sec-*

1 *retary uses in evaluating any other application or proposal*  
2 *for such funding.*

3 **“SEC. 711. FETAL ALCOHOL DISORDER FUNDING.**

4 *“(a) PROGRAMS.—*

5 *“(1) ESTABLISHMENT.—The Secretary, con-*  
6 *sistent with section 701, acting through the Service,*  
7 *Indian Tribes, and Tribal Organizations, shall estab-*  
8 *lish and operate fetal alcohol disorder programs as*  
9 *provided in this section for the purposes of meeting*  
10 *the health status objectives specified in section 3.*

11 *“(2) USE OF FUNDS.—Funding provided pursu-*  
12 *ant to this section shall be used for the following:*

13 *“(A) To develop and provide for Indians*  
14 *community and in school training, education,*  
15 *and prevention programs relating to fetal alcohol*  
16 *disorders.*

17 *“(B) To identify and provide behavioral*  
18 *health treatment to high-risk Indian women and*  
19 *high-risk women pregnant with an Indian’s*  
20 *child.*

21 *“(C) To identify and provide appropriate*  
22 *psychological services, educational and voca-*  
23 *tional support, counseling, advocacy, and infor-*  
24 *mation to fetal alcohol disorder affected Indians*  
25 *and their families or caretakers.*



1           “(D) To develop and implement counseling  
2           and support programs in schools for fetal alcohol  
3           disorder affected Indian children.

4           “(E) To develop prevention and interven-  
5           tion models which incorporate practitioners of  
6           Traditional Health Care Practices, cultural and  
7           spiritual values, and community involvement.

8           “(F) To develop, print, and disseminate  
9           education and prevention materials on fetal alco-  
10          hol disorder.

11          “(G) To develop and implement, through  
12          the tribal consultation process, culturally sen-  
13          sitive assessment and diagnostic tools including  
14          dysmorphology clinics and multidisciplinary  
15          fetal alcohol disorder clinics for use in Indian  
16          communities and Urban Centers.

17          “(H) To develop early childhood interven-  
18          tion projects from birth on to mitigate the effects  
19          of fetal alcohol disorder among Indians.

20          “(I) To develop and fund community-based  
21          adult fetal alcohol disorder housing and support  
22          services for Indians and for women pregnant  
23          with an Indian’s child.

1           “(3) *CRITERIA FOR APPLICATIONS.*—*The Sec-*  
2           *retary shall establish criteria for the review and ap-*  
3           *proval of applications for funding under this section.*

4           “(b) *SERVICES.*—*The Secretary, acting through the*  
5           *Service and Indian Tribes, Tribal Organizations, and*  
6           *Urban Indian Organizations, shall—*

7           “(1) *develop and provide services for the preven-*  
8           *tion, intervention, treatment, and aftercare for those*  
9           *affected by fetal alcohol disorder in Indian commu-*  
10          *nities; and*

11          “(2) *provide supportive services, directly or*  
12          *through an Indian Tribe, Tribal Organization, or*  
13          *Urban Indian Organization, including services to*  
14          *meet the special educational, vocational, school-to-*  
15          *work transition, and independent living needs of ado-*  
16          *lescent and adult Indians with fetal alcohol disorder.*

17          “(c) *TASK FORCE.*—*The Secretary shall establish a*  
18          *task force to be known as the Fetal Alcohol Disorder Task*  
19          *Force to advise the Secretary in carrying out subsection (b).*  
20          *Such task force shall be composed of representatives from*  
21          *the following:*

22                 “(1) *The National Institute on Drug Abuse.*

23                 “(2) *The National Institute on Alcohol and Alco-*  
24                 *holism.*

25                 “(3) *The Office of Substance Abuse Prevention.*

1           “(4) *The National Institute of Mental Health.*

2           “(5) *The Service.*

3           “(6) *The Office of Minority Health of the De-*  
4 *partment of Health and Human Services.*

5           “(7) *The Administration for Native Americans.*

6           “(8) *The National Institute of Child Health and*  
7 *Human Development (NICHD).*

8           “(9) *The Centers for Disease Control and Pre-*  
9 *vention.*

10          “(10) *The Bureau of Indian Affairs.*

11          “(11) *Indian Tribes.*

12          “(12) *Tribal Organizations.*

13          “(13) *Urban Indian Organizations.*

14          “(14) *Indian fetal alcohol disorder experts.*

15          “(d) *APPLIED RESEARCH PROJECTS.—The Secretary,*  
16 *acting through the Substance Abuse and Mental Health*  
17 *Services Administration, shall make funding available to*  
18 *Indian Tribes, Tribal Organizations, and Urban Indian*  
19 *Organizations for applied research projects which propose*  
20 *to elevate the understanding of methods to prevent, inter-*  
21 *vene, treat, or provide rehabilitation and behavioral health*  
22 *aftercare for Indians and Urban Indians affected by fetal*  
23 *alcohol disorder.*

24          “(e) *FUNDING FOR URBAN INDIAN ORGANIZATIONS.—*  
25 *Ten percent of the funds appropriated pursuant to this sec-*

1 *tion shall be used to make grants to Urban Indian Organi-*  
2 *zations funded under title V.*

3 **“SEC. 712. CHILD SEXUAL ABUSE AND PREVENTION TREAT-**  
4 **MENT PROGRAMS.**

5 *“(a) ESTABLISHMENT.—The Secretary, acting through*  
6 *the Service, and the Secretary of the Interior, Indian*  
7 *Tribes, and Tribal Organizations shall establish, consistent*  
8 *with section 701, in every Service Area, programs involving*  
9 *treatment for—*

10 *“(1) victims of sexual abuse who are Indian chil-*  
11 *dren or children in an Indian household; and*

12 *“(2) perpetrators of child sexual abuse who are*  
13 *Indian or members of an Indian household.*

14 *“(b) USE OF FUNDS.—Funding provided pursuant to*  
15 *this section shall be used for the following:*

16 *“(1) To develop and provide community edu-*  
17 *cation and prevention programs related to sexual*  
18 *abuse of Indian children or children in an Indian*  
19 *household.*

20 *“(2) To identify and provide behavioral health*  
21 *treatment to victims of sexual abuse who are Indian*  
22 *children or children in an Indian household, and to*  
23 *their family members who are affected by sexual*  
24 *abuse.*

1           “(3) To develop prevention and intervention  
2           models which incorporate Traditional Health Care  
3           Practices, cultural and spiritual values, and commu-  
4           nity involvement.

5           “(4) To develop and implement, through the trib-  
6           al consultation process, culturally sensitive assessment  
7           and diagnostic tools for use in Indian communities  
8           and Urban Centers.

9           “(5) To identify and provide behavioral health  
10          treatment to Indian perpetrators and perpetrators  
11          who are members of an Indian household—

12                 “(A) making efforts to begin offender and  
13                 behavioral health treatment while the perpetrator  
14                 is incarcerated or at the earliest possible date if  
15                 the perpetrator is not incarcerated; and

16                 “(B) providing treatment after the pepe-  
17                 rator is released, until it is determined that the  
18                 perpetrator is not a threat to children.

19   **“SEC. 713. BEHAVIORAL HEALTH RESEARCH.**

20           *“The Secretary, in consultation with appropriate Fed-  
21           eral agencies, shall provide funding to Indian Tribes, Trib-  
22           al Organizations, and Urban Indian Organizations or  
23           enter into contracts with, or make grants to appropriate  
24           institutions for, the conduct of research on the incidence and  
25           prevalence of behavioral health problems among Indians*

1 served by the Service, Indian Tribes, or Tribal Organiza-  
 2 tions and among Indians in urban areas. Research prior-  
 3 ities under this section shall include—

4           “(1) the interrelationship and interdependence of  
 5 behavioral health problems with alcoholism and other  
 6 substance abuse, suicide, homicides, other injuries,  
 7 and the incidence of family violence; and

8           “(2) the development of models of prevention  
 9 techniques.

10 The effect of the interrelationships and interdependencies  
 11 referred to in paragraph (1) on children, and the develop-  
 12 ment of prevention techniques under paragraph (2) appli-  
 13 cable to children, shall be emphasized.

14 **“SEC. 714. DEFINITIONS.**

15           “*For the purpose of this title, the following definitions*  
 16 *shall apply:*

17           “(1) *ASSESSMENT.*—The term ‘assessment’  
 18 means the systematic collection, analysis, and dis-  
 19 semination of information on health status, health  
 20 needs, and health problems.

21           “(2) *ALCOHOL-RELATED NEURODEVELOPMENTAL*  
 22 *DISORDERS OR ARND.*—The term ‘alcohol-related  
 23 neurodevelopmental disorders’ or ‘ARND’ means a  
 24 central nervous system or behavioral disorder, fol-

1        *lowing a maternal history of alcohol consumption*  
2        *during pregnancy, that may involve—*

3                *“(A) physical manifestations such as devel-*  
4                *opment delay, intellectual deficit, neurologic ab-*  
5                *normalities, or failure to thrive as infants; or*

6                *“(B) behavioral manifestations such as irri-*  
7                *tability, or for older children, hyperactivity, at-*  
8                *tention deficit, language dysfunction, or percep-*  
9                *tual or judgment difficulties.*

10              *“(3) BEHAVIORAL HEALTH AFTERCARE.—The*  
11              *term ‘behavioral health aftercare’ includes those ac-*  
12              *tivities and resources used to support recovery fol-*  
13              *lowing inpatient, residential, intensive substance*  
14              *abuse, or mental health outpatient or outpatient*  
15              *treatment. The purpose is to help prevent or deal with*  
16              *relapse by ensuring that by the time a client or pa-*  
17              *tient is discharged from a level of care, such as out-*  
18              *patient treatment, an aftercare plan has been devel-*  
19              *oped with the client. An aftercare plan may use such*  
20              *resources as a community-based therapeutic group,*  
21              *transitional living facilities, a 12-step sponsor, a*  
22              *local 12-step or other related support group, and other*  
23              *community-based providers (mental health profes-*  
24              *sionals, traditional health care practitioners, commu-*

1     *nity health aides, community health representatives,*  
2     *mental health technicians, ministers, etc.)*

3             “(4) *DUAL DIAGNOSIS.*—*The term ‘dual diag-*  
4     *nosis’ means coexisting substance abuse and mental*  
5     *illness conditions or diagnosis. Such clients are some-*  
6     *times referred to as mentally ill chemical abusers*  
7     *(MICAs).*

8             “(5) *FETAL ALCOHOL DISORDERS.*—*The term*  
9     *‘fetal alcohol disorders’ means fetal alcohol syndrome,*  
10    *partial fetal alcohol syndrome and alcohol related*  
11    *neurodevelopmental disorder (ARND).*

12            “(6) *FETAL ALCOHOL SYNDROME OR FAS.*—*The*  
13    *term ‘fetal alcohol syndrome’ or ‘FAS’ means a syn-*  
14    *drome in which, with a history of maternal alcohol*  
15    *consumption during pregnancy, the following criteria*  
16    *are met:*

17            “(A) *Central nervous system involvement*  
18            *such as developmental delay, intellectual deficit,*  
19            *microencephaly, or neurologic abnormalities.*

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

25            “(C) *Prenatal or postnatal growth delay.*



1           “(7) *PARTIAL FAS.*—*The term ‘partial FAS’*  
 2           *means, with a history of maternal alcohol consump-*  
 3           *tion during pregnancy, having most of the criteria of*  
 4           *FAS, though not meeting a minimum of at least 2 of*  
 5           *the following: microphthalmia, short palpebral fis-*  
 6           *tures, poorly developed philtrum, thin upper lip, flat*  
 7           *nasal bridge, and short upturned nose.*

8           “(8) *REHABILITATION.*—*The term ‘rehabilita-*  
 9           *tion’ means to restore the ability or capacity to en-*  
 10          *gage in usual and customary life activities through*  
 11          *education and therapy.*

12          “(9) *SUBSTANCE ABUSE.*—*The term ‘substance*  
 13          *abuse’ includes inhalant abuse.*

14          **“SEC. 715. AUTHORIZATION OF APPROPRIATIONS.**

15          *“There is authorized to be appropriated such sums as*  
 16          *may be necessary for each fiscal year through fiscal year*  
 17          *2015 to carry out the provisions of this title.*

18          **“TITLE VIII—MISCELLANEOUS**

19          **“SEC. 801. REPORTS.**

20          *“The President shall, at the time the budget is sub-*  
 21          *mitted under section 1105 of title 31, United States Code,*  
 22          *for each fiscal year transmit to Congress a report con-*  
 23          *taining the following:*

24                 “(1) *A report on the progress made in meeting*  
 25                 *the objectives of this Act, including a review of pro-*

1 *grams established or assisted pursuant to this Act and*  
2 *assessments and recommendations of additional pro-*  
3 *grams or additional assistance necessary to, at a*  
4 *minimum, provide health services to Indians and en-*  
5 *sure a health status for Indians, which are at a par-*  
6 *ity with the health services available to and the health*  
7 *status of the general population, including specific*  
8 *comparisons of appropriations provided and those re-*  
9 *quired for such parity.*

10 *“(2) A report on whether, and to what extent,*  
11 *new national health care programs, benefits, initia-*  
12 *tives, or financing systems have had an impact on the*  
13 *purposes of this Act and any steps that the Secretary*  
14 *may have taken to consult with Indian Tribes, Tribal*  
15 *Organizations, and Urban Indian Organizations to*  
16 *address such impact, including a report on proposed*  
17 *changes in allocation of funding pursuant to section*  
18 *808.*

19 *“(3) A report on the use of health services by In-*  
20 *dians—*

21 *“(A) on a national and area or other rel-*  
22 *evant geographical basis;*

23 *“(B) by gender and age;*

24 *“(C) by source of payment and type of serv-*  
25 *ice;*

1           “(D) comparing such rates of use with rates  
2           of use among comparable non-Indian popu-  
3           lations; and

4           “(E) provided under Funding Agreements.

5           “(4) A report of contractors to the Secretary on  
6           Health Care Educational Loan Repayments every 6  
7           months required by section 110.

8           “(5) A general audit report of the Secretary on  
9           the Health Care Educational Loan Repayment Pro-  
10          gram as required by section 110(n).

11          “(6) A report of the findings and conclusions of  
12          demonstration programs on development of edu-  
13          cational curricula for substance abuse counseling as  
14          required in section 126(f).

15          “(7) A separate statement which specifies the  
16          amount of funds requested to carry out the provisions  
17          of section 201.

18          “(8) A report of the evaluations of health pro-  
19          motion and disease prevention as required in section  
20          203(c).

21          “(9) A biennial report to Congress on infectious  
22          diseases as required by section 212.

23          “(10) A report on environmental and nuclear  
24          health hazards as required by section 215.

1           “(11) *An annual report on the status of all*  
2 *health care facilities needs as required by section*  
3 *301(c)(2) and 301(d).*

4           “(12) *Reports on safe water and sanitary waste*  
5 *disposal facilities as required by section 302(h).*

6           “(13) *An annual report on the expenditure of*  
7 *nonservice funds for renovation as required by sec-*  
8 *tions 304(b)(2).*

9           “(14) *A report identifying the backlog of mainte-*  
10 *nance and repair required at Service and tribal fa-*  
11 *cilities required by section 313(a).*

12           “(15) *A report providing an accounting of reim-*  
13 *bursement funds made available to the Secretary*  
14 *under titles XVIII, XIX, and XXI of the Social Secu-*  
15 *rity Act.*

16           “(16) *A report on any arrangements for the*  
17 *sharing of medical facilities or services between the*  
18 *Service, Indian Tribes, and Tribal Organizations,*  
19 *and the Department of Veterans Affairs and the De-*  
20 *partment of Defense, as authorized by section 406.*

21           “(17) *A report on evaluation and renewal of*  
22 *Urban Indian programs under section 505.*

23           “(18) *A report on the evaluation of programs as*  
24 *required by section 513(d).*

1           “(19) *A report on alcohol and substance abuse as*  
2           *required by section 701(f).*

3   **“SEC. 802. REGULATIONS.**

4           “(a) *DEADLINES.—*

5           “(1) *PROCEDURES.—Not later than 90 days*  
6           *after the date of the enactment of the Indian Health*  
7           *Care Improvement Act Amendments of 2004, the Sec-*  
8           *retary shall initiate procedures under subchapter III*  
9           *of chapter 5 of title 5, United States Code, to nego-*  
10           *tiate and promulgate such regulations or amendments*  
11           *thereto that are necessary to carry out titles I, II, III,*  
12           *and VII and section 817. The Secretary may promul-*  
13           *gate regulations to carry out sections 105, 115, 117,*  
14           *and titles IV and V, using the procedures required by*  
15           *chapter V of title 5, United States Code (commonly*  
16           *known as the ‘Administrative Procedure Act’. The*  
17           *Secretary shall issue no regulations to carry out titles*  
18           *VI and VIII, except as necessary to carry out section*  
19           *817.*

20           “(2) *PROPOSED REGULATIONS.—Proposed regu-*  
21           *lations to implement this Act shall be published in the*  
22           *Federal Register by the Secretary no later than 270*  
23           *days after the date of the enactment of the Indian*  
24           *Health Care Improvement Act Amendments of 2004*

1        *and shall have no less than a 120-day comment pe-*  
2        *riod.*

3            “(3) *EXPIRATION OF AUTHORITY.*—*The author-*  
4        *ity to promulgate regulations under this Act shall ex-*  
5        *pire 18 months from the date of the enactment of this*  
6        *Act.*

7            “(b) *COMMITTEE.*—*A negotiated rulemaking com-*  
8        *mittee established pursuant to section 565 of title 5, United*  
9        *States Code, to carry out this section shall have as its mem-*  
10       *bers only representatives of the Federal Government and*  
11       *representatives of Indian Tribes and Tribal Organizations,*  
12       *a majority of whom shall be nominated by and be represent-*  
13       *atives of Indian Tribes, Tribal Organizations, and Urban*  
14       *Indian Organizations from each Service Area.*

15           “(c) *ADAPTATION OF PROCEDURES.*—*The Secretary*  
16       *shall adapt the negotiated rulemaking procedures to the*  
17       *unique context of self-governance and the government-to-*  
18       *government relationship between the United States and In-*  
19       *dian Tribes.*

20           “(d) *LACK OF REGULATIONS.*—*The lack of promul-*  
21       *gated regulations shall not limit the effect of this Act.*

22           “(e) *INCONSISTENT REGULATIONS.*—*The provisions of*  
23       *this Act shall supersede any conflicting provisions of law*  
24       *in effect on the day before the date of the enactment of the*  
25       *Indian Health Care Improvement Act Amendments of 2004,*

1 *and the Secretary is authorized to repeal any regulation*  
2 *inconsistent with the provisions of this Act.*

3 **“SEC. 803. PLAN OF IMPLEMENTATION.**

4 *“Not later than 8 months after the date of the enact-*  
5 *ment of the Indian Health Care Improvement Act Amend-*  
6 *ments of 2004, the Secretary in consultation with Indian*  
7 *Tribes, Tribal Organizations, and Urban Indian Organiza-*  
8 *tions, shall submit to Congress a plan explaining the man-*  
9 *ner and schedule (including a schedule of appropriation re-*  
10 *quests), by title and section, by which the Secretary will*  
11 *implement the provisions of this Act.*

12 **“SEC. 804. AVAILABILITY OF FUNDS.**

13 *“The funds appropriated pursuant to this Act shall re-*  
14 *main available until expended.*

15 **“SEC. 805. LIMITATION ON USE OF FUNDS APPROPRIATED**  
16 **TO THE INDIAN HEALTH SERVICE.**

17 *“Any limitation on the use of funds contained in an*  
18 *Act providing appropriations for the Department for a pe-*  
19 *riod with respect to the performance of abortions shall*  
20 *apply for that period with respect to the performance of*  
21 *abortions using funds contained in an Act providing appro-*  
22 *priations for the Service.*

23 **“SEC. 806. ELIGIBILITY OF CALIFORNIA INDIANS.**

24 *“(a) IN GENERAL.—The following California Indians*  
25 *shall be eligible for health services provided by the Service:*

1           “(1) *Any member of a federally recognized In-*  
2 *dian Tribe.*

3           “(2) *Any descendant of an Indian who was re-*  
4 *siding in California on June 1, 1852, if such descend-*  
5 *ant—*

6                   “(A) *is a member of the Indian community*  
7 *served by a local program of the Service; and*

8                   “(B) *is regarded as an Indian by the com-*  
9 *munity in which such descendant lives.*

10           “(3) *Any Indian who holds trust interests in*  
11 *public domain, national forest, or reservation allot-*  
12 *ments in California.*

13           “(4) *Any Indian in California who is listed on*  
14 *the plans for distribution of the assets of rancherias*  
15 *and reservations located within the State of Cali-*  
16 *formia under the Act of August 18, 1958 (72 Stat.*  
17 *619), and any descendant of such an Indian.*

18           “(b) *CLARIFICATION.—Nothing in this section may be*  
19 *construed as expanding the eligibility of California Indians*  
20 *for health services provided by the Service beyond the scope*  
21 *of eligibility for such health services that applied on May*  
22 *1, 1986.*

23 **“SEC. 807. HEALTH SERVICES FOR INELIGIBLE PERSONS.**

24           “(a) *CHILDREN.—Any individual who—*

25                   “(1) *has not attained 19 years of age;*



1           “(2) is the natural or adopted child, stepchild,  
2           foster child, legal ward, or orphan of an eligible In-  
3           dian; and

4           “(3) is not otherwise eligible for health services  
5           provided by the Service,  
6 shall be eligible for all health services provided by the Serv-  
7 ice on the same basis and subject to the same rules that  
8 apply to eligible Indians until such individual attains 19  
9 years of age. The existing and potential health needs of all  
10 such individuals shall be taken into consideration by the  
11 Service in determining the need for, or the allocation of,  
12 the health resources of the Service. If such an individual  
13 has been determined to be legally incompetent prior to at-  
14 taining 19 years of age, such individual shall remain eligi-  
15 ble for such services until 1 year after the date of a deter-  
16 mination of competency.

17           “(b) SPOUSES.—Any spouse of an eligible Indian who  
18 is not an Indian, or who is of Indian descent but not other-  
19 wise eligible for the health services provided by the Service,  
20 shall be eligible for such health services if all such spouses  
21 or spouses who are married to members of the Indian  
22 Tribe(s) being served are made eligible, as a class, by an  
23 appropriate resolution of the governing body of the Indian  
24 Tribe or Tribal Organization providing such services. The  
25 health needs of persons made eligible under this paragraph

1 *shall not be taken into consideration by the Service in deter-*  
2 *mining the need for, or allocation of, its health resources.*

3 “(c) *PROVISION OF SERVICES TO OTHER INDIVID-*  
4 *UALS.—*

5 “(1) *IN GENERAL.—The Secretary is authorized*  
6 *to provide health services under this subsection*  
7 *through health programs operated directly by the*  
8 *Service to individuals who reside within the Service*  
9 *Unit and who are not otherwise eligible for such*  
10 *health services if—*

11 “(A) *the Indian Tribes served by such Serv-*  
12 *ice Unit request such provision of health services*  
13 *to such individuals; and*

14 “(B) *the Secretary and the served Indian*  
15 *Tribes have jointly determined that—*

16 “(i) *the provision of such health serv-*  
17 *ices will not result in a denial or diminu-*  
18 *tion of health services to eligible Indians;*  
19 *and*

20 “(ii) *there is no reasonable alternative*  
21 *health facilities or services, within or with-*  
22 *out the Service Unit, available to meet the*  
23 *health needs of such individuals.*

24 “(2) *ISDEAA PROGRAMS.—In the case of a*  
25 *Tribal Health Program, the governing body of the In-*

1        *dian Tribe or Tribal Organization providing health*  
2        *services under such Tribal Health Program is author-*  
3        *ized to determine whether health services should be*  
4        *provided under its Funding Agreement to individuals*  
5        *who are not otherwise eligible for such services. In*  
6        *making such determination, the governing body shall*  
7        *take into account the considerations described in*  
8        *clauses (i) and (ii) of paragraph (1)(B).*

9                *“(3) PAYMENT FOR SERVICES.—*

10                *“(A) IN GENERAL.—Persons receiving*  
11                *health services provided by the Service under this*  
12                *subsection shall be liable for payment of such*  
13                *health services under a schedule of charges pre-*  
14                *scribed by the Secretary which, in the judgment*  
15                *of the Secretary, results in reimbursement in an*  
16                *amount not less than the actual cost of providing*  
17                *the health services. Notwithstanding section 404*  
18                *of this Act or any other provision of law,*  
19                *amounts collected under this subsection, includ-*  
20                *ing medicare, medicaid, or SCHIP reimburse-*  
21                *ments under titles XVIII, XIX, and XXI of the*  
22                *Social Security Act, shall be credited to the ac-*  
23                *count of the program providing the service and*  
24                *shall be used for the purposes listed in section*  
25                *401(d)(2) and amounts collected under this sub-*

1           *section shall be available for expenditure within*  
2           *such program.*

3           “(B) *INDIGENT PEOPLE.*—*Health services*  
4           *may be provided by the Secretary through the*  
5           *Service under this subsection to an indigent in-*  
6           *dividual who would not be otherwise eligible for*  
7           *such health services but for the provisions of*  
8           *paragraph (1) only if an agreement has been en-*  
9           *tered into with a State or local government*  
10           *under which the State or local government agrees*  
11           *to reimburse the Service for the expenses in-*  
12           *curring by the Service in providing such health*  
13           *services to such indigent individual.*

14           “(4) *REVOCATION OF CONSENT FOR SERVICES.*—

15           “(A) *SINGLE TRIBE SERVICE AREA.*—*In the*  
16           *case of a Service Area which serves only 1 In-*  
17           *Indian Tribe, the authority of the Secretary to pro-*  
18           *vide health services under paragraph (1) shall*  
19           *terminate at the end of the fiscal year succeeding*  
20           *the fiscal year in which the governing body of the*  
21           *Indian Tribe revokes its concurrence to the pro-*  
22           *vision of such health services.*

23           “(B) *MULTITRIBAL SERVICE AREA.*—*In the*  
24           *case of a multitribal Service Area, the authority*  
25           *of the Secretary to provide health services under*

1           *paragraph (1) shall terminate at the end of the*  
2           *fiscal year succeeding the fiscal year in which at*  
3           *least 51 percent of the number of Indian Tribes*  
4           *in the Service Area revoke their concurrence to*  
5           *the provisions of such health services.*

6           “(d) *OTHER SERVICES.—The Service may provide*  
7           *health services under this subsection to individuals who are*  
8           *not eligible for health services provided by the Service under*  
9           *any other provision of law in order to—*

10            “(1) *achieve stability in a medical emergency;*

11            “(2) *prevent the spread of a communicable dis-*  
12            *ease or otherwise deal with a public health hazard;*

13            “(3) *provide care to non-Indian women pregnant*  
14            *with an eligible Indian’s child for the duration of the*  
15            *pregnancy through postpartum; or*

16            “(4) *provide care to immediate family members*  
17            *of an eligible individual if such care is directly re-*  
18            *lated to the treatment of the eligible individual.*

19           “(e) *HOSPITAL PRIVILEGES FOR PRACTITIONERS.—*  
20           *Hospital privileges in health facilities operated and main-*  
21           *tained by the Service or operated under a Funding Agree-*  
22           *ment may be extended to non-Service health care practi-*  
23           *tioners who provide services to individuals described in sub-*  
24           *section (a), (b), (c), or (d). Such non-Service health care*  
25           *practitioners may, as part of the privileging process, be des-*

1 *ignated as employees of the Federal Government for pur-*  
2 *poses of section 1346(b) and chapter 171 of title 28, United*  
3 *States Code (relating to Federal tort claims) only with re-*  
4 *spect to acts or omissions which occur in the course of pro-*  
5 *viding services to eligible individuals as a part of the condi-*  
6 *tions under which such hospital privileges are extended.*

7       “(f) *ELIGIBLE INDIAN.*—For purposes of this section,  
8 the term ‘eligible Indian’ means any Indian who is eligible  
9 for health services provided by the Service without regard  
10 to the provisions of this section.

11 **“SEC. 808. REALLOCATION OF BASE RESOURCES.**

12       “(a) *REPORT REQUIRED.*—Notwithstanding any other  
13 provision of law, any allocation of Service funds for a fiscal  
14 year that reduces by 5 percent or more from the previous  
15 fiscal year the funding for any recurring program, project,  
16 or activity of a Service Unit may be implemented only after  
17 the Secretary has submitted to the President, for inclusion  
18 in the report required to be transmitted to Congress under  
19 section 801, a report on the proposed change in allocation  
20 of funding, including the reasons for the change and its like-  
21 ly effects.

22       “(b) *EXCEPTION.*—Subsection (a) shall not apply if  
23 the total amount appropriated to the Service for a fiscal  
24 year is at least 5 percent less than the amount appropriated  
25 to the Service for the previous fiscal year.

1 **“SEC. 809. RESULTS OF DEMONSTRATION PROJECTS.**

2       *“The Secretary shall provide for the dissemination to*  
3 *Indian Tribes, Tribal Organizations, and Urban Indian*  
4 *Organizations of the findings and results of demonstration*  
5 *projects conducted under this Act.*

6 **“SEC. 810. PROVISION OF SERVICES IN MONTANA.**

7       *“(a) CONSISTENT WITH COURT DECISION.—The Sec-*  
8 *retary, acting through the Service, shall provide services*  
9 *and benefits for Indians in Montana in a manner con-*  
10 *sistent with the decision of the United States Court of Ap-*  
11 *peals for the Ninth Circuit in McNabb for McNabb v.*  
12 *Bowen, 829 F.2d 787 (9th Cir. 1987).*

13       *“(b) CLARIFICATION.—The provisions of subsection (a)*  
14 *shall not be construed to be an expression of the sense of*  
15 *Congress on the application of the decision described in sub-*  
16 *section (a) with respect to the provision of services or bene-*  
17 *fits for Indians living in any State other than Montana.*

18 **“SEC. 811. MORATORIUM.**

19       *“During the period of the moratorium imposed on im-*  
20 *plementation of the final rule published in the Federal Reg-*  
21 *ister on September 16, 1987, by the Health Resources and*  
22 *Services Administration of the Public Health Service, relat-*  
23 *ing to eligibility for the health care services of the Indian*  
24 *Health Service, the Indian Health Service shall provide*  
25 *services pursuant to the criteria for eligibility for such serv-*  
26 *ices that were in effect on September 15, 1987, subject to*

1 *the provisions of sections 806 and 807 until such time as*  
2 *new criteria governing eligibility for services are developed*  
3 *in accordance with section 802.*

4 **“SEC. 812. TRIBAL EMPLOYMENT.**

5 *“For purposes of section 2(2) of the Act of July 5, 1935*  
6 *(49 Stat. 450, chapter 372), an Indian Tribe or Tribal Or-*  
7 *ganization carrying out a Funding Agreement shall not be*  
8 *considered an ‘employer’.*

9 **“SEC. 813. PRIME VENDOR.**

10 *“(a) EXECUTIVE AGENCY STATUS.—For purposes of*  
11 *section 201(a) of the Federal Property and Administrative*  
12 *Services Act (40 U.S.C. 481(a)) (relating to Federal sources*  
13 *of supply, including lodging providers, airlines, and other*  
14 *transportation providers), a Tribal Health Program shall*  
15 *be deemed an executive agency when carrying out a con-*  
16 *tract, grant, cooperative agreement, or Funding Agreement*  
17 *with the Service and shall have access to the Federal Supply*  
18 *Schedule and any other Federal source of supply to which*  
19 *executive agencies have access.*

20 *“(b) IHS STATUS.—For purposes of section 4 of Public*  
21 *Law 102–585 (38 U.S.C. 8126), a Tribal Health Program*  
22 *shall have the status of the Indian Health Service and shall*  
23 *have direct access to the Veterans Administration prime*  
24 *vendor provided for in section 4 of Public Law 102–585.*



1       “(c) *EMPLOYEE STATUS.*—*The employees of such Trib-*  
 2 *al Health Programs may order supplies under such respec-*  
 3 *tive programs on the same basis as employees of the Service.*

4       “**SEC. 814. SEVERABILITY PROVISIONS.**

5       “*If any provision of this Act, any amendment made*  
 6 *by the Act, or the application of such provision or amend-*  
 7 *ment to any person or circumstances is held to be invalid,*  
 8 *the remainder of this Act, the remaining amendments made*  
 9 *by this Act, and the application of such provisions to per-*  
 10 *sons or circumstances other than those to which it is held*  
 11 *invalid, shall not be affected thereby.*

12       “**SEC. 815. ESTABLISHMENT OF NATIONAL BIPARTISAN**  
 13                               **COMMISSION ON INDIAN HEALTH CARE ENTI-**  
 14                               **TLEMENT.**

15       “(a) *ESTABLISHMENT.*—*There is hereby established the*  
 16 *National Bipartisan Indian Health Care Entitlement Com-*  
 17 *mission (the ‘Commission’).*

18       “(b) *DUTIES OF COMMISSION.*—*The duties of the Com-*  
 19 *mission are the following:*

20               “(1) *To establish a study committee composed of*  
 21 *those members of the Commission appointed by the*  
 22 *Director and at least 4 members of Congress from*  
 23 *among the members of the Commission, the duties of*  
 24 *which shall be the following:*

1           “(A) To the extent necessary to carry out its  
2 duties, collect and compile data necessary to un-  
3 derstand the extent of Indian needs with regard  
4 to the provision of health services, regardless of  
5 the location of Indians, including holding hear-  
6 ings and soliciting the views of Indians, Indian  
7 Tribes, Tribal Organizations, and Urban Indian  
8 Organizations, which may include authorizing  
9 and making funds available for feasibility stud-  
10 ies of various models for providing and funding  
11 health services for all Indian beneficiaries, in-  
12 cluding those who live outside of a reservation,  
13 temporarily or permanently.

14           “(B) To make recommendations to the Com-  
15 mission for legislation that will provide for the  
16 delivery of health services for Indians as an enti-  
17 tlement, which will address, among other things,  
18 issues of eligibility, benefits to be provided, in-  
19 cluding recommendations regarding from whom  
20 such health services are to be provided and the  
21 cost, including mechanisms for making funds  
22 available for the health services to be provided.

23           “(C) To determine the effect of the enact-  
24 ment of such recommendations on (i) the existing

1           *system of delivery of health services for Indians,*  
2           *and (ii) the sovereign status of Indian Tribes.*

3           “(D) Not later than 12 months after the ap-  
4           pointment of all members of the Commission, to  
5           submit a written report of its findings and rec-  
6           ommendations to the full Commission. The re-  
7           port shall include a statement of the minority  
8           and majority position of the Committee and  
9           shall be disseminated, at a minimum, to every  
10          Indian Tribe, Tribal Organization, and Urban  
11          Indian Organization for comment to the Com-  
12          mission.

13          “(E) To report regularly to the full Com-  
14          mission regarding the findings and recommenda-  
15          tions developed by the study committee in the  
16          course of carrying out its duties under this sec-  
17          tion.

18          “(2) To review and analyze the recommendations  
19          of the report of the study committee.

20          “(3) To make recommendations to Congress for  
21          providing health services for Indians as an entitle-  
22          ment, giving due regard to the effects of such a pro-  
23          gram on existing health care delivery systems for In-  
24          dians and the effect of such a program on the sov-  
25          ereign status of Indian Tribes.

1           “(4) Not later than 18 months following the date  
2 of appointment of all members of the Commission,  
3 submit a written report to Congress containing a rec-  
4 ommendation of policies and legislation to implement  
5 a policy that would establish a health care system for  
6 Indians based on delivery of health services as an en-  
7 titlement, together with a determination of the impli-  
8 cations of such an entitlement system on existing  
9 health care delivery systems for Indians and on the  
10 sovereign status of Indian Tribes.

11       “(c) MEMBERS.—

12           “(1) APPOINTMENT.—The Commission shall be  
13 composed of 25 members, appointed as follows:

14           “(A) Ten members of Congress, including 3  
15 from the House of Representatives and 2 from  
16 the Senate, appointed by their respective major-  
17 ity leaders, and 3 from the House of Representa-  
18 tives and 2 from the Senate, appointed by their  
19 respective minority leaders, and who shall be  
20 members of the standing committees of Congress  
21 that consider legislation affecting health care to  
22 Indians.

23           “(B) Twelve persons chosen by the congres-  
24 sional members of the Commission, 1 from each  
25 Service Area as currently designated by the Di-

1            *rector to be chosen from among 3 nominees from*  
2            *each Service Area put forward by the Indian*  
3            *Tribes within the area, with due regard being*  
4            *given to the experience and expertise of the nomi-*  
5            *nees in the provision of health care to Indians*  
6            *and to a reasonable representation on the com-*  
7            *mission of members who are familiar with var-*  
8            *ious health care delivery modes and who rep-*  
9            *resent Indian Tribes of various size populations.*

10            *“(C) Three persons appointed by the Direc-*  
11            *tor who are knowledgeable about the provision of*  
12            *health care to Indians, at least 1 of whom shall*  
13            *be appointed from among 3 nominees put for-*  
14            *ward by those programs whose funds are pro-*  
15            *vided in whole or in part by the Service pri-*  
16            *marily or exclusively for the benefit of Urban In-*  
17            *dians.*

18            *“(D) All those persons chosen by the con-*  
19            *gressional members of the Commission and by*  
20            *the Director shall be members of federally recog-*  
21            *nized Indian Tribes.*

22            *“(2) CHAIR; VICE CHAIR.—The Chair and Vice*  
23            *Chair of the Commission shall be selected by the con-*  
24            *gressional members of the Commission.*

1           “(3) *TERMS.*—*The terms of members of the Com-*  
2           *mission shall be for the life of the Commission.*

3           “(4) *DEADLINE FOR APPOINTMENTS.*—*Congres-*  
4           *sional members of the Commission shall be appointed*  
5           *not later than 90 days after the date of the enactment*  
6           *of the Indian Health Care Improvement Act Amend-*  
7           *ments of 2004, and the remaining members of the*  
8           *Commission shall be appointed not later than 60 days*  
9           *following the appointment of the congressional mem-*  
10          *bers.*

11          “(5) *VACANCY.*—*A vacancy in the Commission*  
12          *shall be filled in the manner in which the original*  
13          *appointment was made.*

14          “(d) *COMPENSATION.*—

15                 “(1) *CONGRESSIONAL MEMBERS.*—*Each congres-*  
16                 *sional member of the Commission shall receive no ad-*  
17                 *ditional pay, allowances, or benefits by reason of their*  
18                 *service on the Commission and shall receive travel ex-*  
19                 *penses and per diem in lieu of subsistence in accord-*  
20                 *ance with sections 5702 and 5703 of title 5, United*  
21                 *States Code.*

22                 “(2) *OTHER MEMBERS.*—*Remaining members of*  
23                 *the Commission, while serving on the business of the*  
24                 *Commission (including travel time), shall be entitled*  
25                 *to receive compensation at the per diem equivalent of*

1       *the rate provided for level IV of the Executive Sched-*  
2       *ule under section 5315 of title 5, United States Code,*  
3       *and while so serving away from home and the mem-*  
4       *ber's regular place of business, a member may be al-*  
5       *lowed travel expenses, as authorized by the Chairman*  
6       *of the Commission. For purpose of pay (other than*  
7       *pay of members of the Commission) and employment*  
8       *benefits, rights, and privileges, all personnel of the*  
9       *Commission shall be treated as if they were employees*  
10       *of the United States Senate.*

11       “(e) *MEETINGS.—The Commission shall meet at the*  
12       *call of the Chair.*

13       “(f) *QUORUM.—A quorum of the Commission shall*  
14       *consist of not less than 15 members, provided that no less*  
15       *than 6 of the members of Congress who are Commission*  
16       *members are present and no less than 9 of the members who*  
17       *are Indians are present.*

18       “(g) *EXECUTIVE DIRECTOR; STAFF; FACILITIES.—*

19               “(1) *APPOINTMENT; PAY.—The Commission shall*  
20       *appoint an executive director of the Commission. The*  
21       *executive director shall be paid the rate of basic pay*  
22       *for level V of the Executive Schedule.*

23               “(2) *STAFF APPOINTMENT.—With the approval*  
24       *of the Commission, the executive director may ap-*

1       *point such personnel as the executive director deems*  
2       *appropriate.*

3               “(3) *STAFF PAY.*—*The staff of the Commission*  
4       *shall be appointed without regard to the provisions of*  
5       *title 5, United States Code, governing appointments*  
6       *in the competitive service, and shall be paid without*  
7       *regard to the provisions of chapter 51 and subchapter*  
8       *III of chapter 53 of such title (relating to classifica-*  
9       *tion and General Schedule pay rates).*

10              “(4) *TEMPORARY SERVICES.*—*With the approval*  
11       *of the Commission, the executive director may procure*  
12       *temporary and intermittent services under section*  
13       *3109(b) of title 5, United States Code.*

14              “(5) *FACILITIES.*—*The Administrator of General*  
15       *Services shall locate suitable office space for the oper-*  
16       *ation of the Commission. The facilities shall serve as*  
17       *the headquarters of the Commission and shall include*  
18       *all necessary equipment and incidentals required for*  
19       *the proper functioning of the Commission.*

20              “(h) *HEARINGS.*—(1) *For the purpose of carrying out*  
21       *its duties, the Commission may hold such hearings and un-*  
22       *dertake such other activities as the Commission determines*  
23       *to be necessary to carry out its duties, provided that at least*  
24       *6 regional hearings are held in different areas of the United*  
25       *States in which large numbers of Indians are present. Such*



1 *hearings are to be held to solicit the views of Indians re-*  
2 *garding the delivery of health care services to them. To con-*  
3 *stitute a hearing under this subsection, at least 5 members*  
4 *of the Commission, including at least 1 member of Congress,*  
5 *must be present. Hearings held by the study committee es-*  
6 *tablished in this section may count toward the number of*  
7 *regional hearings required by this subsection.*

8       “(2) *Upon request of the Commission, the Comptroller*  
9 *General shall conduct such studies or investigations as the*  
10 *Commission determines to be necessary to carry out its du-*  
11 *ties.*

12       “(3)(A) *The Director of the Congressional Budget Of-*  
13 *fice or the Chief Actuary of the Centers for Medicare & Med-*  
14 *icaid Services, or both, shall provide to the Commission,*  
15 *upon the request of the Commission, such cost estimates as*  
16 *the Commission determines to be necessary to carry out its*  
17 *duties.*

18       “(B) *The Commission shall reimburse the Director of*  
19 *the Congressional Budget Office for expenses relating to the*  
20 *employment in the office of the Director of such additional*  
21 *staff as may be necessary for the Director to comply with*  
22 *requests by the Commission under subparagraph (A).*

23       “(4) *Upon the request of the Commission, the head of*  
24 *any Federal agency is authorized to detail, without reim-*  
25 *bursement, any of the personnel of such agency to the Com-*

1 *mission to assist the Commission in carrying out its duties.*

2 *Any such detail shall not interrupt or otherwise affect the*

3 *civil service status or privileges of the Federal employee.*

4       “(5) *Upon the request of the Commission, the head of*

5 *a Federal agency shall provide such technical assistance to*

6 *the Commission as the Commission determines to be nec-*

7 *essary to carry out its duties.*

8       “(6) *The Commission may use the United States mails*

9 *in the same manner and under the same conditions as Fed-*

10 *eral agencies and shall, for purposes of the frank, be consid-*

11 *ered a commission of Congress as described in section 3215*

12 *of title 39, United States Code.*

13       “(7) *The Commission may secure directly from any*

14 *Federal agency information necessary to enable it to carry*

15 *out its duties, if the information may be disclosed under*

16 *section 552 of title 4, United States Code. Upon request of*

17 *the Chairman of the Commission, the head of such agency*

18 *shall furnish such information to the Commission.*

19       “(8) *Upon the request of the Commission, the Adminis-*

20 *trator of General Services shall provide to the Commission*

21 *on a reimbursable basis such administrative support serv-*

22 *ices as the Commission may request.*

23       “(9) *For purposes of costs relating to printing and*

24 *binding, including the cost of personnel detailed from the*

1 *Government Printing Office, the Commission shall be*  
2 *deemed to be a committee of Congress.*

3 “(i) *AUTHORIZATION OF APPROPRIATIONS.—There is*  
4 *authorized to be appropriated \$4,000,000 to carry out the*  
5 *provisions of this section, which sum shall not be deducted*  
6 *from or affect any other appropriation for health care for*  
7 *Indian persons.*

8 “(j) *FACA.—The Federal Advisory Committee Act (5*  
9 *U.S.C. App.) shall not apply to the Commission.*

10 **“SEC. 816. APPROPRIATIONS; AVAILABILITY.**

11 “*Any new spending authority (described in subsection*  
12 *(c)(2)(A) or (B) of section 401 of the Congressional Budget*  
13 *Act of 1974) which is provided under this Act shall be effec-*  
14 *tive for any fiscal year only to such extent or in such*  
15 *amounts as are provided in appropriation Acts.*

16 **“SEC. 817. CONFIDENTIALITY OF MEDICAL QUALITY ASSUR-**  
17 **ANCE RECORDS: QUALIFIED IMMUNITY FOR**  
18 **PARTICIPANTS.**

19 “(a) *CONFIDENTIALITY OF RECORDS.—Medical qual-*  
20 *ity assurance records created by or for any Indian Health*  
21 *Program or a health program of an Urban Indian Organi-*  
22 *zation as part of a medical quality assurance program are*  
23 *confidential and privileged. Such records may not be dis-*  
24 *closed to any person or entity, except as provided in sub-*  
25 *section (c).*

1       “(b) *PROHIBITION ON DISCLOSURE AND TESTI-*  
2 *MONY.—*

3           “(1) *No part of any medical quality assurance*  
4 *record described in subsection (a) may be subject to*  
5 *discovery or admitted into evidence in any judicial or*  
6 *administrative proceeding, except as provided in sub-*  
7 *section (c).*

8           “(2) *A person who reviews or creates medical*  
9 *quality assurance records for any Indian health pro-*  
10 *gram or Urban Indian Organization who partici-*  
11 *pates in any proceeding that reviews or creates such*  
12 *records may not be permitted or required to testify in*  
13 *any judicial or administrative proceeding with re-*  
14 *spect to such records or with respect to any finding,*  
15 *recommendation, evaluation, opinion, or action taken*  
16 *by such person or body in connection with such*  
17 *records except as provided in this section.*

18       “(c) *AUTHORIZED DISCLOSURE AND TESTIMONY.—*

19           “(1) *Subject to paragraph (2), a medical quality*  
20 *assurance record described in subsection (a) may be*  
21 *disclosed, and a person referred to in subsection (b)*  
22 *may give testimony in connection with such a record,*  
23 *only as follows:*

24           “(A) *To a Federal executive agency or pri-*  
25 *vate organization, if such medical quality assur-*

1            *ance record or testimony is needed by such agen-*  
2            *cy or organization to perform licensing or ac-*  
3            *creditation functions related to any Indian*  
4            *Health Program or to a health program of an*  
5            *Urban Indian Organization to perform moni-*  
6            *toring, required by law, of such program or or-*  
7            *ganization.*

8            *“(B) To an administrative or judicial pro-*  
9            *ceeding commenced by a present or former In-*  
10           *Indian Health Program or Urban Indian Organi-*  
11           *zation provider concerning the termination, sus-*  
12           *pension, or limitation of clinical privileges of*  
13           *such health care provider.*

14           *“(C) To a governmental board or agency or*  
15           *to a professional health care society or organiza-*  
16           *tion, if such medical quality assurance record or*  
17           *testimony is needed by such board, agency, soci-*  
18           *ety, or organization to perform licensing,*  
19           *credentialing, or the monitoring of professional*  
20           *standards with respect to any health care pro-*  
21           *vider who is or was an employee of any Indian*  
22           *Health Program or Urban Indian Organization.*

23           *“(D) To a hospital, medical center, or other*  
24           *institution that provides health care services, if*  
25           *such medical quality assurance record or testi-*

1            *mony is needed by such institution to assess the*  
2            *professional qualifications of any health care*  
3            *provider who is or was an employee of any In-*  
4            *dian Health Program or Urban Indian Organi-*  
5            *zation and who has applied for or been granted*  
6            *authority or employment to provide health care*  
7            *services in or on behalf of such program or orga-*  
8            *nization.*

9            *“(E) To an officer, employee, or contractor*  
10           *of the Indian Health Program or Urban Indian*  
11           *Organization that created the records or for*  
12           *which the records were created. If that officer,*  
13           *employee, or contractor has a need for such*  
14           *record or testimony to perform official duties.*

15           *“(F) To a criminal or civil law enforcement*  
16           *agency or instrumentality charged under appli-*  
17           *cable law with the protection of the public health*  
18           *or safety, if a qualified representative of such*  
19           *agency or instrumentality makes a written re-*  
20           *quest that such record or testimony be provided*  
21           *for a purpose authorized by law.*

22           *“(G) In an administrative or judicial pro-*  
23           *ceeding commenced by a criminal or civil law*  
24           *enforcement agency or instrumentality referred*

1           to in subparagraph (F), but only with respect to  
2           the subject of such proceeding.

3           “(2) With the exception of the subject of a qual-  
4           ity assurance action, the identity of any person re-  
5           ceiving health care services from any Indian Health  
6           Program or Urban Indian Organization or the iden-  
7           tity of any other person associated with such program  
8           or organization for purposes of a medical quality as-  
9           surance program that is disclosed in a medical qual-  
10          ity assurance record described in subsection (a) shall  
11          be deleted from that record or document before any  
12          disclosure of such record is made outside such pro-  
13          gram or organization. Such requirement does not  
14          apply to the release of information pursuant to sec-  
15          tion 552a of title 5.

16          “(d) DISCLOSURE FOR CERTAIN PURPOSES.—

17                 “(1) Nothing in this section shall be construed as  
18                 authorizing or requiring the withholding from any  
19                 person or entity aggregate statistical information re-  
20                 garding the results of any Indian Health Program or  
21                 Urban Indian Organizations’s medical quality assur-  
22                 ance programs.

23                 “(2) Nothing in this section shall be construed as  
24                 authority to withhold any medical quality assurance  
25                 record from a committee of either House of Congress,

1        *any joint committee of Congress, or the Government*  
2        *Accountability Office if such record pertains to any*  
3        *matter within their respective jurisdictions.*

4        “(e) *PROHIBITION ON DISCLOSURE OF RECORD OR*  
5        *TESTIMONY.—A person or entity having possession of or ac-*  
6        *cess to a record or testimony described by this section may*  
7        *not disclose the contents of such record or testimony in any*  
8        *manner or for any purpose except as provided in this sec-*  
9        *tion.*

10       “(f) *EXEMPTION FROM FREEDOM OF INFORMATION*  
11       *ACT.—Medical quality assurance records described in sub-*  
12       *section (a) may not be made available to any person under*  
13       *section 552 of title 5.*

14       “(g) *LIMITATION ON CIVIL LIABILITY.—A person who*  
15       *participates in or provides information to a person or body*  
16       *that reviews or creates medical quality assurance records*  
17       *described in subsection (a) shall not be civilly liable for such*  
18       *participation or for providing such information if the par-*  
19       *ticipation or provision of information was in good faith*  
20       *based on prevailing professional standards at the time the*  
21       *medical quality assurance program activity took place.*

22       “(h) *APPLICATION TO INFORMATION IN CERTAIN*  
23       *OTHER RECORDS.—Nothing in this section shall be con-*  
24       *strued as limiting access to the information in a record cre-*  
25       *ated and maintained outside a medical quality assurance*



1 program, including a patient's medical records, on the  
2 grounds that the information was presented during meet-  
3 ings of a review body that are part of a medical quality  
4 assurance program.

5 “(i) REGULATIONS.—The Secretary, acting through  
6 the Service, shall promulgate regulations pursuant to sec-  
7 tion 802 of this title.

8 “(j) DEFINITIONS.—In this section:

9 “(1) The term ‘medical quality assurance pro-  
10 gram’ means any activity carried out before, on, or  
11 after the date of enactment of this Act by or for any  
12 Indian Health Program or Urban Indian Organiza-  
13 tion to assess the quality of medical care, including  
14 activities conducted by or on behalf of individuals,  
15 Indian Health Program or Urban Indian Organiza-  
16 tion medical or dental treatment review committees,  
17 or other review bodies responsible for quality assur-  
18 ance, credentials, infection control, patient care as-  
19 sessment (including treatment procedures, blood,  
20 drugs, and therapeutics), medical records, health re-  
21 sources management review and identification and  
22 prevention of medical or dental incidents and risks.

23 “(2) The term ‘medical quality assurance record’  
24 means the proceedings, records, minutes, and reports  
25 that emanate from quality assurance program activi-

1 *ties described in paragraph (1) and are produced or*  
2 *compiled by or for an Indian Health Program or*  
3 *Urban Indian Organization as part of a medical*  
4 *quality assurance program.*

5 *“(3) The term ‘health care provider’ means any*  
6 *health care professional, including community health*  
7 *aides and practitioners certified under section 121,*  
8 *who are granted clinical practice privileges or em-*  
9 *ployed to provide health care services in an Indian*  
10 *Health Program or health program of an Urban In-*  
11 *Indian Organization, who is licensed or certified to per-*  
12 *form health care services by a governmental board or*  
13 *agency or professional health care society or organiza-*  
14 *tion.*

15 **“SEC. 818. AUTHORIZATION OF APPROPRIATIONS.**

16 *“(a) IN GENERAL.—There are authorized to be appro-*  
17 *priated such sums as may be necessary for each fiscal year*  
18 *through fiscal year 2015 to carry out this title.”.*

19 *(b) RATE OF PAY.—*

20 *(1) POSITIONS AT LEVEL IV.—Section 5315 of*  
21 *title 5, United States Code, is amended by striking*  
22 *“Assistant Secretaries of Health and Human Services*  
23 *(6).” and inserting “Assistant Secretaries of Health*  
24 *and Human Services (7)”.*

1           (2) *POSITIONS AT LEVEL V.*—Section 5316 of  
2           *title 5, United States Code, is amended by striking*  
3           *“Director, Indian Health Service, Department of*  
4           *Health and Human Services”.*

5           (c) *THREE AFFILIATED TRIBES HEALTH FACILITY*  
6           *COMPENSATION.*—

7           (1) *FINDINGS.*—Congress finds that—

8                   (A) *in 1949, the United States assumed ju-*  
9                   *risdiction over more than 150,000 prime acres*  
10                   *on the Fort Berthold Indian Reservation, North*  
11                   *Dakota, for the construction of the Garrison*  
12                   *Dam and Reservoir;*

13                   (B) *the reservoir flooded and destroyed vital*  
14                   *infrastructure on the reservation, including a*  
15                   *hospital of the Indian Health Service;*

16                   (C) *the United States made a commitment*  
17                   *to the Three Affiliated Tribes of the Fort*  
18                   *Berthold Indian Reservation to replace the lost*  
19                   *infrastructure;*

20                   (D) *on May 10, 1985, the Secretary of the*  
21                   *Interior established the Garrison Unit Joint*  
22                   *Tribal Advisory Committee to examine the effects*  
23                   *of the Garrison Dam and Reservoir on the Fort*  
24                   *Berthold Indian Reservation;*

1           (E) the final report of the Committee issued  
2           on May 23, 1986, acknowledged the obligation of  
3           the Federal Government to replace the infra-  
4           structure destroyed by the Federal action;

5           (F) the Committee on Indian Affairs of the  
6           Senate—

7           (i) acknowledged the recommendations  
8           of the final report of the Committee in Sen-  
9           ate Report No. 102-250; and

10          (ii) stated that every effort should be  
11          made by the Administration and Congress  
12          to provide additional Federal funding to re-  
13          place the lost infrastructure; and

14          (G) on August 30, 2001, the Chairman of  
15          the Three Affiliated Tribes testified before the  
16          Committee on Indian Affairs of the Senate that  
17          the promise to replace the lost infrastructure,  
18          particularly the hospital, still had not been kept.

19          (2) *RURAL HEALTH CARE FACILITY, FORT*  
20          *BERTHOLD INDIAN RESERVATION, NORTH DAKOTA.—*

21          *The Three Affiliated Tribes and Standing Rock Sioux*  
22          *Tribe Equitable Compensation Act is amended—*

23                 (A) in section 3504 (106 Stat. 4732), by  
24                 adding at the end the following:

1       “(c) *AUTHORIZATION OF APPROPRIATIONS.*—*There are*  
 2 *authorized to be appropriated such sums as are necessary*  
 3 *to carry out this section.*”; and

4                       *(B) by striking section 3511 (106 Stat.*  
 5 *4739) and inserting the following:*

6 **“SEC. 3511. RURAL HEALTH CARE FACILITY, FORT**  
 7 **BERTHOLD INDIAN RESERVATION, NORTH**  
 8 **DAKOTA.**

9       “*There are authorized to be appropriated to the Sec-*  
 10 *retary of Health and Human Services \$20,000,000 for the*  
 11 *construction of, and such sums as are necessary for other*  
 12 *expenses relating to, a rural health care facility on the Fort*  
 13 *Berthold Indian Reservation of the Three Affiliated Tribes,*  
 14 *North Dakota.*”.

15       (c) *AMENDMENTS TO OTHER PROVISIONS OF LAW.*—

16               (1) *Section 3307(b)(1)(C) of the Children’s*  
 17 *Health Act of 2000 (25 U.S.C. 1671 note; Public Law*  
 18 *106–310) is amended by striking “Director of the In-*  
 19 *dian Health Service” and inserting “Assistant Sec-*  
 20 *retary for Indian Health”.*

21               (2) *The Indian Lands Open Dump Cleanup Act*  
 22 *of 1994 is amended—*

23                       (A) *in section 3 (25 U.S.C. 3902)—*

24                               (i) *by striking paragraph (2);*

1                   (ii) by redesignating paragraphs (1),  
2                   (3), (4), (5), and (6) as paragraphs (4), (5),  
3                   (2), (6), and (1), respectively, and moving  
4                   those paragraphs so as to appear in numer-  
5                   ical order; and

6                   (iii) by inserting before paragraph (4)  
7                   (as redesignated by subclause (II)) the fol-  
8                   lowing:

9                   “(3) ASSISTANT SECRETARY.—The term ‘Assist-  
10                  ant Secretary’ means the Assistant Secretary for In-  
11                  dian Health.”;

12                  (B) in section 5 (25 U.S.C. 3904), by strik-  
13                  ing the section heading and inserting the fol-  
14                  lowing:

15                  **“SEC. 5. AUTHORITY OF ASSISTANT SECRETARY FOR IN-  
16                  DIAN HEALTH.”;**

17                  (C) in section 6(a) (25 U.S.C. 3905(a)), in  
18                  the subsection heading, by striking “DIRECTOR”  
19                  and inserting “ASSISTANT SECRETARY”;

20                  (D) in section 9(a) (25 U.S.C. 3908(a)), in  
21                  the subsection heading, by striking “DIRECTOR”  
22                  and inserting “ASSISTANT SECRETARY”; and

23                  (E) by striking “Director” each place it ap-  
24                  pears and inserting “Assistant Secretary”.

1           (3) *Section 5504(d)(2) of the Augustus F. Hawkins-Robert T. Stafford Elementary and Secondary School Improvement Amendments of 1988 (25 U.S.C. 2001 note; Public Law 100–297) is amended by striking “Director of the Indian Health Service” and inserting “Assistant Secretary for Indian Health”.*

7           (4) *Section 203(a)(1) of the Rehabilitation Act of 1973 (29 U.S.C. 763(a)(1)) is amended by striking “Director of the Indian Health Service” and inserting “Assistant Secretary for Indian Health”.*

11           (5) *Subsections (b) and (e) of section 518 of the Federal Water Pollution Control Act (33 U.S.C. 1377) are amended by striking “Director of the Indian Health Service” each place it appears and inserting “Assistant Secretary for Indian Health”.*

16           (6) *Section 317M(b) of the Public Health Service Act (42 U.S.C. 247b–14(b)) is amended—*

18                   (A) *by striking “Director of the Indian Health Service” each place it appears and inserting “Assistant Secretary for Indian Health”;*  
21                   *and*

22                   (B) *in paragraph (2)(A), by striking “the Directors referred to in such paragraph” and inserting “the Director of the Centers for Disease*

1           *Control and Prevention and the Assistant Sec-*  
2           *retary for Indian Health”.*

3           *(7) Section 417C(b) of the Public Health Service*  
4           *Act (42 U.S.C. 285–9(b)) is amended by striking “Di-*  
5           *rector of the Indian Health Service” and inserting*  
6           *“Assistant Secretary for Indian Health”.*

7           *(8) Section 1452(i) of the Safe Drinking Water*  
8           *Act (42 U.S.C. 300j–12(i)) is amended by striking*  
9           *“Director of the Indian Health Service” each place it*  
10          *appears and inserting “Assistant Secretary for In-*  
11          *dian Health”.*

12          *(9) Section 803B(d)(1) of the Native American*  
13          *Programs Act of 1974 (42 U.S.C. 2991b–2(d)(1)) is*  
14          *amended in the last sentence by striking “Director of*  
15          *the Indian Health Service” and inserting “Assistant*  
16          *Secretary for Indian Health”.*

17          *(10) Section 203(b) of the Michigan Indian*  
18          *Land Claims Settlement Act (Public Law 105–143;*  
19          *111 Stat. 2666) is amended by striking “Director of*  
20          *the Indian Health Service” and inserting “Assistant*  
21          *Secretary for Indian Health”.*

22   **SEC. 3. SOBOBA SANITATION FACILITIES.**

23          *The Act of December 17, 1970 (84 Stat. 1465), is*  
24          *amended by adding at the end the following new section:*



1       “*SEC. 9. Nothing in this Act shall preclude the Soboba*  
 2 *Band of Mission Indians and the Soboba Indian Reserva-*  
 3 *tion from being provided with sanitation facilities and serv-*  
 4 *ices under the authority of section 7 of the Act of August*  
 5 *5, 1954 (68 Stat. 674), as amended by the Act of July 31,*  
 6 *1959 (73 Stat. 267).”.*

7       ***SEC. 4. AMENDMENTS TO THE MEDICAID AND STATE CHIL-***  
 8                                   ***DREN’S HEALTH INSURANCE PROGRAMS.***

9           *(a) EXPANSION OF MEDICAID PAYMENT FOR ALL COV-*  
 10 *ERED SERVICES FURNISHED BY INDIAN HEALTH PRO-*  
 11 *GRAMS.—*

12                   *(1) EXPANSION TO ALL COVERED SERVICES.—*  
 13           *Section 1911 of the Social Security Act (42 U.S.C.*  
 14 *1396j) is amended—*

15                           *(A) by amending the heading to read as fol-*  
 16                   *lows:*

17                                   “*INDIAN HEALTH PROGRAMS*”; and

18                                   *(B) by amending subsection (a) to read as*  
 19                   *follows:*

20           “*(a) ELIGIBILITY FOR REIMBURSEMENT FOR MEDICAL*  
 21 *ASSISTANCE.—The Indian Health Service and an Indian*  
 22 *Tribe, Tribal Organization, or an urban Indian Organiza-*  
 23 *tion (as such terms are defined in section 4 of the Indian*  
 24 *Health Care Improvement Act) shall be eligible for reim-*  
 25 *bursement for medical assistance provided under a State*  
 26 *plan or under waiver authority with respect to items and*

1 *services furnished by the Indian Health Service, Indian*  
2 *Tribe, Tribal Organization, or Urban Indian Organization*  
3 *if the furnishing of such services meets all the conditions*  
4 *and requirements which are applicable generally to the fur-*  
5 *nishing of items and services under this title and under*  
6 *such plan or waiver authority.”.*

7           (2) *ELIMINATION OF TEMPORARY DEEMING PRO-*  
8 *VISION.—Such section is amended by striking sub-*  
9 *section (b).*

10           (3) *REVISION OF AUTHORITY TO ENTER INTO*  
11 *AGREEMENTS.—Subsection (c) of such section is re-*  
12 *designated as subsection (b) and is amended to read*  
13 *as follows:*

14           “(b) *AUTHORITY TO ENTER INTO AGREEMENTS.—The*  
15 *Secretary may enter into an agreement with a State for*  
16 *the purpose of reimbursing the State for medical assistance*  
17 *provided by the Indian Health Service, an Indian Tribe,*  
18 *Tribal Organizations, or an Urban Indian Organization*  
19 *(as so defined), directly, through referral, or under contracts*  
20 *or other arrangements between the Indian Health Service,*  
21 *an Indian Tribe, Tribal Organization, or an Urban Indian*  
22 *Organization and another health care provider to Indians*  
23 *who are eligible for medical assistance under the State plan*  
24 *or under waiver authority.”.*

1           (4) *REFERENCE CORRECTION.*—*Subsection (d) of*  
2           *such section is redesignated as subsection (c) and is*  
3           *amended—*

4                     (A) *by striking “For” and inserting “DI-*  
5                     *RECT BILLING.—For”;* and

6                     (B) *by striking “section 405” and inserting*  
7                     *“section 401(d)”.*

8           (b) *SCHIP TREATMENT OF INDIAN TRIBES, TRIBAL*  
9           *ORGANIZATIONS, AND URBAN INDIAN ORGANIZATIONS.*—  
10           *Section 2105(c)(6)(B) of such Act (42 U.S.C.*  
11           *1397ee(c)(6)(B)) is amended by striking “other than an in-*  
12           *surance program operated or financed by the Indian Health*  
13           *Service,” and inserting “other than a health program oper-*  
14           *ated or financed by the Indian Health Service or by an*  
15           *Indian Tribe, Tribal Organization, or Urban Indian Orga-*  
16           *nization (as such terms are defined in section 4 of the In-*  
17           *dian Health Care Improvement Act)”.*

Calendar No. 802

108<sup>TH</sup> CONGRESS  
2<sup>D</sup> SESSION

**S. 556**

[Report No. 108-411]

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**A BILL**

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

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NOVEMBER 16, 2004

Reported with an amendment